



## **Pursuing Opportunities, Embracing Change**

Annual Report 2011-2012

## VISION

A supportive and inclusive society in which all people have equal opportunity to live, thrive and enjoy the full benefits of belonging within their communities.

## MISSION

To enable individuals with mental health and cognitive challenges to live well within their communities.

## VALUES

Hope  
Respect  
Collaboration  
Dedication  
Accountability  
Innovation

COTA Health is an accredited community-based provider of support services. We offer support to adults living with serious mental illness, geriatric mental health conditions, acquired brain injury, developmental disabilities and dual diagnosis.

Our services are funded by the Central Local Health Integration Network, the Ministry of Health and Long-Term Care, the Ministry of Community and Social Services, the City of Toronto and the Mental Health Commission of Canada. They include:

### Mental Health Services

- Mental Health Case Management
- Supportive Housing: Adams House, Bailey House, Step by Step and Mental Health & Justice Housing
- Short-Term Residential Beds
- Court Support Services
- Mental Health & Justice: Prevention Services
- Mental Health & Justice Case Management
- Release Planning Case Management
- Boarding Home Program

### Developmental and Dual Diagnosis Services

- Community Liaison Worker Program
- Dual Diagnosis Case Management
- Dual Diagnosis & Justice Case Management
- Assistance with Passport Funding
- Dual Possibilities: Supportive Housing and Case Management Program provided in partnership by COTA Health and Vita Community Living Services

### Geriatric Mental Health Services

- Geriatric Mental Health Case Management

### Acquired Brain Injury Services

- ABI Case Management
- ABI Supportive Housing
- Supports to individuals in receipt of individualized funding from the Ministry of Health & Long-Term Care
- ABI Day Service

### Services to the Homeless

- Hostel and Street Outreach Program
- A Streets to Homes Safe Bed
- Streets to Homes Follow-Up Supports
- Assertive Community Treatment Team (a component of the Mental Health Commission At Home/Chez Soi research demonstration project)

# A Message from the Executive Director and Board Chair

The pursuit of opportunity requires the courage to change and the experience of change often brings forth new opportunities. The two are intertwined and accurately reflect the journey of COTA Health. We are proud to be an organization that enthusiastically pursues opportunity and courageously embraces change. This past year has been no exception.

The various political, economic and social pressures that set the context in which we operate require us to embrace change. Publicly funded organizations such as COTA Health are being held increasingly accountable to develop service system solutions that are coordinated, effective and offer good value for money. These changes are necessary to ensure that the people who rely on our support benefit from both integrated and sustainable health and social service systems. At the same time, there is recognition that the sustainability, in part, will require a redistribution of resources to community-based services. This may very well present future opportunities for COTA Health.

In the fiscal year 2011/2012 we met the challenge of change by adopting two common assessment tools. Our mental health services adopted the Ontario Common Assessment of Need (OCAN) and our ABI services adopted the InterRAI CHA. Previously our developmental services played a role in implementing a common assessment tool called the Supports Intensity Scale (SIS). These tools serve not only as valuable clinical assessments but in the future will act as vehicles for improving the quality of information being shared between service providers and decrease the need for service users to repeat their personal histories every time they apply for or transfer from service to service. These common

assessments may also lend themselves to future outcome measurement at both an individual and systems level.

COTA Health has also been actively contributing to system planning tables concerned with the development of coordinated access mechanisms for people living with mental health challenges in Toronto. In the developmental services sector we have embraced the introduction of Developmental Services Ontario (DSO), the coordinated access mechanism for that sector. The goal of these initiatives has been to streamline and simplify the access process for people seeking services.

During this past year COTA Health also engaged in a process of developing our new Strategic Plan 2012-2015. Within it we have set our sights on the pursuit of new opportunities by setting forth ambitious strategic objectives. We also underwent an accreditation review by Accreditation Canada and, once again, were successfully accredited.

