

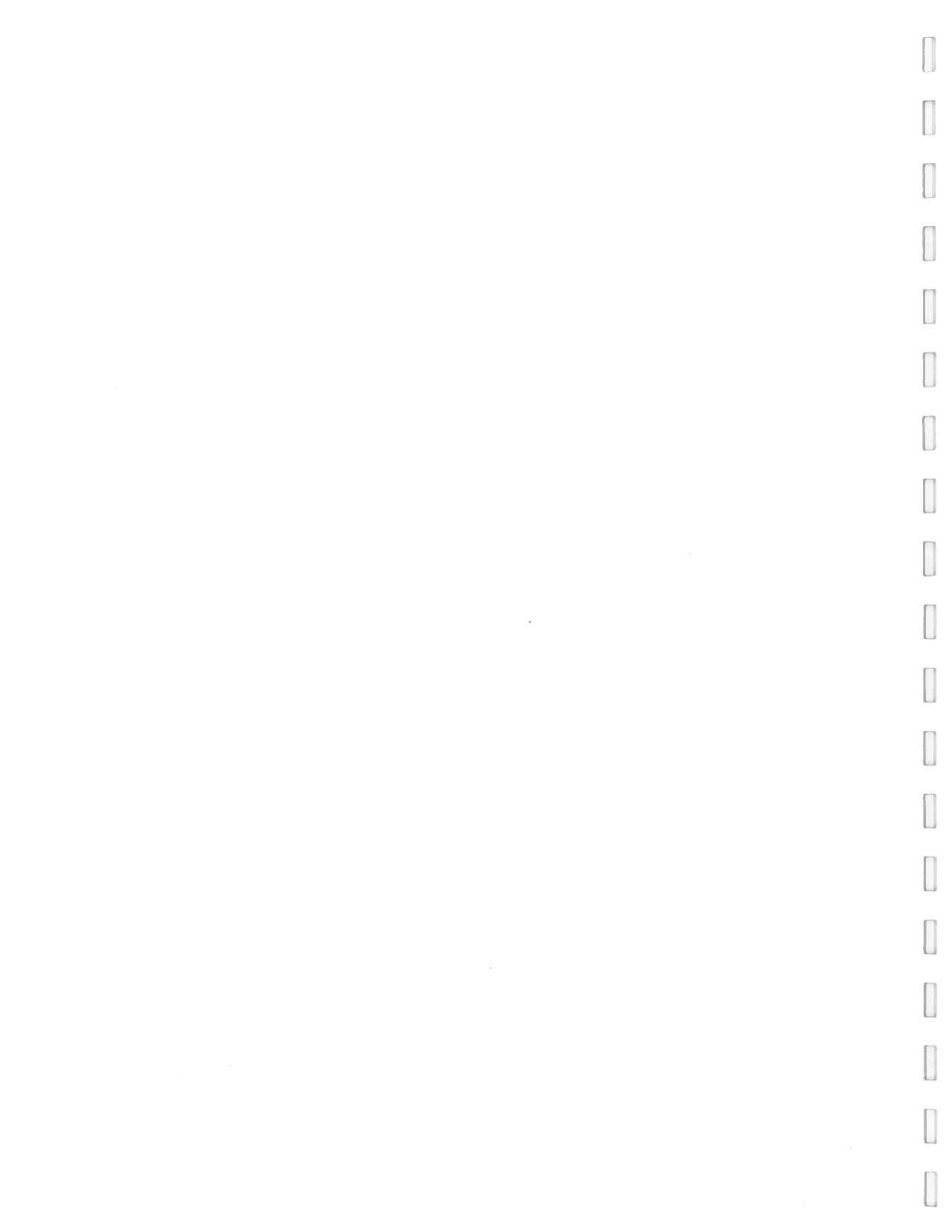


CAMHS

Community Addiction and Mental Health
Services of Haldimand & Norfolk

ANNUAL REPORT

2013-14



Message from the Chair of the Board of Directors

A sage once wrote that “Life is lived forward but only understood backward.” Annual reports attempt to do this task.

As we come to the end of another fiscal year, we have much to look back upon. In the last two years, we have gone through much change and many challenges.

As Board Chair, I was thankful for the wise leadership of Dr. Susan VanDeVelde-Coke as our interim Executive Director. During her time with us, we moved forward in our relationship with Norfolk General Hospital in the areas of finance and human resources. We were especially thankful for the work of Mary Lisa Forsyth in the recruitment and interviewing of our new Executive Director, Nancy Candy-Harding. She has proven to be a wise choice with her combination of experience, insight and leadership skills. Her leadership team, consisting of Susan Roach, Manager of the Resource Centres in Simcoe and Dunnville; Kate Van Bradt, Clinical Services Manager; and Debra Graham, Office Manager, is proving to be a strong team in all areas.

In the area of Board development, we have been able to attract some new and gifted leaders who bring a wide variety of talents and professional skills – Gerald Buhr, Laurie Giancola and Susan O’Dwyer. During this past year, we have also had to say goodbye to the following outgoing board members – Paula Duarte, Patrick O’Connor, Monica Reuter and Judi Santone. On behalf of the Board, I would like to welcome the new members and thank the outgoing members for their service.

Our 2012 organizational review led us to move forward on a number of recommendations. Please see the following pages for details.

As we move forward, we do so with renewed energy. It is important to remember that our main task is to respond carefully, responsibly and meaningfully to all of our clients. We will continue to strive to improve our quality of service.

We always need to be reminded of our mission statement:

Community Addiction and Mental Health Services of Haldimand & Norfolk, in cooperation with our partners, takes a best practice approach to providing a broad array of services, including assessment, treatment, advocacy and support for persons with a serious mental illness – age 16 and older – in Haldimand and Norfolk Counties.

Respectfully,

Dr. Robert Thompson
Chair
CAMHS Board of Directors

Message from the Executive Director

Hello. I am the new Executive Director of Community Addiction and Mental Health Services (CAMHS). It is an honour and a privilege to be able to serve the communities of Haldimand and Norfolk Counties.

First, a little bit about me professionally – I am a nurse by trade, and have a bachelor's degree in nursing and a master's degree in health service management. In my career, I have had the opportunity to have multiple roles in the field of psychiatry/mental health (inpatient, outpatient, consultation-liaison, education), and have had hospital management roles in the areas of psychiatry, internal medicine and rehabilitation. As of the end of fiscal year 2013-14, I was active with CAMHS for five months.

CAMHS is the clinical and peer support hub of mental health and addiction services for Haldimand and Norfolk Counties. Having been through a number of transitional years, CAMHS is now poised to help address, along with our community partners and the Local Health Integration Network (LHIN), the ongoing development of a mental health and addiction service that provides the right service to the right client in the right place at the right time.

In concert with the *Excellent Care for All Act (ECFA)*, both the Board and the organization have struck Quality Committees and will be using a common Quality Improvement Model as we move forward.

CAMHS has signed its Multi-Sector Accountability Agreement (M-SAA) with the LHIN for 2014 through to 2017.

The audited financial statement was in a positive position for the 2013-14 fiscal year.

As we are a unionized environment, we negotiate collective agreements. The Canadian Union of Public Employees (CUPE) Collective Agreement was successfully negotiated and ratified in the 2013-14 fiscal year.

Within the following pages, you will see a short review of some of the 2013-14 activities in each of our programs and administration.

