



Canadian Mental  
Health Association  
Calgary  
*Mental health for all*

# CMHA Calgary Annual Report to the Community

April 2020–March 2021

adaptable lonely hope  
connection dedication sad  
help restrictions challenging  
opportunity flexible  
isolation support unprecedented  
self-care pivot belonging  
COVID-19 teamwork together

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# Message from our Co-Chairs



Dr. Mike Trew

The first year of the pandemic has had a significant impact on community and individual mental health. Nearly eight in 10 Canadians have experienced emotional struggles with the ongoing and unpredictable social conditions, and the most common feelings include anxiety, worry, boredom, stress, loneliness, sadness, anger, and depression. In Alberta, 45% of adults have experienced a deterioration in their mental health since the onset of the pandemic and the demand for community mental health services continues to rise. Nearly everyone now faces new or unexpected priorities and challenges, whether in their personal lives or in the workplace.

As a Board, we had to step up and take on additional responsibilities during a time of transition for the Executive Director leadership role at CMHA Calgary. This opportunity offered us new insights and intensified our passion to ensure CMHA Calgary is in the best position to meet increasing demands for community mental health supports.

We appointed Sara Jordan as the new Executive Director in July 2020 to guide CMHA Calgary into a new era. Sara's strong business acumen and expertise in health promotion, prevention, and mental health enables her to guide our staff, partners, and stakeholders in positioning CMHA Calgary as a core leader in the community mental health sector.

As a Board, we tasked Sara to oversee the creation of CMHA Calgary's 2021–2025 Strategic Plan. The Board of Directors contributed to the development and approval of five ideal future states and eight supporting strategies. These tactics will enable CMHA Calgary to achieve its key goals: to become a mental health gateway into the community, to design inclusive, integrated client-focused services, to represent a role model employer, to strengthen its reputation as a preferred collaborative partner, and to establish a sustainable, evidence-based funding model.



Rick Wise

One of the priority actions of the new Strategic Plan is to calculate social return on investment to understand and quantify the value our services bring to the community and our stakeholders. In early 2021, we applied an internationally standardized methodology to measure our current contributions to clients and the community. Based on the 2019–2020 fiscal year, results indicate that CMHA Calgary generates just over \$3 of social and economic value for every dollar invested.

Thank you to the many individuals who were involved in the strategic planning process. Our 2021–2025 Strategic Plan will set CMHA Calgary up for success in serving community members. To review the detailed 2021–2015 Strategic Plan, please visit our website at <https://cmha.calgary.ab.ca/cmha-calgary-2021-2025-strategic-plan-2/>

We would like to thank our Board Members for their valuable volunteer time, expertise, and input. Their efforts, commitment, and engagement have been key in supporting CMHA Calgary strengthening its contribution to the community.

We as a Board would also like to recognize all of the hard work and dedication that the CMHA Calgary staff have shown over the past year. We appreciate how you have worked diligently, stepped up to meet every challenge, and shown incredible dedication to our organization. It is a notable accomplishment that your ongoing persistence and professionalism have enabled our clients and staff to remain free of COVID-19.

As we journey through our 2021–2022 fiscal year, we look forward to continued collaboration with our community partners, while being the go-to community mental health agency for Calgary and area.

**Dr. Michael Trew and Rick Wise**

*Co-Chairs*

*Canadian Mental Health Association – Calgary Region*

# Message from our Executive Director



Living our best life includes a strong, deliberate focus on all dimensions of wellness including physical, spiritual, emotional, and mental health. In my role with CMHA Calgary, I am able to bring together my passions for business, community health and a holistic approach to mental well-being. I have been so honoured to lead the team at CMHA Calgary as we navigate together through these challenging times.

