2021 to 2025

Strategic Plan
Companion Document

canadian mental health association
Simcoe County

Canadian Mental Health Association
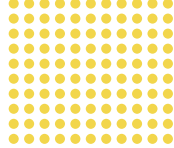Simcoe County
Mental health for all

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Introduction

Our strategic framework is centred around individuals and families to help ensure they receive the best possible services and supports.

Over the next four years, CMHA-SC will focus our efforts on four strategic pillars that are linked as depicted in the centre of the strategic framework. The pillars include Quality and Reporting, Documentation Quality and Data, Integrated and Innovative and Improved Access.

The four key enablers that encircle the strategic framework will help us advance our plan. We will immediately focus our efforts on promoting diversity, equity and inclusion. Significant effort will also be focused on modernizing our vital infrastructure and people supports while strengthening our partnerships and just culture.
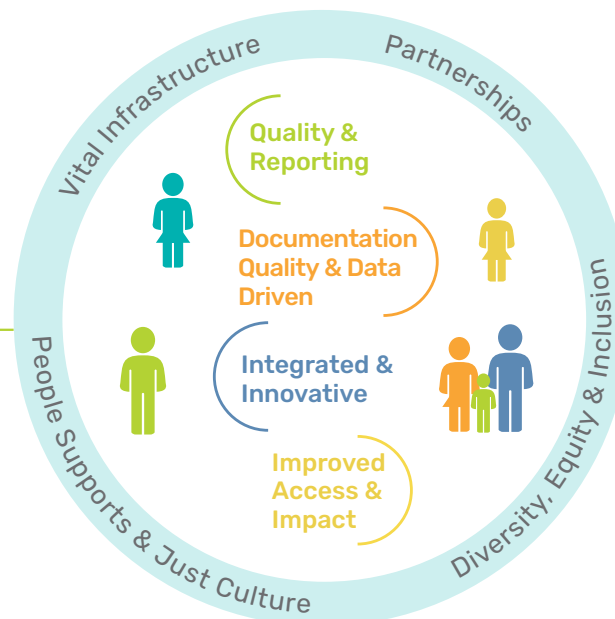
The Strategic Framework

Our strategic framework depicts the pillars and enablers that are centred around the individuals and families we serve.

Quality & Reporting
Establishing the foundation to provide high quality mental health & addiction services and supports for individuals and their families.

Documentation Quality & Data Driven
Ensuring our documentation drives the best possible decision making about our mental health & addiction services and supports our daily operations.

Integrated & Innovative
Demonstrating the value of our integration efforts and evaluating innovative models that meet the needs of individuals and families. Being an attractive option for funders to implement new initiatives and new models of care, contributing to more resources and opportunities for those we serve.

Improved Access & Impact
Focusing on improvement initiatives that respond to the needs of the individuals and families we serve and advancing our thought leadership across the region and province.

Each of the four strategic pillars includes two to four initiatives with phased actions that will be critical to achieving our collective goals within the CMHA-SC strategic plan. The timeline figure on the next page provides a detailed overview of the priorities and initiatives for each strategic pillar. The remainder of the document presents the detailed action steps for the nine (9) priorities and twenty-two (22) initiatives. There are ninety-one (91) actions planned over the next four years in total.
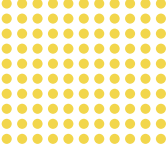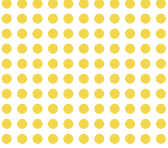
Strategic Plan Implementation Timelines: Key Priorities

