CAMHS

Community Addiction and Mental Health Services of Haldimand and Norfolk

Annual Report

2019-20

2019-2020 CAMHS Chair's Annual Report

I have been honoured to be the chair of the Board of Directors of CAMHS over the past year.

The Board is made up of nine volunteers, with very unique and valuable skills and talents, and an interest in addictions and mental health.

CAMHS has experienced many successes this year with further development of the Addiction Mobile Outreach Team program, the advent of the transitional-aged youth program, the involvement in the application process for the community Ontario Health Team (OHT), the nurse practitioner clinics across both counties and opportunities for collaboration with community partners.

The organization and community experienced a huge loss in March, with the passing of Susan Roach who was the Clinical Services Manager of CAST and Program Manager for the Wellness and Recovery Centre, at the time of her death. The loss of Susan has been difficult for her colleagues, those that she supported through her work, and community members. The Board had the pleasure of seeing Susan at the start of our board meetings; she, along with a WRC member would deliver a meal to us that they had prepared together.

The Covid-19 pandemic has come with a unique set of challenges and the Board is looking forward to moving forward in a purposeful and productive way.

We have three Board members that will not be continuing for the upcoming year; we thank them for their time and their commitment to the vision, mission and values of the organization. Your contributions have been appreciated and your presence will be missed; we wish you well.

In closing, I would like to acknowledge the volunteers and staff of CAMHS. The Board would like to thank you for your ongoing passion and dedication to providing support to the community.

Respectfully submitted by,

Laurie Giancola,

Board Chair, CAMHS

Message from the Chief Executive Officer (2018-2019)

Welcome to the CAMHS Annual General Meeting and thank you for showing 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.

First, before going into the multiple initiatives and successes of the year, I want to take a moment to speak of loss. Last year we lost a Board member and a staff person. And our staff had some personal losses of people close to them.
This year too has been a sad year as other staff have had personal losses of people close to them. And it has been a sad year for the CAMHS staff and the Board as a result of the untimely death of Susan Roach. Susan has been a part of this agency for 17 years as the Program Manager of the Peer Support Program and the Wellness and Recovery Centre. She was a staunch advocate for the Recovery Model, clinical service excellence, and tirelessly worked against stigma. Susan was an energetic and creative force to be reckoned with, a major influence in the CAMHS Leadership Team, and a valued educator in the community. More recently Susan was pleased to have been able to take on the management of the CAST program, where interface with the broader community is critical. Susan's legacy is vast, and she will be remembered.

Once again, the fiscal year of 2019 - 2020 has been a busy one. The LHIN has been dissolved and Ontario Health West has coalesced into the support umbrella under the new MOHLTC structure. The Ministry's Ontario Health Team initiative has seen activity in both Haldimand and Norfolk as healthcare partners strive to restructure under an attributive population model.

The fiscal year 2019 - 2020 saw significant changes in the Leadership Team's Clinical Service Managers. Karen Demaline kindly stepped in temporarily as Clinical Services Manager covering Bobby Jo Smith's LOA through the late spring and summer of 2019. Scott Secord chose in January 2020 to transition to a frontline staff role, Tara Telfer joined us in February 2020, and Susan Roach passed away in the middle of March 2020.

The COVID pandemic also took hold in March 2020. CAMHS was able to maintain services in all programs, albeit mostly virtual. This was a relatively easy transition for the agency as virtual care had already been integrated into most programs. Our crisis services continued to do face to face assessments. A critical component to the smooth transition and ongoing management of the agency through this time has been the incredible support of CAMHS' administrative team!

I will leave it to you to read the program updates. Very quickly I would draw your attention to the following successes and involvements experienced this past year:

- The development of a regional Ethics Alliance Steering Committee bringing ethics consultation and education to the healthcare community partners
- The closure of the Wellness and Recovery Centre in Dunnville and a move to a distributive model of peer support across Haldimand
- A thorough and positive assessment of CAMHS' capacity for providing service to individuals living with concurrent disorders
- Development of the CAMHS Nurse Practitioner role and clinics
- Development of virtual psychiatrist support to the NGH ED as a crisis service best practice with the CAST team (partnership with Joseph Brant Hospital/BCHS system physicians), with an intent to spread to the other non-Schedule 1 hospitals after proof of concept
- Integration of a new phone system

I want to thank the Board of Directors for their continued vigilance and encouragement, and to the NGH Finance, IT, and Human Resources staff for their support. The agency would not have moved forward in as many directions without the input, insights, and thoughtfulness of all of these individuals.

