



**Capital  
Mental  
Health  
Association**

**ANNUAL REPORT  
2012–2013**

As we reach the end of another year in review, I am enormously proud of the work that has been achieved at CMHA. This has been a year of challenge and change, hope and inspiration.

—Pam Edwards, Executive Director

2012 -2013





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## Who Are We?

Capital Mental Health Association is a non-profit organization dedicated to providing rehabilitation and recovery-oriented services to clients with long-term mental illness and addiction issues.

The purpose of our programs is to assist individuals to live independently in the community as well as to improve the quality of life for all people with serious mental illness. Our programs offer assistance with employment, education, wellness, recreational activities, housing, and mental health information.

Our clients range in age from 18 to over 80 and have a range of mental health issues including schizophrenia, mood disorders, personality disorders, anxiety, cognitive impairment, addictions and dementia.

We serve hundreds of people in the capital region and take pride in knowing that the services we offer are based on the newest approaches to mental health with trained staff committed to the success of each person they serve.

### Our Mission

To provide an environment that safeguards potential and supports growth and development.

### Our Vision

A society inclusive of people with mental illness that empowers them to live independent, healthy and sustainable lives.

### Our Service Commitment

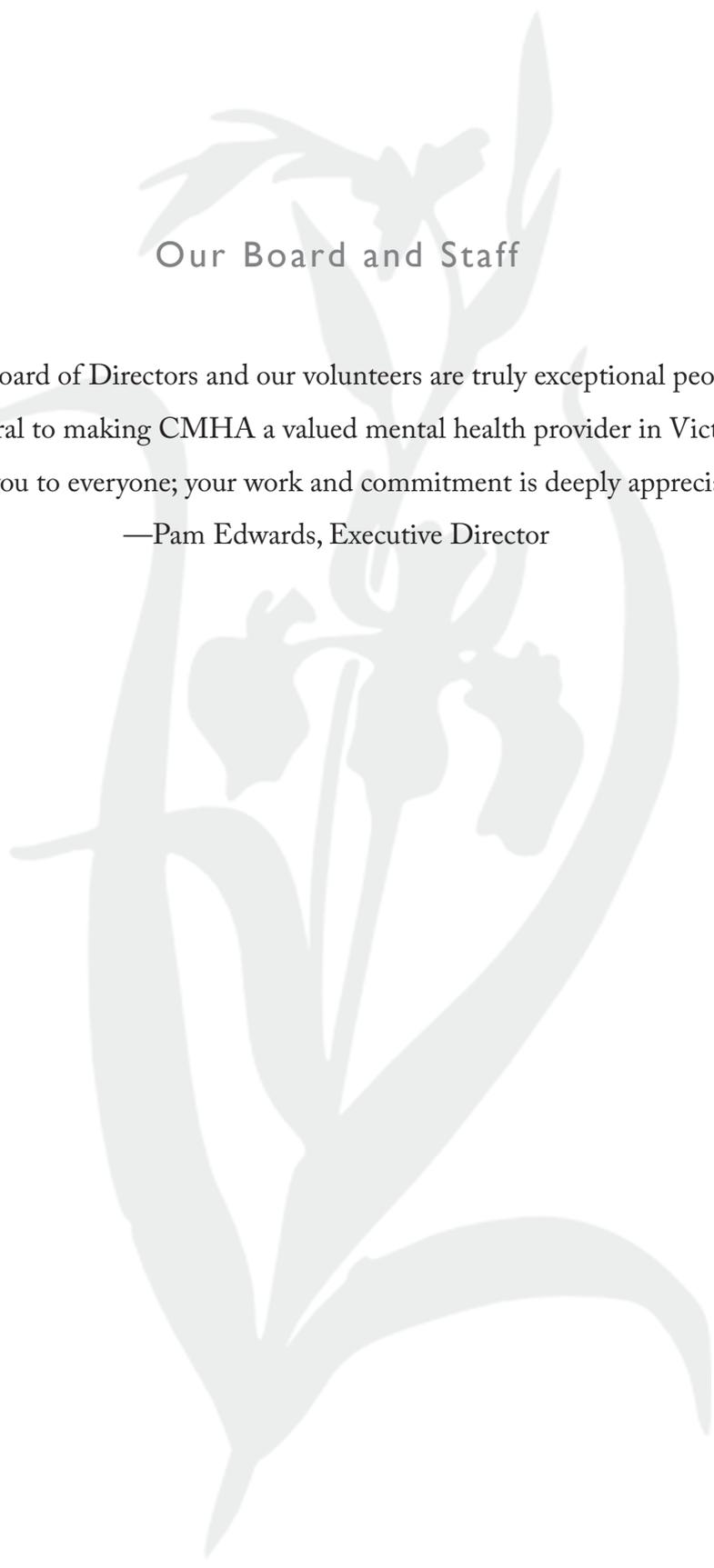
In order to achieve its vision, CMHA will provide services that:

- Are a centre for the development and delivery of best practice services by being focused on positive results and change in people's lives;
- Primarily serve youth and adults with major mental illness;
- Focus on recovery-based services; and
- Are flexible and responsive to its environment.

### Our Education and Advocacy Vision

CMHA will be a community centre of knowledge regarding information, referrals, system navigation, advocacy and services (e.g., housing, employment, education, recreation). In addition, CMHA will participate in activities to:

- Increase public awareness of mental health issues;
- Participate in broad scale advocacy efforts;
- Cooperate with other organizations to increase the scope and effectiveness of service delivery; and
- Expand funding sources to provide additional services.



## Our Board and Staff

Our staff, Board of Directors and our volunteers are truly exceptional people, who are central to making CMHA a valued mental health provider in Victoria. Thank you to everyone; your work and commitment is deeply appreciated.

—Pam Edwards, Executive Director

## Our Board of Directors

The activities of the Capital Mental Health Association are directed by a voluntary Board of Directors. Board members bring their expertise to the decision-making process and they represent and promote our Agency in all their endeavours.

### Executive Committee

Darrion Campbell	President
Tony Rushworth	1 <sup>st</sup> Vice President
Wilf Gorter	2 <sup>nd</sup> Vice President
Donna Spence	Treasurer
Pam Edwards	Secretary Ex Officio
Karla Wagner	Past President

### Members At Large

Justine Dooley  
Susan Enefer  
Catherine McDonald  
Laylee Rohani  
Ellen Stensholt  
Patricia Summers

## Our Employees

### Administration

Pam Edwards, Executive Director  
Doug Hohenstein, Director of Client Services & Quality Improvement  
Lori Mist, Director of Housing & Residential Rehabilitation Programs  
Angela Treverton, Director of Finance  
Imogen Burr, Director of Housing Tenancy  
Sarah Crawley, Business Support Coordinator  
Ilene Duguay, Administrative Assistant

### Program Staff

#### **Alzheimer Support Program**

*Heather Reid, Manager*  
Janet Connelly  
Justin Hardiman  
Linda Nguyen  
Sonya Podgorenko

#### **Bridge Centre Program**

*Darlene Arseneault, Coordinator*  
Jennifer Perreault  
Sheria Brown

#### **Friendship Centre Program**

*Darlene Arseneault, Coordinator*  
Melanie Funk  
Sheria Brown

### **SARIN CBT Group Program**

*Pam Kilburn, Lead Facilitator*

Melanie Funk

### **Greenridge Place / Eagle Rock Heights**

*Rhiannon Porcellato, Manager*

*Ian MacKintosh, Residence Coordinator*

*Richelle Grove, Director of Care*

*Julia Davis, RN*

Alana Connell

Amanda Perkins

Annika Pawson

Brendan Phillips

Debbie Flint

Glen Palubeskie

Janine Hartley

John Hylton

Michael LeBlanc

Steve Hummell

Vicky Dempster

### **Greenridge Casual Staff**

Dana Corrigan

Deborah Palubeskie

Donna Friend

Eileen Lowey

Ildi Szemsi

Jannine Dyson

Johanna Westerneng

Kaitlyn Nohr

Kim Maynard

Peggy O'Neill

Robert Durose

Sheria Brown

Slawomir Jurgeil

Spencer Morrison

Tom Primeau

Tricha Worobec

Vahini Govender

### **GROW Program**

*Sabine Vanderispaillie, Coordinator*

Ingrid Mercer

Jennifer Hoekstra

Joe Percival

Trudy McKay

## Housing Support Program

*Lori Mist, Director of Housing & Residential Rehabilitation Programs*

Jennifer Stevens

Kaitlyn Nohr

Katherine Carr

Kathy Holtby

Sandra Miller

Sandy Scafe

## McCauley Lodge

*Grant Enns, Manager*

*Veronica Grealy, Director of Care*

Alec Lewis

Brian Abbott

Dan North

Darian Nightingale

Donna Foort

Edwin Raine

Jagir Singh Virk

Julie Willing

Kashmir Kler

Keith Foster

Michael Nagle

Michael Wojas

Pam Virk

Robin Sales

## McCauley Lodge Casual Staff

Donna Friend

Kim Maynard

Kuljinder Nijjer

Marcia Meyer

Rennie Parrish

Robert Durose

Sarah Fehr

Scott MacKay

Sheria Brown

## Networks Program

*Pat Valks, Coordinator*

Karla Barnes

Katie Rawluk

Lauren Mycroft

Natasja van der Lingen

Tracy Hunter

**Education Coaches**

Debbie Flint  
Will Gordon

**Housing Program**

Brent St-Gelais  
Kyle Flint

**Agency Casual Staff**

Catherine Porter  
Hannah Culff  
Indira Smith  
Jeannine Chudzik  
Jennifer Perreault  
Johanna Westerneng  
Kathleen Sandborn  
Kristen Feldman

Linda Nguyen  
Margaret Danylchuk  
Melanie Funk  
Michael Allen  
Michelle Dalzell  
Ocean Lum  
Sheria Brown

**Retired Program Staff**

Ian MacKintosh  
Jamie Robinson  
Katherine Carr  
Kathy Holtby  
Katie Baird  
Linda Nguyen

Rhiannon Porcellato  
Richelle Grove  
Robert Durose  
Spencer Morrison  
Tricha Worobec  
Vahini Govender

## President's Message

I am pleased to see CMHA's continued leadership in the Victoria community in mental health recovery, housing and psychosocial rehabilitation. Mental illness significantly impacts individuals, families, businesses and communities in Victoria and more broadly in Canadian society. These impacts can lead to lost housing, employment, and social connections, and can also often strike just when people are starting to establish a direction, and a plan, in life. Whether it's helping someone find or keep housing, re-establish themselves in the workforce, or stay out of the hospital, CMHA provides essential services that help people mitigate the impacts of their illness and live as independently as possible in the community while pursuing their goals.

As housing plays such a critical role in recovery, CMHA's enhancement of our housing services continues. It was wonderful this last year to see ground broken on the McCauley Lodge project and that the rebuilding process has now begun. While we were sad to see the former McCauley demolished, the new home will be a vast improvement for the residents and will serve them well for years into the future.

CMHA continues to move toward measuring client and program outcomes, as well as satisfaction surveys for many of our programs. These measures enable us to continue to improve our programs in order to make them more effective and better serve our clients and their goals, year after year.

In order to accomplish our goals, CMHA relies on top-notch staff who are committed to mental health recovery. I thank them for their dedication and hard work assisting CMHA's clients. I also want to extend my appreciation to the CMHA board for their substantial contributions to the organization's success; the board has shouldered significant work this year.

CMHA doesn't work alone in the community; we work with our funders, and I thank them for their continued support: Vancouver Island Health Authority, BC Housing Management Commission and Capital Regional Hospital District, to name only a few. I would also like to thank those who have made private donations to CMHA this year and in past years. It is greatly appreciated and your contributions are most valued.

Finally, our volunteers, although not many, are mighty. They do valuable work that greatly improves the quality of life of those living with a mental illness in Victoria.

—Darrion Campbell

## Executive Director's Message

The last year has been a time of challenge and change, hope and inspiration. It is with great excitement that we can announce that McCauley Lodge is now in the construction phase, and it is really a joy to see the building take shape. So many wonderful people have been involved in this project. In particular, the work of the staff in successfully moving the residents from the Lodge to the Eric Martin Pavilion deserves recognition. Hours of careful planning, down to the minutest detail, combined with the deep commitment of the staff to the residents' well-being, ensured that disruption was kept to a minimum and residents quickly settled into their new home. The staff group has been overwhelmingly creative and flexible in making the new environment work well despite limitations with cooking and laundry facilities, and they have remained positive, determined to make things work. We would also like to take this opportunity to thank the staff at VIHA for their hard work and patience helping to make this move possible. Despite some challenges in the early stages of building the new facility, we are not far off schedule, and hope to see residents return to their new home in the Spring of 2014.

