

Community Addiction and Mental Health Services of Haldimand and Norfolk

Annual Report

2017-18

Board Chair Report 2017-18

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.

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

CAMHS is comprised of a large group of very caring people who are dedicated to the people they serve. CAMHS staff provide amazing service and play a critical role in our community. On behalf of the Board, 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. On behalf of the Board, 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.

In closing I'd like to say that it has been a privilege to chair this organization for the past year and to be associated with its staff, directors, programs and services. You make a very important difference to so many people in our community and deserve the highest accolades for achieving CAMHS's Mission.

Thank you everyone!

Respectfully submitted,

Sue O'Dwyer Chair, Board of Directors

Message from the Chief Executive Officer 2017-2018

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 services.

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

The LHIN has decided to identify health sub-regions, one being Haldimand-Norfolk. To that end, there has been a Sub-Region Anchor Table established this past year with various agencies represented. The role of this group is to ensure greater health equity and integrated service planning for the sub-region. There is a Mental Health and Addiction (MHA) Action Table which reports to the Sub-Region Anchor Table looking to support the same, specific to MHA. These developments will assist CAMHS and other agencies to address the MHA needs of the two counties in a more integrated and focused fashion.

Again this year has seen the addition of another innovative program in CAMHS, partnered with the likes of organizations such as the hospitals, CMHA, and the Public Health Unit (PHU). Our Addiction Mobile Outreach Team (AMOT) is a new initiative wherein we have peer support workers, outreach counselors and a nurse practitioner in the community meeting with individuals in an attempt to engage them with the health care sector, in order to assist with their addiction issues/concerns. This team will also have a significant role in education and prevention, partnering with the PHU.

In the community we have continued to strengthen partnerships and explore opportunities for collaboration. In partnership with CMHA, we have worked with HWMH (Dunnville) in an activity to address the needs of Health Links clients. We have continued to expand our connections with the people of Hagersville, Caledonia, and Cayuga. We have worked with ABEL (Simcoe) and ACTT (St. Joes, Hamilton) on a number of events; we have partnered with REACH to develop a clinical pathway for transitional aged youth.

From a staffing perspective, along with the wonderful new staff for the AMOT program, we have hired other excellent staff to round out our programs, including a second Clinical Services Manager. This will give us expanded abilities in the areas of clinical supervision and clinical service excellence.

A respectful 'thank you' goes to the Board of Directors, and to the members of the WRC, both of whom have offered insight and support over the year. And a huge thank you to CAMHS staff for all their hard work, creative thinking, and commitment to our clientss and community partners.

Respectfully submitted,

Nancy Candy-Harding

VISION, MISSION, VALUES

OUR STRATEGIC PRIORITIES AND SUPPORTING GOALS: 2014 - 2017

| Leadership, Knowledge, Collaboration | We will: Mobilize leadership, improve knowledge and foster collaboration at all levels |
|--|---|
| Respond to Diverse Populations | 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 |
| Improve Access to Services | We will: Improve access to the right combination of service, treatments and supports, when and where people need them |
| Foster Recovery and Well-being | We will: Foster recovery and wellbeing for people with mental illness and addiction challenges, while advocating and providing education and support |
| Promote Mental Health and Addiction Wellness | 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. |



CAMHS
Community Addiction and Mental Health
Services of Haldimand & Norfolk

OUR VISION, MISSION AND VALUES

Our Vision:

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

Our Mission:

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

Our Values

- Hope and optimism 4 6 6
 - nnovation
- ntegrity
- Excellence

Respect

Purpose: Partnering for Mental Health and Addiction Wellness



CAMHS

Community Addiction and Mental Health Services of Haldimand & Norfolk

BOARD MEMBERSHIP

2017-18 Board of Directors Membership Since AGM, September 2017

Current Members

| MEMBER | POSITION | |
|---------------------|-------------------------|----------------|
| Sue O'Dwyer | Chair | March 2014 |
| Roddy Millea | Vice-Chair | April 2015 |
| Cheryl Pineo | Treasurer | September 2016 |
| Laurie Giancola | Secretary | September 2013 |
| MaryLisa Forsyth | Director | February 2016 |
| Jean Montgomery | Director | September 2015 |
| Adrian Rose | Director | September 2017 |
| 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 |



Financial Statements of

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Year ended March 31, 2018



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, 2018, 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.