It has been another very busy and exciting year at COTA Health. On behalf of the Board of Directors and the Senior Management Team we would like to thank our Leadership Team, our service providers and our support staff for all of their hard work and dedication. Your efforts have enabled the organization to continue to provide quality services while simultaneously achieving required performance targets, renewing our accredited status and rising to the challenge of the change within the health and social services sectors.

We look forward to the opportunities ahead of us.



Paul Bruce  
Executive Director



John Stevenson  
Chair, Board of Directors

# Pursuing Opportunities, Embracing Change

## Supporting Coordinated Access Initiatives

COTA Health recognizes that coordinated access mechanisms offer clients more equitable and simplified access to the complex network of services that are available to them in the community. We are very pleased to have contributed to several new coordinated access initiatives including: Developmental Services Ontario (DSO); Coordinated Access to Supportive Housing (CASH) and Access 1 during their developmental stages.

DSO is the new coordinated access mechanism for developmental services. Individuals seeking developmental services apply to the DSO to have their needs assessed and to access services. In completing a needs assessment, the DSO utilizes a standardized Supports Intensity Scale (SIS) assessment tool. COTA Health was involved in piloting the SIS assessment, in partnership with Surrey Place prior to its adoption by the DSO.

COTA Health now receives all referrals for mental health supportive housing from CASH. In June 2012, CASH will begin administering referrals for all mental health and justice supportive housing units as well. COTA Health has contributed to planning discussions leading up to this change.

Access 1 initially provided a centralized intake/access mechanism for LHIN-funded ACT Teams and mental health case management services in North York and Scarborough Regions. Since 2009, COTA Health has been coordinating all new client intakes through the Access 1 partnership for its Scarborough Mental

Health Case Management Team and its North York-Etobicoke Mental Health Case Management Team. Effective March 1, 2012, Access 1's mandate was expanded to include the ACT Teams and the mental health case management services that are located within the Toronto Central LHIN boundaries. As such, the Central Toronto Mental Health Case Management Team went live with the first phase of the expansion in March, 2012. It is expected that the Hostel Outreach Program will go live with the second phase of the expansion which is projected to occur before December, 2012.

COTA Health sees opportunity in the further expansion of coordinated access mechanisms. We are pleased that our Executive Director has been

asked to participate in a task group sponsored by the Toronto Central LHIN and Central LHIN which is developing recommendations for a potential cross-LHIN multi-service mental health and addictions coordinated access model. All of these developments represent significant change in the way that we accept people into our services and refer people to other services. We are committed to continuing to support the opportunity for streamlined access to information and services for the people we support.



# Pursuing Opportunities, Embracing Change

## Adopting Common Assessment Tools

Common assessment tools are being introduced within the sectors in which we operate. While the adoption of these tools requires organizations like COTA Health to change their internal practices, they also create new opportunities at both a service user and a system level. It is hoped that the introduction of these common assessment tools will reduce the number of times that individuals will have to repeat their stories when trying to access services, increase the appropriateness of service responses and be a stepping stone toward a more integrated and portable individual assessment record.

When Community Care Information Management (CCIM) and the Central LHIN proposed the introduction of standardized clinical assessment tools for each of the mental health and acquired brain injury service sectors across the province, COTA Health was eager to be at the forefront of that change.

In fiscal 2011/12 COTA Health embraced this need for change and adopted two common assessment tools into its daily practice. The Ontario Common Assessment of Need (OCAN) was adopted by our mental health services and the InterRAI CHA was adopted by our acquired brain injury (ABI) services.

With regard to the implementation of OCAN, all service providers and clinical managers within the mental health programs were trained in the use of this new clinical assessment tool. Each program has developed updated Program Guidelines Manuals in order to

reflect the new protocols and processes that are associated with OCAN. On April 18, 2012 Community Care Information Management (CCIM) declared that COTA Health is 100% complete with its OCAN implementation.

