shalem
Mental Health Network

IMPACT AND INFLUENCE
Strategic Plan: 2015-2017

Contents

Preamble: Shalem's Vision, Mission, Strategy, Values 2

Introduction 3

Executive Summary 4

Impact and Influence Focus Areas: 2015-2017 5

- Engagement
- Future Ministry Directions
  - *Under the Umbrella of a new Shalem Centre of Excellence and Learning in Community-Based Mental Health*
- Business Plan

Outcomes and Oversight of *Impact and Influence* 10

Appendices:

A) Program Client Targets (2015-2017) 11
B) Mapping Shalem's Services 12
C) Shalem's Response Matrix 13
D) Visualizing a New Partnership 14

HEAD OFFICE 1 Young Street, Suite 512, Hamilton, ON L8N 1T8 TEL 905.528.0353 TF 866.347.0041 FAX 905.528.3562
DURHAM CENTRE 3165 Lambs Road, Bowmanville, ON L1C 3K5 TEL 905.623.9901 WWW.SHALEMNETWORK.ORG

IMPACT AND INFLUENCE: 2015-2017

Preamble: Shalem's Vision, Mission and Values

OUR DREAM (Vision):

Every person is thriving in healthy relationships in strong communities, regardless of circumstances.

OUR PART (Mission):

The Shalem Mental Health Network accompanies persons and communities as they journey towards emotional health and mental wellness. We do so through our unique contributions of

- Serving and advocating for clients
- Strengthening communities to meet the needs of their most vulnerable members
- Developing effective partnerships between communities and professional mental health supports
- Discovering and sharing best practices with others.

OUR DNA (Values):

As followers of Jesus Christ, grounded in His ministry of compassion and healing for all,

We Value:

- **Hope** – We *believe* that hope, emerging in the midst of lament, can enable every person to embrace the fullness of life.
- **Community for all** – We *understand* that healing flourishes through healthy supportive relationships.
- **Partnership** – We *network* and work collaboratively with communities that contribute to emotional health and mental wellness.
- **Stewardship** – We are *faithful* to the purpose for which resources are given and manage them with transparency and accountability.
- **Professionalism** – We *adhere* to professional ethics and best practices.
- **Creativity** – We *contribute* to community-based research and practice through our innovation and resourcefulness.

(Adopted September 5, 2014)

IMPACT AND INFLUENCE
Strategic Plan: 2015-2017

Introduction

In 2004 the Shalem Mental Health Network began a process of revitalization. In the space of ten years, Shalem has become a gem in the field of mental health, making a real impact on the lives of people and communities, attracting support from some of the world's leading practitioners in the field of mental health, and even beginning to have some influence on mental health practice itself.

This Strategic Plan is designed to help us understand and enlarge our *impact with people* and our *influence on mental health practice.*

Who We Serve

All of us are affected by mental illness. The stats are clear: 1 in 5 people in Canada will experience a mental illness in their lifetime. When mental illness strikes, there is no "map" for a way out. At Shalem, we come alongside people in the valley of mental illness and help to create a map together, a way through.

Shalem's work is bursting at the seams (see Shalem Appendix A, "Program Client Targets", 2014). In counselling, whether through our **Congregational Assistance Plan** with 47 churches and schools across Ontario, our **Clergy Care** program, or through our staff at our Hamilton and Durham offices, we support couples trying to salvage a marriage, young people working to overcome self-harm, seniors dealing with grief and depression due to loss, foster and adoptive children whose early and repeated abuse makes relationship so difficult, and women seeking to leave domestic violence. In **WrapAround** and **RE-create**, we partner with resilient people seeking to overcome homelessness, poverty, mental health and other simultaneous special needs, celebrating with them when, for example, they find a job and a home and their children are returned to them from foster care. In **Restorative Practice**, we support workplaces, churches and schools to have real, honest, respectful conversations that allow people who have been riven by conflict to repair relationships and genuinely move forward, rooted in proven relationship practices. With **Sunshine from Darkness**, Shalem supports Durham-area churches to offer "The Gathering Place", a regular dinner of celebration and community with over 50 people who have a diagnosed psychiatric disability. In 2014 we worked directly with 1,772 people.