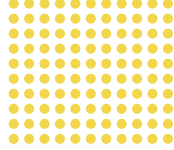| Pillar	Priority	Initiative	2021	2022	2023	2024	2025
1. Quality & Reporting	**1.A. Establish Total Quality Management System**	1.A.i. Design and embed a CMHA-SC quality framework	█	█	█	█	
		1.A.ii. Involve all staff in quality improvement (QI) training opportunities	█	█	█	█	█
		1.A.iii. Promote a 'quality-driven' mindset	█	█	█	█	█
	1.B. Establish Integrated Risk Management Reporting	1.B.i. Establish an evidence-based incident management and analysis framework	█	█	█		
		1.B.ii. Refine the Integrated Risk Management framework		█	█		
2. Documentation Quality & Data Driven	**2.A. Improve Documentation and Data Quality**	2.A.i. Clean up and streamline electronic health record (EHR) system	█	█			
		2.A.ii. Improve clinical documentation and data quality		█			
		2.A.iii. Complete data and documentation maintenance and auditing		█	█		
	2.B. Utilize Data-Driven Decision Making	2.B.i. Advance management's data knowledge and capabilities	█	█	█	█	█
		2.B.ii. Optimize provincial evaluation initiatives	█	█			
3. Integrated & Innovative	**3.A. Further integration with HSS Partners**	3.A.i. Pursue integration initiatives with one or more partners	█	█	█	█	
		3.A.ii. Ensure CMHA representation on Ontario Health Teams (OHT) tables and alignment	█	█	█		
		3.A.iii. Conduct a review of facilities for potential co-location	█	█	█		
		3.A.iv. Re-locate Crisis Service	█				
	3.B. Measure the impact of innovative models of care	3.B.i. Demonstrate value and impact of innovative models of care		█	█	█	
		3.B.ii. Conduct structured evaluation of in-person/ blended/ virtual care		█	█	█	
4. Improved Access & Impact	**4.A. Implement continuous improvement initiatives**	4.A.i. Unleash staff energy for Continuous Improvement		█	█	█	█
	4.B. Increase individual, family, and community engagement	4.B.i. Co-Design Community Engagement Strategy		█	█	█	
		4.B.ii. Foster a Culture of Philanthropy and Donor Engagement		█	█		
	4.C. Demonstrate thought leadership	4.C.i Understand Current Inventory of Knowledge Transfer and Exchange (KTE) activities.	█	█	█	█	█
		4.C.ii. Facilitate revenue-generating KTE activities.		█	█	█	
		4.C.iii. Develop publication capacity and disseminate thought leadership	█	█	█	█	█

Pillar 1: Quality & Reporting

Priority A:
Work together to establish a Total Quality Management System

Initiative 1.A.i.

Design and embed a CMHA-SC quality framework into everything we do that includes the domains of quality (i.e., STEEEP = safe, timely, equitable, efficient, effective and person-centred).

Actions

1. Conduct literature search, best practices review and jurisdictional scan of quality frameworks for community mental health and addiction service providers. Engage other CMHAs (National, Provincial, other Ontario chapters) and the MHA Centre of Excellence to design the CMHA-SC quality framework and plan.

2. Engage relevant CMHA-SC stakeholders in determining the quality domains for the CMHA-SC framework. Stakeholders include individuals, families, staff, partners and the broader community.

3. Identify key performance indicators and assess the capacity to measure and report on selected indicators based on the identified domains within CMHA-SC framework.

4. Complete first draft of CMHA-SC quality framework and review with key stakeholders for endorsement or suggested revisions.

5. Develop and publish final draft of CMHA-SC quality framework.

6. Embed new CMHA-SC quality framework into all operational activities (i.e., programs, policies, procedures and committee work).

7. Design and conduct an evaluation of the CMHA-SC quality framework and related programmatic components.

Initiative 1.A.ii.

Involve all staff in training opportunities to increase their knowledge and skills about quality improvement (QI) and unleash their energy to turn knowledge into action.

Actions

1. Design and develop a quality-focused learning curriculum to support CMHA-SC staff, volunteers and other stakeholders in the development of fundamental QI knowledge and skills.

2. Identify a core group of change champions that will participate in CMHA ON quality-focused training and education opportunities (i.e., IDEAS), as available.

