



**CANADIAN MENTAL
HEALTH ASSOCIATION, ONTARIO**

**ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE, ONTARIO**



**Ontario Federation of Community
Mental Health and Addiction Programs**

Community Mental Health Sector Organizational Capacity Building Project

PHASE ONE – INTERIM REPORT

Report to the Ministry of Health and Long-Term Care

June 26, 2006

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SECTION 1: Introduction

1.1 Background

In late 2005, the Ministry of Health and Long-Term Care (MOHLTC) approved a joint proposal from the Canadian Mental Health Association, Ontario (CMHA), and the Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP) to assess and enhance the organizational capacity of the province's community mental health and addiction programs. That proposal was developed in response to the MOHLTC's strategy to invest an additional \$185 million in community mental health services, and recognition of the resulting need to support the capacity of those organizations to manage significant change.

The proposal defines "capacity building" as "strengthening an organization's ability to conduct its activities to achieve its mission, enhance its performance and achieve desired outcomes." It further identifies the following conditions for successful capacity building in the not-for-profit sector:

- A thorough audit of organizational needs and current assets is undertaken at the outset
- Senior management champions continuous quality improvement within the organization
- Organizations identify readiness for change and are prepared to "do the work"
- There are both short-term and long-term goals: capacity-building occurs over time
- Dedicated resources with requisite funding are available to carry out capacity-building

The CMHA and the OFCMHAP ("the Partners") contracted with Johnston Consulting ("the Consultant") to manage a project designed to achieve those objectives, and struck an Advisory Committee¹ to provide advice and guidance to the Consultant.

1.2 Project Objectives

Project objectives were defined as follows:

Phase One

- To identify core dimensions of capacity for non-profits, based on best-practice research
- To have community mental health providers self-identify their strengths and outstanding needs based on this core competency framework

Phase Two

- To implement capacity-building activities to respond to priority needs identified by community mental health providers who are recent recipients of new funding investments in the mental health sector
- To receive advice from the project team on a longer-term approach to offer capacity-building to other interested community mental health providers served by CMHA Ontario and OFCMHAP, based on the results of the assessment phase

1.3 Focus of This Report

This report documents Phase One activities, summarizes findings from the agency self-assessment process, identifies related learning objectives, and proposes strategies to address learning needs.

¹ *Appendix A: Project Advisory Committee*

1.4 Activities – Phase One

Phase One was completed from February through May, 2006:

- **First Meeting of the Project Advisory Committee:** A six person committee, comprised of three CMHA representatives and three members of the OFCMHAP, provided advice to the Consultant throughout Phase One.
- **Review of the Literature:** The Consultant reviewed the organizational effectiveness literature to identify generic indicators of organizational capacity and, within that broad range, the subset of indicators most critical to community mental health agencies at this stage of their development.
- **Selection/Design of the Survey Tool:** The Consultant reviewed a variety of survey tools designed to assess core organizational competencies. Since none of the existing frameworks addressed all of the identified core competencies, a new tool was developed. This new instrument incorporated many of the measures included in the existing tools, as well as the Mandatory Requirements from the MOHLTC's *Operating Manual for Mental Health and Addiction Treatment Providers*.
- **Approach to Data Collection:** Following assessment of a range of electronic and paper-based data collection methods, Survey Monkey was selected as the preferred approach to data collection.
- **Communication to the Field:** Information about the project was presented at a General Meeting of the OFCMHAP on February 23rd and at the CMHA Executive Directors' Network meeting on February 24th.
- **Identification of Subject Agencies:** Mental Health Service Information Ontario provided a list of all community mental health agencies in Ontario. Those who indicated either membership in the OFCMHAP, or affiliation with CMHA were selected for involvement in the project's first phase. A letter describing the project and inviting them to participate was sent to those agencies.
- **Piloting of the Questionnaire:** A member of the Advisory Committee pilot-tested the online questionnaire and recommended minor changes, which were incorporated into the final version.
- **Dissemination of the Questionnaire:** An email containing a link to the survey was sent to prospective participants on March 17th, with a closing date of April 7th. Those who had not responded by March 31st were contacted by e-mail. Follow up phone calls were made in early April and the deadline extended to April 10th.
- **Data Summary and Analysis:** Survey data was exported from the Survey Monkey website on April 10th. Analysis was conducted between April 11th and April 30th.
- **Meeting of the Project Advisory Committee:** The Project Advisory Committee met on May 2nd to review questionnaire results, consider their implications and advise the Consultant with respect to the content of the *Phase One Report*.

SECTION 2: Summary of Findings

Eighty Ontario agencies working in community mental health completed an organizational capacity building survey jointly conducted by the Canadian Mental Health Association and the Ontario Federation of Community Mental Health and Addiction Programs. Survey results² reveal a heterogeneous group of agencies, including consumer/survivor and family initiatives, working for community mental health with variations in size, structure and organizational practices.

1. Governance

Recruitment and retention of skilled board members is a priority issue. Some boards are concerned about their legal responsibilities and liabilities as directors. A few agencies indicate lack of clarity on differentiating between board and operational roles; and understanding of governance models. Not all boards provide board member training and development. Less than two-third of boards annually review their own performance and only three-quarters conduct an annual evaluation of the organization's CEO/ Executive Director.

2. Financial Management

Agencies reported strong practice in four areas of financial management – insurance, financial policies, financial practices and resource development.

3. Planning and Evaluation

Although the majority of agencies have practices with respect to strategic planning and evaluation, some organizations do not have adequate planning or evaluation processes in place. Most agencies reported involvement of consumer/survivors on boards, in program planning and service evaluation.. Agencies indicated interest in access to protocols, templates and expert advice on both strategic planning and evaluation

4. Human Resources and Human Resource Management

Agencies identified a need for additional staff in all categories. Significant shortages in information technology (IT) support, human resource management and facilities management staff were reported. Access to HR expertise was cited as a significant need, especially among agencies experiencing rapid growth. Over 90% of agencies reported their direct service staff are appropriately trained for the services they are expected to provide. However, staff responsible for HR management are not always adequately trained to meet the increasing demands of expanding, larger organizations. Only three-quarter of agencies report they conduct annual performance appraisals of staff.

5. Staff Training and Career Development

Agencies vary widely in their policies, budget and practices for staff training and development. Although most agencies reported they support professional development activities, only 71% indicated that they have a training and development policy. There are significant differences in the percentage of organizational budgets directed for staff training – with some agencies reporting \$0 in that budget line and others allocating as much as \$100,000. Access to staff training in rural areas is also a concern. Some agencies noted that opportunities to advance within their organization were limited by either the size of the agency, the lack of turnover among senior staff, or a flattened organizational structure.

² See Appendix B: Survey Responses

6. Administrative Practices

The vast majority of agencies met the mandatory requirements of the Ministry of Health and Long-Term Care with respect to administrative policies and procedures, statistics and record keeping. While 97% of agencies collect service utilization statistics, only 83% collect information on service availability and capacity. Only three-quarters of agencies indicate their organization has a written emergency plan.

7. Infrastructure

For the most part, organizational infrastructure appears to be adequate. However, challenges were identified in each of the four areas - IT Support, Information/Communications Technology, Physical Plant and Administrative Support.

8. Partnerships/Stakeholder Relations

Agencies reported active involvement in both formal and informal partnerships. Sample partnership agreements and decision making protocols, and access to expert advice could assist in promoting the development of more formal inter-agency alliances.

The priority needs for organizational capacity are in the areas of HR expertise, IT support staff, upgraded IT systems, assistance with research and program evaluation; and enhanced funding for staff education. Board training and development is also a need for many agencies.

SECTION 3: Findings

One hundred fifty-nine (159) agencies were invited to participate. Of those, 34 (21.4%) are affiliated with the CMHA³, and 125 (78.6%) are General Members of the OFCMHAP. The survey was also distributed to 11 Associate Members of the Federation – none of whom responded. That number is not included in these percentages.

Ninety-one people signed on to the online survey. Of those responding, 11 entered identifying information only. These responses have not been included in this analysis. Eighty (80) agencies completed some or all of the survey. Our data analysis reports the “valid percent”. i.e. the number of people indicating a specific response, calculated as a percentage of the total number of people responding *to that question*.

Limitations

Self-Selection

Agency participation in the survey was voluntary. Those who chose to participate may not be representative of all community mental health agencies in Ontario. Possible explanations for not responding may be the timing of the survey and the format of the survey:

- Project timelines necessitated that the survey be completed during a three-week period from mid-March to early April. Senior staff of community mental health agencies experience heavier than usual workloads at that time of year, given the reporting demands of fiscal year end, and the deadline for submission of MOHLTC Operating Plans. In addition, many potential agencies were involved in numerous other special studies and other initiatives related to the MOHLTC’s Health System Transformation process.
- The use of online survey tools is a relatively new approach in Ontario’s community mental health sector. Although every effort was made to select the most “user-friendly” tool possible, agencies that are less than completely comfortable with technology may have chosen not to complete the questionnaire.

Self-Report

Agency responses are based on self-report and may be subject to social desirability bias on subjective appraisal of their current capacity.

3.1 Agency Characteristics

The first part of the survey gathered information about agency affiliation, location, structure, funding, and staffing. Agencies ranged from modestly funded, single-site programs to large, multi-function agencies with multiple funders, delivering service across a large geographic area.

Affiliation

Twenty-three agencies indicated affiliation with the CMHA. Of those, 6 noted that they were also members of the OFCMHAP. To avoid double-counting, their numbers are reported here as CMHA responses. Fifty-six agencies indicated membership in the OFCMHAP.

Agency Location

Agencies are located in each of the 14 Local Health Integration Networks (LHINs). Agencies are reasonably well distributed across the province, in terms of the location of both their administrative offices and their service delivery sites. Twenty-four agencies (30%) indicated that they deliver service in more than one LHIN.

³ 33 Branches and the Provincial Office (CMHA Ontario) are included in this total.

Agency Structure and Type

Four sponsored programs (5%) and 75 freestanding agencies (95%) completed the survey. Seventeen consumer-survivor and/or family initiatives (21%) responded, as did one sexual assault agency (1%).

Funding

Agencies are highly dependent on the MOHLTC for funding. Sixty-seven (86%) reported that they receive the majority of their funding from the MOHLTC, with 60 agencies (77%) reporting more than 75% from that source. Twenty-two agencies (28%) indicated that the MOHLTC is their sole funder.

Among those who reported other funders, 40% noted one additional source of funding, 30% identified 2 others, 18% identified 3 other sources, and 12% indicated that they have four or more other funders. The United Way was the most frequently reported other funder, followed by municipal governments.

Agencies' average MOHLTC budgets have increased from just under \$1.8M in 2003/04 to more than \$2.6M in 2006/07⁴ – an increase of more than 66%. There is, however, significant disparity among agencies, with almost 29% reporting budgets under \$500,000, and 16% indicating MOHLTC budgets in excess of \$5M.

Staffing Budget

Agencies reported that a significant proportion (75.4% on average) of their MOHLTC budget is allocated to salaries and benefits.