To the CAMHS staff, a big thank you for another year of creative development. Despite all the personal and professional challenges of the last year, not the least being the pandemic impact, you have continued to focus on the client. You are making a positive impact as guests for a short time in people's lives. It is appreciated.

And I would be remiss to not thank all the individuals who have been part of the Leadership Team over the year. It has been a tumultuous year inside and out, and yet you have pushed forward with needed infrastructure development, and have set up new and mandated initiatives to be ultimately successful. Not an easy task... and you all have met it with resolve and vigor. Thank you for your loyalty to the agency and its future.

Respectfully submitted,

Nancy Candy-Harding
CEO, CAMHS-HN

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: 2018 - 2020

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

2019-20
Board of Directors Membership
Since AGM, September 2019

Current Members

MEMBER	POSITION	
Laurie Giancola	Chair	September 2013
Jean Montgomery	Vice-Chair	September 2015
Cheryl Pineo	Treasurer	September 2016
Roddy Millea	Secretary	April 2015
MaryLisa Forsyth	Director	February 2016
Paul Sherwood	Director	September 2016
Adrian Rose	Director	September 2017
Joseph Varga	Director	September 2019
Jennie Chanda	Director	September 2019
Community Member		
Irene Beyaert	Community Member	September 2015
Ex-Officio		
Nancy Candy-Harding	Chief Executive Officer	Ex-Officio
Kerry Wetherell	Scribe	Ex-Officio

FINANCE

Financial Statements of

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

And Independent Auditors' Report thereon

Year ended March 31, 2020

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 and Norfolk

Opinion

We have audited the financial statements of Community Addiction and Mental Health Services of Haldimand and Norfolk ("the Entity"), which comprise:

- the statement of financial position as at March 31, 2020
- the statement of operations for the year then ended
- the statement of changes in fund balances for the year then ended
- the statement of cash flows and for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies.

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2020, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the ***"Auditors' Responsibilities for the Audit of the Financial Statements"*** section of our report.

We are independent of the Entity in accordance with the applicable independence standards, and we have fulfilled our other ethical responsibilities in accordance with these standards.

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

KPMG

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

KPMG

- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity public to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

Hamilton, Canada
June 3, 2020

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Statement of Financial Position

March 31, 2020, with comparative information for 2019

	Operating fund	Donation fund	2020	2019
Assets				
Current assets:				
Cash	$ 1,111,055	$ 147,568	$ 1,258,623	$ 1,149,947
Investments (note 2)	-	26,728	26,728	26,569
Accounts receivable	20,833	385	21,218	35,103
Harmonized sales tax recoverable	24,073	-	24,073	27,057
Prepaid expenses	31,865	-	31,865	65,239
Due from (to) own funds (note 3)	6,580	(6,580)	-	-
	1,194,406	168,101	1,362,507	1,303,915
Property and equipment (note 4)	9,683	-	9,683	14,525
	$ 1,204,089	$ 168,101	$ 1,372,190	$ 1,318,440
Liabilities and Fund Balances				
Current liabilities:				
Accounts payable (note 5)	$ 662,677	$ -	$ 662,677	$ 695,016
Due to the Ministry of Health (the "Ministry") (note 6)	591,955	-	591,955	504,808
Deferred revenue (note 7)	-	4,775	4,775	4,775
	1,254,632	4,775	1,259,407	1,204,599
Deferred capital contributions (note 8)	9,683	-	9,683	14,525
Fund balances:				
Invested in property and equipment (note 9)	-	-	-	-
Unrestricted	(60,226)	-	(60,226)	(60,226)
Internally restricted	-	163,326	163,326	159,542
	(60,226)	163,326	103,100	99,316
Subsequent event (note 15)				
	$ 1,204,089	$ 168,101	$ 1,372,190	$ 1,318,440

See accompanying notes to the financial statements.