3. Train change champions on how to use the QI toolkit (followed by interested staff) to implement, evaluate and monitor the impact of their QI efforts (e.g., visual management, program level dashboards for tracking, QI team huddles etc.).

4. Design and implement a process for the quality and risk management (QRM) committee and management committee to prioritize QI initiatives.

5. Assess and adjust the CMHA-SC quality framework, QI toolkit and related programmatic components based on evaluation.

Initiative 1.A.iii.

Promote a 'quality-driven' mindset by empowering staff to identify and lead improvement initiatives.

Actions

1. Develop a QI toolkit to support a systematized approach to planning, implementation and evaluation of each QI initiative.

2. Establish and promote knowledge transfer and exchange (KTE) activities (e.g., present at conference, publish paper) to showcase CMHA-SC QI initiatives.

3. Design and deploy a CMHA-SC QI-focused recognition program.

4. Celebrate our thought leadership within and beyond the walls of CMHA-SC.

Pillar 1: Quality & Reporting

Priority B:
Establish Integrated Risk Management Reporting

Initiative 1.B.i.

Establish an evidence-based incident management and analysis framework.

Actions

1. Design and implement the newly purchased e-risk reporting software.

2. Revise Client Safety Incident Reporting and Management (CSRIM) policy and procedures, establishing:

   I. Clear incident reporting pathway;

   II. Detailed incident analysis and quality of care review guidelines; and

   III. Quarterly reporting requirements.

3. Educate and train all staff on CSRIM policy and procedures and use of the e-risk reporting software.

4. Educate and train management team, relevant staff and others as appropriate (i.e., Quality and Risk Management Committee) in conducting incident analysis (i.e., identify key risks) and follow through on recommendations to reduce risks, with ongoing monitoring.

5. Evaluate the incident management and analysis framework.

Initiative 1.B.ii.

Refine the Integrated Risk Management framework.

Actions

1. Review and refine the Integrated Risk Management (IRM) framework including operational and governance policies and business continuity plans.

2. Educate and train management and Board of Directors on IRM and their respective accountabilities.

3. Design a regular risk reporting toolkit for programmatic, management and governance levels.

4. Evaluate the IRM framework.
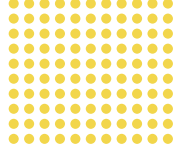
Pillar 2: Documentation Quality and Data Driven

Priority A:
Focus our efforts on improving our documentation practices and data quality across all programs and services

Initiative 2.A.i.

Clean-up and streamline Electronic Health Record (EHR) system.

Actions

1. Reduce 'clutter' in EHR system by removing outdated or duplicate forms, client contact activities, and other outdated data fields.

2. Discharge delinquent client records impacting data integrity and accuracy of client service activity reporting.

Initiative 2.A.ii.

Improve clinical documentation and data quality.

Actions

1. Revise CMHA-SC documentation policies to comply with regulation, legislation and professional practice standards and align with best practices.

2. Educate and train all management and direct service staff on documentation policies and procedures.

3. Update EHR Training materials (videos, training manuals) for new staff.

Initiative 2.A.iii.

Complete data and documentation quality maintenance and auditing.

Actions

1. Revise, implement and evaluate an efficient client file audit process including:

2. Updated policies and procedures; and

3. A new standardized clinical file audit tool.

4. Educate and train managers on running and interpreting EMHware reports to address data quality issues.

Pillar 2: Documentation Quality and Data Driven

Priority B:
Utilize data-driven decision making to design, evaluate and improve programs and services (e.g., intersectoral coordination for housing)

Initiative 2.B.i.

Advance the knowledge and capabilities for the management team to use program level and client data to evaluate, design, and improve programs and services.

Actions

1. Design and implement MIS Data Dashboard so managers can easily monitor program performance and progress toward key performance indicators.

2. Educate and train managers on running and interpreting EMHware reports and optimizing data for meaningful use.

3. Adopt a data driven approach to guide decision making for QI initiatives, program expansion / development and new funding opportunities.

