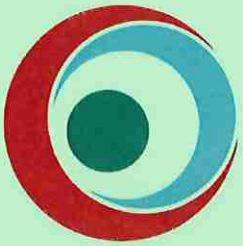


CAMHS

Community Addiction and Mental Health Services of Haldimand and Norfolk

Annual Report

2016-17

Board Chair Report – 2016-17

In the past year, the Board of Directors for CAMHS has continued its quest to enhance and formalize its governance practices. Board members have been fully engaged in the work of the Board and committees of the Board.

In 2016-17, the Board met as a full Board for seven regular meetings, numerous committee meetings, one education session, and one full-day planning retreat. At the planning retreat in June, we established strategic objectives for the direction and work of CAMHS for the next 2-3 years.

Over the past year, the Board and senior management have placed greater emphasis on risk management and began to develop a full risk management plan. A balanced scorecard was initiated by senior management, allowing the Board and management to track the accomplishment of several key agency-wide objectives.

One key service enhancement was added during 2017-18. Following on the success of the Mobile Crisis Rapid Response Team (MCRRT) established in Norfolk in the year previous, a similar MCRRT was established this year in Haldimand, associated with the Haldimand Detachment of the OPP.

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, governing the organization and overseeing the performance of CEO Nancy Candy-Harding. I wish to acknowledge and thank Nancy for her untiring commitment, leadership, foresight and dedication to the clients and staff of CAMHS, while also providing leadership to the broader network of mental health and addictions agencies in our Local Health Integration Network (LHIN) area.

I'd like to introduce and thank the members of our board: Susan O'Dwyer, Laurie Giancola, Roddy Millea, Jean Montgomery, Amber Wardell, Marylisa Forsyth, Cheryl Pineo, and Paul Sherwood. Many hours of volunteer time go into making this board work well and your dedication has been amazing.

At the end of this year, my 6-year term will have been completed and I will step away to make room for a new director with a fresh perspective and new energy.

In closing I'd like to say that it has been a privilege to chair this organization for the past two years and to be associated with its staff, directors, programs and services. You make a very important difference to so many 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 community organization responsible for mental health and addiction clinical and peer support service delivery.

We have seen some exciting growth and development in the organization and in the HNHB LHIN (Hamilton Niagara Haldimand Brant Local Health Integration Network), of which we are a part.

The *Patients First* legislation and activities related to this have been central to planning across the LHIN. Haldimand-Norfolk has been identified as a sub-region along with four other sub-regions: Brant, Burlington, Hamilton, Niagara and Niagara northwest. Specific to mental health and addictions there has been a focus on addiction services with a LHIN-led value-stream mapping exercise in each sub-region. Brant/Haldimand-Norfolk has received funding to support an Early Intervention Program targeting youth and led by the Brant Community Health System. There is a LHIN Core Crisis Service working group actively looking at crisis service standardization as well as geographical community nuance of need.

Locally, we are very excited to have received funding for the development of a Mobile Crisis Rapid Response Team partnering with the Haldimand detachment of the Ontario Provincial Police (OPP). As you know, we initiated this program in Norfolk in 2015, partnered with the Norfolk OPP detachment. This means now that across both counties we will have mental health clinicians as first responders to people in crisis.

Internally, over the last year we have expanded our group activity, developed Terms of Service for our Adult Program and our Addiction Program, redeveloped our intake processes, recreated our website, developed our Facebook page, and increased our focus on supporting wellness and recovery in our Peer Support Program.

In the community, we have continued to strengthen partnerships and explore opportunities for collaboration. A couple of examples would be in Dunnville. We have been engaged with the community looking to determine our mental health and addictions interventions based on the community's requests and direction. In Hagersville, we have partnered with the Abilities Centre. ABEL, ACTT, and our Wellness and Recovery Centre (WRC) have shared numerous activities and resources. And our partnership with the United Way has continued to be important expressed by their support of mental health literacy.

A number of our staff once again received Victory over Illness through Consumer Empowerment (VOICE) awards, presented by the WRC on behalf of individuals with lived experience. We have had some staff changes, saying a best wishes goodbye to those who have left us, and happily welcoming newcomers.