On behalf of the Board:

Laurie Giancola Director

Director

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Statement of Operations

Year ended March 31, 2020, with comparative information for 2019

	Operating fund	Donation fund	2020	2019
Revenues:				
Ministry of Health	$ 5,207,234	$ -	$ 5,207,234	$ 5,190,467
St. Joseph's Healthcare Hamilton	41,050	-	41,050	51,722
Donations	-	14,182	14,182	19,490
Other	43,146	14,848	57,994	61,056
Amortization of deferred capital contributions (note 9)	4,842	-	4,842	18,619
	5,296,272	29,030	5,325,302	5,341,354
Expenses:				
Salaries and wages	3,308,803	-	3,308,803	3,172,306
Employee benefits	864,293	-	864,293	861,637
Purchased services	409,222	-	409,222	401,610
Rent	228,638	-	228,638	225,375
Amortization of property and equipment	4,842	-	4,842	18,619
Other expenses	393,327	25,246	418,573	434,482
	5,209,125	25,246	5,234,371	5,114,029
Excess of revenues over expenses before transfer payment repayable	87,147	3,784	90,931	227,325
Transfer payment repayable (note 6)	87,147	-	87,147	222,027
Excess of revenues over expenses	$ -	$ 3,784	$ 3,784	$ 5,298

See accompanying notes to the financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Statement of Changes in Fund Balances

Year ended March 31, 2020, with comparative information for 2019

March 31, 2020	Invested in property and equipment (note 9)	Unrestricted	Internally restricted	Total
Balance, beginning of year	$ -	$ (60,226)	$ 159,542	$ 99,316
Excess of revenues over expenses	-	-	3,784	3,784
Net change in invested in capital assets	-	-	-	-
Balance, end of year	$ -	$ (60,226)	$ 163,326	$ 103,100

March 31, 2019	Invested in property and equipment (note 9)	Unrestricted	Internally restricted	Total
Balance, beginning of year	$ 13,777	$ (74,003)	$ 154,244	$ 94,018
Excess of revenues over expenses	-	-	5,298	5,298
Net change in invested in capital assets	(13,777)	13,777	-	-
Balance, end of year	$ -	$ (60,226)	$ 159,542	$ 99,316

See accompanying notes to the financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Statement of Cash Flows

Year ended March 31, 2020, with comparative information for 2019

	2020	2019
Cash provided by (used in):		
Operating activity:		
Excess of revenues over expenses for the year	$ 3,784	$ 5,298
Items not involving cash:		
Amortization of property and equipment	4,842	18,619
Amortization of deferred capital contributions	(4,842)	(18,619)
	3,784	5,298
Change in non-cash operating working capital balances:		
Accounts receivable	13,885	(11,195)
Harmonized sales tax recoverable	2,984	17,560
Prepaid expenses	33,374	(31,395)
Accounts payable	(32,339)	75,499
Due to the Ministry	87,147	(20,384)
Employee future benefits	-	(589)
Deferred revenue	-	(1,841)
Cash flows from operating activities	108,835	32,953
Financing activity:		
Purchase of investments	(159)	(119)
Capital activity:		
Additions to deferred capital contributions	-	13,777
Increase in cash	108,676	46,611
Cash, beginning of year	1,149,947	1,103,336
Cash, end of year	$ 1,258,623	$ 1,149,947

See accompanying notes to the financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Notes to Financial Statements

Year ended March 31, 2020

Community Addiction and Mental Health Services of Haldimand and 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.

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.

(g) Changes in accounting policies:

In March 2018, the Accounting Standards Board issued *"Basis for Conclusions- Accounting Standards Improvements for Not-for-Profit Organizations"* resulting in the introduction of three new handbook sections in the Accounting Standards for not-for-profits Part III of the Handbook as follows:

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

(g) Changes in accounting policies (continued):

A. *Section 4433, Tangible capital assets held by not-for-profit organizations*, which directs organizations to apply the accounting guidance of *Section 3061, Property Plant and Equipment* in Part II of the Handbook. In so doing, the new section requires that organizations annually assess for partial impairment of tangible capital assets, to be recorded where applicable, as a non-reversible impairment expense. In addition, where practical, to componentize capital assets when estimates can be made of the useful lives of the separate components.

This section is applied on a prospective basis with the exception of the transitional provision to recognize an adjustment to opening net assets for partial impairments of tangible assets that existed as at January 1, 2019.

B. *Section 4434, Intangible assets held by not-for-profit organizations*, which directs organizations to annually assess intangible assets, and where applicable to record an impairment expenses should the net carrying value be higher than the asset's fair value or replacement cost.

This section is applied on a prospective basis with the exception of the transitional provision to recognize an adjustment to opening net assets for partial impairment of intangible assets that existed as at January 1, 2019.