When I joined the CMHA Calgary team, we were already several months into the COVID-19 pandemic. I recognized how our leaders and teams sprang into action across the organization to protect our staff and clients against COVID-19. Health and safety protocols were put in place, protecting staff on our front lines and clients who were needing daily mental health support. We changed how we provided meals to our Supportive Living and Post-Discharge clients, updated our cleaning and sanitation standards, and adjusted to wearing masks and other Personal Protective Equipment.

CMHA Calgary faces ongoing challenges. Demand for our services is increasing and the pandemic has required us to re-evaluate how we serve our community members. Technology offers new avenues for service delivery and is also disrupting traditional treatment models.

As part of our strategic planning process over the past year, we brought in an innovative process, as led by expert consultants certified by the Social Value International organization based out of the UK, which allowed us to demonstrate the value that our funders help us bring to community members. Results indicate that in our 2019–2020 fiscal year, CMHA Calgary generated just over \$3 of social and economic value for every dollar invested. During this same time period, 97% of individuals in our apartment program maintained their housing, 80% of our Post-Discharge program clients identified they were better able to manage their mental health challenges, and 47% of clients within each of our Post-Discharge, Supportive Living and Apartment programs showed improvement in their recovery based on the Recovery Assessment Scale.

We are so pleased to be able to continue to provide excellence in service delivery because of ongoing support from people like you.

I would like to thank all of our funders, donors, and supporters who have continued to champion the work CMHA Calgary does in the community mental health space. The COVID-19 pandemic has escalated the need for mental health services, and CMHA Calgary would be unable to provide for our clients without your ongoing support.

Finally, and most importantly, on behalf of myself and the Senior Leadership Team here at CMHA Calgary, I would like to thank all of our staff and volunteers for the hard work they have done in the past year. It's because of attention to detail, the care for our clients, and the time you have taken to take care of yourselves that we have been able to continue to deliver excellent services while remaining COVID-19 free. This was an incredible feat. The past year has tested all of us. Due to the adaptability, flexibility, and resiliency you have all shown, we have come out stronger with renewed purpose and direction.

Our learnings from this past year have inspired us to define our core services and areas for innovation, position ourselves as a preferred partner across the community mental health continuum, while always ensuring we are measuring and communicating our social value, community impact and demonstrating fiscal responsibility.

A handwritten signature in black ink, appearing to read 'Sara Jordan', with a long horizontal line extending to the right.

**Sara Jordan, MRT, MBA**

*Executive Director*

*Canadian Mental Health Association – Calgary Region*

# A Client Journey

Hi! My name is Anne\* and my pronouns are she/her. I've been a part of CMHA Calgary programming over the past four years. I have had challenges with my mental health and have been so fortunate to receive support from CMHA Calgary over this time. I'm so thankful for the staff for their time and assistance, but also for the variety of programs I've been able to access over my four years. Follow along with me to see what programs I have been a part of!

*\*Name has been altered.*

At CMHA Calgary, we view the concept of recovery as a way of rediscovering or regaining a satisfying, hopeful, and meaningful life despite challenging experiences caused by emotional struggles, mental illness, or addiction. We believe recovery is possible for everyone by enhancing self-awareness, focusing on strengths, and engaging with health and social supports to build resiliency and a self-care plan to meet future challenges. It is about the journey, not the final destination.

CMHA Calgary began using the Recovery Assessment Scale (RAS) tool in July 2015. It is designed to assess various aspects of recovery from the perspective of the consumer, with a particular emphasis on hope and self-determination. In particular, the RAS allows us to measure a client's recovery journey using the five dimensions: Personal Confidence and Hope, Willingness to Ask for Help, Goals and Success Orientation, Reliance on Others, and Not Dominated by Symptoms.

CMHA Calgary was able to capture a glimpse of Anne's recovery using the RAS. Over her time at CMHA Calgary, Anne has seen a change in her recovery measures:

**7.7%**

increase to her  
Personal Confidence  
and Hope score

**14.3%**

increase to her  
Goal and Success  
Orientation score

**8.3%**

increase to her  
Not Dominated  
by Symptoms score

# Post-Discharge and Supportive Living

The Post-Discharge Transition program supports clients from acute inpatient psychiatry units within Alberta Health Services Calgary Zone who are considered stable enough to be discharged into the community with 24/7 health supports. The Supportive Living Program serves individuals 18 years of age and over, who have been diagnosed with a severe and persistent mental health condition and/or concurrent disorder that has affected their ability to live independently.