A sizable portion of the people we work with do not have the possibility of paying for services. Our commitment to serve them is driven by our commitment to the ministry of the Gospel.

It is a privilege to be invited into spaces of deep pain and healing, and there to encounter the God of living hope and the extraordinary courage of people.

How We Serve

We are results-oriented: we measure the effectiveness of our work and adjust accordingly. We are committed ongoing learning and to best practices in mental health.

We do not receive sustained government funding, which allows us to innovative new best practices in mental health. Our innovative edge is the creation of new, different partnerships between communities and the professional mental health sector—building the capacity of communities to care for their most vulnerable members and of professionals to embed themselves in communities.

We are a registered charitable organization in excellent standing with Canada Revenue Agency (charitable number: 130566011RR0001), with a 51-year history of service.

Shalem is governed by a volunteer Board of Directors (8 people) and operated by a committed, passionate staff (16 people). Our Annual Budget is approximately $1.2 million. Our revenue streams are a mix of fee-for-service, donations, grants, and revenue from the Shalem Mental Health Foundation.

Executive Summary: *Impact and Influence, 2015-2017*

In 2008 the Board of Shalem instructed staff to implement several long-term ministry directions, based on a number of successfully completed pilot projects. Shalem's *Strategic Plan: 2009-2011* focused on establishing and implementing new Shalem ministries. A competitive position MacMillan Matrix exercise taken from the Harvard Business Review showed that Shalem's proposed services were positioned for significant growth in the mental health field. That analysis proved to be accurate: our services have grown immensely since 2009.

Shalem's 50th anniversary took place in 2013, and a Guiding Document entitled *Responsiveness for the Long Haul* guided our activity from 2012-2014. We focused on deepening our understanding of hope in mental health practice, solidifying our practice, expanding into social media, implementing a series of 50th anniversary events, including a capital campaign, and seeking to implement our business model.

A series of Board/Staff Strategic Planning events in 2014 resulted in a renewed Vision/Mission/ Values/Strategies statement as well as endorsement of the three Strategic Directions now set out in this document: *Impact and Influence, Shalem's Strategic Plan: 2015-2017.*

Summary

Key Strategic Direction Focus Areas

Impact and Influence is a future-oriented plan. Building on our strengths, the plan seeks to inscribe our ministry more fully in the lives of people, communities and the professional mental health sector.

The plan focuses on three key areas of development:

1) *Explore and develop new strategies of engagement*
2) *Future Ministry Directions, under the umbrella of a new Shalem Centre of Excellence and Learning in Community-Based Mental Health*
3) *Further development of Shalem's Business Plan*

The plan calls for the creation of Executive Director Working Groups, consisting of staff and Board members, in each of these Focus Areas to develop goals and plans for each area in 2015, with benchmarks and targets established for 2016 and 2017. When the Board approves these goals and targets, the Plan will be updated accordingly prior to the beginning of 2016.

Program-specific goals for 2015-2017 are captured in Shalem's staff-led ongoing program management and development processes. Client service targets derived from those processes are represented in Appendix A of this document.

Strategic Plan: 2015-2017

Three Key Focus Areas

The Plan identifies three key focus areas for future development for Shalem. Each represents an area for further development generated by the work of Shalem since 2009, and each will help to strengthen, solidify and sustain Shalem's ministry for the long haul.

Concretely, the Plan calls for the deployment of an Executive Director Working Group, consisting of staff and Board members, for each area. The Working Groups will be vision-casting and policy-setting Groups, developing proposed directions that the Board will approve and Staff will implement. In 2015, three Working Groups will either create a proposed or affirm an existing Terms of Reference, develop a plan for its particular focus area, including benchmarks, targets and effectiveness measurement protocols, for implementation in 2016 and 2017.

Focus Area 1: ***Explore and develop new strategies of engagement*****.**

Context
By definition, we work with communities—both broader communities and smaller communities, especially faith communities. We seek to not impose unnecessary barriers to such engagement. However, sometimes explicit faith language can be such a barrier. How do we present ourselves in such a way that all people feel invited to participate? What language can be developed that is both inviting and compelling to all people? How do we position ourselves with respect to the variety of communities we serve?