With regard to the implementation of InterRAI CHA, all ABI case managers and relevant managers have been trained in the use of the tool. We are on track to complete assessments for all current ABI case management clients in June, 2012.

In addition to adopting OCAN and InterRAI CHA, COTA Health has also gone live with the Integrated Assessment Record (IAR) in March, 2012. This technology enables us to upload our OCAN and InterRAI CHA assessments into a secure portal and view assessments previously completed by other service provider organizations. In essence, IAR is the vehicle through which an assessment can be shared, with the service user's consent, between organizations.

The implementation of these changes has required a great deal of work. The Board and the Senior Management Team would like to thank all of those involved for their dedicated efforts on these projects. We are pleased that the organization has made these changes and remain optimistic about the opportunities that it creates for more effective and efficient service delivery within the mental health and acquired brain injury sectors

## Developing Integrated Emergency Department Diversion Services

To align our COTA Health services with LHIN priorities, COTA Health pursued the opportunity to allocate one of our Hostel Outreach Program (HOP) case managers to a Coordinated Access to Care from the Hospital, Emergency Departments (CATCH-ED) program in January 2012.

CATCH-ED is a collaboration between three downtown Toronto hospitals (St. Michael's Hospital, the Centre for Addiction and Mental Health, and St. Joseph's); six community mental health agencies (Community Resource Connections of Toronto, COTA Health, PARC, Reconnect Mental Health Services, Sound Times and Toronto North Support Services); and four Community Health Centres (South Riverdale, Regent Park, Central Toronto and Parkdale). CATCH-ED was established to reduce preventable emergency department visits and improve and coordinate access to care for people who use emergency departments frequently to meet their health care needs.

CATCH-ED transitional case managers provide direct service to people who frequently use emergency departments. "Frequently" is defined as 5+ visits to an emergency department within a year. COTA Health's Case Manager is supporting St. Michael's Hospital. The position provides transitional support services (8 to 12 weeks) to assist individuals with connecting to healthcare and other resources to increase their quality of life. The role typically includes outreach, assessment, service-planning,



# Pursuing Opportunities, Embracing Change

linking, crisis management and program evaluation. There is an emphasis on assessing people's daily living abilities and connecting them with recovery-supporting resources in the community. The program will be evaluated against a number of indicators including the reduction in emergency department visits made by those served by the program.

This has been a positive intentional change and reallocation of resources to meet health system needs and has created new opportunities for people in need within our community.

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## Making Changes at Bailey House

*"One cannot think well, love well, sleep well, if one has not dined well."*  
—Virginia Woolf

Food glorious food! This has been one of the major focuses and biggest changes over the past year at Bailey House. Although Bailey House has had a long commitment to supporting people with diabetes or at-risk for diabetes, our focus in the past year has been on improving: 1) nutrition; 2) variety; and 3) the quality of the food served to the tenants. To support tenants in making healthy lifestyle changes, we have committed to improving and enhancing our healthy and diabetic-friendly meals and snacks. We now serve 3 meals and 4 snacks per day. An employee with culinary skills was hired to prepare the not only healthy, but tasty and visually appealing food choices. This transformation is still underway but already tenants are reporting they are

much happier with these changes and are feeling better too. They tell us they can't wait to get into the kitchen in this upcoming year to begin to help out!

Bailey House has also added additional supports to the basket of services that it provides to the tenants including; additional cleaning services; weekly linen service and extended staffing into the evening hours. Evening staff are reporting that many tenants are enjoying the evening meals together. Now THAT is a big change, and a wonderful opportunity for tenant support and engagement.

Thanks as always, to the Parkdale Community Health Centre's wonderful Diabetes Care Team who continues to provide diabetes case management to the tenants and excellent and practical advice and support for the Bailey House Team. A very special thank you goes out to the extraordinary Bailey House Team who weathered many months of change and (at times) ambiguity, and who embraced it all with their enthusiasm and optimism.

