CAMHS

Community Addiction and Mental Health Services of Haldimand and Norfolk

# Annual Report

## 2015-16

Message from the Board Chair

In the past year, the Board of Directors for CAMHS has made significant progress in enhancing and formalizing its governance practices.

We began the year with a governance workshop facilitated by Dr. Terry Shields from McMaster University which set the stage and led to the development of a series of work plans by the Board and Board Committees. Several governance policies were developed or updated during the year, and terms of reference for each committee updated. An orientation program and binder of resources was developed for new Board members. The agency's by-laws were updated to align with the new Ontario Not-For-Profit Corporations Act.

The Board sought educational opportunities and benefited from staff presentations, a tour of the agency's facilities across Haldimand and Norfolk Counties, and a workshop convened by the Local Health Integration Network (LHIN).

CAMHS is comprised of a large group of very caring people who are dedicated to the people they serve. Our staff provide amazing service and play a critical role in our community. I want to take this opportunity to thank all of our staff for their dedication, commitment and outstanding service.

As a Board, we work most closely with senior management, providing strategic direction and overseeing the performance of CEO Nancy Candy-Harding. This is Nancy's second year at the helm, and we owe a special thank you to her for her leadership, foresight and steady hand on the wheel guiding the agency forward.

Mid-year, Barb Sutcliffe and Gerry Buhr resigned from the Board for personal reasons, and we were fortunate to recruit Amber Wardell and MaryLisa Forsyth to fill the vacancies. Thank you to Barb and Gerry for your contributions to our Board.

I'd like to introduce and thank the members of our Board: Dave Stelpstra, Susan O'Dwyer, Laurie Giancola, Zvonko Horvat, Roddy Millea, Jean Montgomery, Amber Wardell and MaryLisa Forsyth. A long serving director but now retired from the Board, Irene Beyaert, continues to assist as a community member on our Board Quality Committee. Very many hours of volunteer time go into making this Board work well and your dedication has been amazing.

At the end of this year, we will bid adieu to Zvonko Horvat who has served as a director for the past six years.

In closing, I'd like to say that it has been a privilege to chair this organization and to be associated with its staff, directors, programs and services. You make such an important difference to people in our community. Thank you everyone!

Respectfully submitted,

Ross Gowan
Chair, Board of Directors

Message from the Chief Executive Officer

Hello and thank you for taking an interest in our organization, Community Addiction and Mental Health Services of Haldimand and Norfolk (CAMHS-HN). CAMHS is the clinical and peer support hub of mental health and addiction services of Haldimand and Norfolk Counties.

I would like to highlight some specific activities that have taken place in the fiscal year of 2015-2016. I would also like to direct you to another component of this document. As this is the second fiscal year of my involvement with the organization, I thought it would be helpful to identify activities/ interventions over the past two years and frame them in relation to our five strategic goals. You will find this further on in our annual report.

The fiscal year of 2015-2016 has been a challenging and creative one.

Our Mobile Crisis Rapid Response Team (MCRTT) service was initiated in Norfolk County, wherein a Mental Health and Addictions (MH&A) worker is embedded in the Norfolk OPP detachment, partnering with the OPP to response to 911 crisis calls. This has been a very exciting and progressive opportunity to serve the community, and launched on May 27, 2015 at the Police Services Board.

The Resource Centre changed their name in this fiscal year to ACHIEVE: Mental Health Wellness and Recovery Centre (WRC). The members wished to ensure that there was an 'active' verb in the title to focus on the journey of recovery. In that spirit, the WRC staff has been reflective in action related to changes in programming as we move forward into 2016-2017.

Special recognition to the CAMHS staff who were met with multiple expectations regarding involvement in evidence-based best practice initiatives throughout the year; the staff 'stepped up to the plate' and have navigated the education and integration of the same in an awesome way:

- Dialectical Behavioural Therapy training and implementation has continued, along with a fruitful partnership with the Canadian Mental Health Association (CMHA).
- Collaborative Assessment and Management of Suicidality (CAMS) training was completed with the Adult and SGS programs and is being effectively implemented.
- The Addiction staff started moving ahead with the training for the new MOHLTC mandated assessment tool: Global Appraisal of Individual Needs (GAIN).
- Concurrent Disorder education through the LHIN4 Concurrent Disorders Capacity Building strategy, and in partnership with CMHA, involvement in developing and implementing a pilot project related to the same.
- Health Links Model of Care and becoming Integrated Care Leads.
- Developing focus on Clinical Service Excellence.
- Developing awareness of the LHIN4 Triple Aim Model for the Mental Health and Addiction sector. Triple Aim: Population Health, Experience of Care, Per Capita Cost.

A number of our CAMHS staff received Victory over Illness through Consumer Empowerment (VOICE) awards this year. This award is presented by the WRC on behalf of individuals with lived experience. Our staff recognized: Stacey Olthof, Debra Graham, JoAnne Torti, Marylin Robinson, and Nancy Candy-Harding.

Special recognition this year goes to Susan Roach, our Peer Support Program Manager, who received a national service award for leadership in suicide prevention from the Canadian Association for Suicide Prevention. Susan was one of two Canadian award recipients. Very impressive and well deserved! And then later in the year, the Norfolk Sunrise Rotary presented Susan a Paul Harris Fellow award for efforts as a passionate promoter of mental health awareness and the breaking down of stigma of mental health issues through dialogue in our community.