We have a practice in this area but it is not articulated or developed. At present, when engaging broad communities in WrapAround and Restorative Practice, we have three entities that we work through. It is our affiliation with Wrap Canada that makes possible Shalem WrapAround training contracts with the government of Saskatchewan, Healthy Child Manitoba, and numerous youth-gang prevention initiatives funded by Public Safety Canada (in Calgary, Edmonton, Winnipeg and Montreal). It is our association with WrapAround Hamilton (which Shalem initiated) that enables our involvement with a multitude of partners in Hamilton. It is our establishment of the Centre for Workplace Engagement (CWE) that makes possible the engagement of workplaces of all kinds in restorative practice, as well as the Canadian Standards Association (CSA). And having a distinct program called RE-create, with its own visual independence, gives us entry to at-risk, vulnerable youth in downtown Hamilton.

At the same time, our explicit faith language has not deterred organizations like the Hamilton Community Foundation or the Laidlaw Foundation from funding us, nor has it blocked a contract with the Hamilton CAS for attachment training for parents or referral of CAS families for attachment work.

2015

Convene an Executive Director Working Group (Executive Director, Board members, relevant staff, chaired by Executive Director) to:

- *Draft a Terms of Reference for Board approval (May, 2015)*
- *Identify partner constituencies for Shalem (both current and potential), such as Members and Supporters, various Christian communities (evangelical, Reformed, mainline, Orthodox), the LGBTQ community, related and relevant non-faith-based organizations such as the Canadian Standards Association, Children's Aid Societies, Mental Health organizations, community organizations; various groups of professionals, such as social workers, psychotherapists, teachers, criminal justice workers; decision-makers and funders in mental health at the regional, provincial and federal levels.*
- *Rationalize and prioritize communities for further or future engagement by Shalem*
- *Identify differential strategies for engagement, depending on the community, with those priority communities, including language, branding and communication strategies (print, web, video, social media), with projected budget costs and outcomes*
- *A priority area for the Working Group will be to develop a robust membership structure for Shalem, so that members feel that they can play a more vital role in the ministry of Shalem.*
- *Present a plan, including effectiveness measurement protocols, for Board approval, by the end of 2015.*

2016

Implementation, measurement of effectiveness, review

2017

Adjustment based on findings, further implementation and review

Focus Area 2: ***Future Service Directions, under the umbrella of a new Shalem Centre of Excellence and Learning in Community-Based Mental Health*****.**

Context

What makes Shalem unique in the mental health world is our intentional desire to develop and support a new, different relationship between communities and professional mental health services. Neither communities nor professionals on their own can meet the significant mental health needs that they encounter. But together perhaps they can (see Appendix D, "Visualizing a New Partnership"). Each area of our work can be described as a demonstration project of a different relationship between these two sectors. Shalem's work has mushroomed because this thesis is proving to be very fertile.

Through this orientation we seek to have an impact with the people we serve and to influence the field of mental health towards improved practice.

From 2009-2013, numerous evaluation and research activities were begun to assess the effectiveness of this orientation. Perhaps the most prominent of these has been the development of a leading-edge evaluation regime of Shalem's WrapAround services, supported by the Ontario government's Centre of Excellence in Child and Youth Mental Health, the Resilience Research Centre of Dalhousie University, the National WrapAround Initiative in the United States, and two other WrapAround initiatives in Ontario, under the banner of the WrapAround Research and Evaluation Network (WREN) of Wrap Canada. There is now significant uptake of this regime across the country. Similar evaluation efforts are underway in most of the other areas of Shalem's work, including RE-create (through the Resilience Research Centre at Dalhousie). The Ontario Government's Centre of Excellence has also invited a proposal from us for evaluation of our attachment work.