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## Pursuing Web Enabled Training Opportunities

In February of 2008, COTA Health, Community Care East York, Nisbet Lodge, Neighbourhood Link Support Services and Toronto East General Hospital formed a partnership called Back Office Solutions (BOS) that enabled them to provide their employees with cost-effective training that is available 24/7 through an innovative web enabled

iLearn system. Currently, COTA Health uses this system to train its employees in the Accessibility for Ontarians with Disabilities Act (AODA) and Workplace Hazardous Materials Information System (WHMIS).

A new course titled Community Learning in Infection Control (CLIC) is now available and three courses are now in the development stage: Respect in the Workplace; Protect Your Back; and one that COTA Health is taking the lead in developing, called Falls Prevention. The members of BOS are currently discussing a new course that will deal with Bed Bugs. So much change in such a short time and all in line with the LHINS' desire to create opportunities for efficiencies through collaboration and innovation.



# Pursuing Opportunities, Embracing Change

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## BBQ at Bailey House

A BBQ with Bailey House tenants exemplifies some of the positive changes at Bailey House.



# Pursuing Opportunities, Embracing Change

## Introducing Our Strategic Plan 2012-2015

Earlier this year, COTA Health's Board of Directors approved a new strategic plan for our organization. This plan will guide COTA Health from April 1, 2012 to March 31, 2015 and is the result of an extensive consultation process involving funders, external industry partners, service users, our leadership team and other employees as well as COTA Health's Board. Input was received via 1:1 interviews, focus groups and an internal online survey.

The Board and Senior Management Team would like to extend our appreciation to everyone who provided input throughout our engagement process. We are very excited about the resulting Strategic Plan, the details of which follow below:

### Vision

A supportive and inclusive society in which all people have equal opportunity to live, thrive and enjoy the full benefits of belonging within their communities.

### Mission

To enable individuals with mental health and cognitive challenges to live well within their communities.

### Values

Hope

Respect

Collaboration

Innovation

Dedication

Accountability

### Strategic Directions

Healthy, Supportive and Inclusive Communities

High Quality, Safe and Effective Services

Recognized for Excellence

Strong Infrastructure

### Key Strategic Objectives

a) By Mar. 31, 2013, COTA Health will secure funding to continue the ACTT service of the At Home/Chez Soi project.

b) By Apr. 1, 2013, COTA Health will develop and implement strategies to positively impact at least 2 broader health/social service system issues.

c) By Mar. 31, 2015 COTA Health will be able to publicly demonstrate the positive results of its efforts.

a) By Oct. 15, 2012, COTA Health will evaluate each of its services.

b) By Feb. 28, 2013, COTA Health will determine ideal service configurations and investment strategies for quality improvement and client/staff safety initiatives.

c) By Apr. 1, 2013, COTA Health will invest additional resources for select quality improvement and client/staff safety initiatives.

a) By Sept. 2012, COTA Health will have completed a re-branding exercise and be ready to launch its new brand.

b) By Mar 31, 2014, 100% of COTA Health's staff and sector stakeholders will recognize and understand the new COTA Health brand.

c) By Mar. 31, 2015, COTA Health will be recognized as the employer of choice within community health and social service sectors.

a) By Oct. 15, 2012, COTA Health will determine appropriate back-office size and the revenue required to support it.

b) By Oct. 15, 2013, COTA Health will investigate the possibility of capital investment to support programs and generate revenue.

c) By Mar. 31, 2015, COTA Health will develop 1-2 sources of alternative funding to augment and diversify current funding.



# Messages of Thanks from Our Service Users

“I am very grateful for the program, grateful to have housing and grateful for WRAP. Through the program, we are given a hand up, not a hand out. I see my friends and peers branching out, whether it's school, work, WRAP facilitator. All very positive changes! I hope it continues...

“I now have security, responsibility, pets, a girlfriend, and food. On a park bench, you have zero responsibility. I have a little money in the bank, clothes and a roof over my head.