I would also like to further acknowledge some new 2013-14 activities and related partnerships:

External Partnerships

- LHIN's Health Links program for both Haldimand and Norfolk;
- The Suicide Bereavement and Education Group (endorsed by the Haldimand-Norfolk Public Health Unit);
- The Peer Support Worker partnership with the Canadian Mental Health Association (CMHA);
- The IDEAS project (Improving and Driving Excellence Across Sectors) partnered with Norfolk General Hospital;

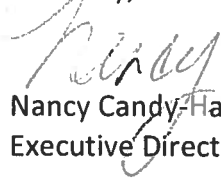
- Dialectic Behavioral Therapy (DBT) initiative partnered with CMHA;
- Migrant Worker activities, partnered with Norfolk Health Equity Community Committee;
- The development of a Finance Team and a Human Resources Team, through our shared service agreement in partnership with Norfolk General Hospital;
- IT partnership with Norfolk General Hospital.

Internal Activities

- Seven (7) staff attending the Aboriginal Cultural Competency training session;
- The planning for a Centralized Intake process and Clinician role;
- The transition to a new clinical database system.

I wish to thank all staff and the Board for their hard work and diligence over the last few months.

Sincerely,



Nancy Candy-Harding
Executive Director

ORGANIZATIONAL REVIEW

THE UNIVERSITY OF CHICAGO

LIBRARY

Response to the Organizational Review

Introduction

In 2012, CAMHS accessed the services of a third party to complete an Organizational Review. It was the beginning of the organization's journey to re-invent itself.

In the fiscal year 2013-14, the organization set itself the task of responding to the many recommendations of that review, and we are happy to report that most of the recommendations have been adopted and implemented, either partially or fully. The following activities reflect some of the related actions that have taken place over the year 2013-14.

Additionally, the agency has adopted a Balanced Scorecard methodology to review its activities on an ongoing basis. There are four quadrants to this scorecard: Organizational Utilization, Human Resources, Finance and Quality of Care. We have assigned the below 2013-14 activities to these 'buckets'.

Quality of Care

This past year has seen the staff reviewing legislation as it relates to quality of client care (e.g. *Personal Health Information Protection Act*), and have been addressing the impact of workload capacity, and a healthy work environment, on client care.

We have moved to a new electronic database which will allow us more flexibility in our documentation and streamlining of care.

In compliance with *The Excellent Care for All Act*, we have initiated both an organizational and Board Quality Committee to focus on quality improvement initiatives and best practice.

The Board enlisted a facilitator for a Board Renewal and Strategic Planning session – the outcomes will be used to direct the agency's progress from 2014 to 2017. In relation to Board governance, the Board has adopted the Ontario Hospital Association's (OHA) "Guide to Good Governance: Not for Profit and Charitable Organizations" as a best practice standard of governance.

Human Resources

Recruitment and retention of staff in all programs, including administration, continued to be a major activity. A new Executive Director and a new Office Manager were permanently hired, and a Clinical Services Manager was in place. A new Leadership Team has been developed with the inclusion of the Resource Centre Manager.

Ensuring that staff has the training and skill competencies for the positions held has been a focus of both recruitment and retention. Staff performance appraisals have occurred with the focus on learning needs and future professional development. All staff has been involved in a healthy workplace initiative.

Educational opportunities continued to be pursued, with the requirement for all staff to attend Non-Violent Crisis Intervention (NVCI) and Gentle Persuasive Approach (GPA) training.

Finance

A CAMHS/NGH Finance Team has been established. Legislation as it relates to financial accountabilities has been introduced to staff (e.g. *Broader Public Sector Accountability Act, 2010*).

Our new database will allow access to a broader framework of statistical data to explain the clinical activity as it relates to our funding.

Utilization

As identified in last year's annual report, the agency signed a memorandum of agreement with Norfolk General Hospital (NGH), which came into effect on April 1, 2013, to provide shared support services in the following areas:

Human Resources – compensation and benefits, recruitment and retention, labour relations, legal advice, and occupational health and safety.

Finance – accounts payable/receivable, payroll, general ledger, internal budget reporting and government reporting.

Information Technology – back-up technical support to agency server, computers, laptops; guidance and advice on IT-related matters.

One year later, the alliance between the agency and NGH is flourishing and the agency is reaping the benefits of NGH's expertise in all of the above-mentioned areas.

Additionally, the staff of CAMHS is looking at utilization indicators (e.g. number of new admissions and discharges) to assist with the streamlining of our client access to care.

Conclusion

As we move forward into this next year, the value and significance of this 'groundwork' will be borne out, as we continue the response to the various recommendations of the organizational review.

PROGRAM UPDATES



CENTRALIZED INTAKE

In May of 2013, a review of our centralized intake process was initiated. A planning task force was established with representation from each of the agency programs. The task force used the five step LEAN approach to review the existing service and to develop a proposal for a new centralized intake process.

As part of the LEAN process, the task force underwent a Value Stream Mapping exercise. A current state Value Stream Map was developed to highlight the inefficiencies and non-value added intake activities and processes. A future state Value Stream Map was created to map the ideal intake process and omit/decrease non-value added activities that were hindering the success of the current intake process.

The task force submitted a proposal that included an overview of the planning process and the recommendation to launch a revised centralized intake process. The new process will include one Intake Clinician and an Administrative Assistant to work as an Intake Team in triaging and screening all referrals to the agency. The proposal included a process for evaluation following six months of operation.

The proposal was accepted, with a target launch date of June 2014.

DIALECTICAL BEHAVIOUR THERAPY (DBT)

Last year, CAMHS received funding to develop and launch a new and exciting program in partnership with the Canadian Mental Health Association of Haldimand and Norfolk (CAMHS). DBT is an intense program that provides individual and group therapy to an identified group of mental health consumers. Staff from both agencies (CAMHS and CMHA) are being sent to a special training program to develop the skills needed for this service.

In addition to providing a much needed client service, the DBT program has provided a unique and successful opportunity for us to work in collaboration with CMHA, building on the existing strengths of our inter-agency partnership.

SPECIALIZED GERIATRIC SERVICES (SGS)

The SGS program provides non-emergency clinical assessment, consultation, treatment and education to older adults, their families and service providers who are, or know of, someone who is experiencing mental health issues combined with age-related difficulties.

The SGS program continues to be very busy. In the past year, we have moved Dr. Gagnon's Geriatric Clinic from Norfolk General Hospital to the CAMHS office, providing a much more practical and easily accessible clinic space.

The SGS program has initiated Telemedicine services with one of our geriatric psychiatrists and access to a geriatric psychiatrist is now available in several locations throughout both counties.

ADDICTIONS

The Addictions Program provides community-based, client-focused services for alcohol, drug and gambling concerns for people of all ages in Haldimand and Norfolk Counties.

Our Addictions Program continues to provide much needed addiction counselling and support services to our community, including all of the high schools in both of the counties we serve. A variety of group counselling services are offered for clients and families in the community.

ADULT MENTAL HEALTH

The Adult Mental Health Program provides community-based, client-focused services for people, age 16 years and over, with mental health concerns who live in Haldimand and Norfolk Counties.