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, 2018 and March 31, 2017 any adjustments might be necessary to revenues and (deficiency) excess of revenues over expenses reported in the statements of operations, (deficiency) 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, 2018.

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, 2018 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.

Chartered Professional Accountants, Licensed Public Accountants

Hamilton, Canada June 25, 2018

KPMG LLP

Statement of Financial Position

March 31, 2018, with comparative information for 2017

| | 0 | perating fund | | Donation fund | 2018 | 2017 |
|---|------------|---|----|---------------------------------|---|--|
| Assets | | | | | * | |
| Current assets: | | | | | | |
| Cash | \$ | 951,982 | \$ | 151,354 | \$ 1,103,336 | \$ 893,940 |
| Investments (note 2) | | - | | 26,450 | 26,450 | 26,318 |
| Accounts receivable | | 21,463 | | 2,445 | 23,908 | 48,195 |
| Harmonized sales tax recoverable | | 44,617 | | | 44,617 | 27,875 |
| Prepaid expenses | | 30,558 | | 3,286 | 33,844 | 33,719 |
| Due from (to) own funds (note 3) | | 22,675 | | (22,675) | | |
| | 1 | ,071,295 | | 160,860 | 1,232,155 | 1,030,047 |
| Property and equipment (note 4) | | 33,144 | | . | 33,144 | 34,831 |
| | \$ 1 | ,104,439 | \$ | 160,860 | \$ 1,265,299 | \$ 1,064,878 |
| Liabilities and Fund Bala | ince | es | | | | |
| Current liabilities: Accounts payable (note 5) | ince | ∋S 619,517 | \$ | * | \$ 619,517 | \$ 720,315 |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and | \$ | 619,517 | \$ | | | \$ |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note | \$ | | \$ | - 6.616 | 525,192 | \$ 720,315 242,411 |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note Deferred revenue (note 7) | \$ | 619,517 525,192 | \$ | - 6,616 - | | \$ 242,411 |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note | \$ e 6) | 619,517 | \$ | 6,616 6,616 | 525,192 6,616 | \$ |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note Deferred revenue (note 7) | \$ e 6) | 619,517 525,192 589 | \$ | | 525,192 6,616 589 | \$ 242,411 4,466 |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note Deferred revenue (note 7) Employee future benefits (note 8) | \$ e 6) | 619,517 525,192 589 ,145,298 | \$ | | 525,192 6,616 589 1,151,914 | \$ 242,411 4,466 |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note Deferred revenue (note 7) Employee future benefits (note 8) Deferred capital contributions (note 9) | \$ e 6) | 619,517 525,192 589 ,145,298 19,367 | \$ | | 525,192 6,616 589 1,151,914 19,367 | \$ 242,411 4,466 967,192 |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note Deferred revenue (note 7) Employee future benefits (note 8) Deferred capital contributions (note 9) Fund balances: | \$ e 6) | 619,517 525,192 589 ,145,298 19,367 | \$ | | 525,192 6,616 589 1,151,914 19,367 | \$ 242,411 4,466 967,192 |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note Deferred revenue (note 7) Employee future benefits (note 8) Deferred capital contributions (note 9) Fund balances: Invested in property and equipment | \$ e 6) | 619,517 525,192 589 ,145,298 19,367 | \$ | 6,616 | 525,192 6,616 589 1,151,914 19,367 13,777 (74,003) | \$ 242,411 4,466 967,192 34,831 (74,003) |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note Deferred revenue (note 7) Employee future benefits (note 8) Deferred capital contributions (note 9) Fund balances: Invested in property and equipment (note 10) | \$ e 6) | 619,517 525,192 589 ,145,298 19,367 | \$ | - 6,616 - - 154,244 | 525,192 6,616 589 1,151,914 19,367 13,777 (74,003) 154,244 | \$ 242,411 4,466 967,192 34,831 (74,003) 136,858 |
| Current liabilities: Accounts payable (note 5) Due to Ministry of Health and Long-Term Care ("MOHLTC") (note Deferred revenue (note 7) Employee future benefits (note 8) Deferred capital contributions (note 9) Fund balances: Invested in property and equipment (note 10) Unrestricted | \$ e 6) | 619,517 525,192 589 ,145,298 19,367 | Ф. | 6,616 | 525,192 6,616 589 1,151,914 19,367 13,777 (74,003) | \$ 242,411 4,466 967,192 |

See accompanying notes to financial statements.