Percentage of total budget allocated for salaries and benefits averages 75%, with a range reported from 30% to 100%.

Funded positions for "Direct Service" FTEs outnumber "Other" FTEs by a ratio of 8:1. Program Workers, Program Supervisors/Team Leaders and Relief Staff account for 79% of all staff, while Executive Directors, Assistant Executive Directors and Program Managers represent just over 6% of FTEs. The remaining 15% of FTEs are distributed among administrative, clerical and maintenance positions.

⁴ 2006/07 budgets had not yet been approved when the survey was completed. 2006/07 figures are estimates only,

3.2 Governance

Information for New Board Members

Ninety percent or more of those who responded to this question indicated that they provide new Board members with basic information relevant to the agency's governance and operations (i.e. constitution/letters patent and bylaws, organization chart and program/service descriptions). Seventy-five to 80% ensure that they receive staff lists, job descriptions, and biographies for other members. Fewer organizations offer incoming Directors documentation related to recent organizational performance (i.e. Board minutes, financial statements, annual reports, and program/service evaluations).

Role Clarity

Over 95% of agencies reported making a clear distinction between the roles of Board and staff. A similar percentage reported providing board orientation. Only 83% of agencies provide board members with training and education.

Governance Practices

One-quarter (23%) of agencies do not evaluate their Chief Executive Officer / Executive Director on an annual basis. Less than two-thirds (60%) conduct regular Board evaluations.

Bylaw Provisions

At least 90% of agencies have by-laws that deal with member liability, conflict of interest and absenteeism. Only two-thirds (64%) of agencies have policies that deal with board members who apply to work in the organization. Only 71% of agencies review their by-laws every three years.

Comments from Agencies re Governance

Recruitment and retention of skilled board members was by far the most frequently reported "challenge", with agencies citing a variety of issues, including the increased complexity of the organization itself and the boards' ability to govern an organization in the current environment. A need for enhanced understanding of non-profit governance models was cited. Concerns on the part of prospective board members about risk management and liability impacted recruitment. A few organizations expressed challenges in accommodating consumer/survivor board members' personal health needs.

3.3 Financial Management Practices

Insurance

Over 90% of agencies carry commercial general liability and professional liability insurance. It should be noted, however, that, all MOHLTC transfer payment agencies are *required* to carry this types of insurance

Financial Practices

Over 90 % of agencies report filing mandatory government filings on time, monitoring actual spending against projected, presenting at minimum quarterly statements to the board. Over 90% of agencies believe board members and senior staff understand and can assess the implications of agency financial statements. More than 90% of agencies indicate they have financial policies on signing authority, purchasing and tendering, and dealing with petty cash.

Fundraising

Sixty-two percent of agencies indicate they adhere to the ethical guidelines of the Canadian Society of Fundraising Executives and/or the Canadian Centre for Philanthropy. Thirty-six percent indicated that they were unaware of these guidelines. It should be noted that these guidelines are voluntary and not all agencies fundraise. .

Comments from Agencies re Financial Management

Some agencies indicated they require additional funding and more sophisticated financial management systems to meet the new demands of expanded programs. Having time as well as the technical and human resources required to comply with the MOHLTC's MIS/CDS requirements was a concern. A few agencies identified the desire for additional financial management skills and expertise among both Board members and staff.

3.4 Planning and Evaluation Practices

Strategic Planning

More than 80% of agencies report that they have a strategic plan. Several agencies indicated their plan was under review or recently introduced. Almost all indicated that their strategic plan is reviewed at least every three years, and that it is used to guide staff and provide a framework for decision making. It must be noted, however, that the existence of a plan does not ensure its quality. Two agencies indicated that, although they have a strategic plan, it is either too unfocused or out-of date to provide much direction.

Comments from some of the agencies that do not engage in strategic planning appear to suggest that either they believe that it is unnecessary, or that the budget and operating plans submitted to the MOHLTC, or the organization's mission, vision and values, serve the same purpose. Forty-five percent identified a lack of time and resources to devote to planning as a significant challenge.

Evaluation

Almost 80% of agencies report that they conduct regular program evaluations and that they consider evaluation findings in their planning. This survey is unable to review the quality of these evaluation activities. Some agencies indicated they would be interested in undertaking more sophisticated approaches to evaluation if the necessary tools and resources were made available.

Three agencies commented on their involvement with the accreditation process of the Canadian Council on Health Services Accreditation (CCHSA). CCHSA, which, for most of its history focused its effort on hospitals, has more recently developed tools to assess community-based organizations. There have been discussions among some agencies in the sector considering the merits of accreditation.

Consumer/Survivor Involvement

Since 2003, the MOHLTC has required that all community mental health transfer payment agencies have consumer/survivors and family members on their Boards.⁵ Almost three years later, over 13% of agencies report that they are not yet compliant with this requirement.

Almost 90% of agencies indicate consumer/survivors are involved in program planning. Ninety-six percent of agencies report having consumer/survivors involved in service evaluation.

⁵ *Operating Manual for Mental Health and Addiction Treatment Services*. Ministry of Health and Long-Term Care, p.10.

Comments from Agencies re Planning and Evaluation

Inadequate resources were mentioned by 14 respondents. Other significant issues included uncertainties in the external environment, most notably related to the development of the LHINs, and unclear criteria from the MOHLTC re accountability expectations.

3.5 Human Resources & Human Resource Management Practices

Staffing

Agencies reported inadequate numbers of staff and volunteers in all categories, with maintenance/facilities management and information technology/information management staff in particularly short supply (37.3% and 35.3%). Management was the only category in which more than 50% of agencies indicated that they had sufficient staff.

Staff Preparation

More than 92% reported that direct service staff were appropriately trained, while over 86% indicated adequate preparation was available for management. However, less than half of agencies (46%) reported that maintenance/facilities management and information technology/information management staff were adequately trained. Only half (56%) of agencies indicated that human resource management staff had the necessary qualifications. Training for administrative/clerical support staff was described as adequate by 74 % of agencies.

Human Resource Management Practices

More than 95% of agencies report they undertake a competitive recruitment processes with clear criteria, orient staff within one week of hire, maintain accurate HR records and are compliant with HR legislation as well as the Ontario Human Rights Code. Only 75% of agencies conduct annual performance appraisals of staff. Agencies indicate that although they appreciate the importance of regular performance appraisals, the Executive Director and/or other management staff may be unable to find the time necessary to conduct them as often as required.

Only one-third of agencies indicate that staff associate performance with compensation. Possible explanations from the field include the fact that few community mental health agencies have flexibility in their staffing budgets to allow for regular salary increases. When increases are awarded, they are usually long overdue. Consequently, management often chooses to provide the same salary enhancement to all employees, independent of performance. Alternatively, in unionized agencies, salaries are determined by the collective agreement, which rarely permits recognition based on merit.

Staff Turnover

Almost 75% of agencies report annual staff turnover of less than 10%. The remaining 25% indicate turnover in excess of 10%, which may create challenges within the organization. A significant number (almost 28%) report that they have “frequently” lost staff to other organizations as a result of salary disparities. In addition, comments suggest that staff have sometimes been drawn to other organizations which, although they offer the same salary, have smaller caseloads.

Comments from Agencies re Human Resources & Human Resource Management

The most frequently reported concern was salary disparity with institutional partners, other agencies, and other regions. Seven agencies indicated a need for additional Human Resources expertise given recent expansion of agencies resulting from enhanced funding, while others noted that their existing IT support and Facilities Management resources were inadequate to address the needs of their rapidly-expanding organizations. Five cited challenges related to labour/management practices in unionized environments.

3.6 Staff Training and Career Development Practices

Training and Development Policies

Wide variations were reported with respect to training and career development policy. Ninety-seven percent of agencies indicated that they provide funding or other incentives for professional development, yet just over 71% reported that they have a written training and development policy.

Fewer than 60% reported that staff perceive there to be career opportunities within the organization – a finding that may be explained, at least in part, by the fact that fewer than 21% of agencies have a formal mentoring program or succession plan.

Training and Development Budget

Agencies reported significant variation in the size of their training and development budgets. Over 75% of agencies reported that they assign less than one percent to this budget line, while a small number (6%) note that they spend as much as 7%. Some reported zero funding in this category while others noted amounts of almost \$100,000. The average training and development budget of \$15,322 allows for an expenditure of \$472.00 per FTE.

Comments from Agencies re Staff Training and Career Development

Some agencies reported that they considered ongoing education as a priority and protected that portion of their budget, even in times of fiscal constraint. Others indicated that they have developed innovative strategies (partnerships and train-the-trainer approaches, for example) to address the learning needs of their staff without significant funding.

The most commonly cited challenge was a lack of resources. More than half of those who commented indicated that their training budgets were inadequate. Four agencies identified time constraints as a significant issue. Travel time and transportation costs were noted as presenting significant barriers for agencies in rural areas.

With respect to career development, some agencies noted that opportunities to advance within their organization were limited by either the size of the agency, the lack of turnover among senior staff, or a flattened organizational structure.

3.7 Administrative Practices

Most of administrative policies and procedures, statistics and record keeping practices are derived from the Ministry of Health and Long-Term Care's mandatory requirements; consequently, compliance is not discretionary. Overall, agencies reported strong compliance with these expectations.

Policies and Procedures

Over 90% of agencies indicated they have policies which comply with legislation, a written client complaint/dispute resolution processes, record keeping policies and up-to-date client files. Over 90% of agencies have board members, volunteers and staff sign confidentiality agreements, One hundred percent of agencies indicated compliance with policies for protection and disclosure of Personal Health Information. Eight-percent of agencies indicated having a code of ethics (82%). Only 72% however, indicated that their policy and procedures manual is current and complete.

Over 85% of agencies have a written dispute resolution mechanism for both staff and clients. Only three-quarters (76%) of agencies have a written emergency plan.

Statistics and Record Keeping

Almost all agencies (97%) maintain service utilization statistics. Data related to service availability and program capacity is gathered by fewer agencies (83%).

Comments from Agencies re Administration

Resource requirements related to implementing MIS/CDS specifically and a lack of administrative resources, in general, were identified as challenges.

3.8 Infrastructure

Information technology was reported as up-to-date by just over 90% of agencies, while 85% reported that communications equipment was adequate. The state of the physical plant was judged less favorably, with less than 80% of agencies responding positively.

Agency Comments re Infrastructure

The most frequently noted challenge was the need for additional IT support, followed by improved information/communications technology. The adequacy of the physical plant and the affordability of space and/or the required improvements were also areas of concern to a few agencies.

3.9 Partnerships/ Stakeholder Relations

Community Relationships

Over 86% of agencies reported that their community was aware of the service provided by their agency. Only three-quarters (74%) believed that their local community understood their organization's mission.

System Involvement

Most agencies (96%) reported they were involved in local service delivery/system planning tables. Similarly, most agencies (84.6%) indicated that they participate in planning activities at the regional or provincial level.

