



A REASON TO HOPE. THE MEANS TO COPE.
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY
SOCIÉTÉ BRITANO-COLOMBIENNE DE LA SCHIZOPHRÉNIE
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAÏDE.

A Registered B.C. Non-Profit Society

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STRATEGIC PLAN 2007-2010

A Reason to Hope. The Means to Cope. *Expect Recovery!*





British Columbia Schizophrenia Society, Victoria Branch

STRATEGIC PLAN 2007-2010

About Us

The British Columbia Schizophrenia Society (BCSS) Victoria Branch is a local non-profit organization formed in 1984 by family, friends, and health care professionals of people living with schizophrenia. With approximately 200 members, one of the 2 largest branches in BC. The BC Provincial Schizophrenia Society is made up of 28 branches and 11 Regional Coordinators.

The Province of British Columbia, the Vancouver Island Health Authority (VIHA), the United Way, private donations, and fundraising activities all support BCSS Victoria. Our branch is also supported by the continued efforts of our dedicated staff, volunteers, and members.

We (BCSS Victoria) provide support for both the person with schizophrenia and their family members through:

- Education and information to the general public about the nature of schizophrenia
- Promotion and support for improved services and legislation
- Promotion and collaboration with government and community partners
- Support for research related to schizophrenia and psychosis

Statement of Purpose

This March we held a strategic planning retreat where staff, volunteers, and board members came together to discuss how the organization was doing, the state of the organizational environment, and what the organization should do over the next three years. We consulted with those who used our services and programs, community organizations, service providers, and other Schizophrenia Societies to collect information and research that helped inform our strategic plan.

Our objective for strategic planning is to determine how we as an organization can respond to changes in the environment. We also need to ensure long-term sustainability and ensure that the needs and expectations of those affected by schizophrenia and psychosis are met. While we need more time and effort in order to implement our goals, we also recognize the need to create measures for evaluating our success in achieving these goals. We must review and update this plan over the next three years to ensure it is relevant, effective, and appropriate.

We would like to thank all the people and organizations who have contributed their thoughts, experiences, time, and other valuable resources that helped formulate this plan.



Our Greatest Strengths

Part of the strategic planning process is honouring our internal strengths as an organization. We believe, in no particular order, our greatest strengths are:

- Dedicated, knowledgeable, compassionate, and supportive staff, volunteers, board members
- Diverse, inclusive, and strength-based programs and services
- Quality, up-to-date, and diverse collection of library and educational resources
- Leadership and governance in guiding the organization to achieving its mission
- Partnerships and collaborations with community organizations, government, and businesses
- Financial control system in managing funds effectively
- Diversity of funding sources: we are not dependant on one or few contracts

Our Greatest Challenges

Another part of the strategic planning process is acknowledging our internal and external challenges as an organization. We believe, in no particular order, our greatest challenges are:

- Amalgamation of mental health and addictions services, programs, and funding sources
- Lack of predictable and available funding for organizational growth and development
- Low diversity of board members, staff, volunteers, and program participants
- Aging population currently supporting those living with schizophrenia
- Low presence in certain areas of the South Island Capital Region

Our Greatest Opportunities

Yet another component of the strategic planning process is uncovering our opportunities for improvement, growth, and development as an organization. We believe, in no particular order, that our greatest opportunities are:

- Creation and acceptance of “Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada,” the report on the recommendations by the Standing Senate Committee on Social Affairs, Science and Technology, written by the Honourable Michael J. L. Kirby, Chair and the Honourable Wilbert Joseph Keon, Deputy Chair (2006, May)
- Appointment of Honourable Michael Kirby as Mental Health Commission Chair
- Collaborative partnerships with mental health and addictions services, programs, and funding bodies
- Technology, media, and various communication channels
- New programming and funding for consumer programs
- Harm reduction and recovery approach
- Expanded service definition eligibility as a result of the amalgamation of mental health and addiction services, programs, and funding opportunities



Our Mission (proposed...)

To improve the quality of life for those affected by schizophrenia and psychosis through education, support programs, public policy, and research

Our Values

Hope

We believe that recovery is possible through recovery-oriented treatment and support. We believe that recovery means increased wellness and independence, and that every person has a valuable role in our community.

Peer Support

We believe in the efficacy of peer support for family, friends and people with serious mental illness through their wisdom of experience and strength of compassion.

Diversity

We believe that support should be available to each person affected by schizophrenia and psychosis regardless of their diverse backgrounds, experiences, and needs.

Collaborative Partnerships

We value the inclusion of the voice of those affected by serious mental illness in policy and program planning, development, and research. We believe in collaborative partnerships with health care services, community, government, and business for enhanced system planning and services for those affected by schizophrenia and psychosis.

Accountability

We believe in monitoring and evaluating our programs and services for improvement. We recognize our responsibility in appropriate use of resources.