When the pandemic hit, one of the greatest concerns was for our clients and staff who worked in our Post-Discharge and Supportive Living homes. With residents living and interacting closely with each other, and a virus that spreads rapidly in group settings, we needed to significantly update health and safety protocols in the homes.

CMHA Calgary's Post-Discharge program consists of two different houses, Roberts House and Hamilton House, each capable of housing up to nine clients, providing 24/7 support.

Post-Discharge accepts clients from the inpatient psychiatric units at Peter Lougheed Centre, Foothills Medical Centre, Rockyview General Hospital, and South Health Campus. Working in partnership, the Alberta Health Services (AHS) psychiatrist and on-site AHS nurse work to ensure that clients are clinically stable, while CMHA Calgary works to ensure that clients have or obtain the necessary skills and abilities to succeed in their transition to appropriate community housing.

Our Supportive Living Homes (Marguerite, Miner and Edge) programs provide support to clients coming from a variety of community mental health resources such as AHS Mental Health Clinics, Claresholm Centre for Mental Health & Addictions (CCMHA), and Southern Alberta Forensic Psychiatry Centre (SAFPC). Supportive Living provides different staff support levels than our Post-Discharge program, as the residents in this program have developed more independent and daily living skills.

All of our homes are goal-oriented programs where our teams support our residents towards learning daily living skills. These skills include budgeting, mental health management, home management, coping skills, social connection and many more. Our goal is to provide the clients with the skills they need to live as independently as possible in the larger community.

When COVID-19 hit, the workload in both the Post-Discharge and Supportive Living homes changed drastically. Everything related to our employees' jobs altered to meet the new protocols and restrictions set out by AHS for congregate living settings.

Changes included extra sanitization and cleaning, wearing Personal Protective Equipment (PPE), and initiating screening protocols for staff and clients.

One of the major skills in our Post-Discharge and Supportive Living programs is learning to cook and prepare meals. This was one of the biggest changes during the pandemic. With the new rules from AHS, clients were not allowed to handle any type of food or drinks, and our staff were required to cook and serve all meals. To support our employees and the local business community, CMHA Calgary hired commercial kitchens to supply and deliver lunch for each of the homes 7 days a week for the first four months of the pandemic.

“ If we didn't have extra supports, I don't know where we would be today. We all had to come together. Yes, it was extremely challenging and we're still feeling the effects of this tough year. Our main goal was to keep our clients and staff safe and healthy, which was a huge challenge, but we did it with our heads held high. Here we are a year later and we're still standing and smiling. ”

Kirsten, Post-Discharge Team Lead

## BY THE NUMBERS

71

residents supported through our Post-Discharge program

67

residents supported through our Supportive Living program

8.5%

re-hospitalization rate in our Post-Discharge program within 30 days of admission

We also shifted the staffing model in each of the houses to increase support throughout the day. Extra staff helped enforce new protocols, oversee additional cleaning, and ensure safe meal preparations, while continuing to provide the critical mental health supports that our clients required.

CMHA Calgary redeployed other staff members from our Independent Living Support, Apartment Program, Continuing Connections, and Street Outreach and Stabilization Program to assist the Post-Discharge and Supportive Living staff.

We are extremely happy to say that we made it through to date with no client or staff cases of COVID-19 due to the diligence and care that our staff showed.

“If we can get through a pandemic, have zero COVID-19 cases, and have all of our clients still happy and healthy, we have done an amazing job,” said Kirsten, Post-Discharge Team Lead. “To have no COVID-19 cases is miraculous and just speaks to all the hard work the team has done.”