A respectful thank you goes to the Board of Directors for their focused support, to NGH for their attentiveness, and to our LHIN team for their support and wisdom. And a great thank you to the CAMHS staff for a year of work well done, and for their commitment to our community partners and our clients.

Respectfully submitted,

Nancy Candy-Harding

VISION, MISSION, VALUES

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: 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: Foster recovery and well-being for people with mental illness and addiction challenges, while advocating and providing education and support	We will: Improve access to the right combination of service, treatments and supports, when and where people need them	We will: Reduce disparities in risk factors and access to mental health and addiction 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	We will: Mobilize leadership, improve knowledge and foster collaboration at all levels

CAMHS
Community Addiction and Mental Health Services of Haldimand & Norfolk

BOARD MEMBERSHIP

2016-17
Board of Directors Membership
Since AGM, September 2016

Current Members

MEMBER	POSITION	
Ross Gowan	Chair	September 2015 (retiring September 2017)
Roddy Millea	Vice-Chair	March 2016
Sue O'Dwyer	Treasurer	September 2015
Laurie Giancola	Secretary	December 2015
MaryLisa Forsyth	Director	February 2016
Jean Montgomery	Director	September 2015
Cheryl Pineo	Director	September 2016
Paul Sherwood	Director	September 2016
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

FINANCE

Financial Statements of

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Year ended March 31, 2017

KPMG LLP
Commerce Place
21 King Street West, Suite 700
Hamilton Ontario L8P 4W7
Canada
Telephone (905) 523-8200
Fax (905) 523-2222

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, 2017, the statement 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.

KPMG

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.

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, 2017 and March 31, 2016 any adjustments might be necessary to revenues and (deficiency) excess of revenues over expenses reported in the statements of operations, excess (deficiency) 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, 2017.

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, 2017 and its statement 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 26, 2017

Hamilton, Canada

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Financial Position

March 31, 2017, with comparative information for 2016

	Operating fund	Donation fund	2017	2016
Assets				
Current assets:				
Cash	$ 759,805	$ 134,135	$ 893,940	$ 818,062
Investments (note 2)	-	26,318	26,318	26,161
Accounts receivable	46,842	1,353	48,195	14,354
Harmonized sales tax recoverable	27,875	-	27,875	26,144
Prepaid expenses	33,719	-	33,719	7,967
Due from (to) own funds (note 3)	24,948	(24,948)	-	-
	893,189	136,858	1,030,047	892,688
Property and equipment (note 4)	34,831	-	34,831	60,277
	$ 928,020	$ 136,858	$ 1,064,878	$ 952,965
Liabilities and Fund Balances				
Current liabilities:				
Accounts payable (note 5)	$ 720,315	$ -	$ 720,315	$ 511,244
Due to MOHLTC (note 6)	242,411	-	242,411	340,981
Employee future benefits (note 7)	4,466	-	4,466	4,331
	967,192	-	967,192	856,556
Deferred capital contributions (note 8)	-	-	-	6,222
Fund balances:				
Invested in property and equipment (note 9)	34,831	-	34,831	54,055
Unrestricted	(74,003)	-	(74,003)	(74,003)
Internally restricted	-	136,858	136,858	110,135
	(39,172)	136,858	97,686	90,187
	$ 928,020	$ 136,858	$ 1,064,878	$ 952,965

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, 2017, with comparative information for 2016

	Operating fund	Donation fund	2017	2016
Revenues:				
Ministry of Health and Long-Term Care ("MOHLTC")	$ 4,325,294	$ -	$ 4,325,294	$ 4,066,389
St. Joseph's Healthcare Hamilton	87,466	-	87,466	92,283
Donations	-	34,557	34,557	29,520
Other	38,746	19,934	58,680	62,955
Amortization of deferred capital contributions (note 8)	6,222	-	6,222	12,445
	4,457,728	54,491	4,512,219	4,263,592
Expenses:				
Salaries and wages	2,558,156	-	2,558,156	2,520,021
Employee benefits	640,744	-	640,744	570,729
Purchased services	304,077	-	304,077	334,917
Rent	222,480	-	222,480	219,452
Amortization	25,446	-	25,446	30,826
Other expenses	403,638	27,768	431,406	422,189
	4,154,541	27,768	4,182,309	4,098,134
Excess of revenue over expenses before transfer payment repayable	303,187	26,723	329,910	165,458
Transfer payment repayable (note 6)	(322,411)	-	(322,411)	(186,089)
(Deficiency) excess of revenues over expenses	$ (19,224)	$ 26,723	$ 7,499	$ (20,631)