Further, Shalem now has six professional publications either published or scheduled to be published, each of which speaks from this platform. They are:

Three Key Focus Areas (cont'd)

1) 3 journal essays about the CAP program (2 in professional U.S. journals, one in a book entitled *Workplace Wellness: Issues and Responses* (2014), with a fourth in progress.
2) "Canadian WrapAround: A Case Study of A Volunteer-Driven, Community-Based Approach for Families, Children and Youth with Complex Needs in Hamilton, Ontario" *Relational Child and Youth Care Practice* (published January, 2015).
3) "Towards a Relational Theory of Restorative Justice" (in *Just Theories*, [Jessica Kingsley Publishers, U.K.], October, 2015) (relationship between attachment and restorative justice).
4) Betty Brouwer has been asked to submit a chapter in a new book about attachment.

The logical next step is the creation of a Shalem Centre of Excellence and Learning in Community-Based Mental Health. The purpose of the Centre is to pull together the various streams of Shalem's publication, evaluation and research, both qualitative (narrative) and quantitative, under one public rubric, in order to facilitate dialogue, both internally and externally, about the results of our learning. Pulling these efforts together will also encourage cross-program fertilization at Shalem and a deepening understanding of "anthropology" as generated by our work: understandings of human relationship and development in relation to our Creator. Using social media, professional journal publication, and other forms of Knowledge Exchange, the Centre will provide a platform for seeking to influence practice directions in the field of mental health from a faith base.

This will be the primary vehicle for seeking or exercising *influence* in the field of mental health practice. The Centre will also help us to develop and implement credible evaluation regimes that demonstrate *impact with clients*, while at the same time putting us at the vanguard of evaluation that leads to funding.

This will be the primary area of work for the "Future Directions" Working Group established by the Board in 2014. The Working Group will consist of Board members and Staff (the Executive Director (Chair), the WrapAround Development Director and the Managing Director). This is an Executive-Director led Working Group with Board input. From this platform the Working Group will also consider possible new service delivery directions as they materialize (the possibility of adding Family Group Decision-Making to Shalem's Service Delivery, as part of a new Shalem "Restorative Families" initiative, is one such example), for approval by the Board.

2015

In keeping with the "Future Directions" Working Group Terms of Reference approved in 2014:

- *Develop a Vision and Mission for the Shalem Centre of Excellence and Learning in Community-Based Mental Health*
- *Establish an Ethics Review Panel at Shalem to review Shalem evaluation proposals, including RE-create's* Spaces and Places *evaluation regime through Dalhousie's Resilience Research Centre.*
- *Assemble an Advisory Group of established researchers to advise us on directions and methodologies.*
- *Develop a three-year evaluation and publication direction for a variety of areas of Shalem's work, including:*

1. *The CAP program*
2. *Restorative Practice (both FaithCARE and the Centre for Workplace Engagement)*
3. *Attachment psychotherapy*
4. *Monitoring and publishing on the ongoing evaluation of WrapAround*

- *Using the* raison d'tre *of the Centre (exploring new relationships between communities and the mental health sector), evaluate (using, for example, the competitive position MacMillan Matrix) new service possibilities as they arise, and make proposals to the Board.*
- *Develop a plan to house Shalem's training, workshop and teaching work under the Centre (Shalem offers approximately 30 community trainings and workshops per year).*
- *Present a plan for the development of the Centre by the end of 2015, including branding, cost estimates, and housing Shalem's community training events at the Centre.*

Three Key Focus Areas (cont'd)

2016

Implementation, measurement of effectiveness, review

2017

Adjustment based on findings, further implementation and review

Focus Area 3: ***Further development of Shalem's Business Plan***

Context
Hand in hand with the development of innovative community-based services is the development of an innovative business model to support those services. The two are inseparable. Consider the key points of Shalem's developing business model—a model unique in Canada. There is no community-based mental health business model based solely on fee-for-service and donation revenue. Such a model does not exist because it cannot be done. In our view, a sustainable business model is based on revenue from fees for services, donations, grants and projects, as well as outside annualized revenue from some source (such as government) —but in much different proportions than are currently at play in mental health today. This is also a reflection of our view that everyone, and all sectors, have a role to play in healthy relationships and in mental health (a concept sometimes referred to as "differentiated responsibility" or "sphere sovereignty").