Initiative 2.B.ii.

Optimize provincial evaluation initiatives and ensure that CMHA-SC is participating in comparative evaluations of our programs and services.

Actions

1. Participate in CMHA ON Community Business Intelligence (CBI) initiative by submitting data and engaging in provincial committees informing the work.

2. Establish an annual Ontario Perception of Care (OPOC) strategy and optimize data to support program evaluations and QI initiatives.
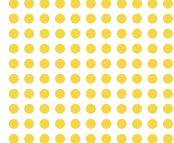
Pillar 3: Integrated & Innovative

Priority A:
Focus on key integration opportunities with health and social services (HSS) partners (e.g., OHT, HSS campus)

Initiative 3.A.i.

Pursue integration initiatives with one or more partners, including the regional OHT.

Actions

1. Develop an inventory of all existing integration initiatives with regional or provincial partners.

2. Conduct gap analysis to identify future integration opportunities (expansion or new) that respond to priority populations.

3. Co-design 2-3 integration initiatives with community partners or OHT; determine resource allocation and explore funding opportunities.

4. Submit Health System Improvement Proposal (HSIP) to Ontario Health (Central and West) or other funders for each integration initiative, where appropriate.

5. If funding is not available, design and implement 'proof of concept' integration initiatives using existing resources, to demonstrate impact and value.

6. Upon funding decision, plan and implement program launch for each integration initiative.

Initiative 3.A.ii.

Ensure CMHA-SC representation on OHT tables and alignment with agency priorities.

Actions

1. Develop an inventory of all existing activities and/or CMHA-SC representation on regional and provincial OHT initiatives.

2. Ensure the right CMHA-SC representative at the right OHT tables.

3. Build mechanisms to ensure all levels of the organization are fully informed about OHT activities and potential future impacts on CMHA-SC.

4. Focus on OHT initiatives that advocate for CMHA-SC's mission and program mandates.

Pillar 3: Integrated & Innovative

Priority A:
Focus on key integration opportunities with health and social services (HSS) partners (e.g., OHT, HSS campus)

Initiative 3.A.iii.

Conduct a comprehensive assessment and review of current facilities for potential co-location of all/most CMHA-SC facilities in the City of Barrie.
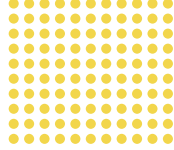
Actions

1. Conduct market value assessment of all CMHA-SC properties in the City of Barrie.

2. Create a business case to fund the co-location of all CMHA-SC facilities in Barrie with interested health and social services (HSS) agencies.

3. Strengthen relationships with all levels of government and other stakeholders (i.e., Downtown Barrie Business Association) related to this initiative.

4. Explore capital planning project funding opportunities that align with various stakeholder interests.

Initiative 3.A.iv.

Re-locate Crisis Services (CARAH House) to a new facility and/or another CMHA-SC facility after capital planning/ revitalization project funded.

Actions

1. Conduct needs assessment and identify priorities for crisis services that:
   I. Accommodate program growth and service integration;
   II. Provide client-centred crisis intervention; and
   III. Promote safety and accessibility for staff and service recipients.

2. Use the existing CMHA-SC facility inventory analysis and market value assessment to place crisis services in the 'right' location and facility ensuring that it is easily accessible to first responders (i.e., police, paramedics) and other relevant health and services partners.

3. Await funding decision by Ontario Health for CMHA-SC Community Health Capital Program Application (CHCPA) to move forward with facility revitalization and/or capital planning project expenditures (submitted April 2021).

4. If CHCPA does not move forward, use CMHA-SC facility management plan and market value assessment to sell and acquire new property/ facility for crisis services.

5. Create and implement a facility re-location project plan for crisis services by January 31, 2022.

Priority B:
Measure the impact of innovative models of care

Initiative 3.B.i.