Director

Statement of Operations

Year ended March 31, 2018, with comparative information for 2017

| | Operating fund | Donation fund | 2018 | 2017 |
|--|----------------|---------------|---------------|--------------|
| r de la companya de l | | E = 211.W | | |
| Revenues: | | | | * 4 005 004 |
| MOHLTC | \$ 4,809,341 | \$ - | \$ 4,809,341 | \$ 4,325,294 |
| St. Joseph's Healthcare Hamilton | 24,543 | - | 24,543 | 87,466 |
| Donations | _ | 16,897 | | 34,557 |
| Other | 46,133 | 19,424 | 65,557 | 58,680 |
| Amortization of deferred capital | | | | |
| contributions (note 9) | 4,842 | _ | 4,842 | 6,222 |
| | 4,884,859 | 36,321 | 4,921,180 | 4,512,219 |
| Expenses: | | | | 0.550.450 |
| Salaries and wages | 2,791,055 | | -1 | 2,558,156 |
| Employee benefits | 695,767 | - | 695,767 | 640,744 |
| Purchased services | 357,034 | - | 357,034 | 304,077 |
| Rent | 220,471 | - u- | 220,471 | 222,480 |
| Amortization of property | | | | |
| and equipment | 25,896 | - | 25,896 | 25,446 |
| Other expenses | 362,909 | 18,935 | 381,844 | 431,406 |
| | 4,453,132 | 18,935 | 4,472,067 | 4,182,309 |
| Excess of revenues over expenses be | fore | | | 10 m |
| transfer payment repayable | 431,727 | 17,386 | 449,113 | 329,910 |
| Transfer payment repayable (note 6) | (452,781) | - | (452,781) | (322,411) |
| (Deficiency) excess of revenues | Φ (04.054) | ¢ 17.300 | \$ \$ (3,668) | \$ 7,499 |
| over expenses | \$ (21,054) | \$ 17,386 | φ (3,000) | Ψ 7,400 |

See accompanying notes to financial statements.

Statement of Changes in Fund Balances

Year ended March 31, 2018 with comparative information for 2017

| March 31, 2018 | | vested in perty and (note 10) | Uni | estricted | Internally restricted | | Total |
|---|------------------------|-------------------------------------|----------|------------------------|---|----|-----------------|
| Balance, beginning of year | \$ | 34,831 | \$ | (74,003) | \$ 136,858 | \$ | 97,686 |
| (Deficiency) excess of revenues ove expenses | r | (21,054) | | | 17,386 | | (3,668) |
| Balance, end of year | \$ | 13,777 | \$ | (74,003) | \$ 154,244 | \$ | 94,018 |
| | | | | | | | |
| | pro | nvested in operty and | Un | restricted | Internally restricted | - | Total |
| March 31, 2017 Balance, beginning of year | | perty and | Un \$ | restricted (74,003) | \$ Internally restricted 110,135 | \$ | Total 90,187 |
| | pro equipment \$ | pperty and t (note 10) | | | \$ restricted | \$ | |

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended March 31, 2018 with comparative information for 2017

| | 2018 | | 2017 |
|--|--------------|------|-------------------|
| Cash provided by (used in): | | | |
| Operations: | | | |
| (Deficiency) excess of revenues over expenses for the | | 1.00 | |
| `year \$ | (3,668) | \$ | 7,499 |
| Items not involving cash: | 05.000 | | 05 446 |
| Amortization of property and equipment | 25,896 | | 25,446 (6,222) |
| Amortization of deferred capital contributions | (4,842) | | |
| | 17,386 | | 26,723 |
| Change in non-cash operating working capital balances: | | | |
| Accounts receivable | 24,287 | | (33,841) |
| Harmonized sales tax recoverable | (16,742) | | (1,731 |
| Prepaid expenses | (125) | | (25,752 |
| Accounts payable | (100,798) | | 209,071 |
| Due to MOHLTC | 282,781 | | (98,570 |
| Employee future benefits | (3,877) | | 135 |
| Deferred revenue | 6,616 | | - |
| | 209,528 | | 76,035 |
| Financing: | , | | |
| Purchase of investments | (132) | | (157 |
| Capital: | | | |
| Purchase of property and equipment | (24,209) | | |
| Additions to deferred capital contributions | 24,209 | | |
| | | | |
| Increase in cash | 209,396 | | 75,878 |
| Cash, beginning of year | 893,940 | | 818,062 |
| Cash, end of year | \$ 1,103,336 | \$ | 893,940 |

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended March 31, 2018

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 revenues 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.