Across the year we have consistently tracked the feedback from clients, care-givers and stakeholders via our Satisfaction Survey. We have seen a steady improvement in satisfaction in most programs, many now receiving scores of A and even A+ for the service, which reflects the wonderful work done by our dedicated staff. We are also pleased at the numerous positive comments we have received, many of which we have included in this report. It was with disappointment therefore that we received a one year accreditation with CARE, the Council on Accreditation of Rehabilitation Facilities. However we are proud to say that the direct client care received minimal recommendations, and our focus will be on upgrading some of our policies and protocols to meet the required standards. To this end we have established a Quality Improvement Committee, and are also taking some time to explore Canadian accreditation options. Whoever we choose to be accredited under next time, we remain committed to providing the highest possible service to our clients and stakeholders.

We are delighted that this year we have been able to expand our commitment to other mental health groups in the community by providing free room space for support groups to meet. We have welcomed the following support groups: Post Traumatic Stress Disorder, Borderline Personality Disorder, Mood Disorders, Anxiety

Support Group and more recently a new support group for people with invisible disabilities called 'the Invisibles'. The work that these groups undertake is vital in the community and we are pleased to play a supportive role by providing this space.

As part of our Cultural Diversity planning we were fortunate to participate in some excellent training from the Inter-Cultural Association. It is anticipated that we will see demographic changes in Victoria across the next few decades. It is important that CMHA is ready to meet the challenge, understanding the experience of mental illness from different cultural perspectives and being able to offer appropriate services to a wider diversity of people. We have added Google Translate™ to our website, and are exploring ways we can make our services accessible to a wider audience of diverse cultures. The facilitators were excellent, everyone enjoyed the day and came away inspired. We hope this will become a regular part of life at CMHA.

Our website has been another source of information for the community, not just locally, but to our surprise, internationally. We regularly post up-to-date research on our blog and also tweet the links out on Twitter, with assistance from our dedicated volunteers, Kate, who does much of the research for our articles, and Michael who does our Twitter posts. These two volunteers provide invaluable assistance in making this information available to a wider audience. Indeed, since the CMHA blogger account was created in May 2007 it has seen a huge increase in traffic. To date, it has had 8685 page views. 783 of those views occurred just last month. The blog averages 26 views per day. We have blog readers from across Canada and all the way to Indonesia. The majority of readers are directed to the blog from the CMHA website and Google, with the most common keywords used being BPD, depression, and Capital Mental Health Association. This demonstrates that we need to use all avenues to provide the public with information about mental illness, and we look forward to continuing to make this valuable on-line resource available.

As we reach the end of another year in review, I am enormously proud of the work that has been achieved at CMHA. The staff, Board of Directors and our volunteers are truly exceptional people, who are central to making CMHA a valued mental health provider in Victoria. Thank you to everyone; your work and commitment is deeply appreciated.

—Pam Edwards

### Director of Client Services and Quality Improvement's Message

My focus for 2012–2013 was preparing for our CARF reaccreditation survey in July, following up on CARF recommendations coming out of that survey, and implementing practice standards and outcomes.

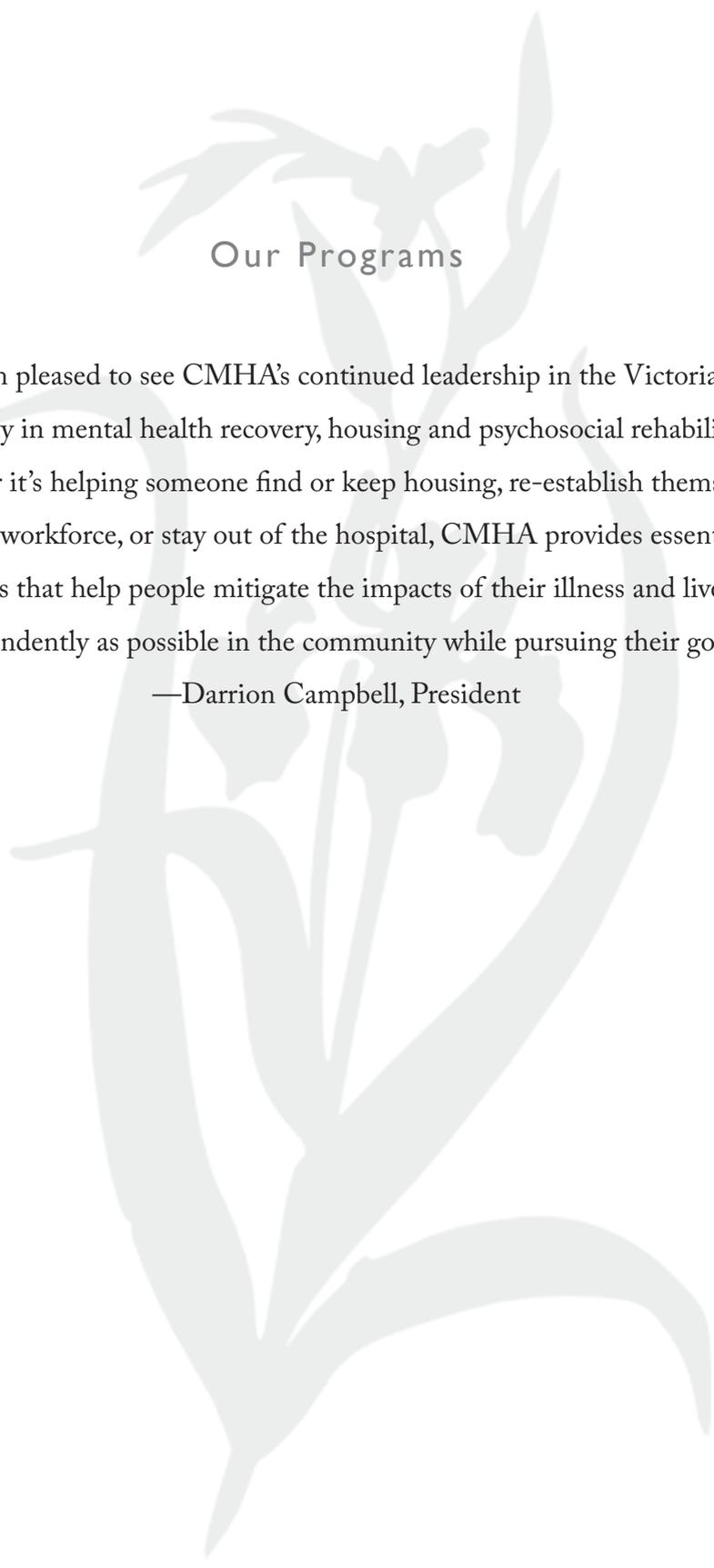
In response to the recommendations from CARE, a Quality Improvement Committee was struck with the mandate to bring policies and practices into compliance with external standards and best practices in the field of mental health services. This committee has been meeting regularly, and has addressed more than 80% of the recommendations.

Program models were developed in conjunction with program managers and coordinators. These models will provide a consistent focus for programs, as well as a base from which to expand or redevelop programming.

One of the most significant steps in quality improvement this year has been implementation of the Savant database for tracking client progress and outcomes. Most programs have significantly or fully implemented the database, and are replacing their redundant paper files with electronic case files. This has been a long and complicated process involving hardware upgrades, computer training for staff, and continuous improvements to the database itself based on user feedback. I want to thank and commend the staff and leadership of the programs for their flexibility and enthusiasm in embracing this change to their practices.

I would also like to thank Gord Warrenchuk, a retired programmer and volunteer who has devoted a great deal of time and expertise to CMHA. Gord is the person behind the SAVANT Database: our electronic records system that is not only helping us more effectively manage the information for the 1060 clients we served last year, but allowing us to track and report outcomes, and ultimately improve the services we can offer the community.

—Doug Hohenstein



## Our Programs

I am pleased to see CMHA's continued leadership in the Victoria community in mental health recovery, housing and psychosocial rehabilitation. Whether it's helping someone find or keep housing, re-establish themselves in the workforce, or stay out of the hospital, CMHA provides essential services that help people mitigate the impacts of their illness and live as independently as possible in the community while pursuing their goals.

—Darrion Campbell, President

## Program Outcomes

As part of CMHA's ongoing commitment to quality improvement, we have established outcomes for all programs in order to recognize the good work programs are doing, and to provide focus for quality improvement efforts. Each program established outcomes in four areas:

### **Effectiveness**

Effectiveness refers to how well a program accomplishes its stated purpose, for example: maintaining housing or improving clients' quality of life. Program leads worked with senior management to set goals and targets for their programs, and will consistently work toward meeting or exceeding these.

### **Satisfaction**

Satisfaction of our stakeholders, whether they are clients, residents, caregivers, funders, referrers, or members of the community, is vital to the ongoing success of our individual programs and to the organization. We survey clients and residents twice each year. Each program surveys their unique stakeholder groups in order to provide us with information to direct program and service development.

Analyzing satisfaction survey results is the start of a complex process of examining communication, service, staffing, and program design, and their effect on stakeholder satisfaction.

### **Access**

Access refers to any efforts to connect clients and potential clients to services they could benefit from. This could include decreasing barriers to service through operating programs on different days or at different locations, reducing waitlists (where they exist), and maximizing the number of clients served through filling vacant spaces as quickly as possible.

### **Efficiency**

Resources in human services are always scarce, and it is through setting clear goals for efficiently using these resources that CMHA can ensure

we are providing clients and funders with the best possible service for the resources invested. This year the focus has been on budget accountability.

On the following pages each program is described, including highlights of the year and program outcomes.

—Doug Hohenstein

## GROW (Gateway to Resources and Options for Wellness)

### **Program Description**

GROW is a wellness program for people living with mental illness. We offer an activity-based program with the goal of nurturing the self, be it physically, mentally, emotionally, intellectually and socially, as well as promoting vocational pursuits. All of our activities are designed to benefit people with different needs. About one third of our activities are scheduled at existing community resources.

Various groups are provided in workshop style, where the clients sign up for a number of sessions and then either sign up for more or try something different. We hope that this model of program delivery makes it easier for clients to access mainstream resources.

We have a dedicated staff with diverse backgrounds and experience. We also provide placements for students from different disciplines and fabulous volunteers. This creates a very stimulating and entertaining environment in which clients feel welcomed.

The people referred to GROW most often have goals related to decreasing isolation, engaging in meaningful activity, having a place to go where they can feel a sense of belonging, and/or learning something new. As they experience the process their confidence builds and they set new goals: to go back to school, to get a job or return to work, or to volunteer. It's nice to observe how they surprise themselves and leave the program with more than what they bargained for.

### **Program Highlights 2012–2013**

Over the past year we have seen approximately 160 new clients come through the program. We see about 50 clients each day. We like to stay up to date with the community in general and adjust our schedule to add “the flavor of the day” to existing groups, or create new groups entirely. A good example of this is “Go Green 13”, a group that teaches clients to make their own cost-effective and environmentally-friendly cleaning products, laundry detergents and beauty care treatments.

GROW stands for Gateway to Resources and Options for Wellness. The following are just some examples of client successes linked back to mainstream resources:

- D.N. is now attending the horticulture school.
- R.G. is back in school on a full-time basis and has been appointed as Student Representative for People with Disabilities at Camosun College.
- J.B. has almost completed her training with Super-meals.
- V.O. took the Best Program which helped her in her decision to become self-employed. She took additional courses and has since started her own business.
- R.B. has started volunteer work in addition to maintaining a part time job.
- J.E. has submitted her writings for a contest.

Knowing that we are making a difference is truly inspiring. Thanks to a great team for making GROW a successful and innovative program, and thanks to all of the wonderful clients who use our services. We look forward to supporting you in your recovery next year.

