



CAMHS

Community Addiction and Mental Health
Services of Haldimand and Norfolk

Annual Report

2020-21

Community Addiction and Mental Health Services

Board Chair Report 2020 – 2021

It has been a privilege to serve as Board chair during the past year. The agency and Board have faced many unprecedented challenges but persevered with determination and confidence.

With constraints and accommodations to comply with COVID protocols, to managing through the cyber attack with reduced communication – our CEO and staff conquered obstacles and were successful providing excellent service to our community. New programs and strategies will prove to add additional supports and resources to enhance the services of CAMHS. Special thanks to all staff for the dedication shown and contribution to the wellbeing of so many.

Our Board has been diligent and proactive striving to improve our governance and strategic planning policies. Special thanks to our extraordinary Board members, present and past for the undertaking of such important work.

The commitment of staff, contribution of the Board and the partnership with stakeholders will surely benefit our community in so many ways. Thanks to all for working together for continued improvement and support making possible – great results!

Looking forward to an amazing year moving forward together.

Respectfully submitted,

Jean Montgomery

CAMHS Board Chair

Message from the Chief Executive Officer (2020-2021)

Welcome and thank you for taking an interest in CAMHS.

The fiscal year 2020-2021 has been an interesting year all round, under the shadow of the COVID pandemic. Suddenly personal protective equipment (PPE), normally seen in the acute care sector, needed to be broadly applied in the community. Familiarity with and compliance to infection control principles took centre stage as the agency focused on physical safety and access to required equipment.

With the pandemic in full swing by April 2020, CAMHS as with other agencies pivoted quickly to predominantly virtual care. Though some of our staff were very familiar with virtual care as CAMHS has been involved with virtual care for well over a decade, our staff made quick adjustments, sharing their knowledge and experience with each other. CAMHS limited internal movement by removing staff from satellite sites and pausing on service in Simcoe. Having the Townsend site as the only operational site assured the specificity of COVID screening to provide a safe space for both clients and staff.

Likewise, the crisis staff of CAST and MCRRT had to make accommodations for COVID continuing to provide face-to-face care in the community. Our outreach teams continued with modifications. All other programs continued to offer clients face-to-face involvement throughout the pandemic with an increased accessibility through virtual applications on-line or by phone. Eventually CAMHS was also able to offer group activity virtually. And I cannot say enough about the tremendous work of the Administrative Team whose flexibility and forward-thinking kept the agency's operations functional.

Fast forward to March 2021 where CAMHS was the recipient of a cyber-attack. Though we continue to be rebuilt in September 21, I cannot say enough about the Norfolk General Hospital's IT department, our third-party forensic investigation team, and our insurance agent (HIROC). Special thanks to Pam Dukeshire, Director of Finance, NGH who managed all funding communication for CAMHS with our funder in the absence of CAMHS technology. Remedial response is extremely time sensitive, and people have been working hard to fulfil this agenda. Within the forensic investigation, it was determined that there was no evidence of privacy breach and the restoration process has focused on mitigating future risk. This has required a very methodical and time-consuming process. The cyber-attack has been extremely challenging from an operational perspective but also very much so from a human resources perspective. Limited or no access to the tools to do business has been ongoing and difficult, and again the CAMHS staff accommodated quickly and with flexibility and creativity.

Event though COVID challenged the healthcare system at all levels, services have continued to evolve. For CAMHS there has been an exciting partnership with Probation and Parole through a pilot project funded by the Ministry of the Solicitor General. CAMHS and the justice system have partnered this year in a Mental Health and Addiction Peer Support (MHAPS) project.

I again wish to thank the CAMHS Board for their incredible support throughout this year. There have been multiple challenges where they have offered wise counsel as CAMHS addressed

issues throughout the fiscal 2020-2021 year. Their focus on clinical service excellence being offered to the community is notable, and their desire to hear the voices of those served is clear.