Notes to Financial Statements (continued)

Year ended March 31, 2018

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.

Notes to Financial Statements (continued)

Year ended March 31, 2018

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 Computer equipment Computer software Leasehold improvements Vehicles | 5 5 5 5 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 \$26,450 (2017 - \$26,318) consist of a guaranteed investment certificate bearing interest at 0.45% (2017 - 0.5%) per annum, maturing on December 13, 2018.

Notes to Financial Statements (continued)

Year ended March 31, 2018

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 \$22,675 (2017 - \$24,948) for disbursements made on behalf of the MOHLTC programs. The amount bears no interest and has no set repayment terms.

4. Property and equipment:

| | | | 2018 | 2017 |
|---|----------------------------|----------------------------|-----------------------|---------------------|
| | Cost | umulated ortization | Net book value | Net book value |
| Office furniture and equipment Computer equipment | \$ 105,345 163,703 | \$ 95,313 163,703 | \$ 10,032 | \$ 20,065 |
| Computer software Leasehold improvements Vehicles | 36,379 96,437 86,870 | 36,379 96,437 63,758 | 23,112 | 7,277 - 7,489 |
| | \$ 488,734 | \$ 455,590 | \$ 33,144 | \$ 34,831 |

Accounts payable:

Included in accounts payable are government remittances payable of \$74,856 (2017 - \$89,842), 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. The change in the due to the MOHLTC balance is as follows:

| | 2018 | 2017 |
|---|--------------------------|--------------------------|
| Balance, beginning of year Transfer payment repayable | \$ 242,411 452,781 | \$ 340,981 322,411 |
| Prior year surplus recovery Current year surplus recovery | (170,000) | (340,981) (80,000) |
| Balance, end of year | \$ 525,192 | \$ 242,411 |

Notes to Financial Statements (continued)

Year ended March 31, 2018

7. Deferred revenue:

| | 2018 | 2017 |
|---|-------------|---------|
| Balance, beginning of year Add: funds received in the year Less: funds used in the year | \$ 6,616 | \$ - |
| Balance, end of year | \$ 6,616 | \$ - |

8. 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.

| | 2018 | 2017 |
|--------------------------------|-----------|-------------|
| Retirement healthcare benefits | \$ 589 | \$ 4,466 |

9. 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:

| | 2018 | 2017 |
|---|-------------------------|------------------------|
| Balance, beginning of year Add: contributions received in the year Less; amortization of deferred capital contributions | \$ 24,209 (4,842) | \$ 6,222 (6,222) |
| Balance, end of year | \$ 19,367 | \$ by . |

Notes to Financial Statements (continued)

Year ended March 31, 2018

10. Net assets invested in property and equipment:

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

| | Value of the second | 2018 | 2017 |
|---|---------------------|--------|--------------|
| Property and equipment (note 4) Amounts financed by deferred capital contributions | \$ | 33,144 | \$ 34,831 |
| (note 9) | | 19,367 | - |
| | \$ | 13,777 | \$ 34,831 |

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

| | 2018 | | 2017 | |
|---|----------------------------|----|-------------------|--|
| Deficiency of revenues over expenses: Amortization of deferred capital contributions Amortization of property and equipment | \$ \$ 4,842 \$ (25,896) | | 6,222 (25,446) | |
| | \$ (21,054) | \$ | (19,224) | |

11. 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, 2018.

12. 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.

13. Pension benefits:

Substantially all of the employees of the Organization are eligible to be members of the Healthcare of Ontario Pension Plan ("HOOPP") which is a multi-employer average pay contributory pension plan. Employer contributions made to the plan during the year amounted to \$218,786 (2017 - \$200,095). These amounts are included in employee benefits expense on the statement of operations.

Notes to Financial Statements (continued)

Year ended March 31, 2018

13. Pension benefits (continued):

There are no material past service costs. The most recent HOOPP actuarial valuation of the Plan as of December 31, 2017 indicated the Plan has a 22% surplus in disclosed actuarial assets.