In 2014, our annualized revenue (from the Shalem Mental Health Foundation) accounted for 30% of the revenue required to support Shalem's service delivery—a far healthier percentage than the percentage of annualized government funding required for children's (95%) and adult mental health (86%) and Family Service Ontario services (64%). Shalem's other revenue sources in 2014 were a strong mix of **fees for service** (46% of overall revenue), **grants** (11% of overall revenue) and **donations** (13% of overall revenue). Remember that community-based mental health cannot exist without some form of annualized funding. Revenue models that can work for some charities—such as solely a combination of fee for service, project grants and donations—do not and cannot work in community-based mental health.

We are in a position to grow each of Shalem's non-annualized revenue streams as a percentage of overall revenue. Growth is especially possible in Shalem's fee-for-service revenue. All of our Counselling, Congregational Assistance Plan, Clergy Care and Restorative Practice work is built on a fee-for-service model. WrapAround and RE-create work, which focus on people in significant poverty, is ideally suited to grants and donation support, while donations are also critical to support counselling for people who can't afford it.

Further, with our strengthening evaluation capacity, we are in a position to measure the Social Return on Investment (SROI) of a number of Shalem's ministries. The initial SROI indications strongly support investment in our work. As funding in mental health shifts more and more towards SROI, we will have an opportunity to position ourselves at the leading edge of possible funding opportunities.

The following table illustrates the growth of our fee-for-service revenue specifically with church communities:

Three Key Focus Areas (cont'd)

Shalem Church Revenue Trends

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Donations	$38,037	$36,300	$28,224	$37,073	$33,828	$31,466	$34,360	$30,742	$36,718	$32,294
Fee for Service	$0	$8,673	$16,213	$28,509	$51,388	$66,408	$79,307	$129,623	$206,756	$272,491
Total	$38,037	$44,973	$44,437	$65,582	$85,216	$97,874	$113,567	$160,365	$243,474	**$304,785**

Church fee for service revenue consists of CAP fees, Clergy Care fees, FaithCARE fees, WrapAround partnership fees, and monies from the Christian Reformed Church Classis Quinte Faith and Hope Ministries program, in support of Shalem's Sunshine from Darkness program.

2015

Convene an Executive Director Working Group (Board members, Executive Director, Managing Director, chaired by the Executive Director) to:

- *Draft a Terms of Reference for Board approval (May, 2015)*
- *assess Shalem's current fee-for-service activities from the point of view of exploring the potential to increase the fee-for-service revenue portion of Shalem's budget and to leverage Shalem's programs towards additional revenue*
- *advise on staff-developed revenue targets for specific program areas*
- *in collaboration with the Engagement Working Group, explore the fee-for-service and financial support possibilities of new engagement with current and future Shalem constituencies*
- *in collaboration with the Future Service Directions Working Group, develop Social Return on Investment (SROI) profiles for key Shalem programs, including WrapAround, RE-create, psychotherapy (especially attachment psychotherapy) and Restorative Practice*
- *support the transition of fundraising activities to the Shalem Mental Health Foundation*
- *Present a plan, including effectiveness measurement protocols, for Board approval, by the end of 2015.*

2016

Implementation, measurement of effectiveness, review

2017

Adjustment based on findings, further implementation and review

Outcomes and Oversight of *Impact and Influence*

Outcomes

Specific outcomes for each of the three key areas of focus outlined in *Impact and Influence* will be defined by the Board/Staff Working groups assigned to each of the key areas. However, in general, by the end of 2017, it is anticipated that the activities pursued under *Impact and Influence* will result in:

1. Explicit forms of meaningful and effective engagement with diverse partner constituencies for Shalem, ranging from faith-based to non-faith-based groups and organizations, and from a variety of communities to mental health professionals. These engagements will expand on the partnerships that Shalem has already created.
2. A robust membership structure for Shalem where members feel that they have a vital and active role to play in the ministry of Shalem.
3. A Shalem Centre of Excellence and Learning in Community-Based Mental Health. By the end of 2017, the Centre will:
   - be serving as a public portal for a range of Shalem state-of-the-art evaluation activities and publications illustrating the *impact* with clients of a new, integrative relationship between communities and appropriate professional mental health supports.
   - be serving as a platform for *influence* on mental health practice and decision-making, both Shalem's and that of the broader mental health world.
   - evaluate and recommend new opportunities of service by Shalem in keeping with Shalem's purpose.
4. A strengthening of the Shalem Network's operationally driven revenue streams, including fee-for-service and grants, while collaborating with expanding fundraising development by the Shalem Mental Health Foundation.
5. Comprehensive and compelling profiles of the Social Return on Investment (SROI) of Shalem's programming, thus positioning Shalem for the shift to SROI funding baselines in the mental health sector.