The biggest changes for our clients were the restrictions and closures of their community programs, and not being able to see their friends and family. With so much uncertainty and program closures throughout the community, the team worked hard to keep our clients mentally well and deliver accessible programming for them to meet their goals.

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Anne first entered CMHA Calgary through our Post-Discharge program and eventually moved into our Supportive Living Program. She was able to learn daily living skills including cooking and chores, that she can incorporate into her everyday life and utilize once she moves out of CMHA Calgary’s group living.



“Some of our staff said their resiliency in the past year came from continuing to go to work and doing what they love and supporting our residents on their journeys. How we supported them changed drastically with all the new COVID-19 protocols but coming into work each day provided some sense of normalcy and routine in such unusual times.”

Sandra, Supportive Living Team Lead

“The residents lost making those community connections and for people who are potentially already struggling with isolating themselves, they couldn’t continue to challenge their fears of going out and being in a different environment,” said Sandra, Supportive Living Team Lead.

Programming for our residents came in a few different forms. The staff started providing activities such as discussions around acceptance strategies, baking, and bringing in drums for a drumming circle.

Many clients accessed virtual courses through CMHA Calgary’s Recovery College and programs from other agencies in Calgary and around the world, that they otherwise would not have been able to access. This was made possible by equipping the homes with additional tablet devices and technology supports.

CMHA Calgary redeployed Peer Support Workers to provide in-person programming to the Post-Discharge and Supportive Living residents, which was helpful when there were no community programs available at the beginning of the pandemic.

“We are thankful for all the staff from other departments who were redeployed and came in to support and help. If that hadn’t happened, we wouldn’t be where we are today,” said Sandra. “We are looking forward to the day when there are no restrictions and our clients can once again connect in the community.”



# Independent Living Support

The Independent Living Support Program at CMHA Calgary is a goal-orientated program, which receives referrals from psychiatrists, case managers, or therapists to work with clients on goals, such as housing, budgeting, and connecting to resources in the community to live a more independent life.

The Independent Living Support (ILS) Team was extremely flexible and adaptable in the changing landscape due to COVID-19.

The ILS team works with adults who have a mild to moderate mental illness who need assistance with independent living skills. The team receives referrals from 6 different programs at the Northwest, Northeast and South Health Campus Community Addictions & Mental Health Clinics, Foothills Medical Centre Unit 24 and Reality Challenged Clinic, and Carnat Centre Services.

The goal of the program is to work with clients on becoming more engaged in meaningful activities such as employment, volunteering, and daily self-care to reduce the need for mental health services, such as hospital admissions.

The ILS team's clients are referred to them from clinical programs, and they would traditionally spend most of their time meeting clients in the community, at coffee shops, in their homes, or on tours of community programs. COVID-19 stopped all community outreach with clients due to safety and the closure of other organizations that offer in-person opportunities.

“While we are still occasionally seeing clients face-to-face, 80% of connections are now done over the phone, through email, or video calls,” said Melaney, ILS Team Lead. “While our clients and employees are happy they still have continued services, they do miss that in-person and connection.”

The ILS team has found that phone calls and video chats are not as engaging as face-to-face interactions, but they have filled the gaps as a positive option during these unprecedented times. Going forward, the team hopes to continue the virtual connections in between their in-person visits.

The ILS team was also instrumental in assisting the Post-Discharge and Supportive Living program with extra workload from April - September 2020. The team helped with each other's caseloads, checking in each other's clients to make sure they were supported.

“It brought us closer when we were covering each other's caseloads,” said Melaney. “The whole team has gone with the flow honestly, especially when protocols changed and they couldn't go in the clinics or were needed to support elsewhere in the organization.”

The ILS team has worked hard to stay connected as a group during the entire pandemic and working out of different locations and programs such as doing Zoom meetings or even socially distancing in a park.