Also in the fiscal year of 2015-2016, we bid Dr. Charlene Taylor a formal farewell. On July 10, 2015, we had a wonderful time sharing the Grand River Boat Cruise with Charlene. A 'grand' time was had by all. Psychiatrist recruitment has been ongoing but continues to be a challenge, even with the assistance of LHIN4, HealthForceOntario, St. Joseph's Hospital in Hamilton, McMaster University's Faculty of Medicine, Norfolk General Hospital and journal advertising. Having said this, I must acknowledge the support and diligence of our psychiatrists and geriatricians that serve the community through their involvement with our organization.

Over the year, we have participated in a number of synergistic initiatives with community partners:

- Involvement in the Norfolk County Community Mobilization initiative which has moved forward and is showing successful results.
- Involvement in Health Links Haldimand and Health Links Norfolk.
- Developing a Seniors Peer Counselling Program in partnership with Haldimand Community Services.
- The Norfolk County Drug Treatment Court initiative.
- The Dunnville Bridges Out of Poverty initiative.
- The Haldimand Norfolk Child and Youth Planning Network's Collective Impact Forum.

Internally, there have been operational developments of significance. A few are as follows:

- Client Rights and Responsibilities implementation.
- Staff General Orientation Program development.
- Client Orientation folder development.
- Privacy policy and procedure development reflective of recognized privacy standards.
- Pursuit of ClinicalConnect partnership.
- Initiation of Clinical Standards development.
- Completion of collective bargaining with the Ontario Nurses Association (ONA).
- Completion of collective bargaining with the Canadian Union of Public Employees (CUPE).

A respectful thank you goes to the Board of Directors for their focused work on a governance model over the past year, for their involvement in many of the WRC activities, and for their collective wisdom and support.

And a great thank you to the members of the WRC for their consistent and ongoing support and shared insights into the wellness and recovery journey.

Respectfully submitted,

Nancy Candy-Harding

# VISION, MISSION, VALUES

# STRATEGIC OBJECTIVES

# OUR VISION, MISSION AND VALUES

**Our Vision:**

- A leader in community mental health and addiction services, supporting the wellness and recovery journey

**Our Mission:**

- Provides a continuum of community-based services, including assessment, treatment, education and support for persons with mental illness and/or addiction concerns within Haldimand and Norfolk

**Our Values**

1. Hope and optimism
2. Innovation
3. Integrity
4. Respect
5. Excellence

***Purpose:*** *Partnering for Mental Health and Addiction Wellness*

CAMHS
Community Addiction and Mental Health Services of Haldimand & Norfolk

# OUR STRATEGIC PRIORITIES AND SUPPORTING GOALS: 2014 - 2017

| Promote Mental Health and Addiction Wellness | Foster Recovery and Well-being | Improve Access to Services | Respond to Diverse Populations | Leadership, Knowledge, Collaboration |
|---|---|---|---|---|
| We will:<br>Promote Mental Health and Addiction Wellness across the lifespan in homes, schools, work places and prevent mental illness and addiction, and suicide when possible. | We will:<br>Foster recovery and well-being for people with mental illness and addiction challenges, while advocating and providing education and support | We will:<br>Improve access to the right combination of service, treatments and supports, when and where people need them | We will:<br>Reduce disparities in risk factors and access to mental health and addiction services, and strengthen the response to the needs of diverse communities.<br>Work with First Nations and other defined groups to address their needs, acknowledging their distinct circumstances, rights and cultures | We will:<br>Mobilize leadership, improve knowledge and foster collaboration at all levels |

CAMHS
Community Addiction and Mental Health Services of Haldimand & Norfolk

CAMHS
Community Addiction and Mental Health Services of Haldimand and Norfolk

## CAMHS' Strategic Goals and Related Actions (2014-2016)

At the beginning of the 2014-2015 fiscal year, the Board and Management met to review and develop a strategic plan for CAMHS. Our Mission (our reason for being) and Values (what we believe in and how we behave) guide us and our strategic goals help direct us to achieve our Vision (what we believe we should be). Our Purpose is a combination of Vision, Mission, and Values.

We particularly focused on the *Excellent Care for All Act (ECFA)* and the Mental Health Commission of Canada's strategic document '*Changing Directions, Changing Lives*'.

As an organization we have the responsibility to, in our actions, address our strategic goals.

Below is a listing of some of our major activities over the two years. Many of these actions actually relate to more than one strategic goal. However, for simplicity sake, I have tried to assign an action to the strategic goal that it might most align with. This list is not all inclusive of the activities that have taken place over the past two fiscal years to move forward our:

Vision: To be a leader in community mental health and addiction services, supporting the wellness and recovery journey.

And our:

Mission: To provide a continuum of community-based services, including assessment, treatment, education and support for persons with mental illness and/or addition concerns within Haldimand and Norfolk.

### Strategic Goal: To Promote Mental Health and Addiction (MH&A) Wellness

We will promote MH&A wellness across the lifespan in homes, schools, workplaces, and prevent mental illness and addiction, and suicide where possible.

**2014 – 2016 Actions**

- Participating in Grand Erie School Board educational events.
- Renewed partnership with the Alzheimer's Society regarding Behavioral Support Ontario (BSO).
- Multiple presentations at Fanshawe College.
- Wellness Fair.
- Suicide Prevention Day activities.
- Involvement in OPP's Crisis Intervention Training (CIT).
- Participating in a collective Impact proposal addressing Youth Resiliency with the Child and Youth Planning Network (CYPN).
- Post-Traumatic Stress Disorder (PTSD) educational intervention with 35 fire/police/EMS staff.
- Internal Safety focus: establishment of JOH&S committee; certification of 4 staff; policy and procedure development; personal alert devices and call for assistance buttons installed in off-site offices.