### Program Outcomes

PROGRAM AREA	OUTCOME STATEMENT	TARGET	ACTUAL
Effectiveness	Improve clients' quality of life.	70% of clients surveyed will report improvement in 3 of 5 areas of quality of life.	89%
Satisfaction	Maximize stakeholder satisfaction.	A grade of at least B on client satisfaction surveys.	A-
Access	Maximize program access.	100 new clients each year.	144
Efficiency	Program will operate within budgetary parameters.	Maintain expenditures between 90–100% for all budget categories.	94.6%

—The GROW Team

## NetWorks Employment Solutions (Supported Employment)

### **Program Description**

NetWorks is a Supported Employment Program that works with adults with a mental illness who wish to work. Clients of this program meet regularly with an Employment Coach to learn the skills they need to find and maintain employment. Skills learned include résumé writing, completing employment applications, interview preparation and practice, job search skills, and skills essential for succeeding in the workplace. The goal of the program is to support clients to find paid, competitive employment. The supports provided are very individual, depending on the needs and wishes of the client.

NetWorks is not a pre-employment program. It is based on a rapid job search. Intake is continuous to ensure that people are able to start as soon as they wish to begin their job search. Contact with employers starts as soon as possible. This year 95% of clients had their first contact with employers within three months of the program.

The NetWorks Team consists of 4.5 Employment Coaches and a Manager. Each Employment Coach is attached to a mental health team in the community: three are based at the Victoria Mental Health Centre, one works out of CMHA head office at Skinner Street, and another is on site at the Addictions Outpatient Treatment site at Quadra. Working at these locations allows for a greater connection with case managers and psychiatrists, who are part of the client support network, with everyone working together to help clients meet their employment goals.

### **Program Highlights 2012–2013**

NetWorks Employment program is proud to complete another successful year working with Mental Health and Substance Use Clients to pursue their employment goals. This year we have served 266 clients, held 175 information sessions and supported clients to attain 97 jobs, an increase of 23% over last year.

Our newest coach, Katie, completed her temporary position as “Community Coach” in place of Tracy Hunter who will be returning this fall. We are delighted that Katie was recently appointed as a permanent member of our team. She has rapidly

become a valued team member. This year we were sorry to lose Lauren Mycroft. Her work on this program has been deeply appreciated and she will be greatly missed. We wish her well in her new ventures.

The NetWorks team created and launched the NetWorks Newsletter, keeping key supporters and stakeholders informed about our activities throughout the year. We included articles such as the following:

- “Crunching the Numbers”, a regular feature that reports ongoing statistical results for both the NetWorks Employment and Education Coach Programs.
- current events news related to employment and education.
- the story of a job search client who had not yet attained employment but shared the importance of the ongoing vigilance needed to continue through the inevitable ups and downs of a job search, essential to reach the final goal.
- the story of a returning NetWorks client building on previous job successes to pursue higher level positions, and
- the story of a client who progressed through several part-time jobs to ultimately attain full-time work in their desired field.

NetWorks staff were also proud to offer mentorship to a new Supported Employment Program at Canadian Mental Health Nanaimo. It was great to be part of their learning journey and to realize how far our own program has developed since its inception in 2006. We can now offer our experience and expertise to another group.

As part of our commitment to continuously improving our service we send out regular Satisfaction Surveys to our clients. This year we are very pleased with our client survey results. 100% of clients (up from the 90% range last year) said the following:

- They “were satisfied with services provided”,
- “The Networks Program has a welcoming environment”,
- “I can voice my concerns about my service to Networks staff”,
- “I feel respected by the Networks staff”, and
- to the comment “I choose which support I use on the program”, 95% indicated “always” and the remaining 5% responded “usually”.

The Average Score in the client survey was A+ (99.6% scoring of 1.02 on a scale

of 1 being Always and 5 being Never). The following are examples of some of the positive comments the program received this past year:

- “I have the highest professional regard for (specific coach named)”
- “Networks staff have been very accessible and reliable in their service.”

Referrers and other Stakeholders were also surveyed and the following are examples of their feedback for the year:

- 100% indicated “Networks staff treat me with dignity and respect”
- 94% indicated they are “usually to always” satisfied with the service provided by Networks (includes 38% “always”)
- 94% indicated they were “certain or very likely to use NetWorks in the future”

We thank our clients and referrers for their feedback. It keeps us on our toes to continuously look for ways to better meet the needs of those involved with our program. As always, we invite stakeholders to contact the program coordinator directly to discuss any ideas to enhance services as we work together to improve the quality of life for our clients.

It has been a successful year for clients and program staff. A positive year is also described in feedback from key professionals in the Mental Health and Substance Use field with whom we have developed important partnerships over the years. The NetWorks team looks forward to creative ways of working together on behalf of our courageous clients who continue to inspire us with their perseverance and tenacity.

## Program Outcomes

PROGRAM AREA	OUTCOME STATEMENT	TARGET	ACTUAL
Effectiveness	Clients in job search will attain employment within one year.	50% of clients in job search will attain employment within one year.	46.1%
Satisfaction	Maximize stakeholder satisfaction.	A grade of at least B on client satisfaction surveys.	Grade of A+
Access	Maximize client intakes	9 new clients per month.	11.5
Efficiency	Program will operate within budgetary parameters.	Maintain expenditures between 90–100% for all budget categories.	98.01%

—Pat Valks, Program Coordinator

## Education Coaches

### **Program Description**

The Education Coach Program at CMHA provides support, information and advocacy on education and mental health issues for people living with psychiatric difficulties. CMHA has two Education Coaches who assist and support clients with Mental Health issues to achieve their education goals.

The Education Coach helps each client form realistic education goals coupled with a corresponding plan. Ongoing support towards attaining those goals is consistently monitored throughout the course of each student's education plan. The Education Coach also provides information about programs and courses available at various adult education and post-secondary schools and colleges as well as resources to help the client throughout his or her education journey. In addition, there is regular contact with case managers, psychiatrists, and other mental health professionals who are involved in the health and progress of individual students.

### **Program Highlights 2012–2013**

Education Coaches are always on the go, regularly expanding their skills and deepening their understanding of psychosocial rehab principles. This year they reviewed the principles of Motivational Interviewing to enhance their professional practice, and attended the “Healthy Minds, Healthy Campuses” conference, reporting a renewed enthusiasm for the future of Supported Education trends.

The Education Coaches uphold a strong presence in the education community, with key professionals and students participating in events such as the Depression Screening Day. Will Gordon has been instrumental in the area of developing and implementing the new project called “Healthy Minds Ambassador Program” connecting students and supporters to information and resources with the intention of minimizing occurrences of more serious mental health issues down the road. This is an exciting project we hope to see continue into the future. Debbie Flint has been very successful in her relentless pursuit of attaining additional funding to contribute to the Joan Dumka Bursary Fund in order to increase available monies to support students attaining educational courses that are not otherwise affordable.

We are proud of our Education Coaches for their ongoing passion for their work and their efforts to enhance service to individuals with mental health issues.

As part of our continuous quality improvement process, we are always looking for feedback on our program, and ways we can improve our services. Our stakeholders and clients survey results are detailed below.

Included in the feedback comments from those surveyed were the following comments:

- “Some of my young clients would not return to school without the help of the education coaches.”
- “The positive, supportive attitude of both Will and Debbie is superlative and goes a long way to supporting the needs of the client; that and their solid service/resources knowledge.”
- “Both Will and Debbie are very professional while still being approachable and supportive. I am very satisfied with the working relationship that we have with them.”
- “Hire another Education Coach for even better service/coverage. It is money well spent.”

We also are delighted to share the following success stories. We offer congratulations to:

- Student who completed two levels of Math and one level of English upgrading, and is now pursuing the goal of attending the Chef Program at Camosun College.
- Student who completed the Earth Garden Program at Camosun College and is now working part-time on various gardening jobs. This student is reviewing other education options and is considering the Horticultural Certificate Program.
- Student who, after completing the Health Care Assistant Program on a part-time basis over two years, was connected with Networks Employment and found part-time work. This student moved into safe housing through CHMA and is very happy with both their job and apartment.
- A mature student who passed the GED exams at first attempt (wow!) and is now on the waitlist to take the Dental Assistant Program in September 2013.

The Education Coach program is a vital service in the community. We will continue to work with clients and educational resources to improve the success and quality of life for individuals with mental health and substance use issues in our community. Thanks to all staff, service providers, educational supports and, of course, to those students who work hard at building a better future for themselves.

### Program Outcomes

PROGRAM AREA	OUTCOME STATEMENT	TARGET	ACTUAL
Effectiveness	The Education Coach Program has not implemented Effectiveness Outcomes at this time.		
Satisfaction	Maximize stakeholder satisfaction.	A grade of at least B on client satisfaction surveys.	A+
Access	Maximize client intakes.	5 new clients per month.	8.2
Efficiency	Program will operate within budgetary parameters.	Maintain expenditures between 90–100% for all budget categories.	98.01%

—Will Gordon and Debbie Flint, Education Coaches

## The BRIDGE Centre

### **Program Description**

The Bridge program is a recreation program for people living with developmental disability as well as chronic mental illness. Bridge Program is open Tuesdays, Thursdays and Fridays from 9:00 am to 2:30 pm. The program provides participants with opportunities to develop social skills, build interdependence and develop and experience of a sense of community.

### **Program Highlights**

We'd like to welcome Sheria Brown on board as our new Activity Worker here at the Bridge Centre. She brings considerable skills as well as a firm commitment to PSR practice. Jennifer Perreault is our new Community Activity Worker and is a great fit for the position. Jennifer is doing good work helping clients to further integrate into the community and is a wonderful teacher, helping people to learn and to increase their transferable skills.

Linda C. has become an indispensable new volunteer on Friday mornings and Greg R. continues to volunteer his musical talents and time on Friday afternoons. We also have a volunteer from Pacific Animal Therapy, Larry G. He and his dogs Katie and Sally visit us every other month.

Our team had very fruitful Strategic Planning meetings this year. We are well on our way to achieving our forecasted goals for the program. These goals entail designing an outcome-based program model and reporting those outcomes. Goals are at the core of this model. There are two levels of goals: broader-based program goals and client goals. Not only are our clients taking an active role in planning our programming (meeting some of the broader goals of a client-centered program), but they are also getting support to achieve their own individual goals. Ten clients are actively engaged in either skill based and/or community integration goals. One of the skills we have been focusing on with clients is symptom management. Clients are learning how to manage their own anxiety as well as learning computer skills, creating pottery, doing regular chores, writing for the newsletter, accessing the library and connecting with the greater Victoria community in different ways.

We are strengthening ties with the care teams behind the client with a new caregiver feedback form. The aim is to assess and update the client’s perceived progress, coping mechanisms, goals, and general quality of life. We are also researching the client’s existing connections with their community, with the aim of strengthening those connections.

### Program Outcomes

PROGRAM AREA	OUTCOME STATEMENT	TARGET	ACTUAL
Effectiveness	Improve clients’ quality of life.	65% of clients report improvement in their quality of life in at least three of five areas.	93%
Satisfaction	Maximize stakeholder satisfaction.	A grade of at least 85% (A-) on client satisfaction surveys.	86.11% (A-)
Access	Maximize the number of spaces available for new clients.	20% turnover per year.	8%
Efficiency	Program will operate within budgetary parameters.	Maintain expenditures between 90–100% for all budget categories.	83.1%

—Darlene Arseneault, Program Coordinator

## The Friendship Centre

### **Program Description**

The Friendship Centre provides services for adults aged 55+ who experience chronic mental health concerns and live alone or with family in the community. The program focus is on decreasing isolation, encouraging peer support, decreasing future hospitalization and maintaining a healthy and active lifestyle. Members continue to be independent in their transportation to and from the program by utilizing HandyDART, public transportation or their own vehicles. Also, on each program day a nutritious meal is prepared for the members. The program operates on Wednesdays from 2:30 pm to 6:30 pm and on Saturdays from 10:30 am to 2:30 pm.

### **Program Highlights 2012–2013**

This past year I covered the position of The Friendship Centre Coordinator for Katie Bloy and am delighted to have recently been made a permanent staff in this position. Sheria Brown and Melanie Funk continue to bring their excellent skills to the program in their roles as Activity Workers. Pam Kilburn, a qualified Psychiatric Nurse, is a welcome addition to the team. Pam runs the 10-week Cognitive Behavioural Therapy program as part of the Friendship Centre Program. This has been a very successful pilot program that works with mostly clients from the Seniors at Risk Integrated Network and some Friendship Centre clients. We also have a wonderfully competent and cheerful new volunteer, Shiona, who is a neuropsychology student at UVIC. Mona D. continues to be a helpful and reliable volunteer with the Friendship Centre.