14. Commitments:

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

| 2019 | \$ 184,295 |
|------|---------------|
| 2020 | 86,372 |
| 2021 | 13,604 |

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. In fiscal 2018 the Organization entered into an agreement with Norfolk General Hospital to receive IT services totaling \$49,479 as at March 31, 2018.

15. 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, 2018 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2017.

(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 2017.

STATISTICS

<u>STATISTICS – 2017-18</u>

| Clinical Activity | Actual | M-SAA Target |
|------------------------------|--------|--------------|
| Number of Individuals Served | 7198 | 4873 |
| Number of Visits | 26973 | 14125 |
| Number of Group Sessions | 279 | 110 |
| Number of Group Participants | 5907 | 3472 |

| Peer Support | Actual | M-SAA Target |
|---------------------------|--------|--------------|
| Number of Attendance Days | 1126 | N/A |

| CAST | Actual |
|--|--------|
| Number of crisis calls answered in 45 minutes or less | 98% |
| Number of urgent referrals assessed within 48 hours of receiving | 72% |
| referral | |

| MCRRT (Norfolk and Haldimand) | Actual |
|--------------------------------|--------|
| Number of Individuals Served | 237 |
| Emergency Department Diversion | 83% |

| 100000000000000000000000000000000000000 | nt Experience (through anonymous survey identifying perceived d/excellent service) | Actual |
|---|--|--------|
| 1 | I was treated with respect by staff | 95% |
| 2 | I was given the opportunity to be involved as much as I wanted | 87% |
| | to be in decisions about my treatment, services and supports | |
| 3 | Overall, I was satisfied with the services I received | 92.5% |

PROGRAM UPDATES

Addiction Mobile Outreach Team (AMOT)

The Addiction Mobile Outreach Team (AMOT) provides support for those people at risk who have problems related to substance use and/or gambling. The three main pillars of Addiction Mobile Outreach Program are engagement, prevention and education. AMOT engages people where they are located. The team engages people who experience multiple barriers and helps to connect them with addiction supports and services in Haldimand and Norfolk Counties. The team consists of addiction counselors and peer support workers as well as a Nurse Practitioner. AMOT was developed and works in partnership with Haldimand-Norfolk Health Unit and Norfolk General Hospital.

AMOT specifically engages people with substance misuse and/or problem gambling addictions or concurrent disorders. The team links people with appropriate community and/or health care services and supports. They provide education to community members and collaborate with health care and community members in prevention and harm reduction efforts in Haldimand and Norfolk Counties. Through the NP the team provides access to primary care services that are integrated with addiction and/or concurrent disorders services. AMOT works to remove the stigma of addiction that may keep people from seeking help.

We were excited to receive funding to begin this innovative and important new program in this fiscal year. We hired two full-time and one part-time addiction counselors, two full-time and one part-time peer support workers and a Nurse Practitioner. The team started program development, completed focus group with potential service users to inform the development of the program that meets the needs of the community and began an environmental scan of small and large communities throughout Haldimand and Norfolk Counties.

Addiction Program

The Addiction Program provides assessment and community-based treatment to individuals of all ages who are experiencing problems related to substance use and gambling. Family members and caregivers are offered psychoeducational support and may be included in the recovery process. Our Addiction Program provides community treatment and education in the secondary schools throughout Haldimand and Norfolk Counties. They work closely with community partners to ensure that clients are able to get into treatment in a timely manner and are appropriately referred and supported. The Addiction Program meets the client where they are taking a harm reduction approach with a focus on recovery.

In the past year, the Addiction Program has continued to focus and hone their skills in the Global Appraisal of Individual Needs (GAIN) assessment tool. The Addiction Program has been increasing their community involvement to engage the public in discussions about addictions. Two of the team members have been active members on the Harm Reduction

Action Team led by the Public Health Unit. The team presented in a number of community events including a community education, "Let's Talk about Opioids." They also provided education at the Alcohol Forum and at high school assemblies and events. The Addiction Program has been involved with the Concurrent Disorders Pilot and two of the team members were trained in Dialectical Behaviour Therapy Skills for Opioid and Poly-Substance Use. Finally, the team has been involved with the Value Stream Mapping Exercise for Haldimand and Norfolk Counties.