Demonstrate the value and impact of innovative models of care (e.g., outreach services to shelters and community).
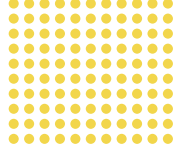
Actions

1. Identify 2-3 agency-wide priorities to demonstrate the impact of new or enhanced models of care.

2. Conduct structured program evaluation for each priority:
   I. Determine program goals and objectives;
   II. Determine evaluation questions, outcomes and indicators;
   III. Select measures and design evaluation methods; and
   IV. Complete the structured evaluation.

3. Design a business case for each completed evaluation.

4. Establish and promote knowledge transfer and exchange (KTE) activities (e.g., present at conference, publish paper) to showcase value and impact of models of care.

Initiative 3.B.ii.

Conduct structured evaluation of the impacts of in-person/ blended or virtual care.

Actions

1. Transition from the COVID-19 Operational Plan to the business continuity plan CMHA-SC: The Way Forward (2021).

2. Identify up to five specific programs for structured evaluation of in-person / blended or virtual care.

3. Conduct formal evaluations of individuals, families and staff experience of the different methods of service delivery.

   I. Determine key performance indicators for comparative analysis; and

   II. Select measures and design evaluation methods.

4. Complete the structured evaluation and disseminate findings to funders and/or through KTE activities.
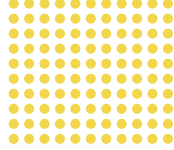
Pillar 4: Improved Access & Impact

Priority A:
Implement continuous improvement initiatives at the programmatic and agency-wide levels of the organization.

Initiative 4.A.i.

Unleash the energy of CMHA-SC staff to turn knowledge into action through involvement in continuous improvement initiatives.

Actions

1. At the organizational level, identify 2–3 large scale quality/process improvement initiatives to improve access (e.g., discharge planning, centralized intake, caseload management).

2. At the programmatic level, identify QI opportunities based on stakeholder feedback and/or structured evaluation (i.e., OPOC).

3. Seek approvals from the quality and risk management committee and management committee to prioritize resource allocation for QI efforts.

4. Support staff to implement, evaluate, sustain and monitor the impact of QI efforts.

5. Create opportunities for staff to disseminate lessons learned through knowledge transfer and exchange (KTE) activities.

Priority B:
Increase individual, family and community engagement (e.g., client and family advisory committee, fundraising efforts)

Initiative 4.B.i.

Co-design a community engagement strategy with internal and external stakeholders.

Actions

1. Conduct a current state inventory of community engagement (CE) activities.

2. Design and implement an evidence-informed community engagement strategy that identifies and addresses barriers to access.

3. Design and conduct an evaluation of the community engagement strategy with internal and external stakeholders.

Initiative 4.B.ii.

Foster a culture of philanthropy and donor engagement by increasing CMHA-SC Board and staff involvement and recognition of our donors and community.

Actions

1. Increase presence and involvement of CMHA-SC Board and senior leadership team (SLT) in fundraising efforts, to respond to donor and other stakeholder expectations.

2. Provide education and actively engage CMHA-SC Board members and staff in fundraising efforts.

3. Establish communication channels regarding fundraising efforts within the agency and beyond to our community.

4. Evaluate and refine the mental health education sessions provided to community partners and local businesses.

5. Establish formal recognition program and celebrate our donors, volunteers, third-party event organizers, local media and business community within and beyond the walls of CMHA-SC.

Pillar 4: Improved Access & Impact

Priority C:
Demonstrate thought leadership (internal and external stakeholders) by advancing 2-3 areas of expertise across the region and re-/start CMHA- SC signature events

Initiative 4.C.i.