Our Adult team has been busy building the DBT program, beginning with training for Skills group in December followed by a two week intensive program over the winter. In addition to DBT, various groups including Depression and Anxiety have been offered as alternatives to individual counselling. The Adult Program clinicians work along with our psychiatrists and other community partners to provide supports for clients who suffer from mental illness.

CRISIS ASSESSMENT AND SUPPORT TEAM (CAST)

CAST is a 24 hour mental health crisis service for people age 16 years and older who live in Haldimand and Norfolk Counties.

The past year has seen the CAST program begin to review the role of crisis services in the community. Partnerships with the OPP, hospitals and other community service providers are being strengthened with more outreach services.

TELEMEDICINE

The Brant Haldimand Norfolk Telemedicine Service provides non-emergency community-based services for adults age 16 years and older who may be experiencing mental health and addiction problems including older adults with complex needs.

The aim of Telemedicine Services at CAMHS is to increase access to specialized care for those living in Brant, Haldimand and Norfolk Counties using videoconferencing technology.

Telemedicine is growing as a method of connecting clients in rural communities to health care professionals in larger health care centres. We have multiple clinics offering Telemedicine consultation and follow-up psychiatric services for both our adult and geriatric populations. We are able to serve a much larger number of clients closer to home.

RESOURCE CENTRE

Each day we come to work at the Resource Centre with the objective to provide a program which supports individuals living with a mental illness and/or addiction to build wellness, enhance well-being and move forward on their road to personal recovery. Toward this goal, the Centre works from a perspective of peer support, provided by staff and members, as a key element in the delivery of all Centre programming. Social recreation and education opportunities fill the monthly calendar.

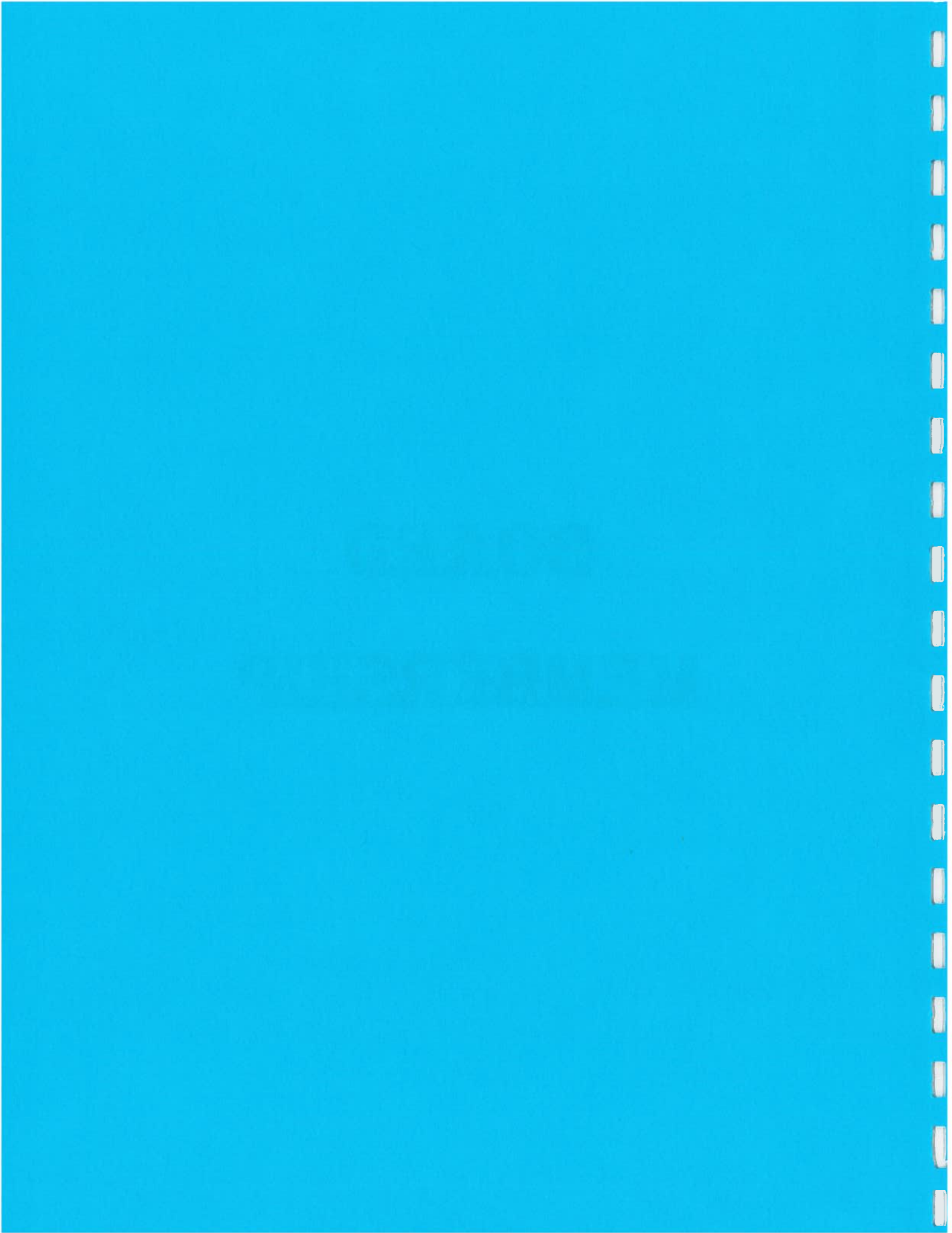
We can easily account for attendance at the Centre and it is easy to see that people are having fun and finding friendship and enjoyment while at the Centre – but does it amount to achieving our goals and objectives?

We turned the question, of what the Centre provides for them and whether the Centre contributes to their lives in a meaningful way, to a member. Their story is the best reflection of what the Centre is and what the Centre does every day.

“Someone brought me to the Centre and I had no idea what it was about or whether I really wanted to even be here. I did not talk to anyone at first, sat in the corner and just watched. The thing is they let me do that but at the same time always made a point of saying hello, making me feel it was okay to be here. I watched a lot and finally realized that I could trust them and start talking to them. It is really basic but they look me in the eye, talk to me so I can understand but they do not talk down to me. They know me as a person not a case or a number. I’ve had some really rough times but they accept me for who I am and support me. I can come to the Centre in a lousy mood and they see it and in the end I feel better because they take the time to listen and help me work it out. You always feel you are important, that you belong. There is so much going on here that challenges me to grow and learn, it keeps my mind going ‘in a happy mode’, and you find yourself later sharing and teaching someone else what you learned. I never did well in school and would have never thought of all the stuff I could begin to know. In the end, if I wasn’t coming to the Centre I would be dead or in the ‘pen’. The Centre is a place I feel I belong, they are more my family than my real family. Coming to the Centre really helps me feel better, it’s a stress buster and I have made so many forward steps by coming here. The Centre is a special place because they care enough to care.”

So in the end, the Centre continues to provide, fun, friendship, trips and activities but with the confidence that, for our members, each activity and the people they meet at the Centre makes a significant difference in their lives and well-being.