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, 2017 with comparative information for 2016

March 31, 2017	Invested in property and equipment (note 9)	Unrestricted	Internally restricted	Total
Balance, beginning of year	$ 54,055	$ (74,003)	$ 110,135	$ 90,187
(Deficiency) excess of revenues over expenses	(19,224)	-	26,723	7,499
Balance, end of year	$ 34,831	$ (74,003)	$ 136,858	$ 97,686

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

See accompanying notes to financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Cash Flows

Year ended March 31, 2017 with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Operations:		
Excess (deficiency) of revenues over expenses for the year	$ 7,499	$ (20,631)
Items not involving cash:		
Deferred capital contributions	(6,222)	(12,445)
Amortization	25,446	30,826
Change in non-cash operating working capital balances:		
(Increase) decrease in accounts receivable	(33,841)	28,658
(Increase) decrease in harmonized sales tax recoverable	(1,731)	4,011
(Increase) decrease in prepaid expenses	(25,752)	6,244
Increase in accounts payable	209,071	88,849
(Decrease) increase in due to MOHLTC	(98,570)	1,210
Increase (decrease) in employee future benefits	135	(3,669)
	76,035	123,053
Financing:		
Change in investments	(157)	(208)
Increase in cash	75,878	122,845
Cash, beginning of year	818,062	695,217
Cash, end of year	$ 893,940	$ 818,062

See accompanying notes to financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements

Year ended March 31, 2017

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 $26,318 (2016 - $26,161) consist of a guaranteed investment certificate bearing interest at 0.5% (2016 - 0.6%) per annum, maturing on December 13, 2017.

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 year end. Due to the timing of payments during the year, the Donation Fund owes the Operating Fund $24,948 (2016 - $34,559) 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	2017 Net book value	2016 Net book value
Office furniture and equipment	$ 105,345	$ 85,280	$ 20,065	$ 30,097
Computer equipment	163,703	163,703	-	-
Computer software	36,379	29,102	7,277	14,553
Leasehold improvements	96,437	96,437	-	-
Vehicles	62,661	55,172	7,489	15,627
	$ 464,525	$ 429,694	$ 34,831	$ 60,277

5. Accounts payable:

Included in accounts payable are government remittances payable of $89,842 (2016 - $9,368), 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 healthcare and dental benefits until the age of 65. The employees would assume 30% of the premium cost for the benefits. The accrued benefit represents the present value of estimated premium costs for participants.

	2017	2016
Retirement healthcare benefits	$ 4,466	$ 4,331

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:

	2017	2016
Balance, beginning of year	$ 6,222	$ 18,667
Less: amortization of deferred capital contributions	(6,222)	(12,445)
Balance, end of year	$ -	$ 6,222

9. Net assets invested in property and equipment:

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

	2017	2016
Property and equipment (note 4)	$ 34,831	$ 60,277
Amounts financed by deferred capital contributions (note 8)	-	(6,222)
	$ 34,831	$ 54,055

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

	2017	2016
Deficiency of revenues over expenses:		
Amortization of deferred capital contributions	$ 6,222	$ 12,445
Amortization of property and equipment	(25,446)	(30,826)
	$ (19,224)	$ (18,381)

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, 2017.

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 $200,095 (2016 - $191,662). 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, 2015 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 three years are as follows:

2018	$ 89,876
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 $111,100 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, 2017 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2016.

(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 2016.