C. *Section 4441, Collections held by not-for-profit organizations*, which defines a collection and directs organizations to record such assets on the statement of financial position at either cost or nominal value. It is anticipated that all collections will be accounted for using the same method, with the exception of organizations that opt to account for collections at cost, whereby the cost for certain collections either held or contributed cannot be determined. Such items are to be accounted for at a nominal value. In addition, collections are written down when there is evidence that the net carrying amount exceeds fair value.

Organizations are permitted to retrospectively capitalize collections at their cost or fair value at the date of acquisition, or fair value or replacement cost as at January 1, 2019, based on the most readily determinable value. In addition, an adjustment to opening net assets is permitted to recognize any partial impairment of the value of collections that existed as at January 1, 2019.

The amendments are effective for financial statements for fiscal years beginning on or after January 1, 2019 and are applied on a prospective basis with exception of the transitional provision to recognize an adjustment to opening net assets for partial impairment that existed on transition at April 1, 2019. The implementation of these changes had no impact on the financial statements.

2. Investments:

Investments of $26,728 (2019 - $26,569) consist of a guaranteed investment certificate bearing interest at 1.30% (2019 - 0.60%) per annum, maturing on December 14, 2020.

3. Due from (to) own funds:

The Operating Fund will pay for certain costs related to the Ministry 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 $6,580 (2019 - $21,830) for disbursements made on behalf of the Ministry programs. The amount bears no interest and has no set repayment terms.

4. Property and equipment:

	Cost	Accumulated amortization	2020 Net book value	2019 Net book value
Office furniture and equipment	$ 105,345	$ 105,345	$ -	$ -
Computer equipment	163,703	163,703	-	-
Computer software	36,379	36,379	-	-
Leasehold improvements	96,437	96,437	-	-
Vehicles	86,870	77,187	9,683	14,525
	$ 488,734	$ 479,051	$ 9,683	$ 14,525

5. Accounts payable:

Included in accounts payable are government remittances payable of $71,824 (2019 - $76,623), which includes amounts payable for payroll related taxes.

6. Due to the Ministry:

At the end of the fiscal year the Organization may owe the Ministry unspent funding as determined by the annual reconciliation report. The report is subject to the Ministry's approval or adjustments. The change in the due to the Ministry balance is as follows:

	2020	2019
Balance, beginning of year	$ 504,808	$ 525,192
Transfer payment repayable	87,147	222,027
Prior year surplus recovery	-	(242,411)
Balance, end of year	$ 591,955	$ 504,808

7. Deferred revenue:

	2020	2019
Balance, beginning of year	$ 4,775	$ 6,616
Less: funds used in the year	-	1,841
Balance, end of year	$ 4,775	$ 4,775

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:

	2020	2019
Balance, beginning of year	$ 14,525	$ 19,367
Add: deferred capital contributions received in the year	-	13,777
Less: amortization of deferred capital contributions	(4,842)	(18,619)
Balance, end of year	$ 9,683	$ 14,525

9. Net assets invested in property and equipment:

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

	2020	2019
Property and equipment (note 4)	$ 9,683	$ 14,525
Amounts financed by deferred capital contributions (note 8)	9,683	14,525
	$ -	$ -

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

	2020	2019
Excess of revenues over expenses:		
Amortization of deferred capital contributions	$ 4,842	$ 18,619
Amortization of property and equipment	(4,842)	(18,619)
	$ -	$ -

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, 2020.

11. Economic dependence:

The Ministry 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 ("HOOPP") which is a multi-employer average pay contributory pension plan. Employer contributions made to the plan during the year amounted to $258,908 (2019 - $251,394). These amounts are included in employee benefits expense on the statement of operations.

12. **Pension benefits (continued):**

There are no material past service costs. The most recent HOOPP actuarial valuation of the Plan as of December 31, 2019 indicated the Plan has a 19% surplus in disclosed actuarial assets.

13. **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:

2021	$ 191,683
2022	166,299
2023	86,682

The Organization entered into an agreement with Norfolk General Hospital to provide finance and human resource services for $115,543 per year. This agreement is effective from April 1, 2013, and will be reviewed and renewed annually. In fiscal 2019, the Organization entered into an agreement with Norfolk General Hospital to receive IT services totaling $77,000 as at March 31, 2020.

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, 2020 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2019.

(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 2019.

15. Subsequent event:

On March 11, 2020, the World Health Organization declared the Coronavirus COVID-19 ("COVID-19") outbreak a pandemic.