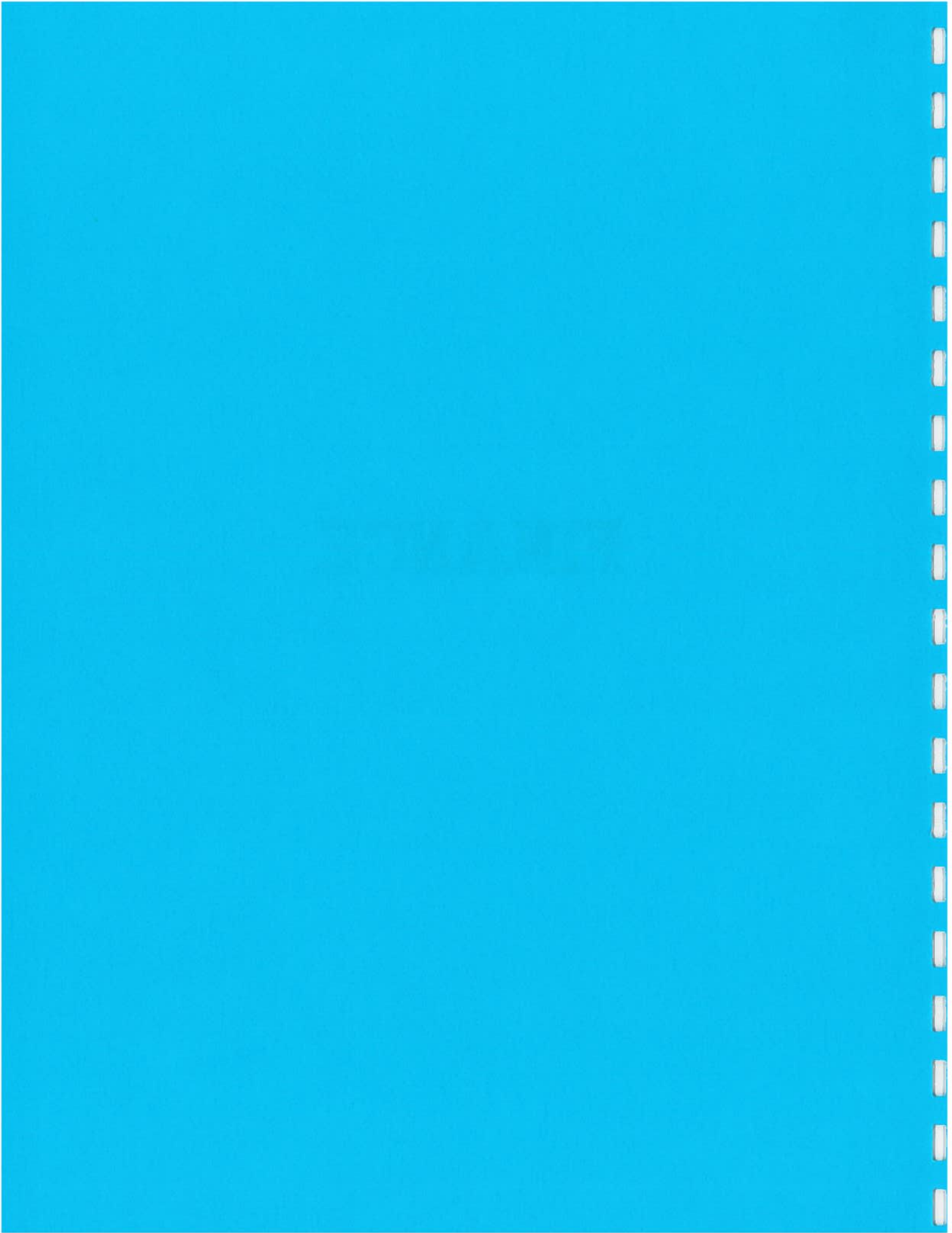
BOARD MEMBERSHIP



2013-14
Board of Directors Membership
Since AGM, September 2013

MEMBER	POSITION	
Robert Thompson	Chair	
David Stelpstra	Vice-Chair	
Ross Gowan	Treasurer	
Irene Beyaert	Secretary	
Gerald Buhr	Director	
Nancy Candy-Harding	Executive Director	Joined November 2013
Paula Duarte	Director	Resigned January 2014
Laurie Giancola	Director	
Zvonko Horvat	Director	
Susan O'Dwyer	Director	Joined March 2014
Susan VanDeVelde-Coke	Interim ED	Resigned November 2013
Jodi Younger	Director	

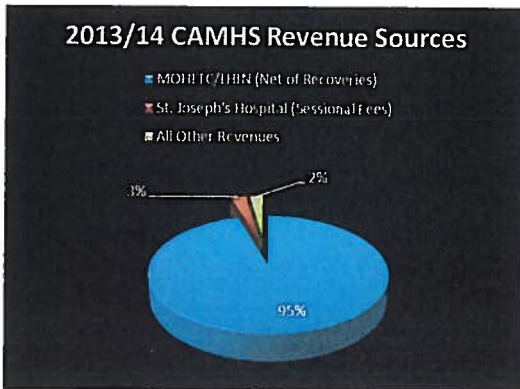
FINANCE



CAMHS Financial Statistics, 2013/14

Breakdown of 2013/14 Revenues by Source

Revenue Source	%	Mar 31/14 YTD Actual Revenue
MOHLTC/LHIN (Net of Recoveries)	95.2%	\$3,442,347
St. Joseph's Hospital (Sessional Fees)	2.5%	\$91,458
All Other Revenues	2.3%	\$81,702
TOTAL	100.0%	\$3,615,507

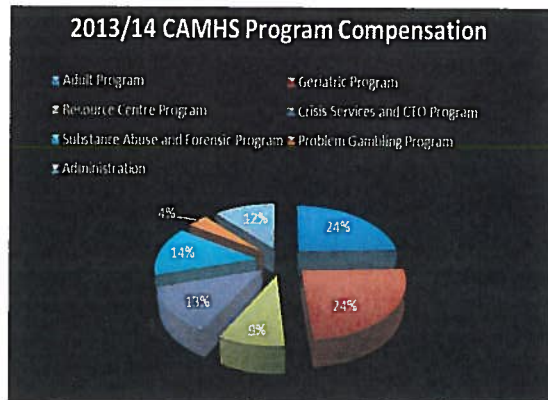


Breakdown of 2013/14 Salary and Benefits by Program

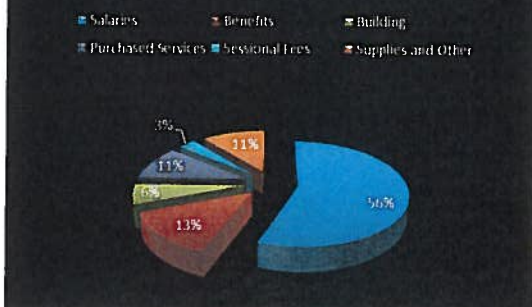
Program Name	%	Mar 31/14 YTD Actual Salaries/Benefits
Mental Health Adult	24.4%	\$602,386
Specialized Geriatrics	24.3%	\$601,187
Resource Centre	8.9%	\$219,458
Crisis Services & CTO	12.6%	\$311,455
Substance Abuse & Forensic	14.1%	\$347,428
Program Gambling	4.0%	\$97,687
Administration	11.8%	\$290,786
TOTAL	100.0%	\$2,470,387

Breakdown of 2013/14 Expenses by Expenditure Type

Expenditure Type	%	Mar 31/14 YTD Actual Revenue
Salaries	55.7%	\$1,991,153
Benefits	13.4%	\$479,234
Building	6.2%	\$220,704
Purchased Services	10.6%	\$378,033
Sessional Fees	3.1%	\$112,018
Supplies and Other	11.1%	\$395,323
TOTAL	100.0%	\$3,576,465