STATISTICS

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

STATISTICS – 2016-17

Clinical Activity	Actual	M-SAA Target
Number of Individuals Served	4,691	4,873
Number of Visits	21,879	14,125
Number of Group Sessions	140	110
Number of Group Participants	5,031	3,472

Peer Support	Actual	M-SAA Target
Number of Attendance Days	4,795	N/A

CAST	Actual
Number of crisis calls answered in 90 minutes or less	99.78%
Number of urgent referrals assessed within 48 hours of receiving referral	65%

MCRRT (Norfolk)	Actual
Number of Individuals Served	394
Emergency Department Diversion	75%

Client Experience (through anonymous survey identifying perceived good/excellent service)		Actual
1	I was treated with respect by staff	92%
2	I was given the opportunity to be involved as much as I wanted to be in decisions about my treatment, services and supports	80%
3	Overall, I was satisfied with the services I received	91.7%

Average Wait Times (in days)		
Program	**Q1**	**Q4**
Addictions	12.9	6.9
Adult	65.0	31.5
Specialized Geriatric Services (SGS)	49.1	20.0
Telemedicine Services (TMS)	20.8	14.8

PROGRAM UPDATES

Annual General Meeting Report 2016-17
Achieve Mental Health Wellness & Recovery Centre

After adopting a new name for the Centre last year, the current year was focused on reviewing membership, programming and community partnerships to ensure alignment with our name's stated principles of 'achievement' and 'wellness and recovery'.

Within the Centre, we worked to review current membership to determine if the Centre was addressing the goals and objectives of individual members and to determine if we were successfully engaging individuals who could benefit from the Centre. We identified that some individuals were not a match for the Centre and worked with those individuals to transition them to more appropriate programs and resources. We also identified groups of individuals who were either not represented or under-represented in our membership and initiated efforts to actively outreach to community programs and services to connect and engage with new members. A new partnership was developed with Ontario Works to bridge their clients to the Centre. We also broadened efforts to provide staff education opportunities to better equip staff to respond effectively to a diversity of members with a range of needs and goals. Staff have a developed a broader scope of knowledge and skills in supporting individuals from the LGBT communities and those with addictions or concurrent disorders. The Centre has maintained an active partnership with Holmes House Withdrawal Management Centre and developed a new partnership with the Haldimand Abilities Centre (HAC). Connecting with the HAC has provided the Centre with access to resources for members living with acquired brain injury or vision impairments while also providing opportunities for the Centre to engage, through presentations and groups, with HAC clients to increase awareness of mental health and wellness. The Centre partnered with the Community Support Centre in Caledonia delivering peer training for seniors to provide them with a foundation to support others seniors attending the Caledonia programs. Training was also provided to peers from Canadian Mental Health Association (Brantford) for individuals connected with their Alternatives and HOPE programs.

The Centre continues to provide a wide range of programming for members within our mandate of social recreation, education, peer support and advocacy but with an increased focus on skill building (achievement) and wellness and recovery to provide alignment with our name and purpose. Our statistics and data collection were amended to track and monitor program delivery and ensure a balance of recreation, general education and wellness and recovery activities. An increased focus was applied to creating links between programming activities to establish membership understanding of the diversity of connections and roads to wellness and recovery. Comprehensive programming packages have been developed addressing topics such as self-esteem, courage to change and lifestyle and health that are being utilized at the Centre and throughout CAMHS and the community.

Changes at the Centre have been difficult for some but overall have been well received. We have seen a decline in attendance by individuals who just wanted to 'hang out' but an increase in attendance and participation in focused wellness and recovery programming.

The Centre has continued to actively engage with the community to deliver mental health, mental illness and addiction information and resources. Both the Igniting Hope Suicide Prevention Walk and the Mind Body Spirit Wellness Fair continue to grow and engage the community through a diverse sponsorship base and event attendance. The Centre continues to deliver education presentations in the community with support through the United Way for our Mental Health Literacy Program.

Respectfully submitted,

Susan Roach, RSW, Program Manager
Achieve Mental Health Wellness & Recovery Centre

Addiction

The Addiction 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 Addiction Program provides much needed individual addiction counselling, education and support services to our community, including the high schools in both counties.

To participate in our program, one has to make a self-referral.