Administration

As usual our CAMHS Administration Team has shown flexibility and creativity in the address of client flow and clinic administration over the year. We have transitioned our Information Technology (IT) support to the Norfolk General Hospital's (NGH) extremely helpful IT team with a great partnership developing with the CAMHS Admin Team.

We continue to have a strong relationship with NGH through their support of our Human Resource and Finance structures and processes.

Adult Mental Health

The Adult Mental Health Program provides recovery-focused mental health treatment to adults aged sixteen and older. A referral must be made by another physician or a nurse practitioner to be assessed by a psychiatrist. Clients can self-refer or a referral can be made by a physician, nurse practitioner or other service provider for counseling. Adult mental health clinicians provide individual solution-focused and strengths-based therapy, consultation to health and social care providers, and collaboration/partnerships with other community services.

The Adult team are trained in Collaborative Assessment and Management of Suicidality (CAMS) and have been providing this treatment intervention to clients. 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 sixteen years old who are experiencing, or are supporting someone who is experiencing a mental health crisis. CAST responds 24/7 to urgent crisis telephone calls, offers short-term individual counselling to address crisis stabilization and prevention. CAST provides face to face mental health assessments in the Emergency Department at three hospitals in Haldimand-Norfolk. CAST has completed these assessments within 24 hours or less 100% of the time within the fiscal year. CAST completes mental health assessments for CAMHS' urgent referrals within a 48 hour response time at the rate of 72%. Individuals are linked to community resources and support systems as needed, including peer support, to prevent further crises.

Intake

CAMHS has centralized intake for all of its mental health programs. Intake screens and processes all referrals to CAMHS mental health programs. The intake clinician reviews, screens and assigns referred clients to the appropriate program within the agency. Intake completes referrals and/or redirects referrals to other community partners when required ensuring that the client receives the most appropriate service. The intake clinician completes referral inquiry services to clients, family members, and community partners.

During this past year, a new CAMHS referral form was developed and implemented. Information packages were sent out to all family physicians in Haldimand and Norfolk Counties that outlined our services, provided information and introduced the new referral form. Intake has been working to streamline access to care and to help clients and family members navigate the mental health care system. Intake had 2087 referrals in the fiscal year.

Mobile Crisis Rapid Response Team: Norfolk and Haldimand

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). MCRRT clinicians provide 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 demonstrates improved health care and client experience during and imminent crisis situation. Service recipients of MCRRT include individuals presenting with symptoms of mental illness, substance abuse, behavioural disorders, dementia or those individuals in acute crisis situations.

The MCRRT partnership with Norfolk County Ontario Provincial Police (OPP) detachment continues to grow and develop. MCRRT clinicians are enhancing police services providing support and follow up to persons in crisis. This year we developed a partnership with the Haldimand OPP detachment. Clinicians were hired for Haldimand MCRRT and the program was developed and implemented. The MCRRT program has 83% diversion rate from hospitals. Throughout the fiscal year, MCRRT made 345 referrals and connected or reconnected 247 individuals to service.

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 lives with mental illness and has a cognitive impairment. Registered nurses, social workers and intensive geriatric service workers, geriatricians and psychiatrists specializing in geriatrics are provide interprofessional care to clients.

The SGS team continues to provide 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. Clinics are offered at multiple locations in Norfolk and Haldimand ensuring accessibility to older adults to specialist medical care.

Telemedicine Services (TMS)

Telemedicine Services (TMS) is a non-emergency psychiatric consultation service. It consists of a team of Registered Nurses and Psychiatrists who provide psychiatric consultation to adults 16 years of age and older who may be experiencing mental health or concurrent disorders through Ontario Telemedicine Network (OTN) videoconferencing. Our clinicians are able to provide access to psychiatric services to clients who have barriers by providing the specialized service in their communities. In addition to psychiatric consultation, TMS facilitates remote appointments for clients with medical specialists who are not located in our community through videoconferencing (e.g. Sick Kids). The access to medical specialists is provided to clients who might otherwise not be able to access the specialist that they need.

Throughout this year, TMS continues to offer clinical excellence through the program. Clients meet with the TMS clinician in person for their in-depth Initial Assessment, providing the much needed background and knowledge for the psychiatrist. The psychiatric consults provide the client with recommendations and the clinicians support and refer clients to these services and help them to begin or continue to navigate the health care system.