2013/14 CAMHS Expenditure Type



**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES
OF HALDIMAND & NORFOLK**

**FINANCIAL STATEMENTS
MARCH 31, 2014**

MILLARD, ROUSE & ROSEBRUGH LLP
CHARTERED ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Directors of Community Addiction and Mental Health Services of Haldimand & Norfolk

We have audited the accompanying financial statements of Community Addiction and Mental Health Services of Haldimand & Norfolk, which comprise the statement of financial position as at March 31, 2014, and the statements of operations and changes in fund balances and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Accounting Standards for Not-for-Profit Organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

In common with many not-for-profit organizations, the organization derives revenue from donations and fundraising activities, the completeness of which is not susceptible of satisfactory audit verification. Accordingly, our verification of revenues from these sources, was limited to the amounts recorded in the organization's records. We were not able to determine whether any adjustments might be necessary to revenue from donations and fundraising, excess of revenue over expenses for the year and fund balances.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Community Addiction and Mental Health Services of Haldimand & Norfolk as at March 31, 2014, and the results of its operations and its cash flow for the year then ended in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

Millard, Rouse & Rosebrugh LLP

May 26, 2014
Simcoe, Ontario

Chartered Accountants
Licensed Public Accountants

**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES
OF HALDIMAND & NORFOLK
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2014**

	Operating Fund \$	Donation Fund \$	Total 2014 \$	Total 2013 \$
ASSETS				
CURRENT ASSETS				
Cash	574,154	54,706	628,860	389,629
Investments - Note 3	-	25,808	25,808	25,542
Accounts Receivable	22,987	1,352	24,339	77,353
Harmonized Sales Tax Recoverable	44,564	-	44,564	88,003
Prepaid expenses	22,382	-	22,382	-
Due (to) from Own Funds - Note 4	<u>(5,935)</u>	<u>5,935</u>	<u>-</u>	<u>-</u>
	<u>658,152</u>	<u>87,801</u>	<u>745,953</u>	<u>580,527</u>
 PROPERTY AND EQUIPMENT - Note 5	 <u>63,173</u>	 <u>-</u>	 <u>63,173</u>	 <u>48,487</u>
	<u>721,325</u>	<u>87,801</u>	<u>809,126</u>	<u>629,014</u>
 LIABILITIES AND FUND BALANCES				
CURRENT LIABILITIES				
Accounts Payable	322,179	-	322,179	277,426
Due to Ministry - Note 6	399,784	-	399,784	200,000
Employee Future Benefits - Note 7	<u>12,000</u>	<u>-</u>	<u>12,000</u>	<u>103,022</u>
	<u>733,963</u>	<u>-</u>	<u>733,963</u>	<u>580,448</u>
 LONG TERM LIABILITIES				
Deferred Capital Amounts - Note 8	<u>31,112</u>	<u>-</u>	<u>31,112</u>	<u>43,557</u>
 FUND BALANCES				
Internally Restricted	-	87,801	87,801	71,938
Unrestricted	<u>(43,750)</u>	<u>-</u>	<u>(43,750)</u>	<u>(66,929)</u>
	<u>(43,750)</u>	<u>87,801</u>	<u>44,051</u>	<u>5,009</u>
	<u>721,325</u>	<u>87,801</u>	<u>809,126</u>	<u>629,014</u>

The accompanying notes are an integral part of these financial statements

**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES
OF HALDIMAND & NORFOLK
STATEMENT OF CHANGES IN FUND BALANCES
FOR THE YEAR ENDED MARCH 31, 2014**

	Operating Fund \$	Donation Fund \$	Total 2014 \$	Total 2013 \$
BALANCE - Beginning of the Year	(66,929)	71,938	5,009	3,243
Excess of Revenue over Expenses for the Year	23,179	15,863	39,042	13,202
Transfer Payment Repaid	-	-	-	(11,436)
BALANCE - End of the Year	<u>(43,750)</u>	<u>87,801</u>	<u>44,051</u>	<u>5,009</u>

CAMHS BOARD

Ross H. Gowan, Treasurer

DATE

Ross Gowan

June 23, 2014

DATE

Robt. E. Thops

June 23 / 2014

Robert E. Thompson, Chair

**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES
OF HALDIMAND & NORFOLK
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2014**

	Operating Fund \$	Donation Fund \$	Total 2014 \$	Total 2013 \$
REVENUE				
Ministry of Health and Long Term Care	3,640,425	-	3,640,425	3,753,528
St. Joseph's Healthcare Hamilton	91,458	-	91,458	200,059
Donations	-	25,942	25,942	28,027
Recoveries	22,842	-	22,842	20,499
Other	707	19,766	20,473	22,499
Amortization of Deferred Capital Amounts - Note 8	<u>12,445</u>	<u>-</u>	<u>12,445</u>	<u>16,162</u>
	<u>3,767,877</u>	<u>45,708</u>	<u>3,813,585</u>	<u>4,040,774</u>
EXPENSES				
Advertising	20,459	-	20,459	26,565
Amortization	21,693	-	21,693	27,463
Bank Charges	3,364	-	3,364	9,604
Books and Subscriptions	1,451	-	1,451	1,266
Computer	63,399	-	63,399	59,265
Copying and Printing	18,858	-	18,858	20,005
Employee Benefits	479,234	-	479,234	509,415
Insurance	5,827	-	5,827	7,724
Meetings	7,922	-	7,922	5,733
Memberships	3,494	-	3,494	3,479
Office Supplies and Postage	25,075	-	25,075	23,549
Professional Fees	28,017	-	28,017	32,000
Programs	40,735	16,483	57,218	55,462
Purchased Services	462,035	-	462,035	384,712
Rent	190,550	-	190,550	186,342
Repairs and Maintenance	52,270	-	52,270	16,400
Staff Education	10,197	-	10,197	9,479
Telephone	48,254	-	48,254	38,618
Transportation	6,341	13,362	19,703	25,843
Travel and Conferences	40,533	-	40,533	38,140
Utilities	25,759	-	25,759	32,618
Wages	<u>1,991,153</u>	<u>-</u>	<u>1,991,153</u>	<u>2,313,890</u>
	<u>3,546,620</u>	<u>29,845</u>	<u>3,576,465</u>	<u>3,827,572</u>
Excess of Revenue over Expenses before Transfer Payment Repayable	221,257	15,863	237,120	213,202
Transfer Payment Repayable - Note 6	<u>(198,078)</u>	<u>-</u>	<u>(198,078)</u>	<u>(200,000)</u>
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	<u>23,179</u>	<u>15,863</u>	<u>39,042</u>	<u>13,202</u>

The accompanying notes are an integral part of these financial statements

**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES
OF HALDIMAND & NORFOLK
STATEMENT OF CASH FLOW
FOR THE YEAR ENDED MARCH 31, 2014**