From the declaration of the pandemic to the date of approval of these financial statements, the Organization implemented the following actions in relation to the COVID-19 pandemic:

- The closure of certain facilities to the general public;
- Enhanced infection prevention and control measures including screening, physical distancing, increased use of personal protective equipment and increased cleaning;
- Revisions to the delivery of a number of services in order to limit the potential for transmission within the Organization; and
- The implementation of working from home requirements and virtual appointments for certain programs.

The ultimate duration and magnitude of the COVID-19 pandemic's impact on the Organization's operations and financial position is not known at this time. An estimate of the financial effect of the pandemic on the Organization is not practicable at this time

STATISTICS

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

STATISTICS – 2019-20

Clinical Activity	Actual	M-SAA Target
Number of Individuals Served	5717	6906
Number of Visits	29102	19375
Number of Group Sessions	475	70
Number of Group Participants	4859	732

Peer Support	Actual	M-SAA Target
Number of Attendance Days	3259	6884

Wait Times (by end of fiscal)	Average
Adult Mental Health	2-3 months
Specialized Geriatric Services	2-3 months
Addiction Program	0-3 business days

MCRRT (Norfolk and Haldimand)	Actual
Number of Individuals Served	500
Emergency Department Diversion	Average 87%

Client Experience (through anonymous survey identifying perceived good/excellent service) 41.5% return rate		Actual
Q1	I was treated with respect	96.6%
Q2	The services I have received have helped me deal more effectively with my life challenges	89.7%
Q3	I was involved as much as I wanted to be in decisions about my treatment and support	89.3%

PROGRAM UPDATES

Administration

The CAMHS Administration Team has continued to provide exemplary support for all CAMHS programs throughout the year to support the delivery of clinical service excellence in both mental health and addiction service models. As the front facing service to our new and existing clients, the Administration Team continually exudes a high level of clinical customer service and a welcoming safe space to all visiting or calling a CAMHS site.

Administration staff have continued to support the agency and individual staff with the delivery of information technology (IT) support services provided by the NGH Information Technology department and management of our new phone system. They play a key role in maintaining our internal and external communications with physicians, clinicians and other healthcare providers.

It is important to point out that without the support of the Administration Team, the agency would not be able to function. This was clearly evidenced as we moved forward in the fiscal year of 2019-2020 to plan for a safe and sustainable transition to functioning within the context of the COVID19 pandemic.

Addiction Program

The Addictions Program provides assessment and counselling to people of all ages who are experiencing issues with alcohol, substances and/or gambling. Families and significant others impacted are also served by this team.

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

Our team has continued its partnership with Holmes House (a withdrawal and residential treatment program) in Simcoe to provide a weekly drop-in group focused on building connection to community addiction services and programs. Throughout the year the team has continued to pursue an Employer Engagement initiative it order to broaden awareness and smooth access to services.

Coming into 2020, the team moved forward with planning for and scheduling the highly regarded Relapse Prevention Group for four sessions, two in Haldimand and two in Norfolk, an increase over prior years. Additionally, the team developed an eight week Family Support Group, with one eight week session being offered prior to fiscal year end. Learnings from this first group are informing continued group development.

Addiction Mobile Outreach Team (AMOT)

The Addiction Mobile Outreach Team (AMOT) provides support to individuals living with substance use concerns, problem gambling or concurrent disorders. The three main pillars of the AMOT program are engagement, (situational) assessment, and prevention through education. The mobile team engages people throughout Haldimand and Norfolk 'where they are located'. The team engages people who experience multiple barriers to accessing social and healthcare services and provides support to connect them with addiction support and services.

The team consists of addiction counsellors and peer support workers as well as a Nurse Practitioner and is available 12 hours/day, seven days/week, 365 days/year.

AMOT provides outreach throughout Haldimand and Norfolk Counties, including:

- Engaging any individual of any age, living with substance use concerns, problem gambling or concurrent disorders;
- Completing initial assessments of need;
- Linking individuals with appropriate community and/or health care services and supports including addiction counseling and assessment and referral to treatment;
- Facilitating access to a Nurse Practitioner (NP) for individuals who require primary care; NP services are for individuals living with an addiction and do not have a primary care practitioner; care is provided on a transitional basis only;
- Engaging with and providing education to family and caregivers of individuals living with substance use concerns, problem gambling or concurrent disorders;
- Collaborating with health care and community partners in the provision of harm reduction activities and education

The team has seen an uptick in referrals by other service providers with the goal of offering integrated and seamless service delivery. Our NP has ensured policies and procedures for her clinics are best practice and support an integrated plan. NP clinics have been taking place in Simcoe and Delhi. Planning is taking place for clinics in Caledonia and Hagersville.