Partnerships

Most agencies are involved in partnerships – particularly with respect to service delivery. Formal service delivery relationships were reported by 87% of organizations. Fewer agencies indicated formal agreements for managing (47%), back office functions (41%) or governance (39%).

Agency Comments re Partnerships/Stakeholder Relations

Agencies indicated growing experience with partnerships. Comments suggest a readiness to engage in more joint activities, and the need for access to information about structural options for collaboration.

The most frequently mentioned challenges dealt with the nature and quality of these relationships. Competition among agencies, and tension between the institutional and community sectors are an issue. Fears of forced amalgamation are becoming a concern, while others identified lack of time, energy, and other resources as a barrier to partnership and system integration.

3.10 Factors Affecting Organizational Capacity

Agencies were asked to identify factors that support as well as limit their organization's capacity to achieve its mission.

Factors That Support Capacity

Extensive comments in this section suggest a sector that is proud of its accomplishments and confident in its ability to achieve its mission. Eight factors were seen as contributing to effective performance:

1. Human Resources
2. Effective Leadership
3. Funding
4. Service Delivery
5. Organizational Culture
6. Change Management
7. Relationships
8. Administration

From the point of view of agencies, the sector's strength lies in its people. The dedication, commitment, determination, and energy of agency staff was the most frequently mentioned variable. The commitment and effectiveness of the Board of Directors was also identified. Skills and experience of senior staff were also perceived as critical to the agency's success, while the commitment of both consumer/survivor members and volunteers was also seen as important.

Six agencies noted that adequate funding was a factor in achieving its mission, while others cited a commitment to a client-centred approach and a positive organizational culture as contributing to success.

Factors That Limit Capacity

Eight themes emerged on factors limit agencies' capacity to achieve their mission:

1. Funding
2. Staffing
3. Other Resources
4. Governance
5. System Transformation
6. MOHLTC
7. Community Relations
8. Service Deficits

Many of the challenges identified can be classified as resource constraints. Twenty agencies expressed concern about inadequate funding. Several cited wage disparities or inadequate salaries, while a few organizations indicated they had too few staff. Other frequently reported resource issues included lack of access to IT expertise, resources and training, space constraints and lack of HR expertise.

Agencies noted ongoing concerns about a spirit of competition among agencies, lack of required services in the community, restrictive admission criteria for some required services, stigma and "NIMBY-ism". Concerns were also expressed about the policies, approaches and expectations of the MOHLTC with respect to transfer payment agencies.

3.11 Preferred Approaches to Capacity Building

Agencies indicated a preference for:

- in-person peer learning (90%)
- in-person mentoring (90%)
- in-person workshops from experts in the field (88%)

Electronic approaches were also seen as viable – with approximately 70% indicating acceptance of that strategy. Guidebooks, presented as an option for delivering expert advice, were chosen by 63% of agencies.

Linkages to Enhance Capacity

Agencies identified numerous inter-organizational opportunities that they believed could build capacity. Potential linkages and joint training with others in the mental health sector, other health and social services, and other sectors were all identified.

Skills, Knowledge and Resources to Share

Forty-two agencies offered to share their resources and expertise with colleagues. The following subject areas were identified:

1. Management/Administration
2. Service Delivery
3. Governance
4. Knowledge of other sectors
5. Knowledge of Specific Approaches/Modalities
6. Knowledge of Special Populations
7. Knowledge of Specific Diagnoses/Behaviour

Of these, the most frequently mentioned were human resources (7) and financial management (5) expertise. Knowledge and awareness of community development (5), program planning (4) and change management (4) followed closely.

SECTION 4: Options for Capacity Building

A multi-pronged strategy is recommended to address the capacity building needs identified by agencies. Options include:

1. Develop and disseminate tools and templates

Some identified needs could be addressed by providing standardized tools, templates, or protocols, which could be customized to meet the unique needs of each organization. In particular, tools, templates and protocols should be developed for:

- Board evaluation
- Board bylaw provision
- Inter-agency partnership agreements

2. Develop on-line learning modules and resources

Build on existing on-line initiatives and develop additional learning modules related to:

- Board/Staff Roles and Relationships
- Responsibilities and Legal Liabilities of Directors
- Policy Governance
- Human Resources Management

The project could utilize technology to facilitate the exchange of information.

A number of capacity indicators assessed in this survey are included as “Mandatory Requirements” (MRs) in the MOHLTC Operating Manual. Learning needs related to the MRs are being addressed through the OFCMHAP’s Accountability Supports project. Building on existing initiatives should be contemplated.

3. Provide in-person training workshops on board governance issues and human resource management.

4. Build a web of expertise

Agencies would likely benefit from access to experts who are able to respond to their unique circumstances. An on-line clearinghouse for specialized support would allow expert advice to be available across the province.

5. Learn from peers

Some agencies indicated they would be willing to teach, mentor, and/or share resources with colleagues if offered incentives and/or compensation. The development of a mentoring strategy may be feasible. However, four issues should be taken into consideration before adopting this strategy:

- The supply of mentors may depend on the availability of sufficient resources to compensate them for both their time and any out-of-pocket expenses they incur
- There has been no assessment of the knowledge and skills of the individuals who have offered to mentor or advise others

- Knowledgeable staff from agencies located in the same region may feel that they are competing for the same limited pool of resources and may be more inclined to provide support to peers in other parts of the province
- Liability issues may arise based on advice provided. Legal advice should be sought before a mentoring program is developed

6. Develop peer learning networks

Agencies' desire for face-to-face learning opportunities could be addressed through setting up regional peer learning networks.

7. MOHLTC address need for other investments

Despite significant investments in the field, agencies identify the need for additional management or administrative support staff. Necessary upgrades to the physical plants have also been identified. The Ministry of Health and Long-Term Care should address these gaps in future funding enhancements.

SECTION 5: Next Steps

In phase two, the project will:

1. Review and assess strategies for capacity building activities

Options will be assessed against criteria established in consultation with the Advisory Committee. Criteria may include:

- a. appropriateness of the approach to the learning objectives
- b. cost
- c. time required
- d. convenience
- e. effectiveness
- f. sustainability

2. Develop a detailed capacity-building plan, based on the results of the Phase One assessment. The plan will be designed to enhance those aspects of organizational capacity deemed most critical to the transformation currently underway in the province's community mental health sector. Both short-term and long-term strategies will be recommended. Evaluation criteria, related to the learning objectives, will be established.

3. Select strategies for *Phase Two* implementation. The Advisory Committee will select one or more of the strategies identified in the plan for immediate implementation.

4. Coordinate and evaluate the selected strategy(ies). Depending on the approaches selected, the Consultant will coordinate one or more of the following types of activities:

- a. planning, organizing and facilitating workshops and/or other learning events
- b. identifying relevant subject area experts, negotiating their involvement, and coordinating the development of resource materials
- c. developing and coordinating peer learning networks
- d. matching individuals with specific learning needs with others who possess expert knowledge in that area
- e. coordinate and/or facilitate on-line learning events

Each strategy will be evaluated against the criteria established in the *Capacity Building Plan*.

5. Write the Final Report. The *Final Report* will summarize Phase Two activities, identify issues arising in the course of the project, assess the success of the selected strategies, and present recommendations for further action.

Appendix A: Project Membership

Project Co-Leads

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Appendix B: Survey Results

B1: Agency Characteristics

Table 1. Affiliation and Response Rate of Agencies

Affiliation	Sent	Completed	Response Rate
CMHA	34	23	67.6%
Federation (General Members)	125	56	44.8%
TOTAL	159	80	50.3%

Table 2. Agency Location by LHIN N=80

LHIN Area	Admin Office		Service Locations	
	#	%	#	%
Erie St Clair	6	7.6%	8	5.5%
South West	7	8.9%	10	7.5%
Waterloo Wellington	2	2.5%	4	2.7%
Hamilton Niagara Haldimand Brant	5	6.3%	10	6.8%
Central West	3	3.8%	15	10.3%
Mississauga Halton	3	3.8%	9	6.2%
Toronto Central	17	21.5%	23	15.7%
Central	9	11.4%	18	12.3%
Central East	7	8.9%	15	10.3%
South East	4	5.1%	6	4.1%
Champlain	4	5.1%	8	5.5%
North Simcoe Muskoka	2	2.5%	4	2.7%
North East	5	6.3%	8	5.5%
North West	5	6.3%	7	4.8%

Table 3. Number of LHINS in Which Individual Agencies Deliver Services

# LHINS in Which Service Delivered	# Agencies	%
1	55	69.6%
2	13	16.5%
3	2	2.5%
4	6	7.6%
7	1	1.3%
14	2	2.5%
TOTAL	79	100.0%

Table 4. Governance Structure of Agencies N=79

Structure	# of Agencies	%
Sponsored	4	5.1%
Freestanding	75	94.9%

Table 5. 'Noted' Community Mental Health Agencies Participating in Survey N=18

Type	# of Agencies	% of Total Respondents
Consumer/Survivor Initiative	12	15.0%
Family Initiative	2	2.5%
CSI and Family	3	3.8%
Sexual Assault Program	1	1.3%

Table 6. Proportion of Agency Budget Funded by Ministry of Health and Long-Term Care (MOHLTC) N=78

% of Budget from MOHLTC	# of Agencies	%
0	1	1.3%
1% - 25%	4	5.1%
26% - 50%	6	7.7%
51% - 75%	7	9.0%
76% - 99%	38	48.7%
100%	22	28.2%

Table 7. Number & Percent of Agencies Reporting Funders Other than MOHLTC N=52

Other Sources of Funding	# of Agencies	% of Other Funders Reported
Ministry of Municipal Affairs and Housing	3	2.8%
Ministry of Children and Youth Services	2	1.9%
MCSS	12	11.3%
Other Provincial Ministry	8	7.5%
United Way	23	21.7%
Municipal Government	19	17.9%
Other Sources of Funding	39	36.8%
TOTAL	106	

Table 8. Historical Funding Received from MOHLTC 2003/04 – 2006/07

Year	# of Agencies	Average Funding	Range	Total Funding
2003/04	57	\$1,779,268	\$34,000 – \$11,644,464	\$101,418,300
2004/05	57	\$1,991,136	\$34,000 – \$11,982,489	\$113,494,745
2005/06	60	\$2,444,947	\$36,000 – \$13,000,000	\$146,698,421
2006/07	55	\$2,677,937	\$38,000 – \$14,000,000	\$147,286,513

Table 9. Funding Received from MOHLTC 2006/07 N = 55

MOHLTC Funding	# of Agencies	%
< \$100,000	2	3.6%
\$100,001 - \$250,000	4	7.3%
\$250,001 - \$500,000	10	18.2%
\$500,001 - \$1,000,000	11	20.0%
\$1,000,001 - \$2,000,000	8	14.5%
\$2,000,001 - \$5,000,000	11	20%
\$5,000,001 - \$8,000,000	4	7.3%
> \$8,000,00	5	9.1%