	2014 \$	2013 \$
CASH PROVIDED BY OPERATING ACTIVITIES		
Excess of Revenue over Expenses for the Year	39,042	13,202
Items not Requiring an Outlay of Cash:		
Deferred Capital Amounts	(12,445)	(16,162)
Amortization	<u>21,693</u>	<u>27,463</u>
	<u>48,290</u>	<u>24,503</u>
Changes in Non-Cash Working Capital Amounts:		
(Increase) Decrease in Accounts Receivable	53,014	(39,498)
(Increase) Decrease in Harmonized Sales Tax Recoverable	43,439	(48,564)
(Increase) in Prepaid expenses	(22,382)	-
Increase (Decrease) in Accounts Payable	44,753	(161,543)
Increase (Decrease) in due to Ministry	199,784	(15,000)
(Decrease) Increase in Employee Future Benefits	<u>(91,022)</u>	<u>103,022</u>
	<u>227,586</u>	<u>(161,583)</u>
TOTAL CASH PROVIDED BY (USED IN) OPERATIONS	<u>275,876</u>	<u>(137,080)</u>
CASH USED IN INVESTING ACTIVITIES		
Purchase of Property and Equipment	<u>(36,379)</u>	<u>-</u>
	<u>(36,379)</u>	<u>-</u>
CASH USED IN FINANCING ACTIVITIES		
Purchase of Investments	(266)	(190)
Transfer Payment Repaid	<u>-</u>	<u>(11,436)</u>
	<u>(266)</u>	<u>(11,626)</u>
INCREASE (DECREASE) IN CASH	239,231	(148,706)
CASH - Beginning of the Year	<u>389,629</u>	<u>538,335</u>
CASH - End of the Year	<u>628,860</u>	<u>389,629</u>

The accompanying notes are an integral part of these financial statements

**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES
OF HALDIMAND & NORFOLK
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2014**

1. NATURE OF OPERATIONS

Community Addiction and Mental Health Services of Haldimand & Norfolk provides assessment, treatment, advocacy and support services through a number of programs directed toward adults living in Haldimand County and Norfolk County who are faced with various mental health and addiction issues. The organization is incorporated under the Ontario Corporations Act as a not-for-profit organization without share capital and is a registered charity under the Income Tax Act. As such, the organization qualifies as a tax-exempt corporation under the Canadian income tax laws.

2. SIGNIFICANT ACCOUNTING POLICIES

a) Basis of Presentation

The financial statements were prepared in accordance with Canadian Accounting Standards for Not-for-Profit Organizations (ASNFPPO).

b) Revenue Recognition

The organization follows the deferral method of accounting for contributions.

Unrestricted contributions are recognized as revenue in the appropriate fund when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Any restricted revenue is recognized in the appropriate fund in the year the related expenses are incurred.

Donations, fundraising and sundry revenue are recognized as revenue when received.

c) Expenses

Expenses are reported on the accrual basis of accounting, which records the cost of goods and services acquired in the period incurred whether or not payment has been made for invoices received.

d) Fund Accounting

The Operating Fund accounts for revenue and expenses related to program delivery and administrative activities.

The Donation Fund accounts for revenue from donations and other amounts restricted either by the Board or by third parties, and related expenses.

e) Property and Equipment

Purchases of property and equipment are recorded at cost. Amortization is provided annually using the straight line method at rates intended to amortize the cost of property and equipment over their estimated useful life as follows:

Office Furniture and Equipment	5 Years
Computer Equipment	5 Years
Computer Software	5 Years
Leasehold Improvements	5 Years
Vehicles	5 Years

**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES
OF HALDIMAND & NORFOLK
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2014**

2. SIGNIFICANT ACCOUNTING POLICIES - Continued

f) Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Such estimates are periodically reviewed and any adjustments necessary are reported in earnings in the period in which they become known. Actual results could differ from these estimates.

3. INVESTMENTS

Investments amount to \$25,808 (2013 - \$25,542) and consist of a guaranteed investment certificate bearing interest at .80% per annum and mature on December 12, 2014. Investments are recorded at fair market value.

4. DUE (TO) FROM OWN FUNDS

The Donation Fund will pay for certain costs related to the Ministry programs. As a result, balances are owing between the funds at the year end. The Operating Fund owes \$5,935 to the Donation Fund for disbursements made on behalf of Ministry programs. The amount bears no interest and has no set repayment terms.

5. PROPERTY AND EQUIPMENT

	Cost	Accumulated Amortization	2014	2013
	\$	\$	\$	\$
Office Furniture and Equipment	89,734	86,775	2,959	4,932
Computer Equipment	163,703	163,703	-	-
Computer Software	36,379	7,275	29,104	-
Leasehold Improvements	96,437	96,437	-	-
Vehicles	<u>62,224</u>	<u>31,114</u>	<u>31,110</u>	<u>43,555</u>
	<u>448,477</u>	<u>385,304</u>	<u>63,173</u>	<u>48,487</u>

**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES
OF HALDIMAND & NORFOLK
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2014**

6. DUE TO MINISTRY

At the end of the fiscal year the organization may owe the Ministry of Health and Long Term Care unspent funding as determined by the annual reconciliation report. The report is subject to Ministry approval or adjustments.

7. EMPLOYEE FUTURE BENEFITS

Post-employment benefits

The organization entered into agreements with certain employees in 2013 to provide a severance package which includes maintaining regular salary up to August 30, 2013, including statutory remittances. These severance were paid out during the year.

Retirement health care benefits.

Qualifying employees upon retirement may elect to participate in the organization's extended health care and dental benefits plan, until the age of 65. The employee would assume 30% of the premium cost for the benefits. The accrued benefit represents the present value of estimated premium costs for one employee who retired in 2013.

	2014 \$	2013 \$
Post-employment benefits	-	88,022
Retirement health care benefits	<u>12,000</u>	<u>15,000</u>
	<u>12,000</u>	<u>103,022</u>

8. DEFERRED CAPITAL AMOUNTS

Deferred capital amounts represent the unamortized or unspent amount of funds received for the purchase of property and equipment. The amortization of deferred amounts is recorded as revenue in the statement of operations at a rate matching the amortization of the related property and equipment.

	2014 \$	2013 \$
Beginning Balance	43,557	59,719
Amounts Amortized to Revenue	<u>(12,445)</u>	<u>(16,162)</u>
Ending Balance	<u>31,112</u>	<u>43,557</u>

**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES
OF HALDIMAND & NORFOLK
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2014**

9. CREDIT FACILITY

The organization has an overall credit limit of \$200,000, which includes an operating line of credit to a maximum of \$200,000 with an interest rate of prime plus 1.5%. The overall credit is secured by a general security agreement over all assets of the corporation.

10. ECONOMIC DEPENDENCE

The Ministry of Health and Long Term Care provides the majority of the required funds for the organization, which is governed by the Local Health Integration Network, and is therefore dependent on continued funding from the Ministry for its ongoing existence.

11. PENSION BENEFITS

Substantially all of the employees of the organization are eligible to be members of the Hospitals of Ontario Pension Plan (H.O.O.P.P.) which is a multi-employer contributory pension plan which is based on the average of each employee's highest earnings for five consecutive years. Employer contributions made to the plan during the year amounted to \$140,304 (2013 - \$143,112). These amounts are included in the employee benefits expense on the statement of operations.

12. COMMITMENTS

The organization has lease commitments for office space as follows:

Townsend - \$4,874 per month until February 2015

Simcoe, West Street Clinic - \$7,668 per month until June 2014

Additional office space is rented in Dunnville, Caledonia, and Simcoe on a monthly basis and the premises can be vacated upon notice ranging from 30 to 90 days.