“The program has touched my heart, financially, spiritually and emotionally. Even if it ends next month, I'm a lot better equipped to handle that. I have nothing negative to say about the program. Everyday I'm amazed by the blessings in my life. I still have bad days but I'm able to snap out of it much quicker.”

-Robert Howe, Assertive Community Treatment Team Service User to the Team

“Our thank you seems so small compared to all you've done, but it comes from our hearts... Generosity is a sign of a great soul. You're surely one by your good deeds to us and your other clients.”

-From Former COTA Health Geriatric Mental Health Case Management Service Users to a Service Provider

“Ms. Kolin saved my life, working in a collaboration with Dr. P. Posner, who, between the two of them, were able to restore me to reasonably good health...She is the kindest, most caring and empathetic person I know.”

-Ruth Peckham, Geriatric Mental Health Case Management Service User to a Service Provider

I just wanted to let you know how much your intervention and support for X has affected positively this part of his recovery.

You gave him a clear window on the wider world, and connected him with potential and useful information about how to proceed. He is taking those first steps.

X & I also appreciate your open way of communication with X, our family and other professionals. You are an expert and hopefully, you are treasured by your employer. You are certainly valued by your clients/family.

Best wishes in your future work.

Parents of a CATCH-ED Client to a Service Provider



# Stories of Recovery

## Mark

*Mark is a service user of Dual Possibilities, a unique living option for individuals with a dual diagnosis. This is a supportive housing and case management program provided in partnership by COTA Health and Vita Community Living Services.*

**B**efore I moved to Dual Possibilities, I was living in a Semi Independent Living apartment. I was really sick, hearing voices, cutting my arm with a knife then going to the emergency at the hospitals at least two times a week. I was calling the police a lot, telling them that I wanted to kill myself. I used to have very poor hygiene and no motivation to do anything. I quit my job because I was very depressed.

I moved to Dual Possibilities in May 2010. My situation continued until the case manager and the staff helped me to get admitted to St. Joseph Hospital for three weeks. They assessed my mental health situation really well, my diagnosis was changed and I received the right treatment. I improved very quickly and was ready to start a new job. The case manager helped me to find a job at JVS in October 2010 and from that time on I started attending five days a week and the supervisor of the program keeps rewarding me for my productivity. The case manager and the staff helped me to find a new family doctor that cares more about me and a new psychiatrist in the

community. Now I attend my appointments regularly on my own.

I'm feeling very happy and have had no hospital admissions since August 2010. I went for a vacation to Cuba last summer for a week and I attend some community activities with my friends in the program such as hockey and baseball games, movies, and lunch. Financially, I am able to pay for my bills and grocery shopping and even can save to go on a trip due to the help of the staff.

Now I feel that I'm very happy, strong, and active — looking forward to the future and achieving more goals.



**Mark Tehara**



# Stories of Recovery

## Raven

*Raven is a service user of COTA Health's Acquired Brain Injury Case Management services. Our case managers work collaboratively with their clients to provide client-centred support and to assist them to live fulfilling lives within the community.*



**Raven Crow**

In January 2010, Raven suffered a major stroke, following a surgery and subsequently suffered multiple strokes while recovering at a hospital. Her many strokes resulted in numerous challenges such as seizures, difficulty with walking, and impaired communication (also known as aphasia). The stroke also left her with severe cognitive impairments including challenges with her memory, thinking, planning, organizing and decision-making.

While Raven was in hospital she knew that she had to keep her brain stimulated to aid her recovery. She started drawing and painting, inspired by her Native/Métis culture and spiritual teachings. Raven regards her stroke as a gift given to her.

Before her stroke, she worked as a Spiritual Healer who conducted aboriginal spiritual ceremonies. She was also involved in dancing, singing and drumming. Although she had to take some time off from this work, Raven has gradually returned to the responsibilities of her role as Spiritual Leader in the aboriginal community. In

June 2011, she conducted an Opening Ceremony at the event associated with COTA Health's Annual General Meeting.