As the program continues to evolve, the team has remained committed to updating community partners around program changes and enhancements.

Mobile Crisis Rapid Response Team (MCRRT)

The Mobile Crisis Rapid response Team partners a uniformed police officer with an experienced mental health professional to respond to 911 calls, as determined by police dispatch. The program provides persons in crisis, their families and caregivers, with timely and appropriate crisis intervention.

Service recipients of MCRRT include individuals presenting with mental health concerns, substance use concerns, behavioural disorders or acute situational crisis. The MCRRT team attempts to streamline access to mental health crisis supports and helps to reduce the burden of unnecessary referrals to the emergency department.

The MCRRT teams are available in Haldimand (Cayuga detachment) and Norfolk (Simcoe detachment) counties 7 days per week. This year both teams have continued their focus on assessment and diversion – providing rapid on-site assessment and support that may result in transport to hospital,

but also 'diverting' from hospital with rapid support and connection to other resources. They continue to be recognized by the OPP and the community at large as a critical resource.

Telemedicine Services (TMS)

Telemedicine Services (TMS) is a non-emergency psychiatric consultation service. Individuals access this service by referral from their primary care practitioner. The TMS team consists of three Registered Nurses (RNs) and three Psychiatrists who provide psychiatric consultation to adults 16 years of age and older, experiencing mental health challenges, through Ontario Telemedicine Network (OTN) videoconferencing. By utilizing OTN videoconferencing, individuals are able to access psychiatric consultation services in their community. Barriers such as access to transportation and the availability of Psychiatrists at the local level are removed. TMS also facilitates remote appointments for individuals, with medical specialists located outside of the region, utilizing OTN videoconferencing. This service similarly removes barriers and facilitates access to healthcare for individuals living in rural Haldimand and Norfolk counties.

There is significant demand for TMS, with multiple new referrals being received weekly. The three RNs along with the three psychiatrists are kept busy completing the extensive and in-depth Initial Assessments (IAs) for those individuals referred for psychiatric consultation. The TMS staff support individuals during their mental health assessment appointment; and also make themselves available to support individuals who are scheduled for appointments with external specialists, upon request.

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.

Collaborative Assessment and Management of Suicidality (CAMS) and Dialectic Behavioural Therapy (DBT) are highly-effective evidence-based form of treatment available to clients as appropriate. 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.

Over the past year the Adult Team is commended for maintaining efficiencies from last fiscal year in relation to the waitlist for adult counselling services. DBT continued to be a successful partnered program shared with CMHA. The needs of those living with Borderline Personality Disorder BPD are complex and require a substantial staffing resource. Waitlists are expected to be long, which is the case for any agency offering this therapy within the HNHB LHIN and the country. Treatment is expected to be from 6-12 months and groups are normally not larger than 10 participants. Offering DBT is one of the only evidence informed therapies available for this unique population and CAMHS is committed to partnering with CMHA to deliver this treatment to Haldimand and Norfolk.

The Transitional Aged Youth (TAY) initiative with REACH HN continued to be a focus. An established process to more rapidly identify transitional aged youth and establish wrap around care has been implemented.

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, and 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. Individuals are linked to community resources and support systems as needed, including peer support, to prevent further crises. Importantly, all our CAST staff are registered nurses or social workers so access to crisis assessment and treatment is immediate if one calls into the crisis line.

Of significance is the addition of a psychiatrist to CAST. This is a best practice: expanding the inter-professional assistance offered to a person in crisis. The involvement of the psychiatrist is in two formats: as a formal clinic allowing assessment and treatment initiation which is now in place in CAMHS; and the opportunity to expand psychiatrist virtual service in the Emergency Department(ED) of a hospital. Proof of concept is being initiated with the NGH ED and connected with both Brantford General Hospital and Joseph Brant Hospital, with the intent to spread to our other community hospitals.

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 provide inter-professional care to clients.

The SGS team continued to provide outreach and clinic services to seniors in Haldimand and Norfolk counties. Outreach activities include providing support to community service partners including long term care and retirement facilities and our community hospitals. Clinics were offered at multiple locations in Norfolk and Haldimand ensuring accessibility to older adults to specialist medical care.