Following Susan Roach's untimely death last mid-March, the Leadership Team over the past year had made some changes as well. Very big shoes to fill. Always moving forward, the nimbleness of the 2020-2021 Leadership Team was predominant, especially through the initial phases of COVID.

And not to be forgotten are the NGH staff of Finance, IT, and Human Resources who have done some time consuming and critical support to CAMHS through COVID and our cyberattack. It is greatly appreciated and has allowed us to continue safely and competently serve the communities of Haldimand and Norfolk throughout the year.

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



CAMHHS

Community Addiction and Mental Health
Services of Haldimand and Norfolk

OUR STRATEGIC PRIORITIES AND SUPPORTING GOALS: 2021 - 2023

Promote Mental Health and Addiction Wellness	Foster Recovery and Well-being	Improve Access to Services	Respond to Diverse Populations	Leadership, Knowledge, Collaboration
<p>We will:</p> <p>Promote Mental Health and Addiction Wellness across the lifespan in homes, schools, work places and prevent mental illness and addiction, and suicide when possible.</p>	<p>We will:</p> <p>Foster recovery and well-being for people with mental illness and addiction challenges, while advocating and providing education and support</p>	<p>We will:</p> <p>Improve access to the right combination of service, treatments and supports, when and where people need them</p>	<p>We will:</p> <p>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</p>	<p>We will:</p> <p>Mobilize leadership, improve knowledge and foster collaboration at all levels</p>



CAMHS

Community Addiction and Mental Health
Services of Haldimand and Norfolk

BOARD MEMBERSHIP

2020-21
Board of Directors Membership
Since AGM, September 2020

Current Members

MEMBER	POSITION	
Jean Montgomery	Chair	September 2015
Jennie Chanda	Vice-Chair	September 2019
Evan Drescher	Treasurer	September 2020
Laurie Giancola	Secretary	September 2013
Paul Sherwood	Director	September 2016
Adrian Rose	Director	September 2017
Joseph Varga	Director	September 2019
Jennie Chanda	Director	September 2019
Katelyn Heyens	Director	September 2020
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, 2021



KPMG LLP
Commerce Place
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Canada
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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, 2021
- 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, 2021, 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.



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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.



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- 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 2, 2021

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

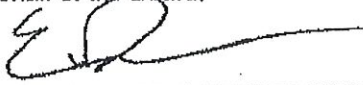
Statement of Financial Position

March 31, 2021, with comparative information for 2020

	Operating fund	Donation fund	2021	2020
Assets				
Current assets:				
Cash	\$ 1,104,869	\$ 182,426	\$ 1,287,295	\$ 1,258,623
Investments (note 2)	-	27,077	27,077	26,728
Accounts receivable	35,052	5,575	40,627	21,218
Harmonized sales tax recoverable	27,287	-	27,287	24,073
Prepaid expenses	45,180	-	45,180	31,865
Due from (to) own funds (note 3)	6,058	(6,058)	-	-
	1,218,446	209,020	1,427,466	1,362,507
Property and equipment (note 4)	17,066	-	17,066	9,683
	\$ 1,235,512	\$ 209,020	\$ 1,444,532	\$ 1,372,190
Liabilities and Fund Balances				
Current liabilities:				
Accounts payable (note 5)	\$ 747,017	\$ 3,450	\$ 750,467	\$ 662,677
Due to the Ministry of Health (the "Ministry") (note 6)	511,379	-	511,379	591,955
Deferred revenue (note 7)	-	20,990	20,990	4,775
	1,258,396	24,440	1,282,836	1,259,407
Deferred capital contributions (note 8)	17,066	-	17,066	9,683
Fund balances:				
Invested in property and equipment (note 9)	-	-	-	-
Unrestricted	(39,950)	-	(39,950)	(60,226)
Internally restricted	-	184,580	184,580	163,326
	(39,950)	184,580	144,630	103,100
COVID-19 (note 16)				
	\$ 1,235,512	\$ 209,020	\$ 1,444,532	\$ 1,372,190

See accompanying notes to the financial statements.