Understand our current inventory of internal and external knowledge transfer and exchange (KTE) activities.
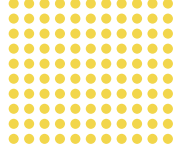
Actions

1. Conduct a current state inventory of all knowledge transfer and exchange (KTE) activities at the programmatic level.

2. Embed evidence-based strategies to become a learning organization and achieve the five key features:
   I. Systems Thinking: Collaborative Learning Culture
   II. Personal Mastery: Lifelong Learning" Mindset
   III. Mental Models: Room For Innovation
   IV. Shared Vision: Forward-Thinking Leadership
   V. Team Learning: Knowledge Sharing (Senge, 2006)

3. Establish reporting mechanism to capture KTE efforts by all CMHA-SC staff.

4. Conduct a maturity assessment of learning organization at baseline, year 2 and at year 4.

Initiative 4.C.ii.

Facilitate revenue-generating knowledge transfer and exchange activities that respond to the learning needs of our community partners.

Actions

1. Conduct a financial impact analysis of existing revenue-generating education events.

2. Identify key attributes of profitable events that may be approved.

3. Select 2-3 thought leadership topics that would generate revenue and meet interest/learning needs of stakeholders within Simcoe County and beyond.

4. Develop value proposition (i.e., marketing) and curriculum to deliver and evaluate 2-3 thought leadership events.

5. Invest profit from generated funds in a variety of initiatives, such as:
   I. Relevant professional development;
   II. Training and support for CMHA-SC staff;
   III. Future programs and services; and
   IV. Other initiatives.
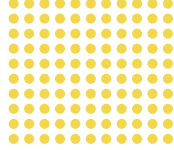
Initiative 4.C.iii.

Develop publication capacity and disseminate thought leadership.

Actions

1. Provide staff with training opportunities to learn how to present and publish their thought leadership.

2. Identify publication opportunities (e.g., innovations, initiatives or thought leadership) from CMHA-SC programs.

**3.** Submit 3-5 publications by year 4.

Our Vision

Individuals living in Simcoe County can easily access high quality mental health and addiction services and supports that empower them and respond to their unique circumstances.

Our Mission

We are passionate about providing person-centred mental health and addiction services and supports. We advocate for the needs of the individuals and families we serve. We are committed to innovation and are continuously improving our programs and services. We collaborate with our community partners to design and transform an integrated system within Simcoe County.
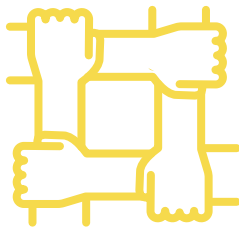
Our Values

When working with those we serve, we will:
- Build therapeutic relationships that are based on respect, trust, and compassion.
- Collaborate with individuals and families throughout their journey.
- Empower individuals and families to make choices about their care.

When working with each other, we will:
- Value the unique contributions that each of us brings to achieving our mission.
- Commit to building collaborative relationships based on respect, trust and integrity.
- Challenge each other to be our best professional selves.

When working with our partners, we will:
- Develop and maintain meaningful relationships with partners to improve the client and family journey.
- Embrace every opportunity to share our knowledge, skills and expertise as a community-based organization.

"
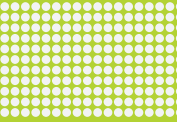
Family Mental Health Initiative (FMHI) sessions are so informative, calming and supportive. My counsellor offers a non-judgemental and empathic approach and really meets me where I am. I feel totally heard and not so alone. It feels good to have my needs acknowledged and to be provided with great strategies and treatment options. Thank you for this important resource.

– FMHI participant

"

Peer support has changed my life. My supporter has provided me with many resources and a listening ear. It is so nice to have someone who understands fully what I'm going through and someone who will listen and care unconditionally. I believe the need is paramount within communities and it is comforting to know it is accessible to anyone. Thanks very much for the fantastic and genuine service provided through peer support.

– Peer support program participa

"

My counsellor has helped me maintain resilience through their sense of humanity and our well-developed therapeutic bond. They listen to me through the challenges of the addiction process. I am so thankful for their continued support; I couldn't have made it without their care.

– Addiction program participant

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**Canadian Mental
Health Association**
Simcoe County
Mental health for all

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in Canadian Mental Health Association Simcoe County   ▶ CMHA SC

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