- Name change of Resource Centre to ACHIEVE: Mental Health Wellness & Recovery Centre.
- The Norfolk County Public Library (Simcoe location) moved our MH&A literature collection to the first floor of the library to make it more available and accessible. These resources are available to all through inter-library access.
- Involvement in mandatory training of all Emergency Medical Services (EMS) paramedics of Haldimand and Norfolk, and the new Community Paramedicine Program.
- Partnership with the Health Equity Community Committee has led to our pamphlets for migrant farm workers to be utilized across the province.

**Strategic Goal: To Foster Recovery and Well-Being**

We will foster recovery and well-being for people with mental illness and addiction challenges, while advocating and providing education and support.

**2014 – 2016 Actions**

- Dialectic Behavioral Therapy training (stage 1 and 2) plus therapy initiation.
- Development and integration of a Clients Rights and Responsibilities charter.
- Achieve: Mental Health Wellness and Recovery Centre (WRC) programming changes.
- Development of privacy policies at a recognized standard (ClinicalConnect).
- Improved signage in clinics.
- Development of CAMHS client orientation handbook and welcome package.
- Participating in the development of the Drug Treatment Court Initiative.
- Initial foray into arranging for CAMHS to be early adopters of the OPOC (Ontario Perception of Care) client experience survey.
- Program one-day retreat meetings to reflect on present activity and future structure required to support wellness and recovery.
- Development of our Signpost pamphlet series speaking to issues of mental health/illness in non-medical language.
- Formalized partnership with the Grand Erie School Board.
- Development of a Seniors' Peer Counselling course (collaboration of WRC,SGS, and Community Services, Hagersville).

**Strategic Goal: To Improve Access to Services**

We will improve access to the right combination of service, treatment and supports, when and where people need them.

**2014 - 2016 Actions**

- CAMS (Comprehensive Assessment and Management of Suicidality) training for appropriate staff.
- GAIN (Global Appraisal of Individual Needs) training for Addiction Counsellors.
- Centralized Intake Process.
- MCRRT Norfolk.
- CAST enhancement – funding for one additional staff.
- Participate in NGH-BCHS transitions of care interface development (regarding persons on a Form 1).
- Concurrent Disorders education and pilot project.
- Participate in development of Drug Treatment Court initiative.
- Participate in Norfolk County Community Mobilization strategies.

- Participate in Health Links (HL) Haldimand and Health Links Norfolk.
- Arrange for client bathroom facilities in Simcoe office.
- Accessibility door installed in Simcoe office.
- Implementation of new agency-wide phone system.
- CAST telephone back-up plan.
- Invest time into becoming a partner agency of ClinicalConnect.
- Working with Grand River Community Health Clinic (GRCHC) and LHIN4 regarding the Telemedicine Nurse Practitioner role review and development.

**Strategic Goal: To Respond to Diverse Populations**

We will reduce disparities in risk factors and access to MH&A services, and strengthen the response to the needs of diverse communities; work with First Nations and other defined groups to address their needs, acknowledging their distinct circumstances, rights and cultures.

**2014 - 2016 Actions**

- Migrant Farm Worker drop-in.
- Development of Migrant Farm Workers pamphlets.
- Development of Low German Mennonite pamphlets.
- Aboriginal culture training for staff.
- Participation in Bridges Out of Poverty Program (Dunnville).

**Strategic Goal: Leadership, Knowledge, Collaboration**

We will mobilize leadership, improve knowledge, and foster collaboration at all levels.

**2014 - 2016 Actions**

- Best practice training (e.g. CAMS, GAIN, Health Links Model of Care).
- Partnership with CMHA (DBT team); Peer Support Worker in CMHA.
- Concurrent Disorders pilot project with Addictions Team and CMHA.
- Leadership Team reading/discussing evidence-based practice literature.
- Organization Quality Committee.
- Volunteer Social Committee.
- Large number of staff attending workshops, conferences.
- Frontline staff representing CAMHS at multiple community committees.
- Increased CAMHS program staff's involvement at activities (e.g. Norfolk Fair, WRC Christmas Lunch).
- CAMHS Values-Based Code of Conduct.
- Focus on Clinical Service Excellence.
- Staff training regarding legislation, OHS, LHIN Triple Aim, MOHLTC's *People First*
- Introduction of the Balanced Scorecard format and Quality Plan.
- Involvement in the Dementia Network, with the Regional Geriatric Program (RGP) Strategic Retreat (Jan.8/16); with the WMGH Strategic Planning focus group (Jan. 5/16),
- Development of program specific clinical standards.