The organization entered into an agreement with Norfolk General Hospital during the year to provide finance and human resource services for \$105,000 per year. This agreement is effective from April 1, 2013, and will be reviewed and renewed annually.

13. FINANCIAL INSTRUMENTS

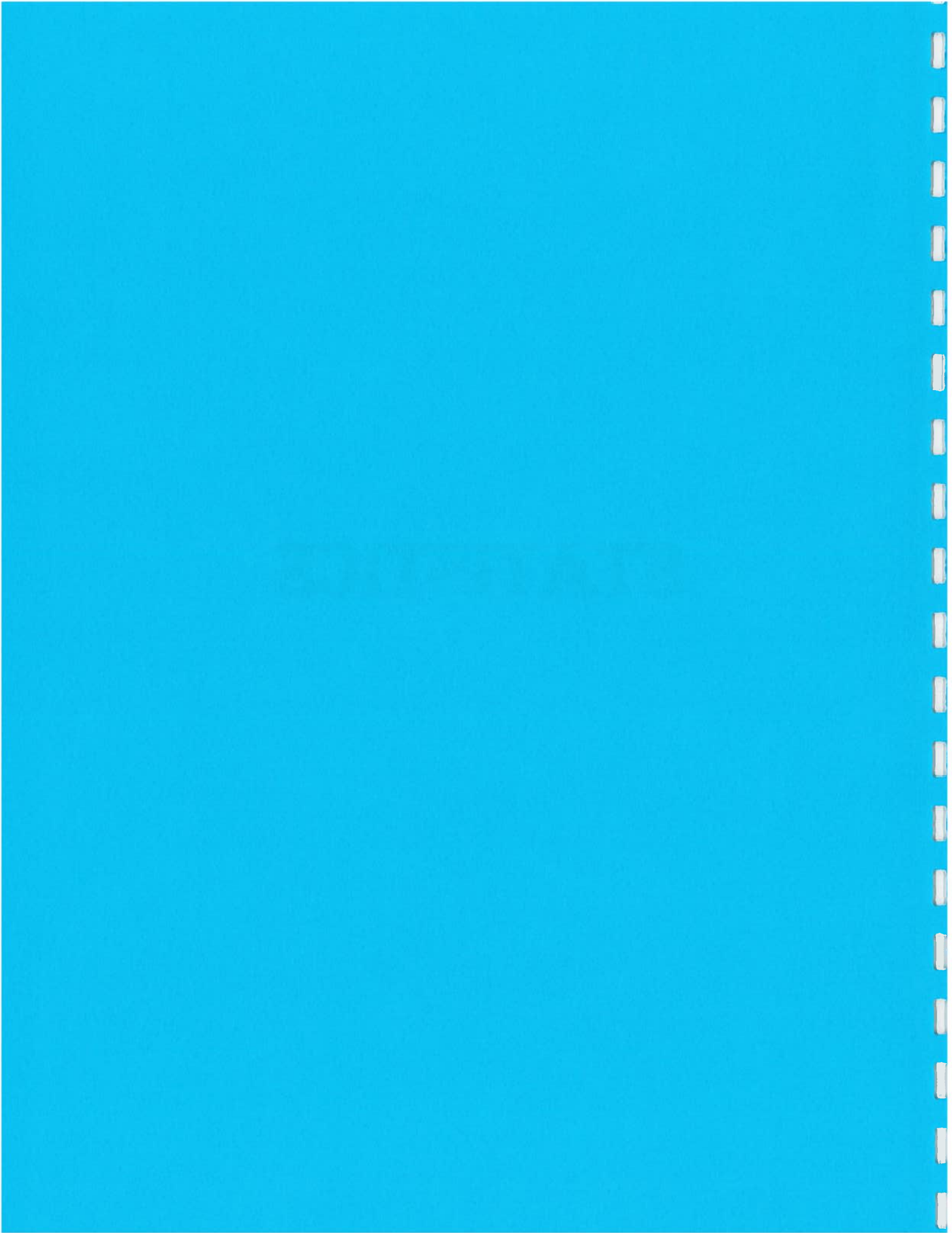
Fair Value

The organization's financial instruments consisting of cash, accounts receivable, accounts payable, employee future benefits and due to Ministry are all short term in nature and as such, their carrying values approximate fair value. Investments as stated in Note 3, approximate their fair value.

Credit Risk

Some revenue activities are made on credit and are subject to normal industry credit risks. Adequate provision has been made for any anticipated uncollectable amounts.

STATISTICS



**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF
HALDIMAND & NORFOLK**

STATISTICS – 2013-14

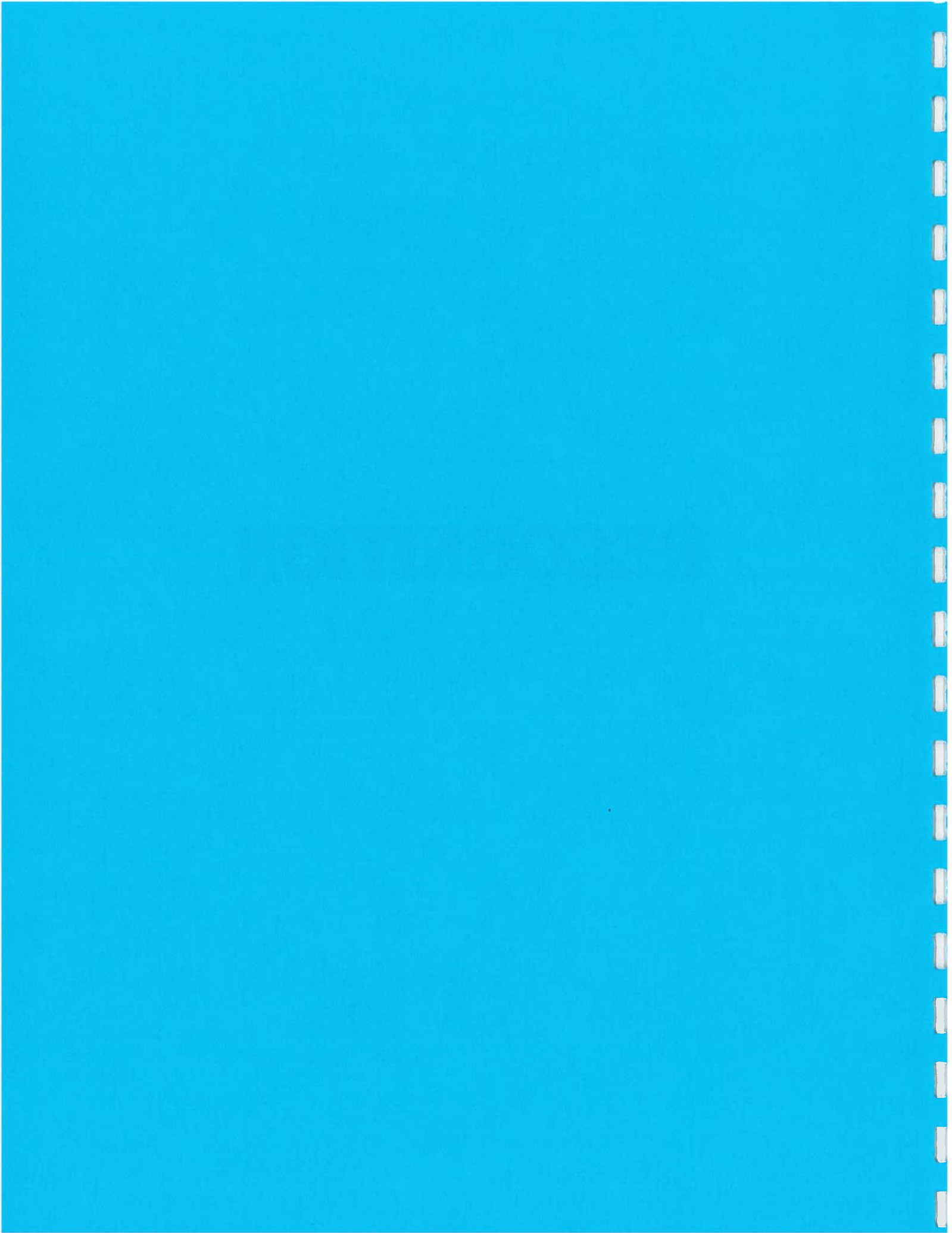
MENTAL HEALTH SERVICES	Visits		Individuals	
	Target	Actual	Target	Actual
Case Management Mental Health	50	18	3	3
Counselling and Treatment (including TMS)	4970	6682	2400	2149
Forensic	25	134	8	84
Psychogeriatric	2784	4358	900	1078
Crisis Intervention	1400	1074	800	806
Resource Centre – Peer/Self Support			550	634