“The ILS team IS resilient in adapting to changes. It's just part of our jobs, to meet people where they are at and assisting them to achieve their goals. It doesn't have to be conventional to be successful.”

Nicole, ILS Coordinator

## BY THE NUMBERS

# 237

individuals received support from our Independent Living Support Team

## TOP 5 PRESENTING ISSUES

- Financial Problems
- Housing Problems
- Depression
- Psychotic Symptoms
- Anxiety



# Continuing Connections

The Continuing Connections Program supports individuals between 18 and 65 years of age who reside in long-term care centres and who have complex care needs, often managing both long-term physical health and mental health concerns.

Care Centres were some of the hardest-hit facilities during the COVID-19 pandemic. Our Continuing Connections team had to be adaptable working with clients, depending on the type of outbreaks, lockdowns, and restrictions at each of the Continuing Care facilities.

Our Continuing Connections team partners with the Applied Behavioural Collaboration (ABC) Team at AHS. CMHA Calgary is contracted to support that team in five continuing care sites. We receive referrals from the ABC Team to assess if our Community Recreation Coordinators can provide extra support. The clients at these long-term care facilities can have a range of physical limitations, as well as mental health concerns.

We provide a mental health component while working on activities that are meaningful and interesting to our clients. The main goal is to decrease isolation and address any symptoms impacting their mental health.

These activities may consist of journaling, art-making, and music groups while building healthy friendships. Before COVID-19, the team would go out with our clients in the community to the Calgary Zoo, museums, restaurants, and parks.

With lockdowns and restrictions in the Care Centres, the ability to engage in these activities changed throughout the past year. There was very limited opportunity to meet with clients in the Care Centres. Instead, our Continuing Connections Coordinators adapted to shifting priorities on a daily basis by altering outreach activities based on how and with whom they were allowed to connect.

In addition, our Coordinators were only allowed to work out of one Care Centre, so they spent a lot more time connecting with clients through phone and virtual supports. This was both challenging and rewarding.

“Some of our clients were fantastic on the phone, even more receptive to support than in-person, which was a great discovery for our team,” said Dara, Community Recreation Coordinator. “We know the constant change of restrictions discouraged our clients, but we were able to talk with them by phone and encourage them to use their trusted strategies to stay mentally well.”

With less travel between Care Centres, the coordinators were able to get to know their clients better in the location where they worked, resulting in the delivery of more tailored programming.

“Our team has been resilient in keeping our clients mentally well, by keeping informed with what is happening in the pandemic landscape, and to be able to assist the clients if they are feeling discouraged, frustrated, or anxious about what is happening.”

Dara, Community Recreation Coordinator

## BY THE NUMBERS

### TOP 5 PRESENTING ISSUES

- Anxiety
- Chronic Illness
- Depression
- Grief
- Addiction – Drugs

# Street Outreach and Stabilization

The Street Outreach and Stabilization Program (SOS) works to link hard-to-reach individuals experiencing homelessness and mental health or substance use concerns to essential community services.

Our Street Outreach and Stabilization clients are some of the most vulnerable, with no stable place to live and sometimes no access to basic necessities. The pandemic saw the closure of restaurants and washrooms, as well as social service agencies, that our clients would regularly access. It also brought about a huge impact on the drug supply, people avoiding shelters, and more aggression on the streets.

Our Street Outreach Team had to adapt to all of the changes that took place, including the closure of SORCe for many months, the redeployment of team members to our Post-Discharge and Supportive Living Homes, and the implementation of new outreach policies and procedures to keep everyone healthy and safe.

To comply with COVID-19 restrictions, SORCe implemented a controlled entry process to complete health screenings prior to entry, and adapted their policies to limit the number of clients in the building at any given time. To ensure the SOS team could still reach as many people as possible, the team increased their street outreach by meeting with clients outside, regardless of weather.

“During the pandemic, we lost a lot of connections with our clients, and still haven’t connected with everyone we were assisting before the pandemic,” said Street Outreach and Stabilization Team Lead Kayla. “We are looking forward to having those social connections again with our clients and to help them reach their goals.”