In the past year, the Addiction Program has focused on client access to addiction service through the development of program Terms of Service, and the certification of our staff in the Global Appraisal of Individual Needs (GAIN) assessment and intervention structure. Additionally, two of our staff have been trained to provide Dialectic Behavioural Therapy (DBT) to individuals in the Addiction Program who match the need for this type of intervention. We have re-structured our service to ensure flexibility and coverage through, for example, having all counsellors be connected with schools.

The Addiction staff are participants in the Harm Reduction Action Team, and the LHIN's addiction service values-stream mapping exercise.

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, consultation to community physicians and other mental health agencies and professions, and collaboration/partnerships with other community services. Members of the Adult team include psychiatrists, registered nurses and social workers. Services are provided at the multiple sites of our agency.

With regard to the Intake process, we have focused on structuring our referral process over the last year and reviewing our screening processes.

The past year has seen the Adult Mental Health Team focus on client access to service through the development of Terms of Service with a strength-based solution-focused structure. The Health Links Model of Care is developing to be an important component of service. Dialectic Behavioural Therapy (DBT) has remained a highly effective evidence-based form of treatment. DBT continues to be offered in partnership with the Canadian Mental Health Association of Haldimand-Norfolk (CMHA) to clients who match the need for this type of intervention.

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 staff responds 24/7 to urgent crisis telephone calls, offers short-term counselling addressing crisis stabilization and prevention. CAST's standard is to provide face to face assessment in the Emergency Department of our three hospitals in Haldimand-Norfolk within a 24 hour or less response time, and an assessment for CAMHS' urgent referrals within a 48 hour response time. Individuals are linked to community resources and support systems as needed, including peer support, to prevent further crises.

Mobile Crisis Rapid Response Team (MCRRT) – Norfolk County and Haldimand County

The MCRRT model partners a uniformed police officer with an experienced mental health professional to respond to persons in crisis as first responders (e.g. 911 calls). The program provides persons in crisis, their families and caregivers with timely and appropriate emergent crisis intervention.

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

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

We were fortunate to receive funding for an MCRRT partnership with the Norfolk County Ontario Provincial Police (OPP) detachment in the Spring of 2015. We are very excited that we have received funding in this fiscal year to initiate a partnership with the Haldimand OPP detachment. The Haldimand MCRRT team will be 'go live' early in the fiscal year 2017-18.

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, social workers and intensive geriatric service workers, geriatricians and psychiatrists specializing in geriatrics are key members of our SGS team.

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 our community hospitals.

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/addiction issues through videoconferencing. Our equipment also allows this to be done on personal computers, providing greater mobility and outreach into the community.

We also connect clients with medical specialists who are not located in our community through videoconferencing for clients who might otherwise not be able to access the specialist that they need.

We are very pleased this year, through our partnership with the Grand River Community Health Centre (GRCHC), to access the support of a GRCHC Nurse Practitioner as a member of our TMS team.

Administration Team

This has been a busy year for the administration team. Smoothing clinic client flow, cross-training and site familiarity have been a major focus for the team. Through re-structuring we have transitioned all of our Information Technology (IT) support to the Norfolk General Hospital (NGH) IT team. We continue to have a strong relationship with NGH through their support of our Human Resource and Finance structures and processes.

RECOGNITION

Get Loud for Mental Health

CAMHS and our community partners were challenged during Mental Health Week, May 2 – 8, 2016 to dress in wild, wacky, colourful, LOUD clothes. The goal was to raise awareness and end the silence about addiction and mental illness that creates barriers which prevent people from seeking help, getting treatment and finding acceptance – STIGMA is fueled by silence.

CAMHS Townsend staff join in and dress loud for mental health.

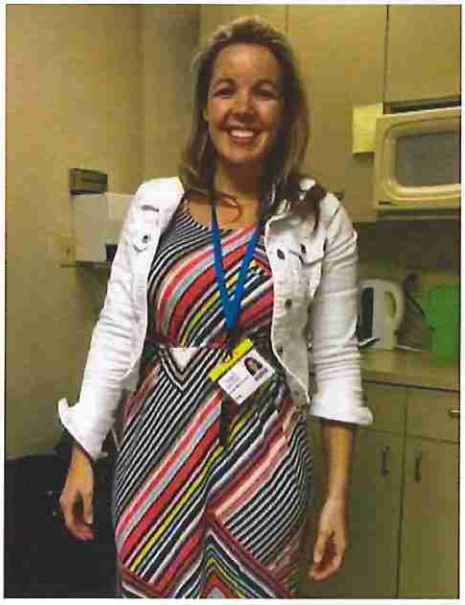
Wellness & Recovery Centre dressed for Get Loud 4 Mental Health