Oversight of *Impact and Influence*

Each of the Working Groups will present to the Board a workplan with measurable outcomes by the end of 2015. The Strategic Plan will be adjusted at the end of 2015 to incorporate those outcomes and the measurement instruments to be used to measure concrete progress. Use of a modified form of the "Performance Roadmap" used by Shalem to plan its programs will ensure that the checkpoints are followed and progress is measured. Based on annual evaluation reports, the Board will approve revisions to the plan at a minimum of once per year and will undertake the development of a successor Strategic Plan at the beginning of 2017.

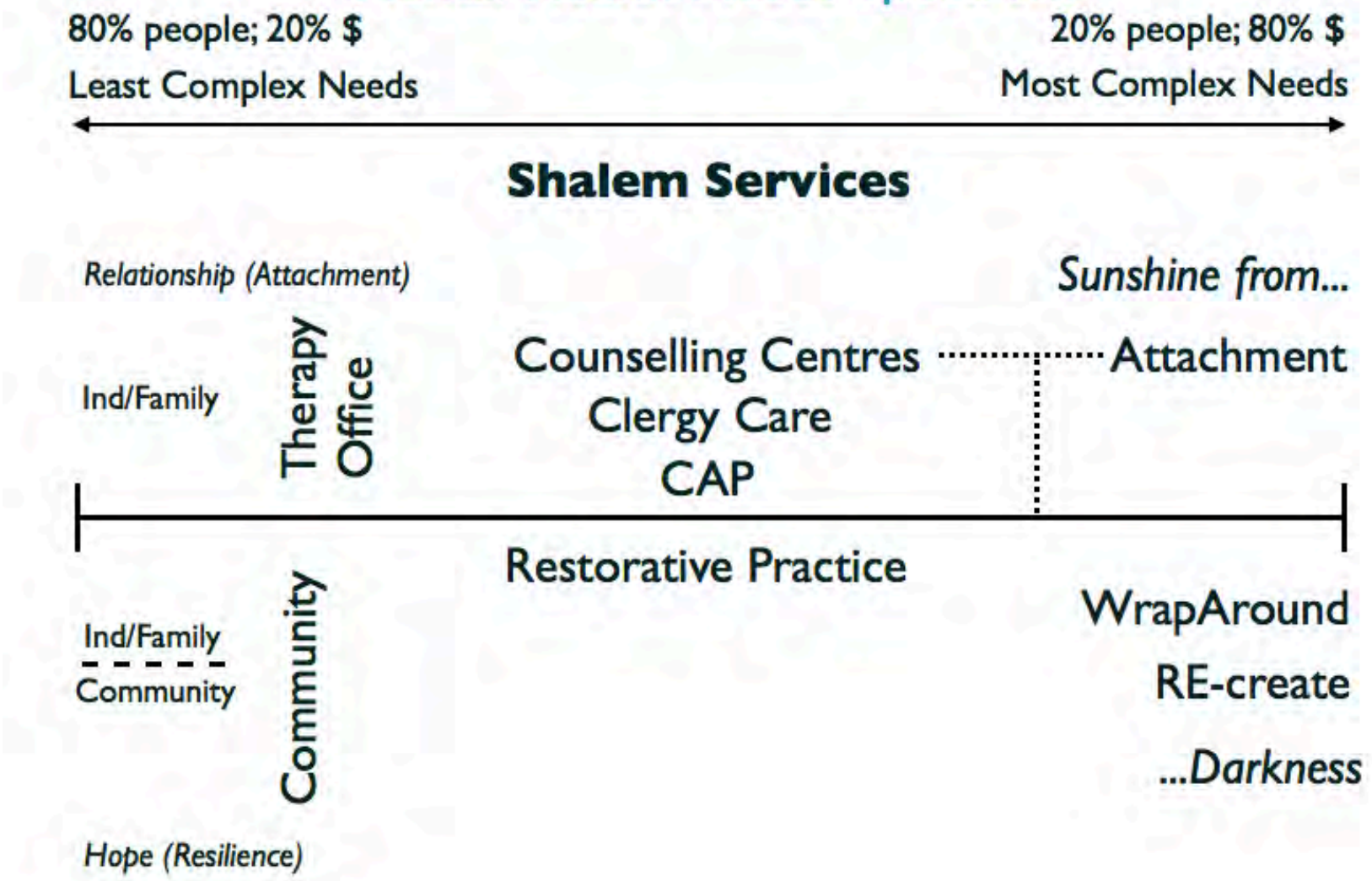
Appendix A

Program Client Targets

CAP	2014 (actual)	2015	2016	2017
Churches	47	52	58	63
Households	7,303	8,060	8,866	9,752