Our Goals

Service Delivery

1. Provide Responsive Care and Enhance Health through Evidence-Based Practice

- 1.1 We will ensure our services and programs are relevant, evidence-based, timely, and accessible
Promote **early intervention** practices and support across the life span
- 1.2 Promote **stigma reducing** practices
- 1.3 Provide **system navigation** and support to access referrals to necessary support services
- 1.4 Ensure standards for maintaining **confidentiality**
- 1.5 Develop an integrated **information management** system
- 1.6 **Expand service delivery** to Western Communities and other areas in South Island Capital Region
- 1.7 Regular **evaluation and reporting** of programs and services

Capacity Building

2. Promote Long-Term Sustainability and Development

We will promote both the longevity and growth of our organization through the following objectives:

- 2.1 Develop an **internal measurement and reporting** system related to strategic plan goals and based on the Balanced Score Card system;¹
- 2.2 Provide staff, volunteers, and board members with access to **training and professional development** opportunities
- 2.3 Use **research and participant feedback** to improve services and programs
- 2.4 Develop a multi-level **performance evaluation** for staff, volunteers and management
- 2.5 Establish a volunteer and membership **recruitment and retention** program
- 2.6 Use **technology** to improve knowledge exchange and translation
- 2.7 Set yearly **fund development** targets while maintaining diversity of funding sources

¹ The Balanced Score Card was developed in the early 1990's by Drs. Robert Kaplan (Harvard Business School) and David Norton (see www.balancedscorecard.org for more information)



3. Promote Collaborative Partnerships

We will promote seamless care and support research, appropriate media coverage, and effective policy development through the following objectives:

- 3.1 Build and enhance alliances and collaborations within and across sectors and services
- 3.2 Build and enhance alliances and collaborations with other Canadian Schizophrenia Societies
- 3.3 Build and enhance alliances and collaborations with those responsible for media coverage
- 3.4 Build and enhance alliances and collaborations with educational institutions

System Change

4. Influence Public Policy and Promote Positive System Change

We will promote improved services and legislation through the following objectives:

- 4.1 Participate on mental health decision-making tables and committees in the community
- 4.2 Provide proactive educational and first person accounts to new community areas and contacts
- 4.3 Create position papers, and promote coordinated efforts with BCSS Provincial and other Schizophrenia Societies across Canada.

5. Increase Public Education and Awareness, Marketing, and Communications

We will promote elimination of stigma, increase accurate understanding of mental illness, and increase our public profile through the following objectives:

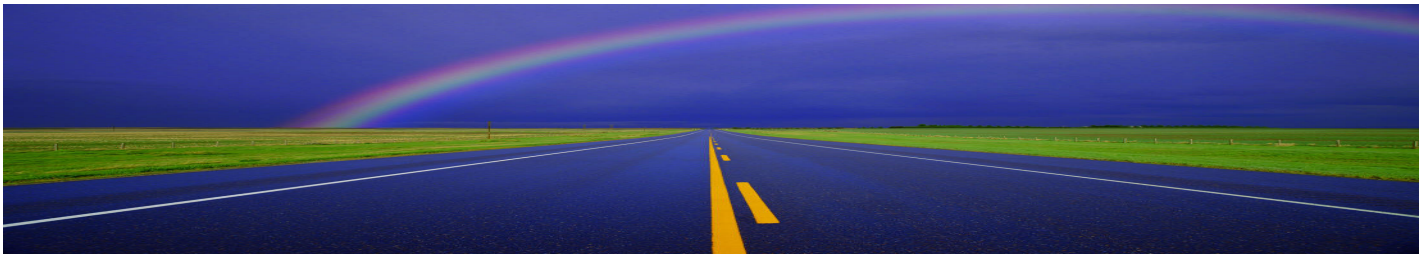
- 5.1 Establish a planned communication strategy that includes methods such as exhibits, forums, the quarterly newsletter, articles, advertisements, letter writing, and position papers.
- 5.2 Ensure public access to up-to-date, credible information



Our Current and Upcoming Endeavours:

- Provide accessible and regularly scheduled support groups for families, friends and caregivers of people with serious mental illness with or without addictions within the South Island Region. Increase community awareness of availability.
- Complete the DVD project by the fall to provide education about first episode psychosis to provide awareness and helpful resources for individuals and families experiencing psychosis on Vancouver Island.
- Complete a Family Needs Assessment for which we are actively seeking family input (parent, spouse, sibling, grandparent and extended families).
- Identify new contacts for providing our Partnership Presentations to increase awareness of serious mental illness and addictions to address values, beliefs and attitudes through sharing first person accounts of families and people with serious mental illness in recovery and information from service professionals.
- Implement the Consumer Advisory Committee
- Enhance our database for greater reporting capacity
- Implement the Balanced Score card
- Co-plan and present at the Annual Schizophrenia Conference October 26, 2008 in collaboration with Capital Mental Health Association (CMHA)
- Lead planning and host a BCSS Victoria Family Conference 2009

The strategic plan process was facilitated and strategic plan produced by Pam Sivorot, University of Victoria student and Queens University candidate, the assistance of Thomas Jones through the planning process and soon to be implemented Balanced Score Card in collaboration with the 2006-2007 Board of Directors, Executive Director, employees, contract staff and our much valued volunteers.





BCSS Victoria Branch 2006-2007 Board of Directors

Executive:

President W. Elizabeth Cook M.A., LLB
Vice President Josie Jones
Secretary Marilyn Beckett
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Employees

Executive Director: Hazel Meredith (commenced June 2006)

Accountant: Kevin Pryor

Administrative Coordinators (maternity leave term): Cindy L'Hirondelle and Tara Timmers

Thank you to our contract staff and many volunteers!

*If you or someone you know
would like to join the BCSS - Victoria community
through volunteer or financial support , please contact us!*

For more information, please see our Annual Report 2006-2007