CAMHS West Street Staff Get Loud

GET LOUD

4 MENTAL HEALTH

Dressed to end the silence, start a conversation, create awareness, increase understanding, end stigma



Community Partners Dress Loud

Michael from Community Legal Clinic
Gets Loud 4 Mental Health

NGH Finance dress loud in support of mental health week.

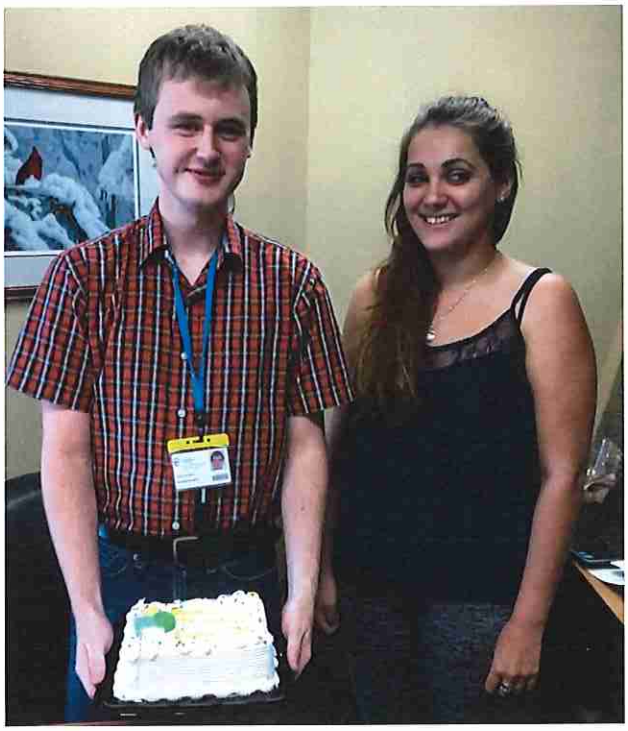
Haldimand Abilities Centre (Hagersville) cover the colours of the rainbow when they Dress Loud 4 Mental Health

Retirements

Karen with retirement cake and addiction team celebrating with Karen

Gloria retires

Students at CAMHS



Staff Appreciation Week Activities

Igniting Hope Suicide Prevention Walk

Guest speaker Troy Smith, Hamilton Bulldogs GM

Troy had a brother die by suicide and is now active within the AHL to educate and prevent suicide within the league

Trisha, from the Wellness & Recovery Centre hosts the 2016 Igniting Hope Suicide Prevention walk and candle lighting

Debra and Crystal attending the Igniting Hope Suicide Prevention walk and candle lighting

Mind Body Spirit Wellness Fair

Deborah from the Wellness & Recovery Centre organized the annual Wellness Fair and staffs the door prize table

The Centre's camera club set up a display at the annual Wellness Fair showcasing their photography

Annual Family & Friends Christmas Dinner

Nancy and Staff Sergeant from the Norfolk OPP serving at the annual Christmas dinner

Trisha, from the Wellness & Recovery Centre enjoying a meal at the annual Christmas dinner

The OPP 'choir' entertain the guests at the annual Christmas dinner

CAMHS

Community Addiction and Mental Health
Services of Haldimand and Norfolk

Our Mission

CAMHS 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 Counties.

Our Vision

CAMHS is a leader in community mental health and addiction services, supporting the wellness and recovery journey.

Our Purpose

Partnering for Mental Health and Addiction Wellness

Our Values

Hope and Optimism: We will view the present, and look to the future, as opportunities for new learning and development.

Respect: We will treat everyone with dignity and courtesy.

Integrity: We will maintain ethical standards of practice and honesty in our interactions.

Excellence: We will apply evidence-based best practice striving for clinical service excellence.

Innovation: We will be creative and open to new ideas and opportunities.