On behalf of the Board:



Director



Director

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Statement of Operations

Year ended March 31, 2021, with comparative information for 2020

	Operating fund	Donation fund	2021	2020
Revenues:				
Ministry of Health	\$ 5,216,605	\$ -	\$ 5,216,605	\$ 5,207,234
St. Joseph's Healthcare Hamilton	46,790	-	46,790	41,050
Donations	-	18,013	18,013	14,182
Other	18,707	19,403	38,110	57,994
Amortization of deferred capital contributions (note 8)	7,898	-	7,898	4,842
	5,290,000	37,416	5,327,416	5,325,302
Expenses:				
Salaries and wages	3,274,324	-	3,274,324	3,308,803
Employee benefits	818,278	-	818,278	864,293
Purchased services	389,959	-	389,959	404,509
Rent	228,207	-	228,207	228,638
Amortization of property and equipment	7,898	-	7,898	4,842
Other expenses	369,825	16,162	385,987	423,286
	5,088,491	16,162	5,104,653	5,234,371
Excess of revenues over expenses before transfer payment repayable	201,509	21,254	222,763	90,931
Recovery of prior year payable (note 6)	20,276	-	20,276	-
Transfer payment repayable (note 6)	201,509	-	201,509	87,147
Excess of revenues over expenses	\$ 20,276	\$ 21,254	\$ 41,530	\$ 3,784

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, 2021, with comparative information for 2020

March 31, 2021	Invested in property and equipment (note 9)	Unrestricted	Internally restricted	Total
Balance, beginning of year	\$ -	\$ (60,226)	\$ 163,326	\$ 103,100
Excess of revenues over expenses	-	20,276	21,254	41,530
Net change in invested in capital assets	-	-	-	-
Balance, end of year	\$ -	\$ (39,950)	\$ 184,580	\$ 144,630

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

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, 2021, with comparative information for 2020

	2021	2020
Cash provided by (used in):		
Operating activity:		
Excess of revenues over expenses for the year	\$ 41,530	\$ 3,784
Items not involving cash:		
Amortization of property and equipment	(7,898)	4,842
Amortization of deferred capital contributions	7,898	(4,842)
	41,530	3,784
Change in non-cash operating working capital balances:		
Accounts receivable	(19,409)	13,885
Harmonized sales tax recoverable	(3,214)	2,984
Prepaid expenses	(13,315)	33,374
Accounts payable	87,790	(32,339)
Due to the Ministry	(80,576)	87,147
Deferred revenue	16,215	-
Cash flows from operating activities	29,021	108,835
Financing activity:		
Purchase of investments	(349)	(159)
Capital activity:		
Purchase of equipment	(15,281)	-
Additions to deferred capital contributions	15,281	-
Cash flows from capital activity	-	-
Increase in cash	28,672	108,676
Cash, beginning of year	1,258,623	1,149,947
Cash, end of year	\$ 1,287,295	\$ 1,258,623

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, 2021

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.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2021

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.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2021

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.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2021

2. Investments:

Investments of \$27,077 (2020 - \$26,728) consist of a guaranteed investment certificate bearing interest at 0.25% (2020 - 1.30%) per annum, maturing on December 14, 2021.

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 \$6,058 (2020 - \$6,580) for disbursements made on behalf of the Ministry programs. The amount bears no interest and has no set repayment terms.