Table 10. Direct Staff Positions Funded by MOHLTC N=70

Position	# of FTEs Funded by MOHLTC	As % of Direct Staff funded by MOHLTC
Executive Director	56	2.8%
Assistant Executive Director	8	.4%
Program Manager	73	3.7%
Program Supervisor/Team Leader	149	7.5%
Program Workers	1555	78.6%
Relief Staff	54	2.7%
Other	83	4.2%
TOTAL	1978	100.0%

Table 11. Other Staff Positions Funded by MOHLTC N=61

Position	# of FTEs Funded by MOHLTC	As % of Other Staff Funded by MOHLTC
Executive Assistant	13	5.1%
Administrative Assistant	48	18.7%
Office Manager	24	9.3%
Clerical Support	60	23.3%
Accountant/Bookkeeper	52	20.2%
Maintenance/Janitor	29	11.3%
Relief Staff	4	1.6%
Other	27	10.5%
TOTAL	257	100.0%

B2: Governance

Table 12. Number & Percent of Agencies Providing Specific Information to Board Members N=71

Information Provided to Board	Yes		No	
	#	%	#	%
Board minutes x 2 years	29	40.8%	42	59.2%
Financial statements x 2 years	40	56.3%	31	43.7%
Annual Reports and Auditors Reports x 2 years	52	73.2%	19	26.8%
Constitution/Letters Patent & Bylaws	65	91.5%	6	8.5%
Organization Chart	64	90.1%	7	9.9%
Program/Service descriptions	67	94.4%	4	5.6%
Program/Service evaluations x 2 years	34	47.9%	37	52.1%
Staff list	57	80.3%	14	19.7%
Board member bios and contact info	53	74.6%	18	25.4%
Job descriptions	54	76.1%	17	23.9%

Table 13. Number & Percent of Agencies Indicating Specific Board Practices

Practice	Yes		No	
	#	%	#	%
Clear differentiation between board and staff roles	70	95.9%	3	4.1%
Board members oriented within one month	68	94.4%	4	5.6%
Board members receive training and education	58	82.9%	12	17.1%
Annual Board evaluation	44	60.3%	29	39.7%
Bylaws reviewed every 3 years	52	71.2%	21	28.8%
Annual evaluation of CEO / Exec Director	56	76.7%	17	23.2%

Table 14. Number & Percent of Agencies Having Specific Bylaw Provisions

Provision Included in Bylaws	Yes		No	
	#	%	#	%
Board member conflict of interest*	66	94.3%	4	5.7%
Board members who apply for jobs in agency	45	64.3%	25	35.7%
Board member absenteeism	67	95.7%	3	4.3%
Board member liability	63	90%	7	10%

Open-ended Comments regarding Governance **STRENGTHS**

N = 45

Board Composition

- Representation from diverse stakeholder groups (7)
- C/S membership on the Board (7)
- Directors' expertise and/or experience (6)
- Skills-based Board (3)
- Family membership on the Board (2)
- Diverse views among Directors
- Small size of Board allows for open discussion and debate
- Long-term Board membership ensures stability

Board Orientation/Training

- Comprehensive Board manual (6)
- Comprehensive/innovative Board orientation process (2)
- Board training and/or access to resources (2)
- Comprehensive governance policies and procedures

Role Clarity

- Distinction between governance and administration is clearly understood (5)
- ED limitations are clearly articulated (2)

Board Model/Structure

- Policy governance model in place, or currently being implemented (5)
- Committee structure supports Board activities

Planning and Results Monitoring

- Annual planning and/or policy review retreats (4)
- Strong results monitoring systems (3)
- Annual Board work plan

Values and Commitment

- Agency's strong value base
- Strong Board commitment to vision, mission and values
- Highly motivated Board
- Board Code of Conduct

Miscellaneous

- Collective decision-making processes
- Efficient, tightly structured meetings
- Support for C/S Board members
- Recent experience with Canadian Council on Health Services Accreditation (CCHSA) process strengthened leadership and partnership
- Good attendance at Board meetings

Open-ended Comments regarding Governance CHALLENGES

N = 41

Director Recruitment and Retention

- Recruitment and retention of skilled Board members due to: (15)
 - time commitment
 - risk management and liability concerns
 - increased complexity of Directors' role
 - increased complexity of organization
 - frustration related to rationale for funding decisions
- Attracting diverse Board members (3)

Roles and Relationships

- Ensuring Board understands its role (5)
- Lack of role clarity

Directors' Skills, Knowledge and Abilities

- Wellness of c/s Board members (4)
- Developing coherent understanding of increasingly complex organizations (2)
- Lack of understanding of not-for-profit corporations
- Lack of understanding of governance model
- Lack of specific skills on Board

Board Training and Development

- Appropriate training for c/s Board members (3)
- Inadequate resources for Board development (2)

Resources

- Inadequate transportation and/or time required for travel in rural areas (3)
- Inadequate meeting space
- Economic barriers to participation of c/s and family Board members
- Lack of resources for Board support

Planning

- Uncertainty in the external environment (2)

Miscellaneous

- Poor attendance at Board meetings (2)
- Director conflict of interest
- Violations of confidentiality
- Infrequent Board meetings

B3: Financial Management

Table 15. Number & Percent of Agencies Carrying Various Types of Insurance

Type of Insurance	Yes		No	
	#	%	#	%
Commercial General Liability*	64	94.1%	4	5.9%
Directors and Officers Liability	66	97.1%	2	2.9%
Professional Liability*	63	92.6%	5	7.4%

Table 16. Number & Percent of Agencies Having Specific Financial Management Practices

Practice	Yes		No	
	#	%	#	%
Agency makes mandatory government filings and payments on time	68	98.6%	1	1.4%
Agency monitors actual spending against projections on ongoing basis	69	100%	0	0.0%
Financial statements are presented to the Board at least quarterly	65	95.6%	3	4.4%
Financial statements include year-over-year comparisons	56	83.6%	11	16.4%
Board members understand and can assess implications of financial statements	62	92.5%	5	7.5%
Senior staff can understand and assess implications of financial statements	67	98.5%	1	1.5%
Requests to use surplus funds are submitted in writing to the MOHLTC before January 31*	67	97.1%	2	2.9%

Table 17. Number & Percent of Agencies Having Specific Financial Policies

Policy	Yes		No	
	#	%	#	%
Signing Authority	66	98.5%	1	1.5%
Purchasing/Tendering/ Procurement*	62	92.5%	5	7.5%
Petty Cash*	62	92.5%	5	7.5%

Table 18. Whether Agency Fundraising Adheres to Voluntary Ethical Guidelines

Practice	Yes		No		Not Aware Of Guidelines	
	#	%	#	%	#	%
Canadian Society of Fundraising Executives and/or Centre for Philanthropy guidelines	39	61.9%	1	1.6%	23	36.5%

Open-ended Comments regarding Financial Management *STRENGTHS* N =28

Skills and Expertise

- Senior staff are skilled in financial management (7)
- Experienced bookkeeper provides timely reports (2)
- Diligent/ active/involved Finance Committee (2)
- Board membership includes CGA (CA), who chairs Finance Committee (2)
- All finance and admin staff are cross-trained to maximize skills and ensure coverage

Systems and Processes

- Excellent financial management system with rigorous checks and balances (2)
- Sophisticated financial management system with “real time” internet access
- 3 year “rolling forward” budget planning
- Financial planning occurs in advance of MOHLTC planning cycle
- Financial position is carefully monitored
- Streamlined financial management practices
- Regular meetings of relevant players ensure good oversight

Financial Policies

- Investment strategies are in place
- Excellent feedback from MOHLTC re: finance policy

Reporting

- Board receives regular financial statements
- Staff commit to overtime necessary to deliver reports on time

Miscellaneous

- We choose not to fundraise (5)
- Expenditures are predictable so fiscal management allows little room for discretion
- We have never had unspent funds

Open-ended Comments regarding Governance CHALLENGES

N = 22

Resource Requirements

- Insufficient funding (3)
- Recent expansion is creating additional demands on financial management system (2)
- Under-funding is a significant challenge
- MIS training and compliance requires that bookkeeper work additional hours, which we are unable to fund

MIS/CDS Compliance

- Challenges for small organizations to become MIS compliant – administrative time has significantly increased (2)
- Need recommendations re: software for MIS
- Time required by MIS
- MIS functional centres are not congruent with our financial management system
- MIS reporting format does not include year to year comparison

Skills and Expertise

- Have been unable to recruit and train a c/s capable of providing bookkeeping services
- Need additional .5 FTE bookkeeper
- Require back-up staff to accommodate vacations, illness, etc.
- Finance staff are new
- Some Board members unable to understand/interpret financial reports
- Must “translate” reports, and Board may not understand documents that MOHLTC requires they sign

Policies and Procedures

- MOHLTC deadlines are “unreasonable” for small agencies (4)
- MOHLTC financial guidelines appear to be in flux
- Our policies are out of date

Miscellaneous

- We rely increasingly on small grants from various funders to maintain programs not funded by MOHLTC

B4: Planning and Evaluation

Table 19. Number & Percent of Agencies Indicating Specific Planning and Evaluation Practices

Practice	Yes		No	
	#	%	#	%
Agency has Strategic Plan	58	81.7%	13	18.3%
Strategic Plan reviewed every 3 years	55	80.9%	13	19.1%
Strategic Plan guides staff activities	56	82.4%	12	17.7%
Strategic Plan provides framework for decision making	56	82.4%	12	17.7%
Programs evaluated annually	55	79.7%	14	20.3%
Results inform planning and decision making	61	88.4%	8	11.6%

Table 20. Agency Activities Involving Consumer/Survivors

Involvement	Yes		No	
	#	%	#	%
Agency Governance*	59	86.8%	9	13.2%
Program planning	61	89.1%	7	10.3%
Service Evaluation	65	95.6%	3	4.4%

Open-ended Comments regarding Planning and Evaluation *STRENGTHS* N = 32

Status of Planning Process

- Development of strategic plan and/or evaluation and/or risk management processes is currently in progress or recently introduced (9)
- Management infrastructure still being developed, so can't yet evaluate

Stakeholder Involvement

- Broad-based stakeholder involvement in strategic planning and/or organizational change and/or decision making and/or evaluation processes (6)
- Broad-based staff involvement in development of work plans

Resources

- Presence of a Research and Evaluation Coordinator (currently on contract) has enhanced program evaluation
- MIS/CDS compliance is beginning to produce useful data
- Updated PSR Toolkit and IT equipment will allow more accurate evaluation
- Logic model for every program forms the basis for evaluation

Planning Process/Approach

- Annual budget and MOHLTC Operating Plan are approved by the Board and guide the agency
- Program Committee develops goals and objectives based on MOHLTC Operating Plan
- We're clear about our mission and values, and seize relevant opportunities as they arise
- We are part of the fabric of the community and, thus, can respond rapidly to changing needs

Accreditation

- We recently received 3 year CCHSA Accreditation
- CCHSA Process was very helpful
- We performed very well against CCHSA standards
- We are considering accreditation in the near future

Commitment to Planning

- High degree of commitment to annual planning process
- Planning and evaluation are treated as a priority