User Households	542	596	656	721
Sessions	2,448	2,693	2,962	3,258
Counselling				
Clients	391	425	450	475
Sessions	1905	2095	2250	2,385
Clergy Care				
Clients	44	48	52	55
Sessions	118	130	143	150
WrapAround*	39	40	22	24
Restor. Pract.				
Circles	26	29	33	40
Trainings	15	16	18	22
Participants	610	671	770	950
RE-create	125	130	135	140
Sunshine				
Client responses	10	12	14	16
Workshops given	5	6	7	8
Gathering Place	50 per month	55 per month	60 per month	65 per month
Social Media				
Website visits	14,807	15,585	17,143	18,857
New web visitors	9,658	10,141	11,155	12,270
Web visitors from Facebook	897	942	1,036	1,140

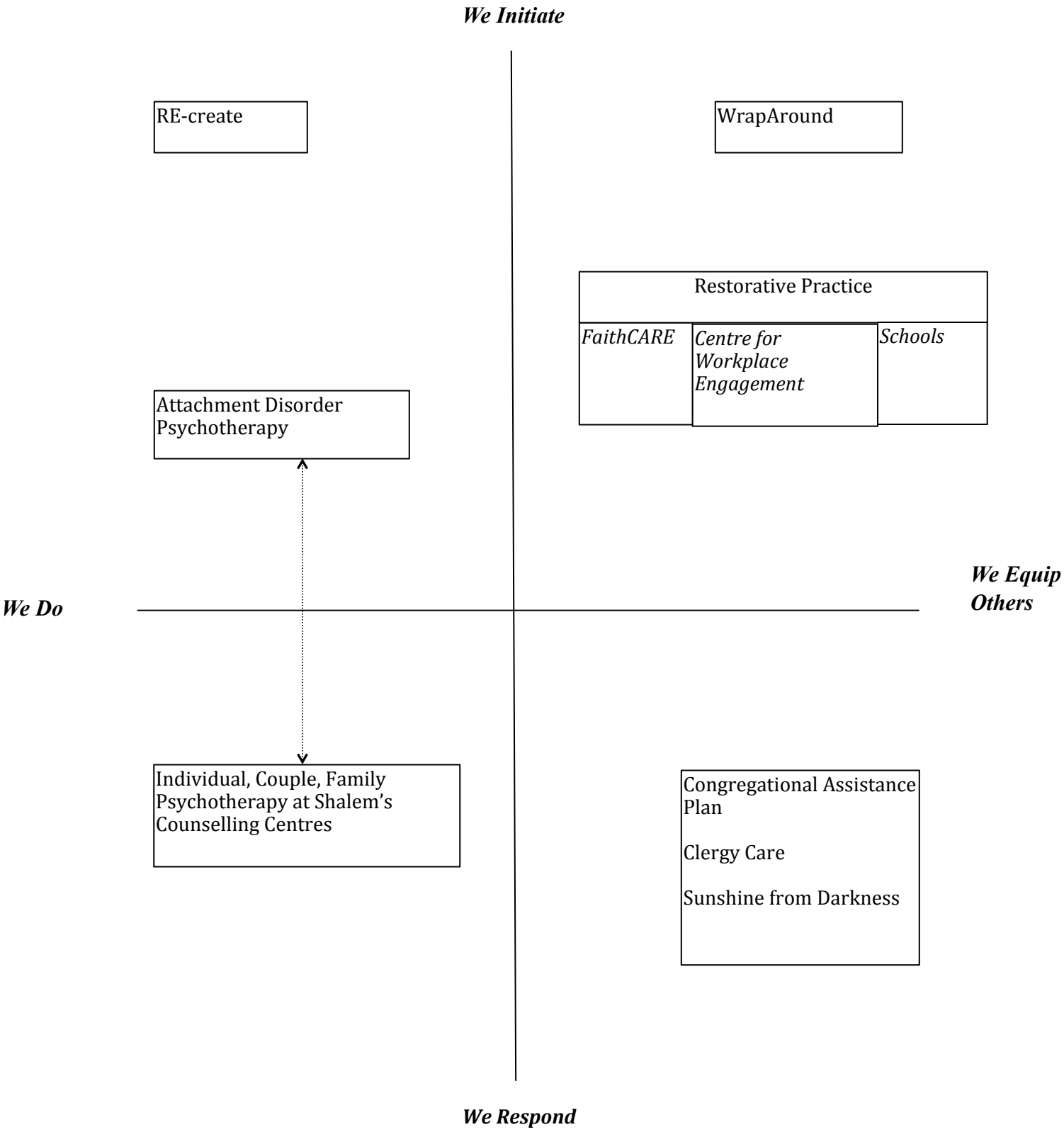
*The drop in WrapAround projections reflects the end of the World Vision WrapAround grant and the independent launch in 2015 of the Chatham-Kent WrapAround program sponsored by Shalem.