# BOARD MEMBERSHIP

**2015-16**
**Board of Directors Membership**
**Since AGM, September 2015**

## Current Members

| MEMBER | POSITION | |
|---|---|---|
| Ross Gowan | Chair | September 2015 |
| Roddy Millea | Vice-Chair | March 2016 |
| Sue O'Dwyer | Treasurer | September 2015 |
| Laurie Giancola | Secretary | December 2015 |
| MaryLisa Forsyth | Director | February 2016 |
| Zvonko Horvat | Director | Retiring September 2016 |
| Jean Montgomery | Director | September 2015 |
| David Stelpstra | Director | Moved to Director September 2015 |
| Amber Wardell | Director | February 2016 |
| **Community Member** | | |
| Irene Beyaert | Community Member | September 2015 |
| **Ex-Officio** | | |
| Nancy Candy-Harding | Chief Executive Officer | Ex-Officio |
| Debra Graham | Scribe | Ex-Officio |

## Departures Since AGM 2015

| MEMBER | POSITION | |
|---|---|---|
| Irene Beyaert | Secretary | Retired September 2015 |
| Gerald Buhr | Vice-Chair | Resigned February 2016 |
| Barb Sutcliffe | Director | Resigned February 2016 |

# FINANCE

Financial Statements of

# COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Year ended March 31, 2016

# COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

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# 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, 2016, the statements of operations, changes in fund balances and cash flows for the year then ended, and notes, comprising 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.

*Auditors' 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 an 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 our 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, we consider 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 overall 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.

KPMG LLP is a Canadian limited liability partnership and a
member firm of the KPMG network of independent member firms
affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.
KPMG Canada provides services to KPMG LLP.

*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 to satisfactory audit verification. Accordingly, verification of these revenues was limited to the amounts recorded in the records of Community Addiction and Mental Health Services of Haldimand & Norfolk. Therefore, we were not able to determine, respectively, whether, as at and for the years ended March 31, 2016 and March 31, 2015 any adjustments might be necessary to revenues and excess of revenues over expenses reported in the statements of operations, excess of revenues and expenses reported in the statements of cash flows and current assets and unrestricted fund balances reported in the statement of financial position as at and for the year ended March 31, 2016.

*Qualified Opinion*

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the position of Community Addiction and Mental Health Services of Haldimand & Norfolk as at March 31, 2016 and its statements of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

June 27, 2016

Hamilton, Canada

# COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Financial Position

March 31, 2016, with comparative information for 2015

| | Operating fund | Donation fund | 2016 | 2015 |
|---|---|---|---|---|
| **Assets** | | | | |
| Current assets: | | | | |
| Cash | $ 700,374 | $ 117,688 | $ 818,062 | $ 695,217 |
| Investments (note 2) | - | 26,161 | 26,161 | 25,953 |
| Accounts receivable | 13,509 | 845 | 14,354 | 43,012 |
| Harmonized sales tax recoverable | 26,144 | - | 26,144 | 30,155 |
| Prepaid expenses | 7,967 | - | 7,967 | 14,211 |
| Due from (to) own funds (note 3) | 34,559 | (34,559) | - | - |
| | 782,553 | 110,135 | 892,688 | 808,548 |
| Property and equipment (note 4) | 60,277 | - | 60,277 | 91,103 |
| | $ 842,830 | $ 110,135 | $ 952,965 | $ 899,651 |
| **Liabilities and Fund Balances** | | | | |
| Current liabilities: | | | | |
| Accounts payable (note 5) | $ 511,244 | $ - | $ 511,244 | $ 422,395 |
| Due to MOHLTC (note 6) | 340,981 | - | 340,981 | 339,771 |
| Employee future benefits (note 7) | 4,331 | - | 4,331 | 8,000 |
| | 856,556 | - | 856,556 | 770,166 |
| Deferred capital contributions (note 8) | 6,222 | - | 6,222 | 18,667 |
| Fund balances: | | | | |
| Invested in property and equipment (note 9) | 54,055 | - | 54,055 | 72,436 |
| Unrestricted | (74,003) | - | (74,003) | (61,524) |
| Internally restricted | - | 110,135 | 110,135 | 99,906 |
| | (19,948) | 110,135 | 90,187 | 110,818 |
| | $ 842,830 | $ 110,135 | $ 952,965 | $ 899,651 |

See accompanying notes to financial statements.

On behalf of the Board:

Director

Director

# COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Operations

Year ended March 31, 2016, with comparative information for 2015

| | Operating fund | Donation fund | 2016 | 2015 |
|---|---|---|---|---|
| Revenues: | | | | |
| Ministry of Health and Long Term Care ("MOHLTC") | $ 4,066,389 | $ - | $ 4,066,389 | $ 3,702,512 |
| St. Joseph's Healthcare Hamilton | 92,283 | - | 92,283 | 62,382 |
| Donations | - | 29,520 | 29,520 | 22,877 |
| Other | 52,721 | 10,234 | 62,955 | 81,059 |
| Amortization of deferred capital contributions (note 8) | 12,445 | - | 12,445 | 12,445 |
| | 4,223,838 | 39,754 | 4,263,592 | 3,881,275 |
| Expenses: | | | | |
| Salaries and wages | 2,520,021 | - | 2,520,021 | 2,201,556 |
| Employee benefits | 570,729 | - | 570,729 | 488,206 |
| Purchased services | 334,917 | - | 334,917 | 341,920 |
| Rent | 219,452 | - | 219,452 | 206,843 |
| Amortization | 30,826 | - | 30,826 | 35,471 |
| Other expenses | 392,664 | 29,525 | 422,189 | 385,620 |
| | 4,068,609 | 29,525 | 4,098,134 | 3,659,616 |
| Excess of revenue over expenses before transfer payment repayable | 155,229 | 10,229 | 165,458 | 221,659 |
| Transfer payment repayable (note 6) | (186,089) | - | (186,089) | (154,892) |
| (Deficiency) excess of revenues over expenses | $ (30,860) | $ 10,229 | $ (20,631) | $ 66,767 |

See accompanying notes to financial statements.

# COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Changes in Fund Balances

Year ended March 31, 2016 with comparative information for 2015

| March 31, 2016 | Invested in property and equipment | Unrestricted | Internally restricted | Total |
|---|---|---|---|---|
| Balance, beginning of year | $ 72,436 | $ (61,524) | $ 99,906 | $ 110,818 |
| (Deficiency) excess of revenues over expenses | (18,381) | (12,479) | 10,229 | (20,631) |
| Balance, end of year | $ 54,055 | $ (74,003) | $ 110,135 | $ 90,187 |

| March 31, 2015 | Invested in property and equipment | Unrestricted | Internally restricted | Total |
|---|---|---|---|---|
| Balance, beginning of year | $ 32,061 | $ (75,811) | $ 87,801 | $ 44,051 |
| (Deficiency) excess of revenues over expenses | (15,667) | 70,329 | 12,105 | 66,767 |
| Net change in investment in property and equipment (note 9(b)) | 56,042 | (56,042) | - | - |
| Balance, end of year | $ 72,436 | $ (61,524) | $ 99,906 | $ 110,818 |

See accompanying notes to financial statements.

# COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Cash Flows

Year ended March 31, 2016 with comparative information for 2015

| | 2016 | 2015 |
|---|---|---|
| Cash provided by (used in): | | |
| Operations: | | |
| (Deficiency) excess of revenues over expenses for the year | $ (20,631) | $ 66,767 |
| Items not involving cash: | | |
| Deferred capital contributions | (12,445) | (12,445) |
| Amortization | 30,826 | 35,471 |
| Gain on disposal of property and equipment | - | (7,359) |
| Change in non-cash operating working capital balances: | | |
| Decrease (increase) in accounts receivable | 28,658 | (18,673) |
| Decrease in harmonized sales tax recoverable | 4,011 | 14,409 |
| Decrease in prepaid expenses | 6,244 | 8,171 |
| Increase in accounts payable | 88,849 | 100,216 |
| Increase (decrease) in due to MOHLTC | 1,210 | (60,013) |
| Decrease in employee future benefits | (3,669) | (4,000) |
| | 123,053 | 122,544 |
| Financing: | | |
| Change in investments | (208) | (145) |
| Investing: | | |
| Purchase of property and equipment | - | (68,886) |
| Proceeds on disposal of property and equipment | - | 12,844 |
| | - | (56,042) |
| Increase in cash | 122,845 | 66,357 |
| Cash, beginning of year | 695,217 | 628,860 |
| Cash, end of year | $ 818,062 | $ 695,217 |

See accompanying notes to financial statements.

Community Addiction and Mental Health Services of Haldimand & Norfolk (the "Organization") 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.

## 1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook.

Significant accounting policies are as follows:

(a) 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 of Directors or by third parties, and related expenses.

(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 to the extent that the amount to be received can be reasonably estimated and collection is reasonably assured.

Externally restricted funds are recognized when received in the fund corresponding to the purpose for which they were contributed. Contributions restricted for the purchase of property and equipment are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related property and equipment.

1. **Significant accounting policies (continued):**

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. All financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to record any financial instruments at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Organization determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Organization expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial impairment charge.

The Standards require an organization to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

- Level 1 – Unadjusted quoted market prices in active markets for identical assets or liabilities;
- Level 2 – Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

## 1. Significant accounting policies (continued):

(d) Property and equipment:

Purchased tangible capital assets are recorded at cost. Amortization is provided on a straight-line basis over the estimated useful lives of the assets as follows:

| Asset | Years |
|---|---|
| Office furniture and equipment | 5 |
| Computer equipment | 5 |
| Computer software | 5 |
| Leasehold improvements | 5 |
| Vehicles | 5 |

(e) Use of estimates:

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations 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. Significant items subject to such estimates include the carrying amount of property and equipment, provision for impairment of investments and accounts receivable, estimation of accrued liabilities and valuation of employee future benefits. Actual results could differ from those estimates.

(f) Contributed services and materials:

Volunteers contribute numerous hours to assist the Organization in carrying out certain aspects of its service delivery activities. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements. Contributed materials are also not recognized in these financial statements.

## 2. Investments

Investments of $26,161 (2015 - $25,953) consist of a guaranteed investment certificate bearing interest at 0.6% (2015 - 0.8%) per annum, maturing on December 13, 2016.

### 3. Due from (to) own funds:

The Operating Fund will pay for certain costs related to the MOHLTC programs of the Donation Fund. As a result, balances are owing between the funds at the year end. Due to the timing of payments during the year, the Donation Fund owes the Operating Fund $34,559 (2015 - $5,078) for disbursements made on behalf of the MOHLTC programs. The amount bears no interest and has no set repayment terms.

### 4. Property and equipment:

| | Cost | Accumulated amortization | 2016 Net book value | 2015 Net book value |
|---|---|---|---|---|
| Office furniture and equipment | $ 105,345 | $ 75,248 | $ 30,097 | $ 41,117 |
| Computer equipment | 163,703 | 163,703 | - | - |
| Computer software | 36,379 | 21,826 | 14,553 | 21,827 |
| Leasehold improvements | 96,437 | 96,437 | - | - |
| Vehicles | 62,661 | 47,034 | 15,627 | 28,159 |
| | $ 464,525 | $ 404,248 | $ 60,277 | $ 91,103 |

### 5. Accounts payable:

Included in accounts payable are government remittances payable of $9,368 (2015 - $6,051), which includes amounts payable for payroll related taxes.