Miscellaneous

- Great staff and volunteers

Open-ended Comments regarding Planning and Evaluation CHALLENGES N = 31

Resource Requirements

- Inadequate resources (HR, time, IT and \$) and expertise for effective planning (14)
- Although we have a program evaluation plan, we don't have the resources required to implement it on a regular basis, or to analyze the data it produces
- Need direction from MOHLTC re: MIS/CDS software selection and dedication to funding IT

Unstable Planning Context

- Uncertainty re: changes in external environment (i.e. LHINs) (2)
- "Irrational" funding decisions on part of MOHLTC makes multi-year planning difficult (2)
- New partnerships present a challenge
- Closure of DHCs has resulted in gap re: planning for broader community

Training/Education/Knowledge Requirements

- We need to develop more in-depth evaluation tools
- Need to know more about taking evaluation to next level

Stakeholder Involvement

- We struggle to involve adequate % of c/s in evaluation process given large numbers
- C/s not always interested in providing input for service evaluation
- Need to involve more c/s in program planning and evaluation
- Referral sources may choose not to participate in program evaluation

Evaluation Measures

- Measures of success which are meaningful to our agency may not be aligned with MOHLTC indicators
- Expectations that we be both community-focused and institutional-focused are not always congruent

Quality of Strategic Plan

- Current strategic plan is too unfocused to provide much direction
- Strategic plan is out of date

Miscellaneous

- We identified and addressed evaluation challenges related to confidentiality
- Peer support is difficult to evaluate
- Increasing staff salaries has been highest priority in past 3 strategic plans. MOHLTC funding levels have made it impossible to achieve this goal

B5: Human Resources/HR Management

Table 21. Number & Percent of Agencies Indicating Sufficient Staff & Volunteers

Positions	Yes		No	
	#	%	#	%
Management	33	64.7%	18	35.3%
Administrative/Clerical Support	22	43.1%	29	56.9%
Direct Service	24	47.1%	27	52.9%
HR Management	23	45.1%	28	54.9%
Maintenance/Facilities Mgmt	19	37.3%	32	62.7%
IT/ Information Mgmt	18	35.3%	33	61.7%

Table 22. Number & Percent of Agencies Indicating Appropriately Trained Staff & Volunteers

Positions	Yes		No	
	#	%	#	%
Management	57	86.4%	9	13.6%
Administrative/Clerical Support	49	74.2%	17	25.8%
Direct Service	61	92.4%	5	7.6%
HR Management	37	56.1%	29	43.9%
Maintenance/Facilities Mgmt	30	45.5%	36	54.5%
IT/ Information Mgmt	30	45.5%	36	54.5%

Table 23. Number & Percent of Agencies Indicating Specific Human Resource Practices

Practice	Yes		No	
	#	%	#	%
Competitive hiring process with clear criteria	65	95.6%	3	4.4%
Orientation within one week of hire	66	97.1%	2	2.9%
Maintain accurate HR records*	65	97.0%	2	3.0%
Compliant with all HR legislation*	68	100.0%	--	--
Compliant with <i>Human Rights Code</i> *	67	100.0%	--	--
HR policies are reviewed at least every 2 years	56	84.8%	10	15.2%
Staff have access to HR policy	61	89.7%	7	10.3%
Performance appraisals are conducted annually	51	75.0%	17	25.0%
Performance criteria are tied to organizational goals	59	86.8%	9	13.2%

Table 24. Number & Percent of Agencies Indicating Perceived Correlation Between Performance and Compensation

	Yes		No	
	#	%	#	%
Staff perceive correlation between performance and compensation	23	34.8%	43	65.2%

Table 25. Agencies Indicating Staff Lost Due to Salary Disparities

Frequency	#	%
Never	11	16.2%
Occasionally	38	55.9%
Frequently	19	27.9%

Table 26. Estimated Annual Staff Turnover at Agencies

Rate	#	%
< 10%	50	74.6%
10% - 25%	16	23.9%
26% - 50%	1	1.5%
> 50%	--	--

Open-ended Comments regarding Human Resource *STRENGTHS* N=42

Recruitment/Retention/Absenteeism

- Low staff turnover (4)
- Low absenteeism

Working Conditions

- Positive organizational culture (3)
- Flexible working conditions/alternative work arrangements (3)
- High morale
- Mutual respect
- Staff autonomy
- Welcoming environment
- Strong team
- Learning environment
- High degree of staff autonomy
- Staff are consulted re: proposed to HR policies
- ED has open door policy
- All conflicts are resolved at first (informal) stage of process
- Opportunities to advance within organization, given recent expansion

Staff Commitment

- Staff commitment and dedication to agency and c/s (3)
- Staff are committed to program philosophy and approach

Qualifications/Expertise

- Full time HR Manager (2)
- ED is familiar with HR issues
- Manager of Finance and Administration handles HR issues, which allows for fast resolution of HR issues
- Access to HR expertise through CMHA Ontario
- Staff have appropriate qualifications, knowledge and skills
- Business background of administrative staff serves the agency well
- Team is well balanced re: skills and expertise
- Diversity/Cultural Competence

Policies and Procedures

- Excellent orientation protocols (2)
- Intensive hiring process
- Inclusive hiring process
- Recently revised policies and procedures
- New performance appraisal tool
- Inclusive processes
- Up to date on health and safety and other requirements
- Internal hiring/promotion policy
- Mission and values are tied to hiring, orientation, and performance appraisal processes
- Staff are involved in policy development
- Recent experience with staff termination was respectful of all concerned

Compensation

- Salaries have been adjusted due to Pay Equity, and turnover has been low as a result
- Good compensation and benefits
- Compensation is under review. Hoping to tie compensation to performance
- Ability to offer competitive wages

Labour-Management Relations

- We are unionized and enjoy excellent labour relations
- The Joint labour management cooperation committee makes a significant contribution to the labour relations climate
- Good staff relations

HR Planning and Staff Evaluation

- Excellent performance appraisal tool
- Excellent planning processes

Education, Training and Supervision

- Generous opportunities for staff training and development
- Monthly ½ day in-service presentations available to all staff
- Strengths-based supervision model
- Regular training and supervision
- Regular assessment of staff education needs
- Professional standards are valued

Open-ended Comments regarding Human Resource CHALLENGES N=44

Compensation Levels

- Salary disparity with institutional partners, other agencies, and other regions (13)
- Inadequate compensation (6)
- Inadequate benefits (3)
- Unable to reward exceptional performance

Expansion-Related Issues

- Additional resources required:
 - human resources expertise (7)
 - IT support (2)
 - facilities management (2)
 - finance and management staff
 - temporary clerical staff to assist with recruitment
 - training (for both new and existing staff)
 - planning
 - administration
- Other Changes/Enhancements Required:
 - revisions to HR Manual
 - formal orientation program
 - policy development and maintenance
- Other issues
 - recent expansion has led to significantly greater workload for management staff, especially ED (2)
 - some long-term staff have been unable to adapt to agency expansion
 - inadequate time for orientation and training, supervision and performance appraisals of new staff for recently expand program

Labour/Management Relations

- Challenges related to unionization (5)

Staffing Levels

- Inadequate # of FTEs to meet demand for service (4)

Administrative Infrastructure

- Inadequate administrative and management infrastructure (2)
- Lack of HR specialist results in ED filling that role
- MIS/CDS compliance requires additional .5 FTE IT/computer specialist

Staff Skills and Qualifications

- Lack of consumer/survivors with the necessary skills for specific jobs (2)
- Increasing difficulty finding appropriately qualified staff (2)
- Requirement that we hire only consumer/survivors (as opposed to those with consumer/survivor experience) who may be unwell periodically
- No clinicians on staff and access to psychiatrists is limited
- Difficulty attracting management staff because the whole community mental health sector has experienced a de-skilling of human resources

Training and Education

- Inadequate training budget (2)
- Ongoing staff training and development

Workplace Stress

- Stressful nature of the work itself
- Pressures related to volume of work

Rural Issues

- Rural geography requires a great deal of driving

Recruitment/Retention

- Recruitment and retention as result of lower staff to client ratio in other agencies
- Recruitment and compensation of medical staff
- Hiring of project staff on time-limited funding results in increased turnover

Policies and Procedures/Record Keeping

- Lack of resources to maintain HR policy manual
- Ensuring that records are kept up to date and that all relevant legislative requirements are met.

Performance Appraisal

- ED has inadequate time to carry out annual performance appraisals on all staff (2)
- Weak performance appraisal system, not linked to organization's strategic goals

Miscellaneous

- Racial and cultural diversity
- Challenges related to joint programs re: staff assignment
- Need to distinguish between short-term HR requirements (to focus on process of expansion) and longer-term needs, post-expansion
- Our "strengths" are also our weaknesses

B6: Staff Training/Career Development

Table 27. Number & Percent of Agencies Indicating Specific Staff Training / Career Development Practices

Practices & Policies	Yes		No	
	#	%	#	%
Agency has written training and development policy	47	71.2%	19	28.8%
Agency funds staff training and/or provides other incentives for professional development	64	97.0%	2	3.0%
Agency has a formal mentoring program	13	20.0%	52	80.0%
Agency has formal succession plan	14	20.9%	53	79.1%

Table 28. Number & Percent of Agencies Indicating Staff Perceive Career Opportunities within Agency

Perceived Career Opportunities within Agency	Yes		No	
	#	%	#	%
	40	59.7%	27	40.3%

Table 29. Staff Training Budget from MOHLTC for Agencies 2006/07

Budget	# Agencies	% Of Total Agencies
0	6	12.8%
< \$500	1	2.1%
\$501 - \$1000	3	6.4%
\$1001 - \$5,000	11	23.4%
\$5,000 – 10,000	5	10.6%
\$10,001 – 20,000	5	10.6%
\$20,001 – 50,000	14	29.8%
> \$50,000	2	4.2%

Table 30. Percentage of Total Agency Budget Allocated to Training & Development

Percentage of Agency Budget	# Agencies	% Of Total Agencies
0%	7	13.7%
1%	32	62.7%
2%	6	11.7%
3% -4%	3	5.9%
>4% - 7%	3	5.9%
AVERAGE	1.4%	

Table 31. Number & Percent of Agencies Using Specific Criteria to Decide Staff Training

Criteria Applied	Yes		No	
	#	%	#	%
Organizational Needs	67	98.5%	1	1.5%
Performance Appraisal	64	94.1%	4	5.9%
Courses Available	54	79.4%	14	20.6%

Open-ended Comments regarding Staff Training & Development *STRENGTHS* N=31

Training Philosophy

- We try to balance needs of individual staff with those of the agency (4)
- Staff training has always been a priority in our agency
- We are highly committed to professional development
- We maintained our training and development budget, even during retrenchment
- Staff receive diverse training and development opportunities
- We ensure all departments are equitably treated
- Board development is included in training plan
- Staff are open to training opportunities
- New performance appraisal format places emphasis on “learning worker” and supports articulation of clear targets for performance improvement and increased job satisfaction
- We support educational upgrading (Bachelor’s or Master’s degrees)