Raven reports that her COTA Health ABI Case Manager "helped me emotionally, spiritually and has empowered me through guidance." Her ABI Case Manager connected her to both the ABI community and native community and helped link her to Wheel-Trans, the mobile food bank, and Meals On Wheels. She has also received advocacy with obtaining improved safety equipment in the home.

Currently, she attends therapy through the Native Child Services. She also participates in an expressive arts program offered through Women's College Hospital. Most recently, Raven was provided with a motorized scooter which allows her greater independence in the community.

Raven is a courageous and remarkable woman with many talents. Although she has faced many obstacles, she makes every effort to accept the support she is offered to work on her recovery journey.



# Acknowledging Our Employees, Volunteers & Students

*Our success is a product of the efforts of all of our staff, volunteers and students. This year the following people will be receiving service awards in recognition of their contributions:*

## Employees

### 5 Years of Service

Brenda Aiwerioghene  
Sandra Aleman  
Marcus Andrew  
Ivy Badasu  
Jaime Barajas  
Laverne Blair  
Anna Campbell  
Jamie Carlisle  
Sandra Corrado  
Folashade Fadairo  
Stephen Gray  
Judith Gumpo  
Kim Johnson  
Violet Kakonge  
Tammy Lucente  
Ainslie Michaels  
Kate Moore  
Nathaniel Mwamuka  
Pauline Nelson  
Josephine Ogbebor  
Ann-Marie Rampersad  
Nicola Reid  
Mark Roininen  
Mohammad Anwar Sadat  
Robin Sarniak  
Muhammad Siddiqui  
Michelle Smith  
Mostapha (Ben) Younesi  
Onicka Young

## Volunteers

Asad Alvi  
Bina Bakhtiar  
Lessmess Betancourt  
Bill Grant  
Bosco Gutierrez  
Sean Hentrich  
Fely Labro  
Ravi Poojari  
Retline Richards-Bailey  
XiaoChing Tseng  
Genevieve Williams  
Mika Yoshikawa

### 15 Years of Service

John Rodriguez

## Students

Leah Innes  
Greg Lane  
Anahita Rahmani



## Night of Celebration at Smith Restaurant

COTA Health Employees, Family & Friends



## Peace of Minds Walk for Schizophrenia, in support of the Schizophrenia Society of Ontario

COTA Health Employees, Clients & Board Member



## BBQ at Woodbine Beach

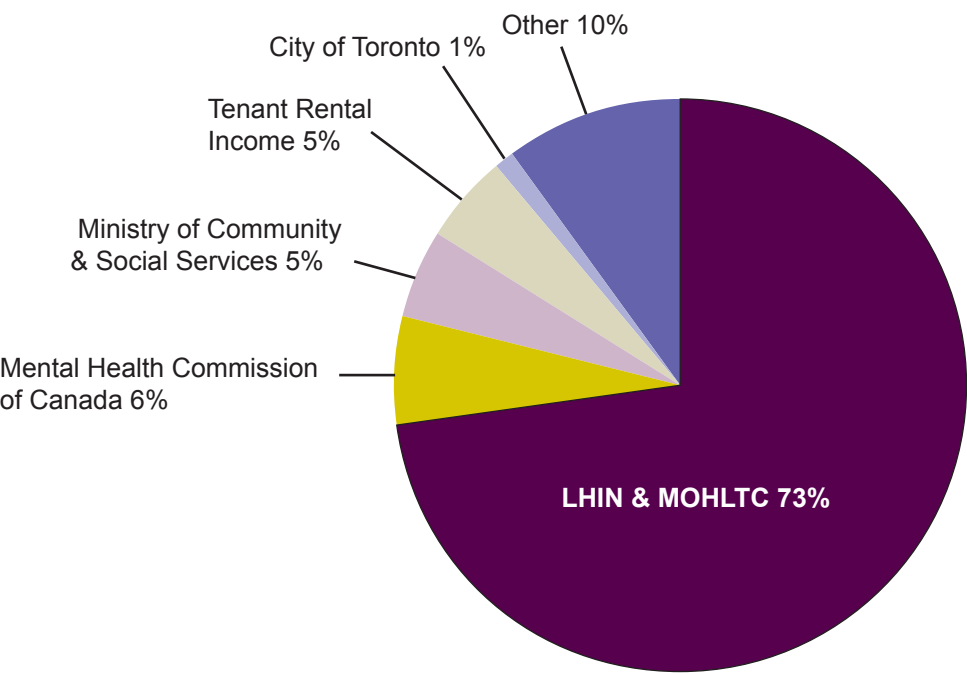
Mental Health & Justice Supportive Housing and Step by Step Teams with Clients