After completing Strategic Planning and Team Building sessions last summer, the Friendship Centre developed a set of operational goals and set to work to achieve them. Some of our successes over the year include the following:

- We introduced a psych education component to the program, which includes introduction to CBT, boundary setting and relationships skills workshops taught by Pam Kilburn.
- We offered a nutrition and general health workshop.

- Each client is at some stage of working on their goals, most of which have to do with reducing isolation and some symptom management.
- We introduced the “Out and About Program,” thanks to financial assistance from the Women’s Auxiliary. Clients go to cultural events such as the ballet, concerts, theatre, etc. The program broadens clients’ horizons, helps reduce isolation and increases client independence. We subsidize each client in the amount of \$10 per month. During a three month trial a group of nine clients accessed cultural events in the community outside of program hours.

The Friendship Centre had an average of 20 active clients per month over the last year with an average of eight to nine attending each day and with five clients attending both days.

**Program Outcomes**

PROGRAM AREA	OUTCOME STATEMENT	TARGET	ACTUAL
Effectiveness	Clients will feel less isolated due to attending program.	70% of clients who respond to the survey.	91.67%
Satisfaction	Maximize stakeholder satisfaction.	A grade of at least B on client satisfaction surveys.	A-
Access	Maximize the number of spaces available for new clients.	Average one new intake every two months, measured and reported semi-annually. (6 per year)	5 in the year.
Efficiency	Program will operate within budgetary parameters.	Maintain expenditures between 90–100% for all budget categories.	94.4%

—Darlene Arseneault, Program Coordinator

## Cognitive Behavioural Therapy Group (Seniors at Risk Integrated Network – SARIN)

### Program Description

The SARIN (Seniors at Risk Integrated Network) program for older adults with depression and anxiety has just completed its inaugural year. This 10-week program gives older adults (55 years +) tools to deal with depression and anxiety. Referrals come from GPs in the community. Clients have a chance to speak openly about the challenges of growing older and living with depression or anxiety.

In this program people learn cognitive behavioral therapy techniques. These techniques allow members of the group to recognize depressive thinking and apply methods to shift to a more balanced outlook on life, thereby influencing their low or anxious mood. In addition, mindfulness meditation is taught to promote relaxation. Participants explore ways to communicate assertively, and to set goals. Nourishing healthy snacks are offered at each class in order to emphasize the importance of a balanced lifestyle in mental health. Most importantly, the program decreases isolation and creates new authentic friendships. Once clients complete the 10-week program they are welcome to participate in the monthly drop-in class. The drop-in class helps to maintain the emotional, physical and mental gains attained during the program. The program is offered at two locations: the Capital Mental Health building on Skinner Street and the Pathways Building near Elk Lake.

### Program Highlights 2012–2013

Thirty people have completed the program, and we presently have another 14 participating in the program at this time. It has been a rewarding year developing this program and I would like to thank Melanie Funk and Sheria Brown in particular for all of their support and work in making this first year a success.

The following are some quotes from our clients:

- “I was able to overcome nausea in the mornings when I attended group. Having a nurturing non-threatening place to go every week really helped to rebuild my confidence.”

- “This course empowered me to take hold at times of stress and anxiety. I never realized how much control I have over these emotions.”

Data from the client feedback forms includes the following outcomes:

- 100% of respondents were glad they had attended the group.
- 90% of respondents felt they gained benefit from the group and it addressed the problems for which they were seeking help.
- 85% of respondents felt the presenter was understanding and the course material was helpful.

—Pam Kilburn, Program Coordinator

## Alzheimer's Support Program

### Program Description

The purpose of the Alzheimer's Support Program, also known as "Pathways", is to enable citizens to live at home for as long as possible by helping them to sustain their capacity and by providing respite care for their caregivers. Service is provided for adults aged 55+ with all types of dementia. The program operates four days a week, Monday to Thursday.

The Pathways team consists of two activity workers, one part-time activity worker, one part-time cook and a manager. Each team member is committed to the quality of life of our clients and their caregivers. It has been shown that "An early diagnosis means earlier access to support and medical treatments to help manage the symptoms of the disease. Earlier intervention to plan for and manage the challenges on the dementia journey can be done in advance with quality of life as a priority." (Alzheimer's Society). The Alzheimer's Support Program strives to meet this commitment to our clients by providing the means to decrease their isolation, provide meaningful activities, and improve their physical and mental health. For our caregivers, we provide the opportunity for a reinvigorating respite knowing that their loved one is engaged in a positive, safe program.

### Program Highlights 2012-2013

The Alzheimer's Support Program had a very good year working with the community to provide services to more than 45 clients, an increase in sustainable referrals from 35 to 45. The Pathways program was selected to participate in a VIHA medication administration pilot. Pathways also received a mini face lift this year thanks to the generous donation from the Quaker Society.

Dementia can take many forms and affect different areas of the brain. Each client presents with a unique combination of dementia symptoms and behaviours, including symptoms affecting balance, appetite, physical mobility, mood and vocabulary.

While it is very important to understand the symptoms and behaviours, it is also important to acknowledge the individual's spirit. People who are living with

dementia demonstrate incredible courage. They have experienced significant changes in their way of life, and may have trouble finding words, completing thoughts, following directions or remembering information. They may experience a range of overwhelming emotions from anger to deep loss and depression. Against many odds they demonstrate remarkable resilience, participating in activities, challenging their bodies in the indoor and outdoor exercise programs and continuously seeing new things and experiences daily. Staff appreciate how much they learn from the clients through the sharing of their rich stories. Our clients teach us to live in the moment.

We recognize our success by working in concert with our volunteers and the community. Our hard working, enthusiastic volunteers provide music sessions, creative arts and crafts, informational sessions, pet visits and horticultural services. One of the goals this year was to reach out to our VIHA case managers and invite them for onsite visits. We are pleased to report this outcome was achieved.

Every six months at Pathways we send out satisfaction surveys to both clients and caregivers, the results of which are detailed below. We received an A+ on both of our surveys this year, and would like to take this opportunity to share some of the comments we received. Here are just a few:

- “Thank you for always taking a great interest in \*\*\*. He really enjoys his days at Pathways.”
- “Thanks very much to you and your staff for the wonderful service you provide. You make our life easier as we try to care for \*\*\* with his increasing dementia.”
- “When we ask her how her day was at Pathways, she always says she had a lot of fun, singing songs and kicking the ball around!!! Lol! Thanks for making her day program so enjoyable, we really appreciate it! With Gratitude.”
- “Such a good variety of activities so there is something for everyone—great job & thanks to all of your team!!”

In closing, I offer my personal thanks to the Pathways team for doing what they do with such heart and passion: Janet, Justin, Lori, Sonya, Jenny and Anita. Thank you to the supportive administration team at Skinner Street, our volunteers, the VIHA case managers and our community partners.

## Program Outcomes

PROGRAM AREA	OUTCOME STATEMENT	TARGET	ACTUAL
Effectiveness	Improve client and caregiver quality of life.	A grade of B on caregiver satisfaction surveys.	A+
Satisfaction	Maximize stakeholder satisfaction.	A grade of at least B on client satisfaction surveys.	96.7% (A+)
Access	Maximize program utilization.	2,013 to 2,137 utilized spaces (97%–103%).	1,839 (88.6%)
Efficiency	Program will operate within budgetary parameters.	Maintain expenditures between 90%–100% for all budget categories.	92.7%

—Heather Reid, Program Manager

## Housing Support

### **Program Description**

The Supported Housing Program provides services to people with severe mental illness who live in the community. We have two condominium buildings, Meerstille and Newbridge, and provide support to 28 clients in these buildings. In addition we have 89 satellite apartments throughout the city. The level of support is varied, with the people living in the satellite apartments being more independent and requiring less support.

Our team consists of a team Manager and four Housing Coaches, who provide assistance to help people learn budgeting, cooking, shopping, and other daily living skills that lead to increased independence. Support is provided as needed around mental health concerns, with regular visits to clients in their homes or in the community. The Housing Coaches also work with tenants if there are tenancy issues, and they encourage and motivate clients to have more community connection by working, volunteering or attending day programs at CMHA or our partner agencies.

### **Program Highlights 2012–2013**

We had some very significant changes this past year. Housing Coaches Kathy Holtby and Katherine Carr retired late last year. Both of these valued staff will be missed by the agency and the clients. We welcomed two new members to the team, Kaitlyn and Jennifer, and are excited to have them on board.

This year the team embraced a different approach to serving our clients. Traditionally the Housing Coaches served a specific building or the Satellite housing. Now the staff provide service to two buildings and satellite, and as a result are seeing a wider mix of clients. This change, implemented late last year, has given all the housing coaches a different perspective on the varied and complex issues for each group.

The clients have been working with their new coaches, setting goals, and moving forward to the best of their abilities. In Meerstille, Newbridge and Satellite we have several residents of advanced ages with very significant medical issues in addition to the mental illnesses. This aging population requires significantly more resources and resourcefulness from the workers to ensure that the various medical conditions

and the claiming of pensions do not fall between the cracks.

We experienced client turnover in supported housing again this year, bringing younger residents with new issues and challenges into our client group. Our skilled staff brings a wealth of experience to this wide range of clients. They use a variety of interventions based on the needs and wishes of the clients to support their recovery. Progress may seem small, but as we know small steps lead to a great distance travelled, in life and recovery. We are delighted that six clients moved to more independent housing: one client moved from Meerstille to our Satellite apartments, and five moved to independent market rent, a big step forward for each of them.

Our clients also are active in the community. Currently 25 are participating in volunteer work, 19 in paid employment, 27 are attending day programs and eight have completed the Souper Meals program.

We continue to strive to provide the best services to our clients. The results of our Client Satisfaction Surveys and our other outcomes are detailed below.

### Program Outcomes

PROGRAM AREA	OUTCOME STATEMENT	TARGET	ACTUAL
Effectiveness	Clients will show improvement in their independent living skills over the past year.	80% of clients will show improvement in their independence skills over the last year.	49%
Satisfaction	Residents satisfied with services of their coach.	A grade of 70% on client satisfaction questionnaires (B-).	88.7% (A)-
Access	Minimize program vacancies.	Average 115 active clients each month.	123.6
Efficiency	Operate within budget.	Budget expended between 90–100%.	95.5%

—Lori Mist, Director of Housing & Residential Rehabilitation Programs

## McCauley Bridging and McCauley Lodge

### **Program Description**

McCauley Lodge is a residential care facility that provides long term care for 21 adults with severe mental illness. In addition, we provide outreach services and support for up to 19 adults who live in rental units in the city. McCauley Lodge is an integral part of the community and has become a place that people return to for support and socialization. This ensures that those who move on to our outreach program have a place that provides a warm welcome and a caring community when needed. To help them be physically active, residents of the Lodge and outreach clients are also able to utilize the local recreation centre pool and gym facilities. They are welcome to enjoy the regularly scheduled activities such as soccer and softball at the Crystal Pool field. Social events occur throughout the year, including the weekly concert at the Eric Martin Pavilion organized by the Friends of Music, and the Christmas social.

### **Program Highlights 2012–2013**

The move to EMP third floor was an amazing accomplishment. Residents and staff alike pitched in to make the transition as smooth and without incident as could possibly be expected. We have settled in nicely and, although our routines are slightly altered, we are making the best of our new accommodations. Special pizza nights, Chinese food and holiday events are celebrated with the same enthusiasm as before but with slight alterations to accommodate our new surroundings. Our bridging residents still receive support as before, and have made great strides towards more independence with both medications and meals. As unbelievable as it may seem, parking has been our greatest challenge. Staff have applied remarkable flexibility and creativity to keep parking costs reasonable.

It's very exciting to look ahead to the move back to Esquimalt and the new facility. Staff and residents make regular trips past the site to keep tabs on the progress of our new home. We owe many thanks to all of our supporters and to the leadership at CMHA as we anticipate the future McCauley Lodge.

The October 2012 satisfaction survey showed some downturn in overall satisfaction with both the Lodge and bridging residents, likely as a result of some of

the many adjustments that had to be made getting used to our new surroundings and the slight alterations to how the outreach workers connected on a daily basis. However, the April 2013 survey shows a marked upturn in satisfaction in both the Lodge residents and Bridging clients. The summary of Lodge results shows an increase from B to A- and for Bridging from B- to A-.