Training Budget

- Budget is \$500 per staff per annum
- Each staff member has \$250 annually for self-identified training relevant to their job
- Training budget is 1.1% of HR budget (.2% of overall budget)
- Small annual budget has been allocated to each case manager
- We’ve received about \$150,000 for training over the past two years as a result of new program development
- Budget allows us to accommodate most training requests
- Annual review of staff development funding allocation
- Clinical training is funded through sessional fees

Training Strategies/Approaches

- Trainers are brought in house to maximize and customize training opportunities (2)
- Partnerships with colleges and universities (2)
- Regularly scheduled in-service sessions (2)
- Regular staff training and team building events (2)
- Use services of United Way for management, legal and financial training
- Agency belongs to network of service providers that offers training at no cost
- Staff member with specific skills teaches others
- Staff attend psychiatric rounds at local hospital
- Annual retreat day for staff
- Library of books re: mental health, addictions and concurrent disorders
- Multi-disciplinary team of consultants is available for consultation and staff development

In-House Training

- Applied Suicide Intervention Training (2)
- Non-Violent Crisis Intervention Training (2)
- Solution Focused Counselling
- CPR
- First Aid

Career Development

- Succession plan for Board and other key positions will be complete in next few months
- We all “mentor” one another

Open-ended Comments regarding Staff Training and Development CHALLENGES N=30

Resource Constraints

- Staff education budget is insufficient to train staff as required (16)
- Too little time available for training and/or orientation, given program demands (4)
- Staff education budget is less than 1%
- Can only offer time off in lieu
- Senior Management pays for own training
- We reduced our training budget since middle managers didn't have enough time to take advantage of training opportunities
- No allocation for training in MOHLTC budget. Training costs covered through fundraising
- Budget was eroded during 12 year funding freeze
- We struggle each year to find the necessary funding

Barriers to Access

- Rural location creates barriers (3)
- Transportation and/or accommodation costs are problematic (3)

Specific Learning Needs

- Case Management is not a professional discipline – relevant education is hard to find
- Need additional training in Clubhouse approach
- Need for extensive clinical training for general social workers
- Working with special needs groups
- Management training

Other Issues

- We require that staff receive training if we identify skill deficits
- Should offer training in a variety of formats to accommodate varied budgets and learning styles
- Have begun to track training to ensure fair and equitable access
- No comprehensive multi-year strategy
- With a large number of program staff, we try to offer most training on-site

Constraints on Career Development

- Opportunities to advance are limited by size of organization and/or extremely limited turnover at senior levels (6)
- Flattened hierarchy limits opportunities for advancement (2)
- We have too little funding for staff to see career opportunities within the organization
- We have no succession plan or professional development plan
- We make every effort to promote from within

B7: Administrative Practices

Table 32. Number & Percent of Agencies Indicating Specific Administrative Practices

Practices	Yes		No	
	#	%	#	%
Policies and procedures comply with legislation and best practices*	65	95.6%	3	4.4%
Policy and Procedures manual is current and complete*	48	71.6%	19	28.4%
Agency has written Code of Ethics*	56	82.4%	12	17.6%
Staff are familiar with Code of Ethics	51	78.5%	14	21.5%
Agency has written client complaint/dispute resolution process*	63	94.0%	4	6.0%
Clients are informed about complaint/dispute resolution process	60	90.9%	6	9.1%
Record keeping policies and procedures conform with legislation*	64	95.5%	3	4.5%
Client files are up-to-date*	60	92.3%	5	7.7%
Collect statistics on service availability	54	83.1%	11	16.9%
Collect statistics on capacity	54	83.1%	11	16.9%
Collect statistics on service utilization	63	96.9%	2	3.1%
Staff demonstrate due diligence in keeping files confidential*	65	97.0%	2	3.0%
Board members sign confidentiality agreements*	59	92.2%	5	7.8%
Staff members sign confidentiality agreements*	62	95.4%	3	4.6%
Volunteers sign confidentiality agreements*	59	92.2%	5	7.8%
Staff are familiar with responsibilities re: protection of personal health information*	66	100.0%	--	--
Staff are familiar with responsibilities re: disclosure of personal health information*	67	100.0%	--	--

Table 33. Agency Compliance with MOHLTC Mandatory Requirements

Mandatory Requirement	Yes		No	
	#	%	#	%
Agency Bylaws contain provision re: Board member conflict of interest	66	94.3%	4	5.7%
Consumer/Survivors are involved in agency governance	59	86.8%	9	13.2%
Agency carries Commercial General Liability Insurance	64	94.1%	4	5.9%
Agency carries Professional Liability Insurance	63	92.6%	5	7.4%
Agency has Purchasing/Tendering/ Procurement policy and procedure	62	92.5%	5	7.5%
Agency has Petty Cash policy and procedure	62	92.5%	5	7.5%
Requests to use surplus funds are submitted in writing to the MOHLTC before January 31	67	97.1	2	2.9%
Agency maintains accurate employment/HR records	65	97.0%	2	3.0%
Agency is compliant with all relevant employment and human rights legislation	68	100.0%	--	--
Agency is compliant with the Ontario Human Rights Code	67	100.0%	--	--
Administrative policies and procedures comply with legislation and best practices	65	95.6%	3	4.4%
Policy and Procedures manual is current and complete	48	71.6%	19	28.4%
Agency has a written Code of Ethics	56	82.4%	12	17.6%
Agency has a written client complaint/dispute resolution process	63	94.0%	4	6.0%
Agency's record keeping policies and procedures conform with legislation	64	95.5%	3	4.5%
Client files are up-to-date	60	92.3%	5	7.7%
Staff demonstrate due diligence in keeping files confidential	65	97.0%	2	3.0%
Board members sign confidentiality agreements	59	92.2%	5	7.8%
Staff members sign confidentiality agreements	62	95.4%	3	4.6%
Volunteers sign confidentiality agreements	59	92.2%	5	7.8%
Staff are familiar with their responsibilities re protection of personal health information	66	100.0%	--	--
Staff are familiar with their responsibilities re disclosure of personal health information	67	100.0%	--	--
Agency has a written emergency plan	52	76.5%	16	23.5%
Agency gathers and maintains statistics on service availability	54	83.1%	21	16.9%
Agency gathers and maintains statistics on service capacity	54	83.1%	21	16.9%
Agency gathers and maintains statistics on service utilization	63	96.9%	2	3.1%
Agency has formal quality improvement process, including evaluation	53	80.3%	13	19.7%
Agency has a written dispute resolution and grievances/ complaint resolution mechanism for staff	67	98.5%	1	1.5%
Agency has a written dispute resolution and grievances/ complaint resolution mechanism for clients	59	86.8%	9	13.2%

Table 34. Number and Percent of Agencies Having Specific Administrative Policies

Policies	Yes		No	
	#	%	#	%
Written emergency plan*	52	76.5%	16	23.5%
Written dispute resolution and grievances/ complaint resolution mechanism for staff*	67	98.5%	1	1.5%
Written dispute resolution and grievances/ complaint resolution mechanism for clients*	59	86.8%	9	13.2%

Open-ended Comments regarding Administrative *STRENGTHS* N=25

Policies, Procedures and Processes

- All staff sign off on relevant policies and procedures (2)
- Policies and procedures updated regularly
- Good policies and procedures
- Recent operational review identified policies that required work – revisions now completed
- Excellent complaints/grievances procedures
- Excellent processes for strategic planning, MIS/CDS implementation, quality assurance and risk management
- Compliance with health and safety legislation, ongoing risk management assessment
- Clear, comprehensive systems that are regularly updated

Staff Qualifications and Commitment

- ED and Board have extensive policy experience
- Highly skilled/qualified senior staff with strengths in system planning; quality and risk management, fund-raising, community relations, planning and decision support, IT
- Competitive salaries ensure that admin staff are very committed to agency and prepared to work additional hours when required
- Excellent staff
- Diverse management personnel work well in team environment

Information Technology/Information Management

- Sophisticated, responsive admin systems – supported by state of the art software
- Leaders in MIS/CDS implementation and other data collection
- Keep good service utilization statistics
- Development of electronic patient record – almost achieved

Communication

- Regular reports to Board re: tenant issues and complaints; grievances under collective agreement; other HR issues
- Created c/s friendly brochures re: relevant policy/legislation

Values and Principles

- Mission and values statements serve as framework for expected behaviour
- Management team lives by principles of accountability, equity, diversity and capacity building

Partnerships/Linkages

- Involvement in provincial and regional committees
- Many collaborative and joint partnerships. Pursuing several integration opportunities

Organizational Structure

- Use of part time positions allows for maximum flexibility
- Matrix project management process

Diversity

- Diversity work, equity hiring policies
- Diverse language abilities among admin staff facilitate communication with clients and other callers at reception

Miscellaneous

- We have had no disputes, so haven't developed dispute resolution policy
- Employee Relations Committee and Service Delivery Committee meet monthly

Open-ended Comments regarding Administrative CHALLENGES N=25

Resources (HR and other)

- Lack of well trained, properly skilled admin staff (3)
- Inadequate resources (2)
- Lack of human resources to address administrative tasks identified in work plan
- Admin staff complement has not increased although program has expanded

Information Technology/Information Management

- Responding to requirements for MIS/CDS – especially given cost implications not addressed by MOHLTC (2)
- Inadequate IT support
- Outdated IT due to inadequate resources

Policies, Procedures and Processes

- Policies and Procedures are currently under development or review (5)
- Developing/maintaining policies requires time we don't have (2)
- No formal quality improvement process
- Policies require review, but we don't have the necessary time

Accountability Requirements

- Meeting increased accountability requirements strains limited resources
- Time and resource pressures make it difficult to comply with requirements of various funders

Miscellaneous

- Need training and education to assist in managing change
- MOHLTC should assign resources to vocational programs, volunteer coordination, and community relations

B8: Infrastructure

Table 35. Number and Percent of Agencies Indicating Infrastructure Supports Efficient Operation

Infrastructure Element	Yes		No	
	#	%	#	%
Physical Plant	46	79.3%	12	20.7%
Information Technology	52	89.7%	6	10.3%
Communications Equipment	50	86.2%	8	13.8%

Open-ended Comments regarding Infrastructure *STRENGTHS* N = 28

Information/Communications Technology

- Recent upgrades to IT and/or communications equipment/software (5)
- All staff have good access to IT
- Wide Area Network connects all offices
- All staff have own computers, confidential internal e-mail, internet e-mail, voice mail, voice-over IP, corporate intranet, electronic data collection for MIS/CDS
- We update IT continuously, with new servers every two years and current software
- Agency is a pilot site for Mobile Client record management system and lead agency for community-based data services for 9 agencies
- Excellent, automated, internet-based data management system – now in Phase 3 upgrade to enhance functionality
- We run open source, easy to service, reliable LINUX Network – which allowed for easy installation of MIS software