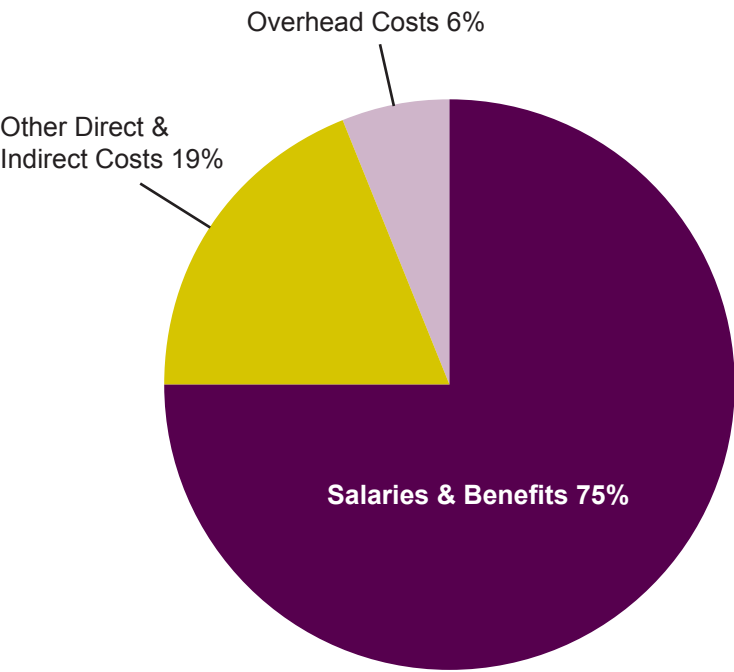
# Financial Highlights

## Revenue for Fiscal Year 2011/2012

Revenues for 2011-2012 totalled approximately \$18.6 M from the following sources:



## Expenditures for Fiscal Year 2011/2012



# Our Board of Directors for the Fiscal Year 2011/2012

## Chair

John Stevenson

## Vice-Chair

Vanessa Foran

## Treasurer

Andrew Harington

## Past Chair

Cara Wilkie

## Directors

Luka Amona  
John Garry Baker  
Charlie Bigenwald  
Robert Coulter  
Odelia Culley  
Gregory Hendry  
David Lemire  
Toms Lokmanis  
Hasnain Panju  
Gordon Singer  
Sundeep Sodhi

## Acknowledging Our Partners

*COTA Health's formal partnerships presently include relationships with the following organizations:*

- Across Boundaries
- Canadian Mental Health Association-Toronto Branch
- Centre for Addiction and Mental Health
- Community Resource Connections of Toronto
- Evangel Hall Mission
- Fife House
- Habitat Services
- Inner City Health Associates
- Mainstay Housing
- Neighbourhood Link Support Services
- Ontario Shores
- PACE Independent Living
- Parkdale Community Health Centre
- Public Health
- Reconnect Mental Health Services
- St Michael's Hospital
- Surrey Place Centre
- The City of Toronto
- The Scarborough Hospital
- Toronto North Support Services
- VHA
- VITA Community Living Services
- West Park Healthcare Centre





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