### 6. Due to the MOHLTC:

At the end of the fiscal year the Organization may owe the MOHLTC unspent funding as determined by the annual reconciliation report. The report is subject to MOHLTC approval or adjustments.

### 7. Employee future benefits:

Qualifying employees upon retirement may elect to participate in the Organization's extended health care and dental benefits 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 participants.

| | 2016 | 2015 |
|---|---|---|
| Retirement health care benefits | 4,331 | 8,000 |

## 8. Deferred capital contributions:

Deferred capital contributions represent the unamortized or unspent amount of funds received for the purchase of property and equipment. The amortization of deferred capital contributions are recorded as revenue in the statement of operations. The change in the deferred capital contributions balances is as follows:

| | 2016 | 2015 |
|---|---|---|
| Balance, beginning of year | $ 18,667 | $ 31,112 |
| Less: amortization of deferred capital contributions | (12,445) | (12,445) |
| Balance, end of year | $ 6,222 | $ 18,667 |

## 9. Net assets invested in property and equipment:

(a) Net assets invested in property and equipment is calculated as follows:

| | 2016 | 2015 |
|---|---|---|
| Property and equipment (note 4) | $ 60,277 | $ 91,103 |
| Amounts financed by deferred capital contributions (note 8) | (6,222) | (18,667) |
| | $ 54,055 | $ 72,436 |

(b) Change in net assets invested in property and equipment is calculated as follows:

| | 2016 | 2015 |
|---|---|---|
| Deficiency of revenues over expenses: | | |
| Amortization of deferred capital contributions | $ 12,445 | $ 12,445 |
| Gain on disposal of property and equipment | - | 7,359 |
| Amortization of property and equipment | (30,826) | (35,471) |
| | $ (18,381) | $ (15,667) |
| Net change in investment in property and equipment: | | |
| Purchase of property and equipment | $ - | $ 68,886 |
| Proceeds on disposal of property and equipment | - | (12,844) |
| | $ - | $ 56,042 |

**10. Credit facility:**

The Organization has an operating line of credit in the amount of $200,000 which bears interest at a rate of prime plus 1.5%. The operating line of credit is secured by a general security agreement over all assets of the Organization. The operating line of credit was not drawn on at March 31, 2016.

**11. Economic dependence:**

The MOHLTC 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.

**12. Pension benefits:**

Substantially all of the employees of the Organization are eligible to be members of the Healthcare of Ontario Pension Plan (H.O.O.P.P.) which is a multi-employer average pay contributory pension plan. Employer contributions made to the plan during the year amounted to $191,662 (2015 - $151,964). These amounts are included in employee benefits expense on the statement of operations.

There are no material past service costs. The most recent H.O.O.P.P. actuarial valuation of the Plan as of December 31, 2016 indicated the Plan has a 22% surplus in disclosed actuarial assets.

**13. Commitments:**

The Organization has lease commitments for office space within Haldimand and Norfolk. Annual payments for the next four years are as follows:

| | |
|---|---|
| 2017 | $ 175,860 |
| 2018 | 89,877 |
| 2019 | 68,360 |
| 2020 | 58,080 |

**13. Commitments (continued):**

The Organization entered into an agreement with Norfolk General Hospital 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.

**14. Financial instruments:**

(a) Credit risk:

Credit risk is the risk of financial loss to the Organization if a counterparty to a financial instrument fails to meet its contractual obligations. Such risks arise principally from certain financial assets held by the Organization consisting of cash, investments and accounts receivable.

The maximum exposure to credit risk of the Organization at March 31, 2016 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2015.

(b) Liquidity risk:

Liquidity risk is the risk that the Organization will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Organization manages its liquidity risk by monitoring its operating requirements. The Organization prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

There have been no significant changes to the liquidity risk exposure from 2015.

# STATISTICS

# COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

## STATISTICS – 2015-16

| MENTAL HEALTH SERVICES | Visits | | Individuals | |
|---|---|---|---|---|
| | Target | Actual | Target | Actual |
| Case Management Mental Health | 40 | 1462 | 3 | 352 |
| Counselling and Treatment (including TMS) | 5400 | 9566 | 2160 | 1131 |
| Forensic (combined with Substance Abuse) | 25 | | 8 | |
| Psychogeriatric | 4500 | 6273 | 765 | 753 |
| Crisis Intervention | 1400 | 3457 | 800 | 1195 |
| Wellness & Recovery Centre – Peer/Self Support | | | 550 | 523 |

| MENTAL HEALTH SERVICES | Group Participants | | Group Sessions | |
|---|---|---|---|---|
| | Target | Actual | Target | Actual |
| Wellness & Recovery Centre – Peer/Self Support | 732 | 2885 | 50 | 405 |
| Wellness & Recovery Centre – Peer/Self Support (not uniquely identified Service Recipient Interactions) | 8800 | 8858 | | |

| ADDICTION SERVICES – INDIVIDUALS | Visits | | Individuals | |
|---|---|---|---|---|
| | Target | Actual | Target | Actual |
| Addictions – Substance Abuse | 4000 | 3071 | 1350 | 2316 |
| Addictions – Problem Gambling | 185 | 257 | 45 | 16 |

| ADDICTION SERVICES – GROUPS | Group Participants | | Group Sessions | |
|---|---|---|---|---|
| | Target | Actual | Target | Actual |
| Addictions – Substance Abuse | 2240 | 838 | 50 | 34 |
| Addictions – Problem Gambling | 500 | 97 | 10 | 9 |