IT Support

- Dedicated in house IT support (4)
- IT staff work interdependently as professional team responding to internal customers (other departments and c/s) and external customers
- In house resources are sufficient to meet current needs. Expanded capacity will require additional IT support

Physical Plant

- New facility
- New site provides increased opportunities for c/s and has generated a sense of pride
- Recently purchased own building
- Relocation process generated significant public support for the agency
- Renovations will allow for additional of Community Kitchen program
- All offices new or upgraded within last four years
- Ownership of the building allows maximum flexibility and easy access to target population
- Exploring integration opportunities to respond to infrastructure needs arising from recent expansion
- Co-location with CHC leads to opportunities for program integration.
- Capital project currently underway to address infrastructure needs

General

- New program funding has allowed for some investment in infrastructure
- Have worked very hard to develop infrastructure
- We are achieving our mission without adequate resources
- We restructured recently to have infrastructure to support existing programs and allow for growth

Open-ended Comments regarding Infrastructure CHALLENGES N = 31

IT Support

- Additional IT support required(8)
- IT training for non-technical staff (2)

Information/Communications Technology

- Need additional/improved information/communications technology (7)
- Videoconferencing facilities are required to support virtual teams created by expansion

Physical Plant

- Physical plant is substandard and/or inappropriate (4)
- We are unable to afford upcoming rent increase and/or infrastructure improvements (4)
- Existing staff and program space is inadequate (4)
- Operations are constrained by space limitations (3)
- Building is not fully wheelchair accessible (2)
- MOHLTC capital approval process is incredibly slow (2)
- Stigma inhibits access to appropriate program space
- MOHLTC has lack of vision re: infrastructure support needs
- Additional maintenance staff required

Administrative Support

- Need more clerical staff to comply with reporting requirements
- New funding comes with limitations
- Most administrative positions are part time, when full time staff are required

B9: Partnerships/Stakeholder Relations

Table 36. Number & Percent Of Agencies Indicating Community Awareness Of Services And Mission

Community Awareness	Yes		No	
	#	%	#	%
Community is aware of services	58	86.6%	9	13.4%
Community understands mission	49	74.2%	17	25.8%

Table 37. Number & Percent Of Agencies Indicating Involvement in System Planning

Planning Level	Yes		No	
	#	%	#	%
Local service delivery networks/system planning tables	63	96.9%	2	3.1%
Regional or provincial networks/system planning tables	55	84.6%	10	15.4%

Table 38. Number & Percent of Agencies Indicating Involvement in Partnerships

Type of Partnership	Formal		Informal	
	#	%	#	%
Service delivery	58	87%	39	58%
Management	20	47%	34	79%
Governance	12	39%	24	77%
“Back Office” Functions	16	41%	29	74%

Open-ended Comments regarding Partnership / System Integration *STRENGTHS* N = 30

Partnership Experience

- Involved with central intake/integrated service delivery processes/joint service delivery (7)
- Formal interagency partnerships – existing or in progress (6)
- Involved in local MH networks/planning tables (5)
- Many informal partnerships (4)
- Agency has taken leadership in system integration (2)
- Agency provides administrative and IT support services for other agencies (2)
- Involvement in cross-sectoral networks/initiatives (2)
- Shared back office functions (2)
- Agency serves as hub of service delivery and coordinated access networks
- Involved in shared service arrangements
- Developed practice framework in partnership with others
- We contract out some “back office” functions

Partnership Assets

- Diversified funding base
- Diverse Board
- Strengths in cultural competence, financial management and program planning to partnerships
- Strong leadership team
- Recovery approach
- Collaboration is one of our strategic directions
- We work hard on partnerships which improve services for clients

General

- Need access to information re: integrated service models
- Would entertain partnerships for governance and back office functions
- Willing to provide back office functions for others

Open-ended Comments regarding Partnership /System Integration *CHALLENGES* N = 24

Relationship Variables

- Competition among agencies (3)
- Tension between values and principles of community sector and those of institutional sector partners (3)
- Fear of forced amalgamation (2)
- Interagency conflict
- Lack of trust among agencies
- Local politics
- Power dynamics among potential partners
- Identifying potential partners that share common values and philosophy (2)

Resources Required

- Time, energy and resources required for partnership development and/or system integration (3)
- Lack of funding to support integration initiatives
- Need for problem solving protocols
- Lack of dedicated resources for community relations/community awareness

Skills/Expert Knowledge Required

- Understanding and addressing liability implications of partnership
- Increased service complexity increases demands on Board
- Need for HR expertise on staff and Board

System Issues

- Concern that funding decisions may be biased
- Maintaining presence in the new LHIN structure
- Barriers created by MOHLTC

General

- Need to familiarize the community with what we do (2)
- Integrating services with other players (e.g. physicians)
- Growth does not always correlate with capacity

B10: Factors Affecting Organizational Capacity

Open-ended Comments on Significant Factors that Support Agency Capacity

N = 57

Human Resources

- Staff dedication, commitment, determination and energy (25)
- Skills and experience of senior staff (8)
- Staff with appropriate skills, abilities and qualifications (5)
- Staff hired to align with mission and vision (2)
- Low staff turnover (2)
- Ability to attract highly qualified staff
- Valued staff team
- Staff ability to “make do”
- Range of skill sets among staff
- Minimal sick time
- Supervision and training

Effective Leadership

- Committed, effective Board (19)
- Passionate, committed c/s members (6)
- Strong volunteer base (6)
- Family involvement
- C/S governance

Funding

- Adequate funding (6)
- Diversified funding base (2)
- Sufficient resources of all types (\$, physical plant, IT, etc)
- Ability to raise funds
- Strong financial position

Service Delivery

- Commitment to client-centred approach (5)
- Quality of service (3)
- Commitment to community development approach (2)
- Broad array of services (2)
- Commitment to consumers
- Commitment to recovery orientation
- Commitment to advocacy
- Focus on wellness versus pathology
- Accessible services
- Access to sessional fees to support involvement of a psychiatrist
- Expertise and experience with ethno-racial communities
- Practice framework for service delivery
- Positive client outcomes
- Staff commitment to Best Practices
- Credible, high quality practices
- Dogged determination to provide the best service possible, despite the limitations
- Positive client outcomes
- Service diversification beyond mental health

Organizational Culture

- Positive organizational culture (4)
- Commitment to ongoing learning and development (3)
- Commitment to collaboration and partnership (2)
- Good staff morale
- Clarity of mission
- Dedication to the mission
- Belief that we are making a difference
- Access by staff and c/s to information necessary to ensure effective decision making
- A requirement that staff participate in decision making and provide input
- Sense of “belonging” on part of c/s
- Openness to evaluation and improvement
- Understanding and appreciation of grass roots organizations
- Commitment to putting needs of c/s and families first, and those of our organization second
- Understanding that our organization is means to an end, not end in itself
- Willingness of c/s, Board, staff and community to be part of the process
- Strong sense of community

Change Management

- Willingness to embrace change (3)
- Ability to identify and respond to changes in the environment (2)
- Ability to adapt
- Flexibility at all levels of the organization
- Willingness to innovate

Relationships

- Solid reputation in the community (3)
- Strong community support (2)
- Involvement in community planning tables and partnerships (2)
- Strong partnerships (2)
- Good working relationships with other agencies (2)
- Good working relationship with MOHLTC (2)
- MOHLTC Consultant who really knows the agency
- Support from partnering agencies
- Supportive stakeholders
- Leadership in developing partnerships
- Very good relationships with c/s
- Involvement in system activities
- Good relationship between staff and Board
- Peer support

Administration

- Appropriate information management and accountability systems
- Clear service standards
- Process to monitor performance against mission statement

Miscellaneous

- Organizational autonomy and independence (2)
- Clarity of mission, vision and strategic direction
- Clearly defined Board/staff roles and accountability mechanisms
- Goal planning processes
- Good IT systems in place
- Solid infrastructure
- Increasing public awareness of the issue
- Accreditation

Open-ended Comments regarding Significant Factors that Limit Agency Capacity
N = 50

Funding

- Inadequate funding – in general (20)
- Inadequate funding for staff education (2)
- Inadequate funding for salaries
- Lack of sustained funding
- Rising operating costs
- No new funding for housing program to bring conditions into line with best practices
- Insufficient capital reserves for supportive housing
- Long turn around times for approval by MOHLTC of capital requests
- Inadequate funding to operate in as sophisticated a manner as we'd like
- Impact on insufficient funding on staff morale

Staffing

- Wage disparity/inadequate salaries (8)
- Inadequate staffing (6)
- Lack of back up for management staff
- Reductions in support staff and management positions

Other Resources

- Insufficient access to IT expertise, resources and training (4)
- Space constraints (3)
- Insufficient access to HR expertise, resources and training (2)
- Inadequate/outdated IT systems (2)
- Insufficient access to Quality Assurance expertise, resources and training
- Insufficient access to Psychiatric services
- Inadequate infrastructure
- Lack of recognition by the MOHLTC of the need for infrastructure support

Governance

- Difficulty attracting Board members
- Board turnover
- Lack of participation in part of Board members
- Limitations of our governance model

System Transformation

- Additional time required to cope with demands of system reform (2)
- Balancing internal (agency) and external (system) demands
- Rapidly changing political environment
- Current chaos in the system
- Lack of clarity re: role of hospitals versus that of community agencies
- Ebb and flow of government funding
- Absence of harmonized provincial policy across Ministries
- Low priority (until recently) of mental health on health agenda
- Lack of National Mental Health strategy
- Lack of support for mental health prevention and promotion
- Keeping staff up to date and informed re: system developments

MOHLTC

- Unreasonable expectations on part of MOHLTC
- MOHLTC bureaucracy and lack of knowledge
- MOHLTC Regional Office "politics"
- Unfair decisions re: new funding allocations
- Imposing constraints on service delivery in the name of accountability

- Lack of recognition of need for administrative support positions

Community Relations

- Stigma (2)
- NIMBY-ism (2)
- Community awareness and engagement

Service Deficits

- Lack of case management/community support services (2)
- Lack of transportation
- Lack of appropriate services in the community prolongs hospital length of stay unnecessarily
- Growing numbers of homeless people with mental illness
- Lack of in-patient mental health beds
- Lack of trained bilingual/bicultural mental health workers in ethno-racial communities
- Long waiting lists
- Lack of support for new housing initiatives

Miscellaneous

- Spirit of competition among agencies, rather than one of cooperation/partnership (3)
- Restrictive admission criteria in other programs required by our clients (2)
- Increasingly narrow service eligibility criteria
- Lack of awareness of available services
- Inability to meet expectations of the community that we meet needs of people with mild to moderate mental health problems
- Poverty among c/s members

B11: Capacity Building Preferences

Table 39: Preferred Approaches to Expert Advice N=65

Approach	Yes		No	
	#	%	#	%
E-learning, Training and Development	50	76.9%	15	23.1%
Guidebooks	41	63.1%	24	36.9%
Face to Face Workshops	57	87.7%	8	12.3%

Table 40: Preferred Approaches to Peer Learning N=65

Approach	Yes		No	
	#	%	#	%
Electronic	43	71.7%	22	28.3%
In-person, Within my Region	54	90%	15	10%