4. Property and equipment:

			2021	2020
	Cost	Accumulated amortization	Net book value	Net book value
Office furniture and equipment	\$ 105,345	\$ 105,345	\$ -	\$ -
Computer equipment	178,984	166,760	12,224	-
Computer software	36,379	36,379	-	-
Leasehold improvements	96,437	96,437	-	-
Vehicles	86,870	82,028	4,842	9,683
	\$ 504,015	\$ 486,949	\$ 17,066	\$ 9,683

5. Accounts payable:

Included in accounts payable are government remittances payable of \$62,634 (2020 - \$71,824), which includes amounts payable for payroll related taxes.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2021

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:

	2021	2020
Balance, beginning of year	\$ 591,955	\$ 504,808
Transfer payment repayable	201,509	87,147
Pandemic pay surplus repayable	696	-
Prior year surplus recovered in the year	(262,505)	-
Recovery of prior year payable recorded in excess of revenues over expenses	(20,276)	-
Balance, end of year	\$ 511,379	\$ 591,955

7. Deferred revenue:

	2021	2020
Balance, beginning of year	\$ 4,775	\$ 4,775
Add: additions in the current year	16,215	-
Balance, end of year	\$ 20,990	\$ 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:

	2021	2020
Balance, beginning of year	\$ 9,683	\$ 14,525
Add: deferred capital contributions received in the year	15,281	-
Less: amortization of deferred capital contributions	(7,898)	(4,842)
Balance, end of year	\$ 17,066	\$ 9,683

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2021

9. Net assets invested in property and equipment:

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

		2021		2020
Property and equipment (note 4)	\$	17,066	\$	9,683
Amounts financed by deferred capital contributions (note 8)		17,066		9,683
	\$	-	\$	-

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

		2021		2020
Excess of revenues over expenses:				
Amortization of deferred capital contributions	\$	7,898	\$	4,842
Amortization of property and equipment		(7,898)		(4,842)
	\$	-	\$	-

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, 2021.

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.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2021

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 \$255,565 (2020 - \$258,908). These amounts are included in employee benefits expense on the statement of operations.

There are no material past service costs. The most recent HOOPP actuarial valuation of the Plan as of December 31, 2020 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:

2022	\$ 199,217
2023	106,676
2024	90,965

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, 2021.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND AND NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2021

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, 2021 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2020.

(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 2020.

15. Comparative information:

Certain prior year information have been reclassified to conform to the current year's presentation.

16. COVID-19:

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 and staff;
- 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 – 2020-21

Clinical Activity	Actual	M-SAA Target
Number of Individuals Served	4846	6906
Number of Visits	30133	19375
Number of Group Sessions	61	70
Number of Group Participants	402	732

Peer Support	Actual	M-SAA Target
Number of Attendance Days	3834	6884

Wait Times (by end of fiscal)	Average
Adult Mental Health	3-4 months
Specialized Geriatric Services	4-5 months
Addiction Program	0-3 business days

PROGRAM UPDATES

Administration Program

The **CAMHS Administration Team** has been awesome over the fiscal year 2020-2021. They have been an incredibly stabilizing force navigating the waters of COVID phases related to clinic service and the overwhelming shutdown required as a result of the cyber attack in March. We continue to have significant residual effects from that event and have managed to both continue service and administrate the agency through the flexibility and vigilance of the administrative team.

The Administrative Team is responsible for the smooth running of the clinics and have had to make adjustments due to the increase of virtual activity. With the cyber attack negatively impacting communication and access to CAMHS operational drives from home, where many staff have been working from, this has put added pressure on the administrative staff to accommodate for this. Not to mention the move to paper and land mail for operational aspects such as accounts payable, and payroll.

Addiction Program

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

The CAMHS Addiction Program provides much needed individual addiction assessment and community treatment, referral to residential treatment as needed, education and support services to our community of Haldimand and Norfolk, including the high schools in both counties.

Due to the COVID pandemic the groups identified last year to be moved forward were put on pause until we were able to obtain access to a secure internet platform. However, the Addiction Program has continued to partner with Holmes House in various aspects to support those clients participating in residential treatment.

Of significance, CAMHS contracted Dr. Harvey Smith, psychologist with expertise in addictions, to work for six months with the Addictions Team regarding best practices for community addictions treatment and supportive infrastructure. The Addiction Program staff also worked diligently on educational material that is very impressive and will be shared with other agencies.

Throughout the pandemic the Addiction Program staff have been seeing clients both virtually and in-person. We continue to manage a wait time of about one week. CAMHS has six addiction counselors in this program.