Appendix B: Mapping Shalem's Services along the Mental Health Needs Spectrum



This "map" places each of Shalem's services on the mental health needs spectrum. About half of what Shalem does takes place inside the counselling office ("Therapy Office", or above the horizontal line in the middle); the other half directly in the community where mental health needs emerge, where the community itself may be the focus of intervention ("Community", or below the horizontal line). In general, the mental health system is least effective at the highest-needs end of the spectrum (known as the "80/20" rule). On the left side, 80% of the clients in the system use 20% of the overall system's resources. On the right side, 20% of the clients use 80% of the system's resources—with often less than positive outcomes. Families on the far right side typically deal with the risk, or the reality, of out-of-home placement for at least one family member. Shalem's services seek to make a difference across the mental health needs spectrum.

APPENDIX C
Shalem's Response Matrix
Note that each quadrant is equally legitimate and valued



Appendix D: Visualizing a New Partnership

Pablo Picasso, ***Science and Charity***, © Museu Picasso of Barcelona, 1897

Shalem seeks to respond to a social and cultural development that might be called "the professionalization of care". For the last several decades, for whatever reasons, as a society we have tended to offload our responsibility to care for those who are most vulnerable to the professionals. This has overburdened the professional sector, which is now plagued by lengthy waiting lists and chronic funding shortfalls, and disempowered communities. As community members we tend to defer to the "experts", such as doctors and psychiatrists.

One can sense the beginnings of this development in the Picasso painting above. Aptly titled "Science and Charity", the painting depicts a late nineteenth century scene: a woman appears to be gravely ill. She is looking at a nun who offers her a drink and may be holding her child. A doctor, who is looking away, is checking her pulse against the ticking of a stopwatch. There is no interaction between the two caregivers, or between the woman on the bed and the doctor.

Today, the two sectors represented in the painting—informal care provided by the community and by loved ones; and care provided by professionals—are too often no longer even in the same room together. Yet when considering the high-end needs end of mental health spectrum (the far right side in Appendix B), one has the sense that neither sector on its own can successfully meet those needs. Together, however—in the same room and in a much different relationship than we see in this painting—perhaps they could be truly effective.

Everything that we do at Shalem seeks to be a demonstration project in a new, different, more integrated relationship between communities and the professional mental health sector, leveraging the strengths of each to help restore real hope in people's lives.