# PROGRAM UPDATES

**Achieve Mental Health Wellness & Recovery Centre**

The goals and objectives of the Centre have consistently focused on supporting the wellness, recovery and quality of life of members through social recreation and educational opportunities, peer support and advocacy. However, the Centre's name (HN Resource Centre), its lack of recognition as a program of CAMHS and commonly held perceptions of a 'drop-in' program were not consistent with the work and achievements of the Centre. To respond to these challenges, the Centre engaged the membership to identify how they saw the Centre and how they wanted to be seen in the community and the Centre's new name was suggested and subsequently adopted. The name conveys the Centre as a vital, active program with clear goals and objectives and the incorporation of the CAMHS name into the logo design reminds everyone that the Centre is a proud program of the agency.

The Centre held successful community open houses in both Dunnville and Simcoe to launch the new name and to present to guests the wide range of recovery and wellness programming offered at the Centre. Members were actively involved in providing guest tours and orientation to the program. The introduction package has subsequently been utilized to welcome and provide information to community visitors such as an organized staff tour for Ontario Works. Programming at the Centre has continued to be refined to meet the goals of wellness and recovery. The Centre developed an anxiety support group to assist individuals who faced barriers because of their illness to engaging with, and participating at, the Centre. The successful program was highlighted at the Ontario Peer Development Initiatives conference as a model to be utilized by others.

The photography program continues to challenge individuals to develop new skills and to build their self-esteem and recovery through their achievements. Two of the program participants earned first place finishes with their photo competition entries into the local Norfolk County Fair. Another's work has been utilized by the Bridges Out of Poverty Program in Dunnville and collectively the participants successfully hosted 'Ability in disAbility', a photography show highlighting their work.

The Centre values community participation and engagement as critical components in supporting the wellness, recovery and quality of life of members along with supporting the development and enhancement of an informed, strong community. Members were actively engaged with outreach and education in the community through their involvement with events such as the Mind*Body*Spirit Wellness Fair, Igniting Hope suicide prevention initiatives, CAMHS mental health booth at the Norfolk County Fair and school and community presentations. Volunteer effort, financial contributions of individual and business sponsors, United Way funding for the Mental Health Literacy Program run by the Centre and an engaged community resulted in positively reviewed and well attended events hosted by the Centre.

Community partnerships contribute to the vitality of the Centre and its programming. During the annual VOICE awards, we recognized an honour roll of 76 individuals, businesses, programs and services whose efforts, contributions and partnerships enhance the Centre and the lives of members. In addition, we were proud to recognize the ongoing commitment of members for five years of volunteering at the Centre with an Ontario Volunteer Service Award.

The Centre has a long standing partnership on different events with the Norfolk OPP and this year extended this partnership to run a first responders clothing drive challenge. The response was overwhelming and provided the male and female members of the Centre with an opportunity to enhance their wardrobes thanks to the police, fire and paramedic personnel of our community.

The Centre maintains a memorial stone marker at the Simcoe site in honour of deceased members and this year community contributions enabled us to update the stone to reflect members who have passed in the last five years. A service at the Centre was held to honour those whose names were added and to remember and reflect on others.

The efforts of the Centre and staff in relation to suicide prevention and mental health awareness were recognized by the community with the presentation of two awards. The Canadian Association for Suicide Prevention presented a national service award for leadership in suicide prevention – service delivery and development, advocacy that has led to a reduction in suicide or its harmful consequences – to the Centre. The Norfolk Sunrise Rotary also presented to the Centre's program manager a Paul Harris Fellow award for efforts as a passionate promoter of mental health awareness, and the breaking down of stigma of mental health issues through dialogue in our community.

**Addictions**

The Addictions Program provides assessment and counselling to people of all ages who are experiencing issues with alcohol, drug use or gambling. Families and significant others are included in the recovery process.

Our Addictions Program provided much needed individual addiction counselling, education and support services to our community, including the high schools in both of the counties we serve.

In the past year, the Addictions team participated in a Concurrent Disorders Care Collaboration Pilot. Addictions counsellors tested a model of care that demonstrated improved population health and client experience of care when community partners worked in collaboration to provide treatment to clients with both addiction and mental health issues.

**Adult Mental Health**

The Adult Mental Health Program provides client-focused services to adults in the community aged 16 and older with mental illness. Services include individual therapy, monitoring of psychotropic medication and consultation to community physicians and other mental health agencies and professionals.

Members of the Adult Team include Psychiatrists, Social Workers and Registered Nurses. Services are provided in our agency, satellite offices and through telemedicine equipment. The team continues to build partnerships with other service providers in the community.

This past year saw the staff trained in the Collaborative Assessment and Management of Suicidality (CAMS) model of care. This provides the clinician with the knowledge and a framework to implement an evidence-based approach to working with suicidal clients, to help them understand their suicidality and to guide them into treatment.

Dialectical Behavioural Therapy (DBT) has remained a highly effective evidence-based form of therapy. Our Adult Team staff members have received training over the past year in this important and intensive form of therapy. DBT is provided in partnership with the Canadian Mental Health Association of Haldimand-Norfolk (CMHA) to clients who match the need for this type of therapy.