Wellness & Recovery Centre 2017-2018

The goal of the Centre is to provide through social recreation, education, advocacy and peer support opportunities for members to achieve or enhance their personal wellness and recovery. The significant challenge this presents is that the recovery journey is unique to each individual; each of the Centre's members (133) has a different road to travel, with their own roadblocks and obstacles to overcome. In response, the delivery of programming and supports to the membership must be varied and diverse.

Statistics

| Active members 2017-18 | 133 |
|---|--------|
| Attendance days by membership in 2017-18 | 4241 |
| Total hours members attended in 2017-18 | 15,298 |
| Wellness and recovery activities provided | 185 |
| Education activities provided | 131 |
| Social recreation activities provided | 196 |

At first glance the Centre's monthly calendar clearly reflects a diversity of fun and interesting activities however the positive value and impact of the activities, for members who participate, is often not as clear. But, a game of cards may provide a vehicle for a member to hone their social skills, to master a new game, or learn how to win and lose graciously. Engaging at the Centre and playing cards can equip individuals to more effectively engage with others in the community and increase their confidence to take on new challenges thus contributing to their overall wellness and recovery.

We asked members to share with us the impact of their participation at the Centre and in Centre programming, their responses:

The Centre is also very active in the community through education presentations, displays and events to create awareness of mental illness, addiction, mental health, recovery and stigma. The objective is to enhance community mental health literacy, develop and encourage help seeking behaviour and knowledge of resources, support mentally healthy and resilient communities free from stigma and discrimination.

[&]quot;I have learned how to cook many things I never thought I could"

[&]quot;I have improved my interactions with other people"

[&]quot;Being involved at the WRC has helped me to be more sociable and less judgemental " "Going to the WRC has helped me with my confidence"

[&]quot;I have learned ways to care for myself and understand health matters like the heart and stress better"

Formal Events:

Bell Let's Talk partnership Mind, Body, Spirit Wellness Fair Put a Spotlight on Mental Health campaign, Dress Loud for Mental Health campaign VOICE awards Back the Blue Igniting HOPE suicide prevention walk and candle lighting

Presentations:

Holmes House Haldimand Abilities Centre Fanshawe College Service clubs – Lions, Rotary Church groups

Essential to the success of activities, formal events and initiatives of CAMHS and the Wellness & Recovery Centre are many community partners and supporters, sponsors and donors.

ABEL Enterprises

Absolute Respiratory

ACTT - St. Joseph's Healthcare

Becker Welding

Beneff Concrete

Berkel Greenhouses

Boer Homes

Bowen Therapy

Canadian Tire

CarStar

Cheap and Easy DJ

Community Legal Clinic of Brant, Haldimand and Norfolk

CSI Network

Dumanski Strawberries

Eisings Garden

Fanshawe College

Herrewynen Homes

Holmes House

Hope Pharmacy

Imperial Oil

Jarvis Lions

Jensen Cheese

Joy Bakery Cafe

Kerry's St. James Street Eatery

King's Flowers

Kiwanis Club

Mike Fidler & Associates

Norfolk County

Norfolk County Fair Norfolk County Public Library Norfolk Housing Rotaract Roulston's RT Respiratory Second Ave. Printing Simcoe Lighting Simcoe Lions Sobey's South Coast Physiotherapy Sunrise Rotary Club Super Store Pharmacy Target/Pioneer Twisted Fish Yoga United Way of HN Westhill Innovations

RECOGNITION

May 2017 VOICE Awards

The VOICE award recognizes efforts and contributions in three important areas:

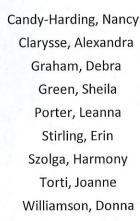
- · to the wellness, health and recovery of an individual living with a mental illness and/or addiction
- · enhancing the quality of supports for all individuals living with mental illness and /or addiction
- · increasing awareness and reducing stigma about mental health, mental illness and addiction

CAMHS staff was recognized for a variety of contributions sharing their skills and interests with Centre members in support of their growth and recovery, providing quality care, contributing their volunteer time and efforts to events such as the annual Christmas dinner and Mind, Body, Spirit Wellness Fair or offering support and guidance for the ongoing growth and development of peer support within the Centre or in the community.