We had to be flexible this year by moving some of our less independent bridging clients into the Lodge for either respite or full-time care. We also said goodbye to one of our residents who had lived at the Lodge for over 40 years. We will miss him dearly.

Many thanks go out to Mental Health & Addiction Services for their support and encouragement during and after the move, providing case management assistance as well as help from the clinical care liaison and psychiatrist.

Once again the residents of McCauley Lodge, the clients of our bridging program and our amazing staff have come together to meet challenges and provide a safe and nurturing environment for individuals who are often the most vulnerable in our society. We look ahead to finishing our stay in a positive way at EMP and we relish the challenge of the move back to the new McCauley Lodge.

### **Program Outcomes: McCauley Bridging**

<b>PROGRAM AREA</b>	<b>OUTCOME STATEMENT</b>	<b>TARGET</b>	<b>ACTUAL</b>
Effectiveness	Clients will learn skills to become more independent.	50% of clients will have learned and demonstrated new independence skills in the past year.	48%
Satisfaction	Maximize stakeholder satisfaction.	A grade of at least B on client satisfaction surveys.	A-
Access	Maintain program occupancy.	Maintain an average of active 20 clients per month.	15.58
Efficiency	Program will operate within budgetary parameters.	Maintain expenditures between 90–100%.	101.86%

### Program Outcomes: McCauley Lodge

PROGRAM AREA	OUTCOME STATEMENT	TARGET	ACTUAL
Effectiveness	Minimize hospitalizations/days hospitalized due to mental health issues.	Fewer than 2 hospitalizations and fewer than 84 days in hospital each year.	0 hospitalizations 0 days in hospital
Satisfaction	Maximize stakeholder satisfaction.	A grade of at least B on client satisfaction surveys.	A-
Access	Maximize Lodge occupancy.	Maintain bed occupancy at 95%.	99.9%
Efficiency	Program will operate within budgetary parameters.	Maintain expenditures between 90–100% for all budget categories.	101.86%

—Grant Enns, Manager

## Greenridge Place and Eagle Rock Heights

### **Program Description**

Greenridge Place and Eagle Rock Heights are two small group homes providing psycho-social rehabilitation and recovery support to young adults with mental illness. Greenridge Place has ten residents and Eagle Rock Heights has six. They are both licensed care facilities with a variety of skilled staff, including a Manager, Mental Health workers, an Education and Employment Coach and a full-time Nurse. Whilst at Greenridge or Eagle Rock our residents are provided with supports that assist their recovery, including learning life skills, finding employment or volunteer opportunities, or returning to education. Greenridge and Eagle Rock have been part of CMHA's recovery services since 2011.

### **Program Highlights 2012–2013**

Greenridge has continued to grow and evolve as a new CMHA program. At the start of its third year as part of our agency, the staff recently implemented a new service model, where staff work directly with specific residents to help them set goals and move forward. Although in its infancy, there have been some solid gains; as part of their recovery process our residents are encouraged to get up and out to programs, school, and work.

Our primary purpose at Greenridge and Eagle Rock is to assist residents to become independent and live successfully in the community. We are delighted and proud to report one program outcome that has five people either on the wait list or assessed for more independent living at Rockland apartments. Additionally, last fall two residents left to live on their own and another is waiting to move to supported housing. These outcomes are a great reflection of the hard work of both residents and staff, and a tremendous achievement.

On the journey to recovery and independence our residents often have to acquire new skills such as cooking, budgeting, or rebuilding their confidence to meet other people and feel comfortable in social settings. Several residents are successfully participating in the Souper Meals program, where they learn cooking skills. These skills not only help them in their goal of living independently one day, but may open

the door to work opportunities as well. Our Employment and Education Coach Debbie Flint is always on the move, looking for opportunities for residents to try their hand at different ventures, and offering support and encouragement when the going gets tough. As a result, people who never before experienced success in education or employment, are now flourishing, with one resident getting A+ in courses, and several residents now employed. They all reap the benefits of increased financial independence, friends and a sense of accomplishment.

The great work of the staff, combined with the determination of our residents has helped the residents to overcome anxiety, attend day programming, take the bus, gain independence and much more. Three individuals were nominated for the 'Hearts Awards'; we are very excited for them and proud of their achievements.

We look forward to a productive year, as we put more strategies in place to move the program forward. The staff are a very dedicated group and should be commended for the work they do in support of better mental health for our clients.

### Program Outcomes

PROGRAM AREA	OUTCOME STATEMENT	TARGET	ACTUAL
Effectiveness	Clients will move to more independent living situations.	60% of residents will be living more independently within three years.	36%
Satisfaction	Maximize client satisfaction.	A grade of B on client satisfaction questionnaires.	C+
Access	Full occupancy.	Maintain bed occupation to 95%.	92.5%
Efficiency	Operates within budget.	Budget expended between 90–100%.	101.22%

—Lori Mist, Director of Residential and Housing Rehabilitation Programs

## Housing Tenancy Report 2013

CMHA has 202 housing units across Victoria, serving adults with a mental illness, seniors and low income families. We continue to have inquiry calls about our housing programs for both assisted living and independent low income housing. Although the rental market indicates that there are many vacancies in Victoria this does not reflect the minimal amount of low rent apartments. Victoria continues to have a limited supply of affordable housing to the area and we are proud to continue offering affordable housing in 204 units throughout the city.

### **Satellite Apartments**

The Satellite program provides affordable supportive housing for individuals who are able to live independently with limited assistance. This program is staffed by housing coaches who are available to assist the tenants with mental health related concerns.

Our Satellite program includes 87 apartments in various locations throughout Victoria. There was a turnover of three tenants this year.

### **Meerstille and Newbridge Apartments**

Combined these two buildings offer 9 one-bedroom and 30 bachelor units of light supported housing for single adults with a mental health diagnosis. Tenants live independently and have assistance from their Housing Coach. This year Meerstille had two turnovers and Newbridge had four.

We are continually working on the maintenance of our buildings and this year the major jobs at Meerstille were extensive landscaping and shrub removal. Also the driveway, carport and walkways were power washed. At Newbridge we had all the common area carpet replaced and installed security cameras.

### **Edith Gunning Court**

This is a mixed income family housing complex in Vic West. There are 8 one-bedroom, 23 two-bedroom and 2 three-bedroom suites. This past year there was a turnover of 5 units.

The work done on the building this year included replacement of the interior carpet in the common areas and extensive work done on the landscaping.

### **Darwin Apartments**

Darwin Apartments is a seniors and persons with disabilities complex located near Swan Lake. It has 34 bachelor and 11 one-bedroom units. There was a turnover of four tenants this year.

This building had the most work done this year, the exterior was painted, the interior carpet in the common areas replaced and removal of bushes for a neater appearance.

CMHA has had a very busy year in housing and we are grateful to have such dedicated, hard working maintenance staff. They keep our buildings looking beautiful, well maintained and safe, which ultimately ensures our tenants take pride in where they live.

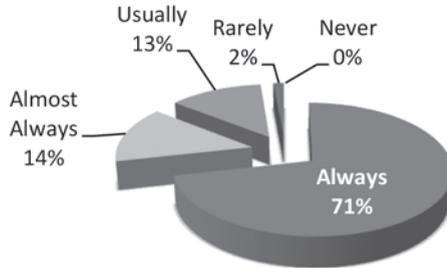
—Imogen Burr, Director of Housing Tenancy

## Appendix: Client Satisfaction Illustrated

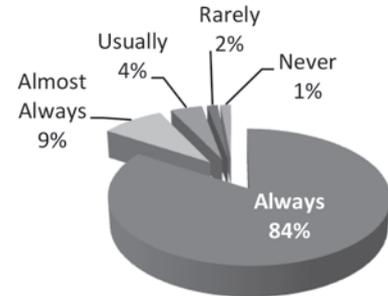


## GROW Client Satisfaction

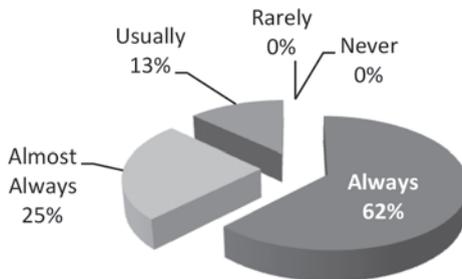
**I am satisfied with the services offered by this program**



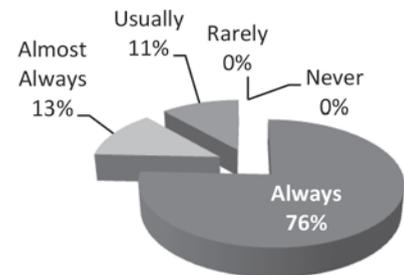
**I feel safe and comfortable with the outreach workers**



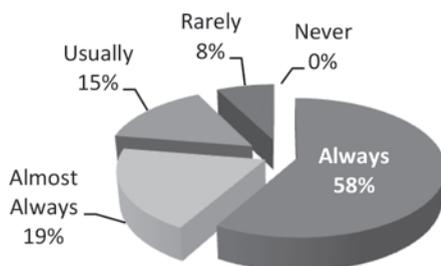
**Staff help me when I have a question or concern**



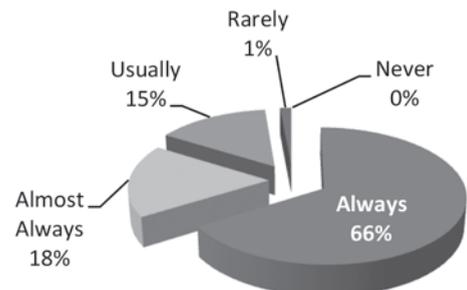
**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**



**I am included in planning my goals**



## NetWorks Employment Solutions Client Satisfaction

**I am satisfied with the services offered by this program**



**I feel safe and comfortable with the outreach workers**



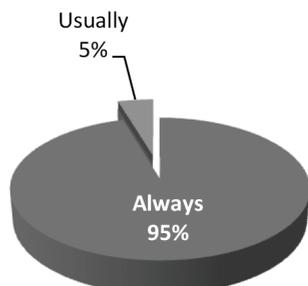
**Staff help me when I have a question or concern**



**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**



**I am included in planning my goals**



### Education Coaches Client Satisfaction

**I am satisfied with the services offered by this program**



**I feel safe and comfortable with the outreach workers**



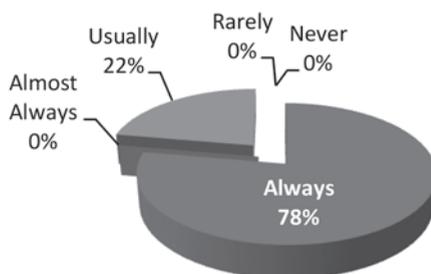
**Staff help me when I have a question or concern**



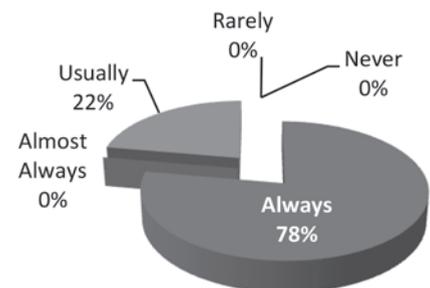
**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**

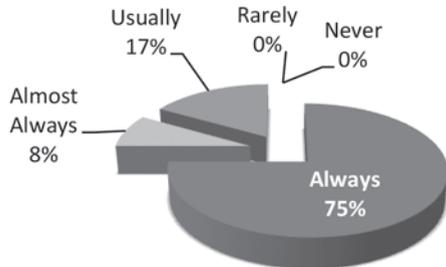


**I am included in planning my goals**

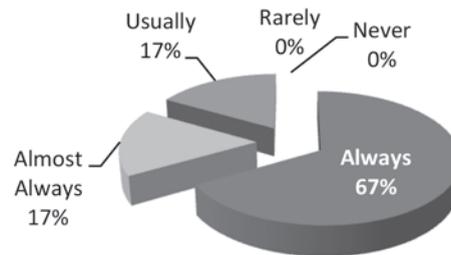


The BRIDGE Centre Client Satisfaction

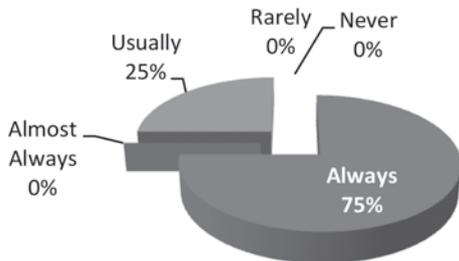
**I am satisfied with the services offered by this program**