## Crisis Assessment and Support Team (CAST)

CAST is a 24/7 mental health crisis support and assessment service for people over the age of 16 who are experiencing, or are supporting someone who is experiencing, a mental health crisis. The CAST team responds 24/7 to urgent crisis telephone calls, offers short-term counselling addressing crisis prevention and intervention, and provides face to face assessment in the Emergency Department and other community service facilities within a 24 hour or less response time. Individuals are linked to community resources and support systems as needed, including peer support, to prevent further crisis.

The addition of another full-time staff has allowed for two staff on shift each weekday, providing increased opportunity for short-term crisis counselling and follow-up to ensure stabilization of crisis situations.

## Mobile Crisis Rapid Response Team (MCRRT) – Norfolk County

We are very fortunate to be able to have introduced the Mobile Crisis Rapid Response Team (MCRRT) model this year in Norfolk County at the end of May 2015. The MCRRT model partners a uniformed police officer with an experienced mental health professional to respond to imminent 911 calls, as determined by Police Dispatch. The program provides persons in crisis, their families and caregivers with a timely and appropriate emergent crisis intervention.

The MCRRT model is one of the first ride-along models that help reduce the burden on emergency departments and acute mental health services, while ensuring that the level of care is accessible to those who require it most. MCRRT demonstrates improved health care and client experience during an imminent crisis situation.

The MCRRT attempts to streamline access to mental health crisis supports and helps reduce the burden of unnecessary referrals to the emergency department.

Service recipients of MCRRT include individuals presenting with symptoms of mental health illness, substance abuse, behavioral disorders or acute crisis situations.

In the fiscal year of 2015-16, of the persons in crisis that were involved with our MCRRT staff, we had diverted over 87% from the Emergency Department by interacting with them at the point of crisis, and aiding in the access of required services. Of the services offered, 82% have been followed up on by the person in crisis.

## 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 a mental health issue combined with age-related difficulties.

In addition to Registered Nurses, a Social Worker and Intensive Geriatric Service Workers (IGSWs), Geriatricians and Geriatric Psychiatrists are key members of our SGS team. This year Dr. David Cowan was awarded a Service Award for Geriatric Excellence by the Regional Geriatric Program (see Awards section for details).

The SGS team remains very busy providing outreach and clinic services to seniors in Haldimand and Norfolk Counties. Outreach includes providing support to community service partners including Long-Term Care and Retirement facilities and hospitals. In the past year, the SGS Team received training in the Collaborative Assessment and Management of Suicidality (CAMS) to complement the previous service offered.

**Telemedicine Services (TMS)**

This service is a non-emergency consultation service with a team of Registered Nurses and Psychiatrists addressing the needs of adults 16 years of age and older who may be experiencing mental health or mental health/addictions issues.

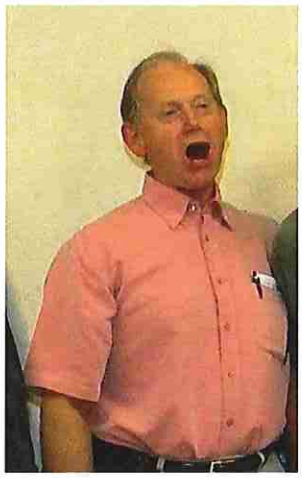
We connect clients with medical specialists who are not located in our community through videoconferencing. Our equipment allows this to be done on personal computers, providing greater mobility and outreach into the community to clients who may not otherwise be able to access the specialists that they need.

Through a partnership with the Grand River Community Health Centre, we are pursuing the development of the Nurse Practitioner role aligning with our TMS.

# RECOGNITION

# RECOGNITION

## VOICE Awards May 2015



Ross Gowan leads 'Lean on Me' to launch awards

Nancy Candy-Harding receiving a VOICE award

Stacey Olthof receiving a VOICE award from WRC staff Trish VanGoethem

Debra Graham receiving a VOICE award from WRC staff Trisha Schotsch

Marylin Robinson receiving a VOICE award from WRC staff Trisha Schotsch

JoAnne Torti receiving a VOICE award from WRC staff Susan Roach

## SAGE (Service Award for Geriatric Excellence) Award 2015


Picture –group photo of the SGS team, including Dr. Gagnon

This past year, the Specialized Geriatric Services (SGS) team nominated our geriatrician, Dr. David Cowan, for a Service Award 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 community to ensure that they age with optimal health, independence and dignity.

Dr. Cowan was the recipient of the SAGE Individual Award for service excellence. He has demonstrated a commitment to the development of best practices and the advancement of geriatric medicine through his dedication to a variety of geriatric working committees and task forces while also being a significant contributor and support to the model of Gentle Persuasive Approaches in dementia care now used across the province.

## Specialized Geriatric Services Team

## MCRRT Launch


## Dr. Taylor's Retirement


## Nancy Allan's Retirement


## Val Fahey Moving On

## Staff Picnic

Stacey Olthof's baby shower ....

and the new arrival

## Canadian Association of Suicide Prevention Award

(L-R) Trisha Schotsch, Tanya Nash (CASP), Susan Roach, Jean Montgomery, Nancy Candy-Harding, Deborah Strachan

## Suicide Prevention Awareness Event 2015 – Igniting HOPE


## Paul Harris Fellow Award


At the *Wellness Fair* on March 19th, Sue O'Dwyer presented a new Paul Harris Fellow Award to Susan Roach on behalf of Norfolk Sunrise.

CAMHS

Community Addiction and Mental Health Services of Haldimand and Norfolk

# OUR PURPOSE

## *Partnering for Mental Health and Addiction Wellness*