Table 41: Preferred Approaches to Mentoring N=65

Approach	Yes		No	
	#	%	#	%
Electronic	39	69.6%	26	30.4%
In-person, Within my Region	50	89.3%	15	10.7%

Open-ended Comments regarding Skills, Knowledge & Resources that Would Support Organizational Capacity N = 50

Human Resources

- HR expertise (10)
- IT support staff (9)
- Administrative support staff (5)
- General (3)
- Additional community worker
- Additional 2.5 FTEs
- Clinical supervisor
- Psychiatrist
- Executive Assistant
- Nurse practitioner
- Family physician
- Occupational Therapist
- Middle management staff
- Finance staff
- Resource Development staff
- Peer counselors
- Board members from the business sector
- Change management resources

Information Technology/Information Management

- Upgraded IT systems (8)
- Updated bookkeeping systems to reflect CDS/MIS requirements
- HR systems and tools
- Communications equipment and resources
- Database development and technical support

Fiscal Resources

- \$ - general (6)
- \$ – special projects and initiatives (6)
- Increased professional development/staff education budget (5)
- Incentives for senior staff who have reached top of salary scale
- Sessional fees for psychiatric consultation

Training and Development

- Research and program evaluation (7)
- Fundraising/Resource Development (3)
- Board training and development (5)
- Management/leadership training (3)
- Working with Special Needs (2)
- Recovery approach (2)
- Staff training – CDS/MIS
- Public Speaking
- Computer training – Excel, Access, PowerPoint
- Computer training for c/s
- Trainers to assist in development of job skills
- Co-occurring disorders
- Employment Insurance
- Housing
- Employment
- Planning
- Psychogeriatric issues
- Capacity building and system innovation
- C/S participation
- Peer Support education
- WRAP
- Formal mentoring relationships for clinicians

Information Resources

- Current, easy to read information about system developments
- Best Practices for administration related to organization size
- File management guidelines
- Governance manual similar to that published by the OHA

Policy Changes

- Policy development
- Ability to carry over funds

Physical Plant

- Increased space

Miscellaneous

- Coordinated access to supportive housing
- Accessible transportation
- Better understanding of hospital discharge planning protocols
- Understanding and appreciation of geographic differences
- Additional case management services
- College of Mental Health Case Management to provide standardized training
- How to deal with MOHLTC requirements
- We have all the necessary skills and knowledge. Give us the tools and we'll do the job

Open-Ended Comments Regarding Partnerships/Linkages That Would Help Enhance Agency Capacity. N=32

Within the Mental Health Sector

- Case management agencies (2)
- Housing providers (2)
- Other community mental health agencies (2)
- Concurrent disorders services
- Dual diagnosis services

Other Health and Social Services

- Withdrawal management services and/or other addiction services (3)
- Primary care physicians (3)
- Colleges and universities (2)
- Hospitals
- Community Centres
- Employment agencies
- Criminal justice system
- Academic Health Science Centres
- Psychiatrists
- Other C/S organizations
- Children's mental health services
- United Way
- Other sectors
- Research and development partners
- Criminal justice system

Partnerships with Other Sectors

- Corporate sponsors
- Other provincial organizations in a variety of sectors

Partnerships to Enhance Knowledge/Expertise

- HR (2)
- Research re: Peer Support
- Marketing
- Evaluation
- Best practice literature re: crisis programs

Partnership Approaches to Capacity Enhancement

- Joint training (2)
- Fully funded regional workshops
- Mentoring
- Job shadowing

Miscellaneous

- Need energized group of mental health and addiction service providers to provide advice to the LHINs
- Continued involvement in our provincial organization
- CMHA ED Network is terrific. They provide training and learning opportunities, ongoing support and a forum for sharing ideas and information
- Need better links between agencies in Mississauga and Halton
- Inter-ministerial policy collaboration
- Increased focus on shared service models
- Partnerships related to coordinated access and data

Open-ended Comments Regarding Skills, Knowledge And Resources That Agencies Are Prepared To Share N=42

Management/Administration

- HR management (7)
- Financial management (5)
- Community development (5)
- Senior management (4)
- Staff Training and Development (4)
- Change management (4)
- Accreditation (3)
- MIS/CDS (3)
- IT (3)
- Program planning and development (4)
- Policies and procedures (2)
- Organization development (2)
- Administration – general (2)
- Community engagement
- Stakeholder relations
- Back office infrastructure
- Payroll
- Managing relationships with the private sector
- Property management
- Management of fee for service programs
- Strengths-based supervision
- Risk management
- Quality assurance
- Fostering collegial relationships
- Integration of primary care
- Small business development
- Evaluation

Knowledge of Service Delivery

- Housing (7)
- Psychosocial rehabilitation (3)
- Clinical skills – general (3)
- Solution Focused counseling (2)
- Suicide Intervention (2)
- Crisis intervention (3)
- Information and referral
- Recreation

- Case management
- Consumer employment
- Peer support
- Assisting grass roots organizations

Governance

- Governance – general (4)
- Policy Governance (2)
- Leadership (2)
- Consumer governance
- Board structure
- Nominations
- Board development

Knowledge of other Sectors

- Criminal justice system (3)
- Board and Care sector
- Addictions
- ODSP

Knowledge of Specific Approaches/Modalities

- Recovery (3)
- Behavioral/social counseling
- Harm reduction
- Narrative-based approaches
- c/s empowerment
- c/s as service providers
- Critical Incident Stress Debriefing

Knowledge of Special Populations

- Seniors (2)
- Dual Disorders (2)
- Rural/remote communities (2)
- Transitional age youth
- Adults
- C/s with HIV/AIDS
- Difficult to serve individuals

Knowledge of Specific Diagnoses/Behaviours

- Depression
- OCD
- Mood Disorders
- Self Harm

Miscellaneous

- Facilitation skills (2)
- Health promotion (2)
- Prevention strategies
- Dealing with stress
- Work/Life balance
- Stigma reduction
- Research

Open-ended Comments regarding Needs Arising from New Investment and Organizational Growth N=44

Administrative and Other Infrastructure

- Need for additional management/support staff to balance new direct service positions/program expansion (10)
- Increased need for IT (4) staff
- Increased need for dedicated HR staff (3)
- Infrastructure is insufficient for size of program (2)
- Need for increased staff related to MIS and financial reporting (2)
- Need for new administrative, IT and statistical tracking systems (2)
- Need to redesign management structure
- Major restructuring of management staff to accommodate new programs has been successfully completed
- Need for enhanced IT security
- Need for electronic client record

Physical Plant

- Need to expand (and/or co-locate) to accommodate new staff (7)

Planning/Change Management

- Impact of pace of change on clients and staff (4)
- New resources come with little or no warning, and are attached to specific populations or service type. Consequently, we have not been able to take a systemic approach to program/service redesign (2)
- Following rapid growth we need a period of stability
- Additional workload on management staff may result in burnout
- Our success in managing change is a function of a talented management team, committed front-line and administrative staff, and a “spider plant” approach to program delivery
- Managing integration challenges

Fiscal

- No/very little new money received (3)
- Base funding increases do not adequately address increased costs or demand for service(2)
- Funding disparity between new and original programs have created “have/have not” cultures within organization (2)
- Needs of core services not met through recent expansion
- Funding limitations prevent acknowledgment of volunteers
- Budget increase has allowed us to enhance salaries, but they remain well below industry standards
- Ability to hire and retain staff is compromised due to inequities across the system
- Difficulty attracting enough qualified staff to fill 50 new positions
- Had to enhance management salaries to attract qualified applicants

MIS/CDS

- MIS/CDS training requirements
- Short timelines for MIS are problematic

Policy

- Need for HR review, policy review (2)
- Need to formalize policies and procedures

Partnerships

- Turf protection issues impeding partnership development
- Existing partnerships may not be maintained once larger partners expand their own services
- Informal partnerships have developed throughout entire region
- Partnerships have led to development of common referral forms, admission criteria and central intake processes for some programs
- Exciting new partnerships, which created wonderful learning opportunities

Conceptual Shift

- Growth led us to adopt interdisciplinary team approach to service provision
- Need for shift in thinking to regional view from concern re: local services only
- Need to identify different measures of success congruent with new program approach

Miscellaneous

- Staff development
- Need advanced in-house knowledge (areas not specified)
- Growth has resulted in new research opportunities
- Nothing that we were unable to respond to

Open-ended Comments Regarding Priority Issues N=36

General

- All of the issues identified above are “priorities” (11)

Infrastructure

- Inadequate space (4)
- IT enhancements (2)
- Security

Administration

- MIS/CDS Implementation (3)
- Need for formal policies and procedures
- Development of electronic client record
- Financial management in light of timing of MOHLTC budget approval
- Program and planning capacity at management level

HR

- Lack of competitive compensation and benefits (2)
- Inadequate staffing (2)
- Finance and administrative support (2)
- Staff recruitment and retention
- Lack of funded employment opportunities for program volunteers

Funding

- Enhanced funding in general (2)
- Funding for:
 - strategic planning
 - staff/board development
 - volunteer programs
 - program expenses
 - reimbursement of client transportation costs

Service Delivery

- Implementation of new crisis program
- Interdisciplinary team to provide specialized clinical treatment and prevention services
- Ongoing funding for staff to provide crisis respite service
- Ensuring that system access and service delivery issues are identified and addressed in coordinated manner

General Comments and Observations N=15

The Transformation Process

- Lack of fair and transparent processes to determine funding allocations has been frustrating
- Increased competition for limited funds has caused mistrust among agencies. Partnership and collaboration is not readily embraced
- Pace of change is creating wear and tear on participants. As mental health providers we must take this into consideration
- Loss of the DHCs and local planning and facilitation, along with advent of the LHINs and decreasing visibility of the MOHLTC Regional offices have created challenge
- Short timelines for submissions and long timelines for decisions make it difficult to plan for development
- There should be less micromanagement by the MOHLTC
- The manner in which we are funded should change

Capacity Measures

- Small agencies may be weaker in terms of administrative infrastructure, but skilled in delivering specialized services to hard to reach groups
- Ability of small organizations to connect to the grassroots is an asset to the system. Bigger is not necessarily better
- Flexibility to bridge community needs should be regarded as a strength. Red tape and bureaucracy are often barriers to access
- We must address equitable service to diverse communities. Cultural competency and linguistic proficiency are often overlooked in measuring agency capacity

C/S & CSI Issues

- The financial plight of many c/s is appalling, especially in light of costs associated with the LHINs
- We need to increase ODSP and OW rates – the current formulas promote dependency on the system
- Erosion of funding to CSIs is a recipe for failure
- Consumers should have a say in which agencies get funding
- There are insufficient resources in rural areas for leisure, education and peer support
- Doctors are getting less willing to take our clients

Miscellaneous

- We are too busy helping people to engage with our provincial organization
- We need additional administrative and IT resources to support program expansion
- We can't provide adequate service without appropriate infrastructure