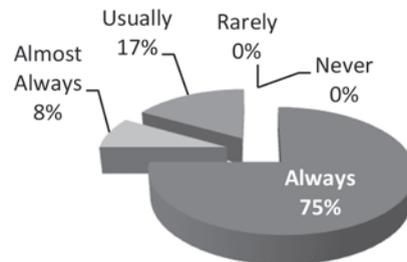
**I feel safe and comfortable with the outreach workers**



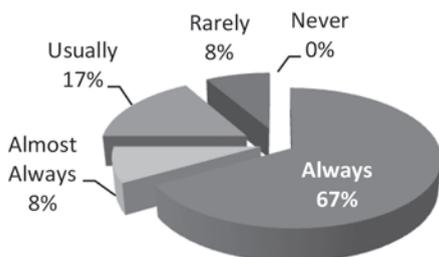
**Staff help me when I have a question or concern**



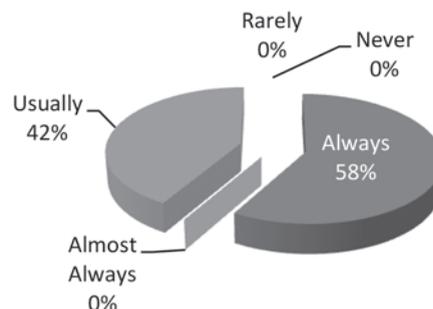
**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**

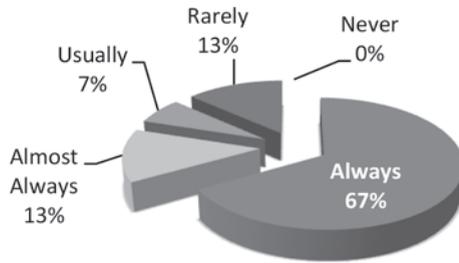


**I am included in planning my goals**

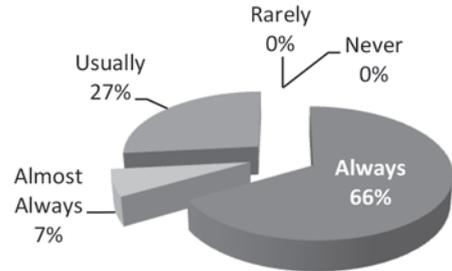


## The Friendship Centre Client Satisfaction

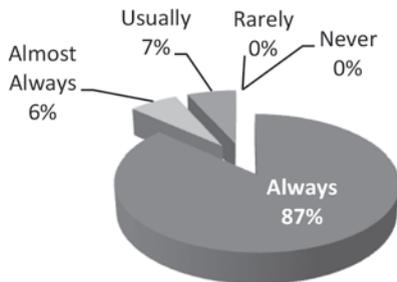
**I am satisfied with the services offered by this program**



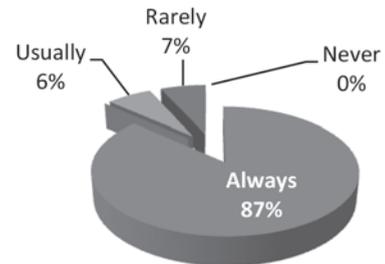
**I feel safe and comfortable with the outreach workers**



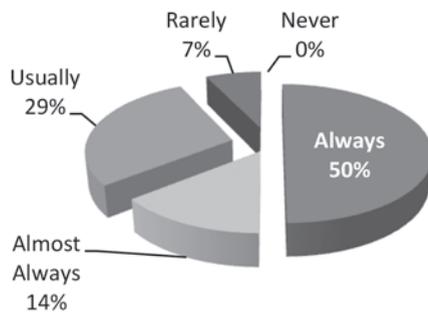
**Staff help me when I have a question or concern**



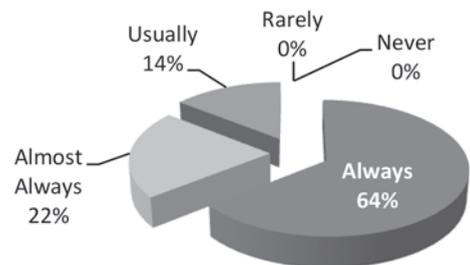
**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**

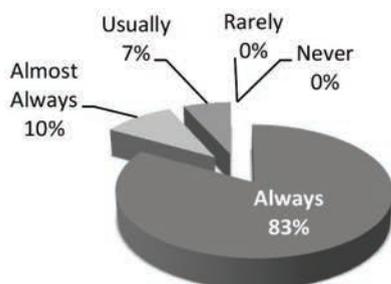


**I am included in planning my goals**



## Alzheimers Support Program Client and Caregiver Satisfaction

**I am satisfied with the services offered by this program**



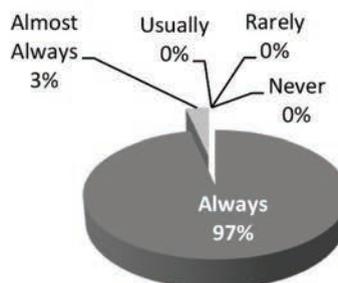
**I feel safe and comfortable with the outreach workers**



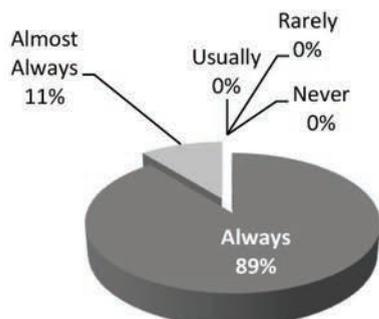
**Staff help me when I have a question or concern**



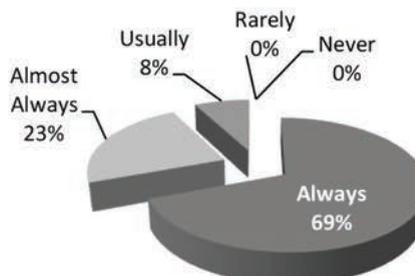
**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**

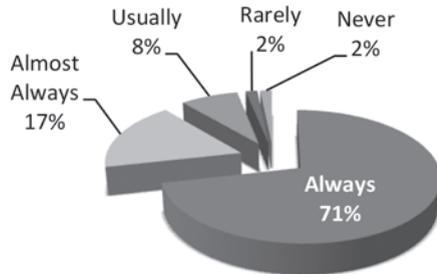


**Having my loved one attend the program has improved my quality of life**

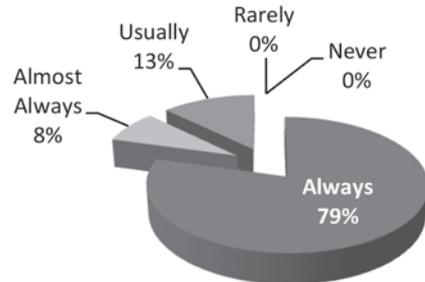


## Housing Support Client Satisfaction

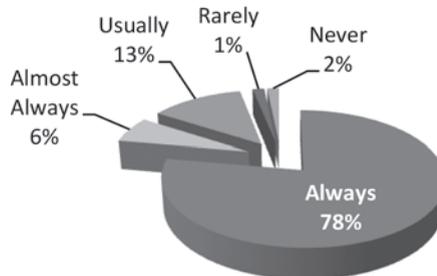
**I am satisfied with the services offered by this program**



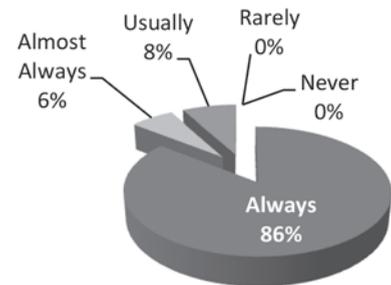
**I feel safe and comfortable with the outreach workers**



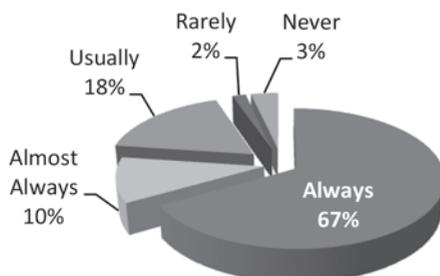
**Staff help me when I have a question or concern**



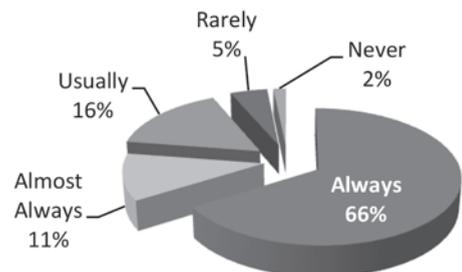
**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**

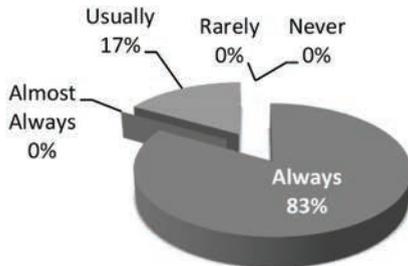


**I am included in planning my goals**

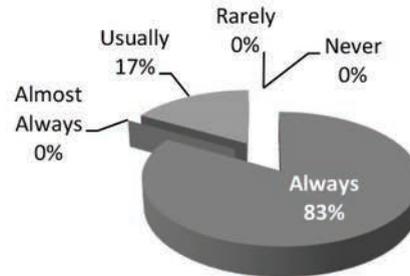


## McCauley Bridging Client Satisfaction

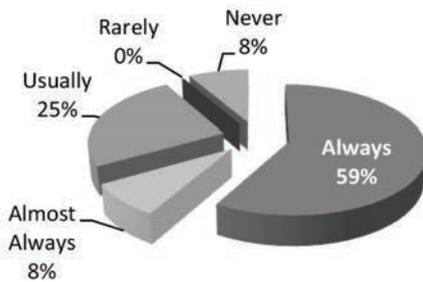
**I am satisfied with the services offered by this program**



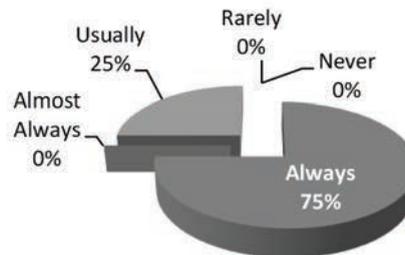
**I feel safe and comfortable with the outreach workers**



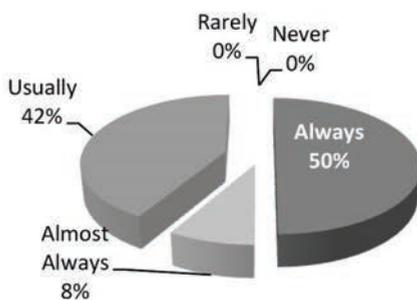
**Staff help me when I have a question or concern**



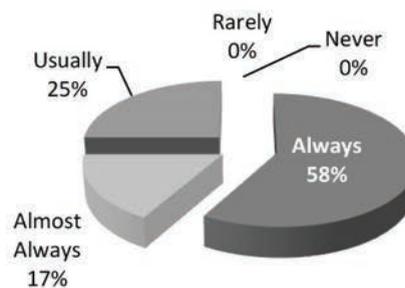
**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**

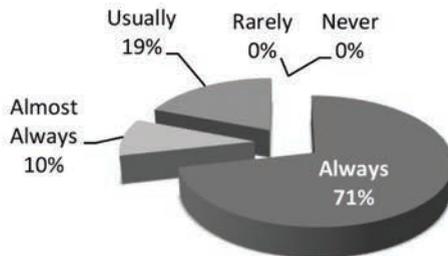


**I am included in planning my goals**

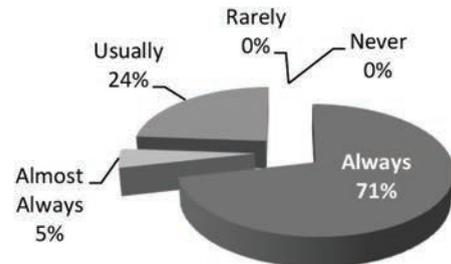


## McCauley Lodge Client Satisfaction

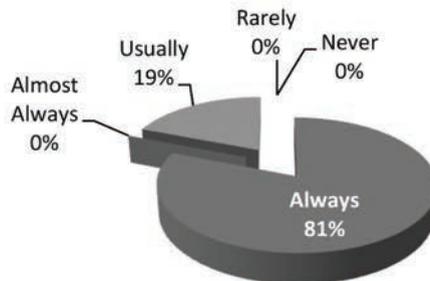
**I am satisfied with the services offered by this program**