With the advent of the COVID19 pandemic, plans were in process at the end of this fiscal year to continue assessments and supports virtually.

Where in the fiscal year 2018-2019, the SGS Team had been actively involved with the Regional Geriatric Program (RGP) in designing and implementing the HNHB LHIN wide Centralized Intake process for physician referrals, in 2019-2020 it had been fully initiated. The CAMHS SGS team has been valued greatly by the RGP for its feedback in this first year. This MOHLTC initiative links with a provincial goal for a province wide approach to centralized intake for those in need of psychogeriatric assessment including but not limited to depression, delirium and dementia.

Intake

CAMHS has a centralized intake process for all of its mental health programs. Intake screens and processes all referrals to CAMHS mental health programs. The intake clinician reviews, screens and directs 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. The regional RGP initiative (see SGS) has been a focus for the agency over the last year.

Also during this past year, CAMHS has moved forward with a Six Sigma initiative to streamline the internal processes of Intake. This is a significant undertaking by staff of all programs and led by Bobby Jo Smith with external consultation. We anticipate that this project will be completed in the next fiscal year.

The Addiction Intake process is one where an Addiction Counsellor is available Monday to Friday accepting clients into the program. Clients can access these services through walk in, call in, or self-referral online through our WEBsite. This continues to be appreciated by the community at large.

Peer Support Program (Wellness and Recovery Centre [WRC])

During the year 2019-2020, the WRC continued to actively address the programming available to members to ensure an equal balance of the four pillars of the Centre's mandate – social recreation, education, peer support and advocacy – and to ensure an alignment of all four with the overriding goal of wellness and recovery. The program received funding again from the United Way of Haldimand and Norfolk for the Mental Health Literacy Program and it was utilized to continue to provide speaking presentations in the community.

A major change to the Peer Support Program has been the closure of the WRC in Dunnville and a move to a distributive model for peer support. This will allow the Peer Support staff to be more mobile, flexible and able to respond in person to various communities in Haldimand specifically. Continued partnerships with the Haldimand Abilities Centre, the Public Library and the Diabetes Program were expected to be enhanced over the coming year. An increased focus on the delivery of community group educational and support sessions was part of this initiative. A developing relationship between the Peer Support Program and the AMOT Program has presented some unique opportunities for community engagement.

Again the CAMHS Norfolk Fair booth was well attended, as was the Wellness Fair. For the second year in a row, quite a number of individuals came and thanked staff for the presence of CAMHS in the community.

The closure of the Dunnville WRC site allowed us to support the Road to Recovery program in Dunnville. All kitchen appliances, furnishings, camping equipment and other supplies were donated to the Road to Recovery group in Dunnville to help with their start up.

And again we have had very successful attendance at our various activities with our partners: OPP Back the Blue and the Christmas luncheon; the United Way's 'Stuff the Bus' initiative; Springview Christmas dinner, and BBQ's, to name a few.

We also want to recognize the partnership with ABEL Enterprise. ABEL has been a great support to the Peer Support Program over the last year and it is greatly appreciated.

Concurrent Disorders

Much attention by the LHIN in the fiscal years 2018-2019 and 2019-2020 has been the capacity for any agency to addressed people living with concurrent disorders (mental illness and addiction). CAMHS, unlike other agencies, is very fortunate to have mental health assessment and treatment, addiction assessment and treatment and peer support all in one agency. This means that the agency, as a whole, can address clients with these challenges. We do not have a concurrent disorders program because it is integrated into all programs. Over the year 2019-2020, the LHIN required all agencies to formally assess their concurrent disorders capacity. CAMHS obtained an experienced external reviewer to do so; and CAMHS was determined to both be capable and have the capacity to attend to such clients in our mental health services and our addiction services. Having the Peer Support Program situated in the agency was seen as an important aspect of care, an added bonus to treatment.

Management

2019-2020 has been a transitional year for the Leadership Team. We were very fortunate to have a person step in in late spring 2019 to cover a Clinical Service Manager's (CSM) extended leave of absence. In January of 2019-2020, one of the CSMs made the move from management to front line service in CAMHS. A newly hired CSM started in February. In March, Susan Roach passed away suddenly. As there are three managers of clinical service in CAMHS, all programs have been touched by the changes. Needless to say, this affects the staff as a whole and the agency as a partner organization to the community. Also influencing the organization was the developing pandemic. CAMHS had been monitoring the COVID19 pandemic in January and moved forward with programmatic changes in March.

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.