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 counselors, and peer support workers as well as a primary care Nurse Practitioner (NP). The NPs' role is to serve individuals living with addiction (substance use and/or problem gambling) who do not have a family doctor. The hope is that once stabilized the client can be transitioned to another primary care practitioner for ongoing care. The Outreach Counselors are now using the GAIN SS tool in their community assessments to help determine service need.

Certainly, the COVID pandemic and its restrictions has significantly impacted the movements of AMOT staff as they are predominantly an outreach program. Not to be deterred the staff have continued to respond to referrals virtually and in some cases face-to-face. The Overdose Automated Referral (OAR) agreement with the OPP has shown promise in response to urgent support for individuals who have overdosed in the community. This has been happening virtually through the pandemic.

The AMOT staff have taken the opportunities afforded them through the pandemic for staff development. Dr. Harvey Smith worked with the AMOT staff around the concepts and application of Motivational Interviewing. Out of that activity, an all-day educational session was developed. The AMOT Team did a remarkable job on not only its development but its delivery to staff of four of the CAMHS programs (Addictions, Adult, CAST, and SGS).

Adult Mental Health Program

The **Adult Mental Health Program** provides recovery-focused mental health assessment and treatment to adults sixteen years and older. In order to be assessed by a psychiatrist, a referral must be received from a physician/nurse practitioner. Clients may self-refer or be referred to counseling. Adult Program mental health clinicians provide individual solution-focused and strength-based therapy, consultation to health and social service providers, and collaboration/partnerships with other community services.

Over the fiscal year 2020-2021, the Adult Program clinicians have pivoted to virtual assessment and treatment for much of the year. Face-to-face services has continued for those clients who require it. Throughout the COVID pandemic, the Townsend site has been available for face-to-face service.

Dialectical Behavioural Therapy (DBT) continues to be offered in partnership with the Canadian Mental Health Association to clients who match the need for this type of intervention. We had, through the pandemic, moved to a virtual platform for service. Our partnership with HNREACH

continues as we support transitional aged youth moving from child/youth mental health services to adult services.

Dr. Prayaga likewise has continued with his clinics both virtual and face-to-face in the Townsend site. Dr. Malhotra has historically had a virtual clinic and has continued with the clinic throughout the pandemic.

Crisis Services

CAMHS' crisis services are our urgent service entitled **Crisis Assessment and Support Team (CAST)** and our emergent service, the **Mobile Rapid Response Team (MCRRT)**. CAST is responsible for staffing the 24/7 crisis line and is the Emergency Psychiatric Service for the three Haldimand-Norfolk hospitals. MCRRT staff are located in the two OPP detachments in Haldimand-Norfolk and respond to 911 crisis calls with the police. Both services have been fully functional throughout the pandemic.

The Mobile Rapid Response Team program 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 intervention at the scene.

Throughout the COVID pandemic along with police, the MCRRT staff have worked out in the community as first responders. We appreciate the diligence and commitment of the staff as they have navigated the waters on community interface during a pandemic.

Likewise the CAST staff have continued to assess clients as they present to the three emergency departments with mental health and addiction issues. The addition of a psychiatrist to the CAST program has allowed for direct access to a medical assessment. Still in planning for execution is virtual access of a psychiatrist connected to CAMHS in the emergency departments.

Intake

CAMHS continues to have a centralized intake process for mental health referrals. The **Intake Clinician** reviews, screens and directs referred clients to the appropriate program within the agency. Intake completes referrals and/or redirects individuals to other community partners when required, ensuring the client receives the most appropriate and timely service.

For referrals to the Specialized Geriatric Program, a regional centralized process has been developed. CAMHS is a partner in this initiative, whereby geriatric referrals are vetted through the Regional Geriatric Program and forwarded to CAMHS. This is a centralized process that incorporates the region previously known as the HNHB LHIN. A great deal of work has been done to ensure timeliness of receipt by CAMHS.