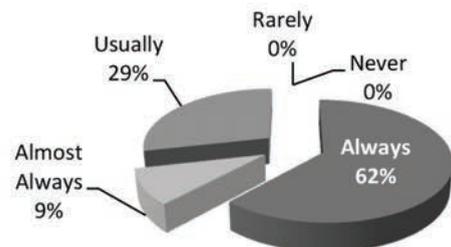
**I feel safe and comfortable with the outreach workers**



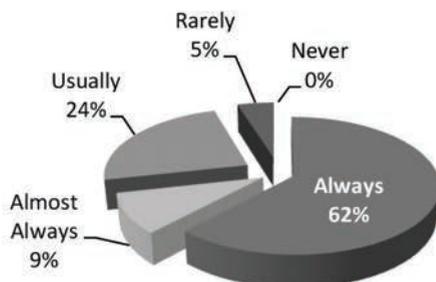
**Staff help me when I have a question or concern**



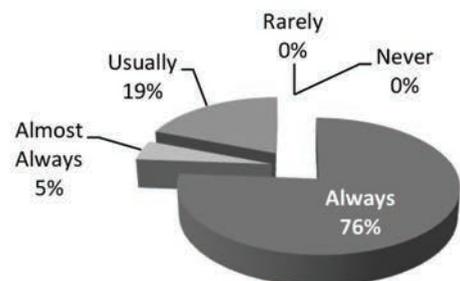
**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**

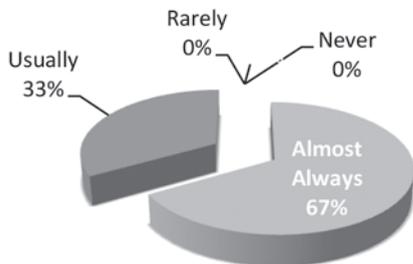


**I am included in planning my goals**

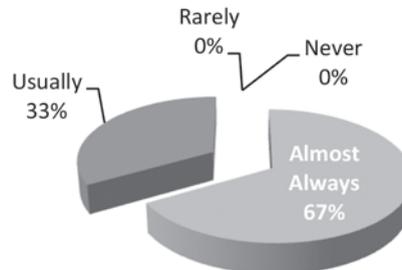


## Greenridge Place & Eagle Rock Heights Client Satisfaction

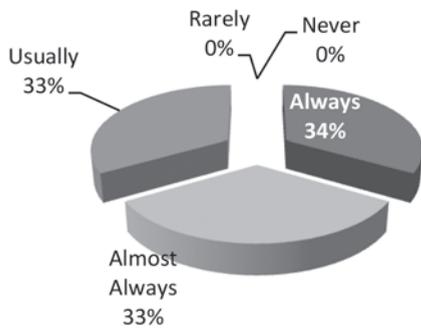
**I am satisfied with the services offered by this program**



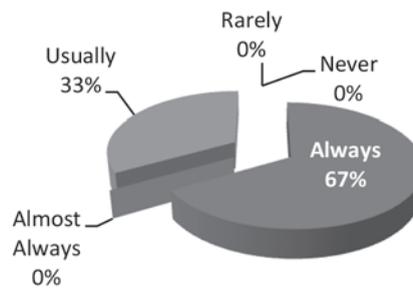
**I feel safe and comfortable with the outreach workers**



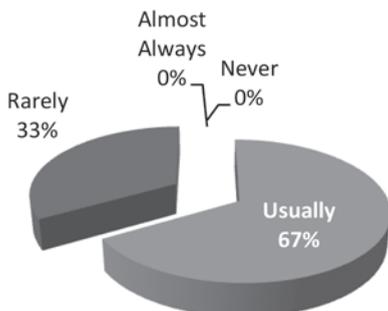
**Staff help me when I have a question or concern**



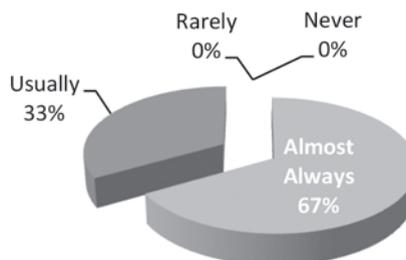
**The outreach workers treat me with dignity and respect**



**I can change how the outreach worker supports me**

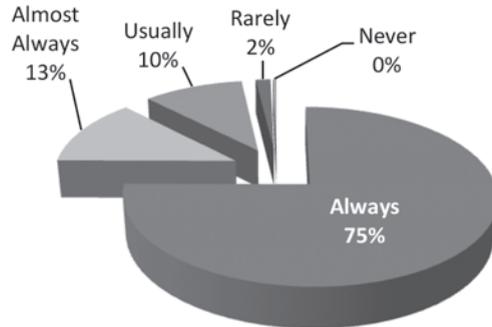


**I am included in planning my goals**

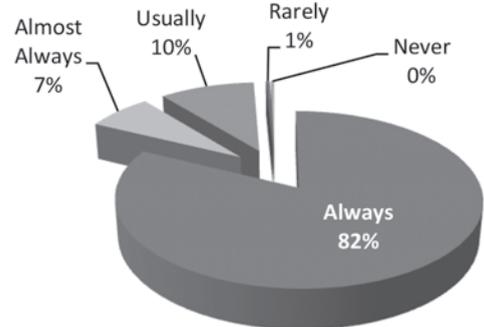


### Client Satisfaction—All Programs

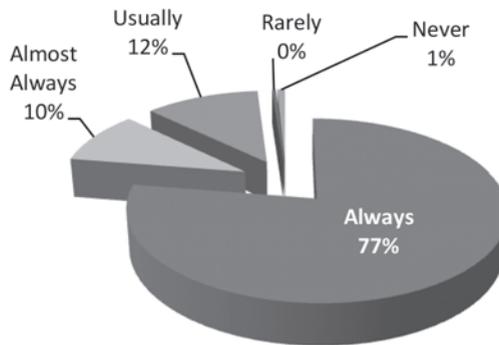
**I am satisfied with the services offered by this program**



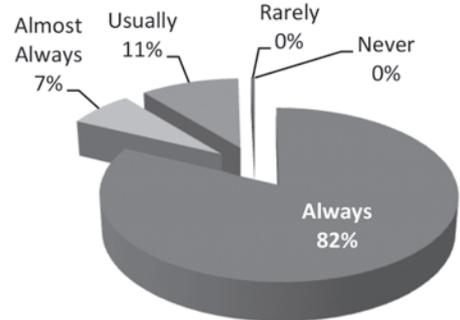
**I feel safe and welcome at the program location**



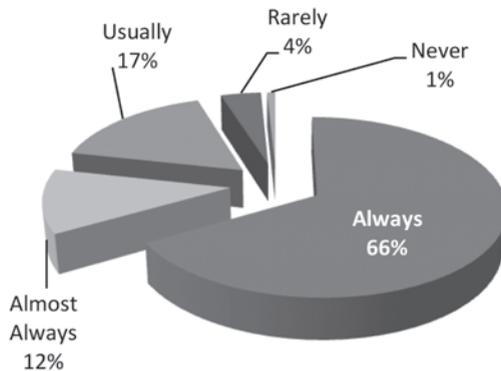
**Staff help me if I have a question or concern**



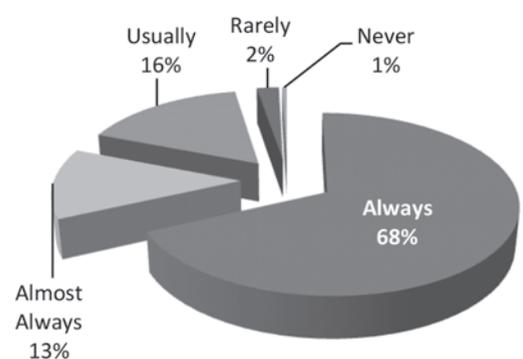
**Staff treat me with dignity and respect**

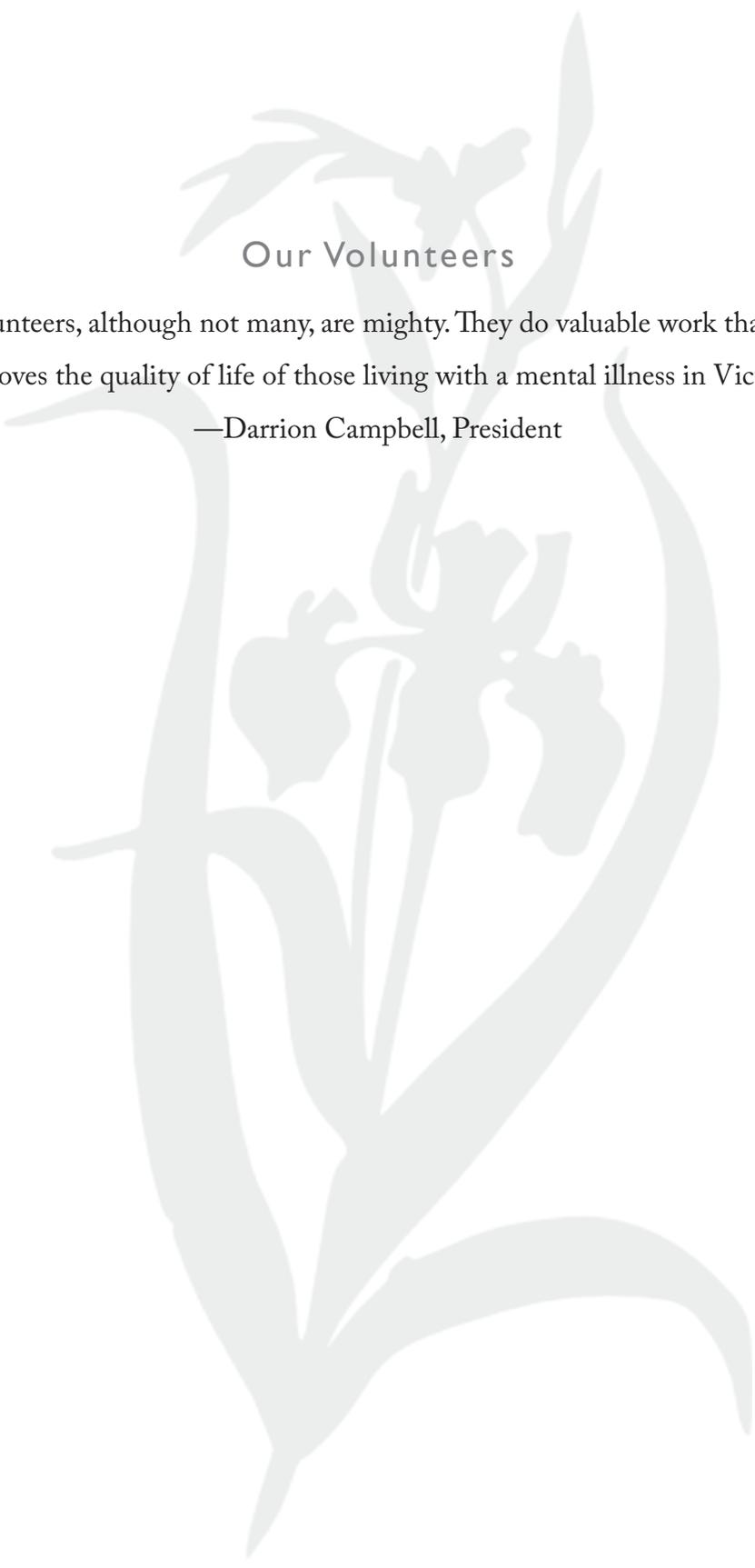


**I can ask for changes to the program/activities**



**I am included in setting my goals in the program**





## Our Volunteers

Our volunteers, although not many, are mighty. They do valuable work that greatly improves the quality of life of those living with a mental illness in Victoria.