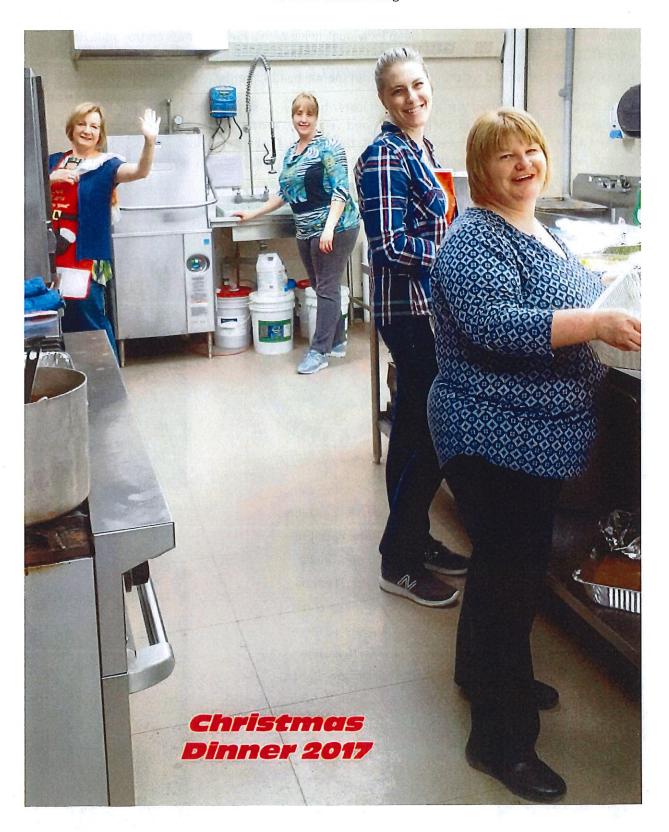








CAMHS Volunteering



CAMHS Celebrates Christmas









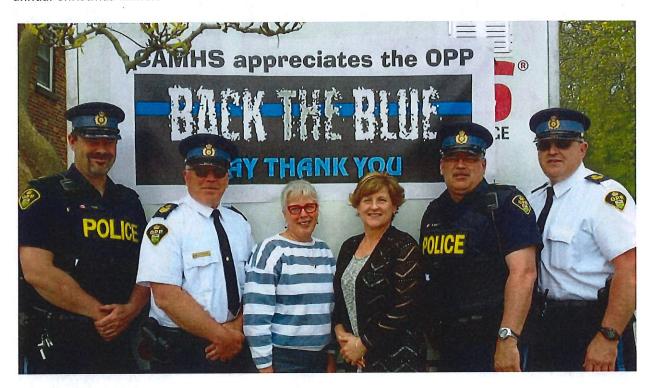






May 2017 Back The Blue ... Say Thank You

The Wellness & Recovery Centre hosted 'Back The Blue' during Police Service week in appreciation of the work of law enforcement in Haldimand and Norfolk. The event recognized OPP efforts to enhance their understanding and support of those living with a mental illness/ addiction and for their contributions and support of events such as Igniting HOPE suicide prevention walk and the CAMHS annual Christmas dinner.

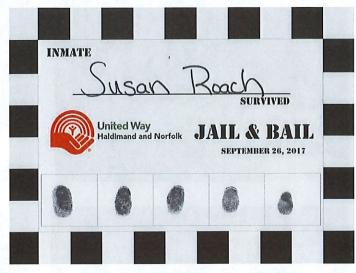






CAMHS in the Community





Participating in the United Way Jail & Bail fundraiser





Engaging the community to share the mental health message

CAMHS Celebrates Christmas











CAMHS Awards and Accolades





CONGRATULATIONS

ON YOUR NOMINATION

WELLNESS & RECOVERY CENTRE

RECOGNIZING YOUR VALUABLE CONTRIBUTION AS A

LOCAL FOOD CHAMPION!

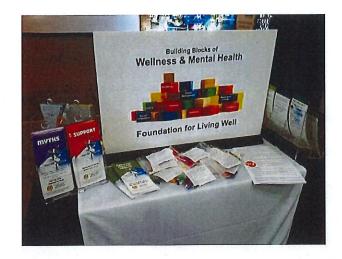
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IN THE SOUTH CENTRAL ONTARIO REGION

September 8, 20167

Stephen Molnar, SCOR EDC Chair South Central Ontario Region Economic Development Corporation Date

CAMHS in the Community





CAMHS partnering with Bell as part of "Let's Talk" campaign



At the Norfolk County Fair











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.