The addiction intake process is one where an Addiction Counselor is available Monday to Friday accepting clients into the program. Clients access these services through walk in, call in, or self-referral on-line through the CAMHS WEBSITE.

Throughout the year a major quality improvement activity was the Six Sigma review of Intake. This was an agency wide endeavour process mapping both internal and external processes of the transition points in a client's care.

Peer Support Program

Over the year 2020-2021, the **Peer Support Program** has met with many challenges. Of significance is the untimely and tragic death of Susan Roach. Susan had been the manager of the Peer Support Program for 17 years and was in process of re-developing the program to focus more on wellness and recovery and breadth of services. The day program (the Wellness and Recovery Centre, WRC) continued as a very important component of the peer support program. But the principles of peer support were being broadened by CAMHS to include a distributive model of peer support across the counties. With the presence of COVID and its restrictions this planning had stalled. But service had not; the Peer Support staff quickly transitioned to virtual services and connections, including group activities and psychoeducational groups which will serve them well in future. And with the help of the Peer Support staff CAMHS expanded its social media footprint. Throughout COVID face-to-face interaction has happened in specific situations. We are looking forward to returning to a larger percentage of face-to-face service.

Specialized Geriatric Services

The **Specialized Geriatric Services (SGS)** is a widely respected service of CAMHS. The SGS Program provides non-emergency clinical assessment, consultation treatment and education to older adult, their families and service providers who are, or know of someone who has issues of mental health and/or addiction and those with cognitive impairment.

Over the fiscal year 2020-2021 through the COVID pandemic the SGS team also expanded their virtual connections with clients. Certainly, virtual care has been a hallmark of the program for an extended period of years however certainly this fiscal year saw an increase in services provided this way. Outreach and face-to-face clinics have continued as well throughout the pandemic augmenting the virtual care; which is an inversion from previous years.

2020-21 also saw some changes in SGS clinicians which has been an adjustment for all as the team rebuilds. And COVID, along with the cyber attack, brought about some operational changes with the physicians requiring administrative support alternatives and creative actions on the part of the SGS and administrative staff. It has been impressive.

Telemedicine Services

The **Telemedicine Services (TMS)** is a non-emergency psychiatric consultation service with a psychiatrist predominantly for diagnosis and treatment recommendations. Individuals access this service through a referral from a physician/nurse practitioner. This program uses the Ontario Telemedicine Network to virtually access the psychiatrists. The team for the last decade has been comprised of three psychiatrists and three registered nurses plus a partnership with the Grand River CHC of a nurse practitioner. Over the last year, two of the three physicians have left CAMHS for other opportunities. This has offered some challenges especially related to wait times, however the remaining physician has chosen to increase his availability to the HN community. This has been greatly appreciated.

Again, with COVID, as the TMS program historically utilizes a virtual platform for psychiatrist interaction, the TMS staff are well versed in the technology and easily transitioned to virtual work at home. The staff were also able to assist co-workers generally unfamiliar with the virtual world of service. This allowed many of the CAMHS staff a nimbleness in the transition to the work from home environment during COVID. This availability to others has been greatly appreciated.

Management

Where the 2019-20 year for the **Leadership Team** was a transitional year, the 2020-2021 year continued to be so. With Susan Roach's passing, a new Clinical Services Manager (CSM) was internally hired in June. 2020-21 saw a maternity leave in October, and a need to hire another CSM in December. Personnel changes such as these can be very stressful for the agency staff. For the last 6 months of the fiscal year, CAMHS contracted with Dr. Harvey Smith, clinical psychologist with a specialty in addictions, to attend to the addictions programs where his expertise would be valuable both from a support perspective and a best-practice learning perspective.

Responding to the phases of the COVID pandemic internally in the agency, moving forward with the Six Sigma Intake review, supporting staff both working from home and from the Townsend office, and continuing to nurture the external community partnerships while in the grips of the COVID pandemic were central foci of the Leadership Team throughout the year.



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.