—Darrion Campbell, President

## Women's Auxiliary and Eric Martin Pavilion Gift Shop

Once again I am combining the Women's Auxiliary (WA) and Eric Martin Pavilion Gift Shop reports. At the present time the auxiliary's only source of funds are the gift shop and donations.

The gift shop continues to do well, and we have welcomed the McCauley Lodge clients as customers to our shop. We really enjoy their visits to the store and look forward to continuing to serve them in the coming months.

The gift shop continues to stock the same items: jewellery, cards, toiletries, new and used books, snack food, etc. Our biggest sellers are clothing and jewelry, and we always welcome donations. We also have some beautiful hand-made cards that a lady donates to the store that are always popular.

Many thanks to our auxiliary ladies and our volunteer staff at the gift shop, some of whom have been there for years. Their work is greatly appreciated and I am pleased to be working with and meeting so many wonderful people.

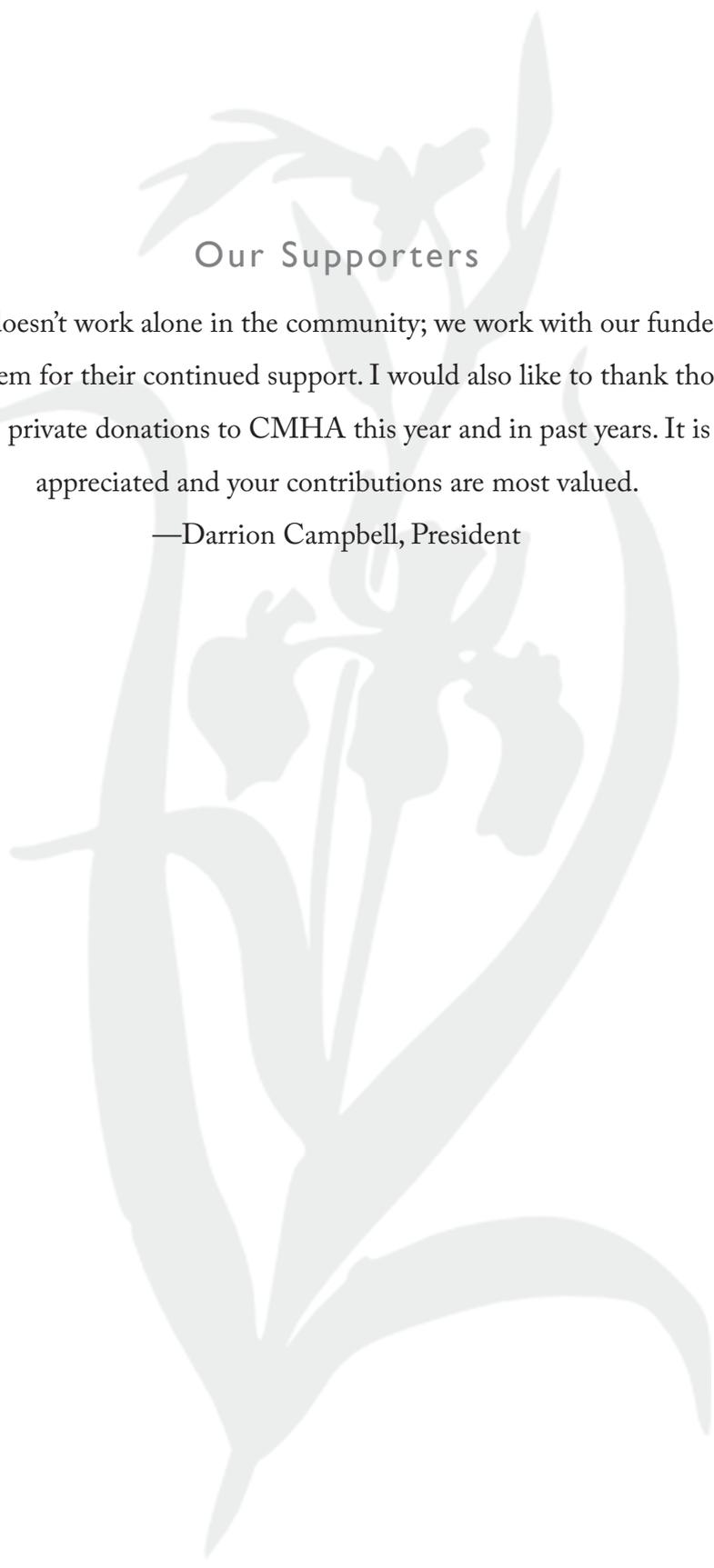
Our income this year was \$8,383.50.

Our donations were \$2,900.

We are hoping to contribute some of the remaining money towards the needs of the McCauley Lodge clients on their return to the new facility.

Thanks so much to all.

—Arlene Baker, President of the Women's Auxiliary and Gift Shop Manager



## Our Supporters

CMHA doesn't work alone in the community; we work with our funders, and I thank them for their continued support. I would also like to thank those who have made private donations to CMHA this year and in past years. It is greatly appreciated and your contributions are most valued.

—Darrion Campbell, President

## Our Supporters

We wish to thank the following partners, organizations, groups, and government agencies for their contributions to our successes this past year:

Vancouver Island Health Authority

Capital Regional Hospital District

TD Bank

United Way of Greater Victoria

Ministry of Employment and Income Assistance

British Columbia Housing Management Commission

Municipality of Saanich

City of Victoria

Township of Esquimalt

L.A. Fraternal Order of Eagles

Women's Auxiliary of Capital Mental Health Association

Private donations and memberships

## Our Funds

### **Joan Dumka Continuing Education Bursary Fund**

In January 1986, the Board of Directors of Capital Mental Health Association wished to arrange a fitting tribute to honour Joan Dumka on the occasion of her resignation from the organization. Joan had been the Executive Director for over 20 years.

The bursary was established in her name at that time and the fund was extended as a memorial tribute following her death in October 1986. The money is to be used annually to allow clients of Capital Mental Health Association's programs to undertake educational courses. Joan always supported the members' efforts to undertake the pursuit of education. We are pleased that, as in her long tenure as Executive Director, many more members' lives will be enriched and assisted by the fund. Last year we gave out 12 bursaries totaling \$1931.61.

Those wishing to make a tax deductible contribution are encouraged to do so at the Capital Mental Health Association, 125 Skinner Street, Victoria, BC, V9A 6X4 with a notation: *Joan Dumka Education Bursary Fund*.

### **Per Ardua Housing Fund**

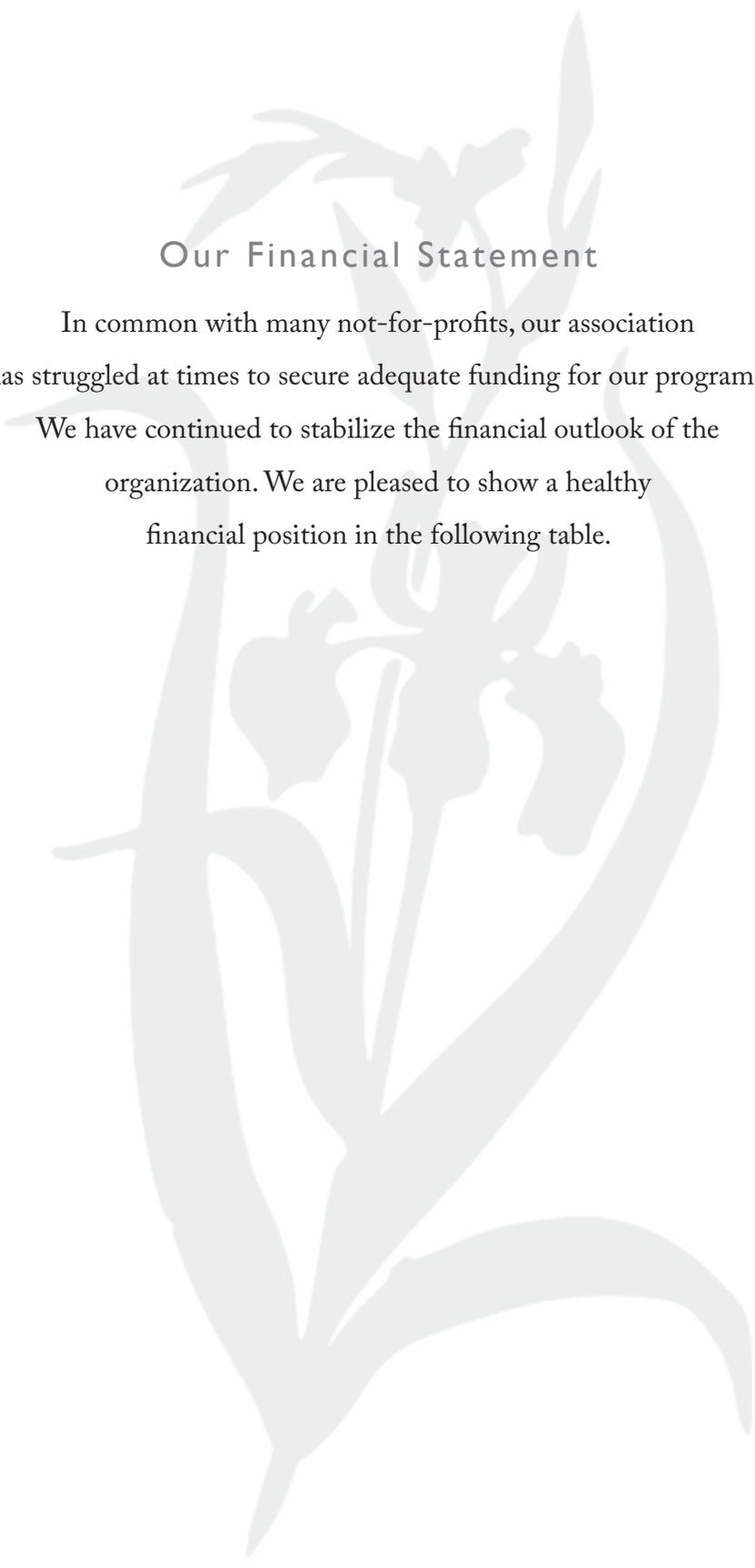
This fund was established in memory of a former client to assist young people with disabilities to have affordable and pleasant housing – a place to provide accommodation for some of those not qualifying for fully independent living but whose needs are not met in a staffed facility. This home, with some support available as needed, would ensure privacy and dignity and, most importantly, provide an opportunity to socialize with contemporaries in as enjoyable an environment as possible.

The Board of Directors of Capital Mental Health Association agrees to hold these monies in a special fund accruing interest to be added to the fund until a suitable project is finalized. Monies from this fund may also be used to provide a ready source for CMHA to draw upon in its search for appropriate real estate property. Further funds may be utilized, if required, for the purchase of suitable furnishings or household equipment to make these aims practical.

Major expenditures of the fund can only be made with the agreement of the principal donors. The process will be as follows:

*“Decisions on expenditures will be reached by the Directors of the Board after recommendations are made by an advisory group which is to include the founders, other major funders, and staff representatives.”*

Those wishing to make a tax deductible contribution to the fund may send a donation to Capital Mental Health Association with the notation: ***Per Ardua Housing Fund.***



## Our Financial Statement

In common with many not-for-profits, our association has struggled at times to secure adequate funding for our programs.

We have continued to stabilize the financial outlook of the organization. We are pleased to show a healthy financial position in the following table.

## Summary of Financial Results

\$000's	08/09	09/10 (restated)	10/11	11/12 (restated)	12/13
Revenues	4,999	5,229	4,571	5,487	6,570
Expenditures	4,968	4,553	4,541	5,416	5,629
Recoveries from (repayments to) BC Housing	15	(9)	(2)	27	8
Excess (deficiency) of revenues over expenditures from regular activities	46	667	28	98	949
Gain on sale of capital asset	743	--	--	--	--
<b>Total excess (deficiency) of revenues over expenditures</b>	<b>789</b>	<b>667</b>	<b>28</b>	<b>98</b>	<b>949</b>
Invested in capital assets	948	873	908	1,671	2,904
Internally restricted	761	1,253	1,245	888	886
Externally restricted	992	1,073	1,060	1,103	818
Unrestricted	(135)	35	48	94	97
<b>Total closing fund balances</b>	<b>2,565</b>	<b>3,234</b>	<b>3,261</b>	<b>3,344</b>	<b>4,705</b>

—Donna Spence, Board Treasurer