MENTAL HEALTH SERVICES	Group Participants		Group Sessions	
	Target	Actual	Target	Actual
Resource Centre – Peer/Self Support	732	208	50	137
Resource Centre – Peer/Self Support (not uniquely identified Service Recipient Interactions)	8800	8329		

ADDICTION SERVICES – INDIVIDUALS	Visits		Individuals	
	Target	Actual	Target	Actual
Addictions – Substance Abuse	4000	4161	1500	868
Addictions – Problem Gambling	100	154	45	17

ADDICTION SERVICES – GROUPS	Group Participants		Group Sessions	
	Target	Actual	Target	Actual
Addictions – Substance Abuse	2500	2457	50	60
Addictions – Problem Gambling	685	223	10	21

RECOGNITION



Victory Over Illness by Consumer Empowerment (VOICE) Award

The VOICE award recognizes efforts in three important areas:

- Contributions to the wellness, health and recovery of an individual living with a mental illness and/or addiction;
- Contributions which strive to improve or enhance the quality of supports available for all individuals living with mental illness and/or addiction;
- Contributions toward increasing awareness and understanding about mental health, mental illness and addiction and reducing stigma.

The 11th annual VOICE award reception was held on May 13, 2014. Since its inception, more than 450 individuals, businesses, programs and/or services who have demonstrated special effort, care, understanding and commitment regarding mental health, mental illness and addiction have been recognized. This year, more than 90 awards were presented.

Pictured right:
Gloria Mousseau
Addictions Counsellor



Pictured left (Resource Centre staff):
Trisha Schotsch, Program Assistant
Susan Roach, Program Manager
Deborah Strachan, Program Assistant

Victory Over Illness by Consumer Empowerment (VOICE) Award

The fundamental and inspiring outcome of care and understanding is HOPE. In the absence of hope, those living with a mental illness or an addiction struggle with, or do not believe, that their lives or situation can ever improve. They do not recognize that recovery is indeed possible. With hope, there is a light at the end of the dark tunnel. Hope inspires, hope opens doors, hope is the foundation for possibility and opportunity.



Picture left:

Susan Roach, Resource Centre Program Manager

To all our ordinary angels and the many good people who touch our lives we say a profound thank you!

You give us hope and there is nothing we can't do ...

You give us hope and we can face another day ...

If you are beside us in this fight we know we can make it through

Hope
CHANGES EVERYTHING

SERVICE AWARDS FOR GERIATRIC EXCELLENCE (SAGE)

SAGE is a unique program that celebrates the outstanding contributions of individuals and organizations committed to providing the highest quality of care to older adults in our communities to ensure they can age with optimal health, independence and dignity.

The CAMHS Specialized Geriatrics Services team attended the awards presentation at a gala dinner on Friday, April 25, 2014 at the Burlington Convention Centre.

Pictured right:
SGS Team at the SAGE Awards

First Row:

Renee Weaver, Administrative Assistant
Jane Coulson, SGS Team Lead
Kelly Graham, SGS Clinician

Second Row:

Kate Van Bradt, Manager, Clinical Services
Kim Valentine, SGS Clinician
Dr. Michelle Gagnon, Psychiatrist
Sandra Buckle, Intensive Geriatric Support Worker
Valerie Fahey, SGS Clinician



Pictured left:
Jane Coulson, SGS Team Lead
(nominated for Individual Achievement)

ONTARIO PEER DEVELOPMENT INITIATIVE LIGHTHOUSE AWARD

In October 2013, the Haldimand-Norfolk Resource Centre received a **Community Builder** Lighthouse award presented by Ontario Peer Development Initiative (OPDI). OPDI represents consumer/peer organizations across the province with a mission to amplify their unique and distinct voice and experience.

Nominations for the *Community Builder* award was open to any mental health or social service organization, media organization, private or public corporation, or public figure that, in the last one to three years, has contributed to the mental health and addictions system at the local, regional, provincial or national level.

In conferring the award, the Centre was acknowledged for work in the community that included developing and hosting the annual Wellness Fair and ongoing World Suicide Prevention Day activities, the maintenance of a Mental Health and Wellness Collection at the Norfolk County Public Library, poverty awareness initiatives and community education through public speaking and displays. The Centre was credited as making effort to "eradicate stigma, engage the broader community and engage in dialogue."



Pictured above:

Susan Roach, Resource Centre Program Manager and Deborah Strachan, Resource Centre Program Assistant receiving Lighthouse Award from OPDI President Allan Strong

MIND BODY SPIRIT WELLNESS FAIR

The Haldimand-Norfolk Resource Centre annually hosts the Mind Body Spirit Wellness Fair. The Wellness Fair provides an opportunity for community members to have free access to information from many agencies, services, businesses and hobbies that are available in Haldimand and Norfolk Counties. The focus of the event is to provide a range of holistic information and knowledge towards overall wellness for individuals and the community.

This year's event featured more than 80 presenters and welcomed over 750 visitors during the one day event. The Fair was held at the Aud, Norfolk County Fairgrounds in February 2014.



Pictured above:

Barbara Bell, CAST Clinician and Karl Grinbergs, Addictions Counsellor at the CAMHS booth

Community Addiction and Mental Health Services of Haldimand & Norfolk

Vision, Mission, Values and Commitment

1. **Vision:** Clients and community acknowledge Community Addiction and Mental Health Services as a leader in the development, provision and promotion of community mental health services for the seriously mentally ill.
2. **Mission:** Community Addiction and Mental Health Services, in co-operation with our partner, takes a best practice approach to providing a broad array of services, including assessment, treatment, advocacy and support for persons with a serious mental illness –age 16 and older – in Haldimand and Norfolk Counties.
3. **Values:** innovation and creativity, partnership, collaboration and cooperation continuous improvement, effectiveness and efficiency, team work, rewarding work environment and learning.
4. **Commitment** “to being client centered, inter-disciplinary in our approach and focused on serving the needs of our community.