As a way to engage and connect with potential and existing clients, our Street Outreach Team increased the amount of outreach they were doing each week from 2 times a week to 3, plus handed out 150 food hampers. Previously, they were only handing out snacks and minor supplies.

We expanded our outreach by partnering with the new Ambassador Program through the Calgary Downtown Association. The Ambassador Program focuses on outreach, safety, and cleanliness within the nine blocks surrounding the Calgary Municipal Building and Stephen Avenue. The Ambassadors will do outreach with our Street Outreach Team, but as they provide coverage for the area seven days a week, they hand out our business cards and make connections with those who might benefit from our services.

During the pandemic, we partnered with the Calgary Food Bank to assist in their call centre to support Calgarians applying for emergency food hampers. This time also strengthened our relationship with the Distress Centre Housing Team, to ensure our clients were being referred to potential housing opportunities. SOS also partnered with Calgary Police Services, who joined the team occasionally for outreach to hand out food hampers and supplies.

We were extremely fortunate to receive several large in-kind donations from our corporate partners this past year. This includes Teine Energy Ltd, Westland Insurance, and long-time individual supporters. This support allowed us to provide our SOS clients with essentials like winter coats, gloves, and toques to keep them warm this winter, as many were hesitant to go into shelters due to COVID-19.

“Our team was very adaptable, willing and eager to do whatever it took to get back to work and begin seeing our clients face-to-face again. But getting there took a lot of work. We had to make sure we had the correct protocols, policies, and safety measures, such as PPE (Personal Protective Equipment) in place. Our Street Outreach Team was willing to do it all, just because we wanted to get back and help out our clients.”

Kayla, Street Outreach and Stabilization Team Lead

## BY THE NUMBERS

5,824

food hampers distributed

1,144

individuals seen through outreach activities

## TOP 5 PRESENTING ISSUES

- Housing Problems
- Depression
- Addiction – Drugs
- Legal Problems
- Financial Problems

# Apartment Program

CMHA Calgary works with clients who live independently in Horizon Housing residences on their independent living skills to find structure, routine, a positive support system, and improve their overall mental health and wellness.

It's extremely hard to go from encouraging your clients to explore the community, connect with friends, and attend regular activities, and then asking them to isolate themselves because of the COVID-19 virus.

However, that's what our Apartment Program employees had to do with their approximately 160 clients residing in six different apartment buildings. Our residents are referred to the Apartment Program through AHS and Regional Housing. About half of the residents come from CMHA Calgary's Supportive Living Program, while the rest come from the community.

Before COVID-19, the Apartment Program employees were meeting clients to assist them with long- and short-term goals to continuing living independently. The team also helps connect residents to community resources and work in collaboration with their clinical support teams.

When the pandemic hit, the staff stopped meeting people in-person and moved to connect with their clients over the phone.

"It was a lot harder to offer support just over the phone, rather than in person, especially since we didn't speak over Zoom with our clients," said Apartment Team Lead Sarah. "Most don't have access to devices

“We all helped each other manage the turbulent times, checking in on each other more frequently to see how each other was doing. Everyone stepped up to spread the extra workload around and to help each other out.”

**Sarah, Team Lead Apartment Program**

that operate Zoom, but thanks to a cell phone donation from Bell Canada, our clients who didn't have access to a cell phone received one."

The team worked with their clients to maintain their mental health and wellness, and learn how to manage the isolation while dealing with the difficulties of providing support over the phone.

As our Apartment Coordinators work in the residential buildings, they were able to provide more support to their clients than their clinical teams. However, working remotely encouraged residents to become more independent. With the team not as readily available, the Coordinators saw their clients problem-solve more often on their own, such as completing required paperwork, whereas previously they would go to CMHA Calgary for assistance. The team hopes this continues in the future.

"We weren't available to submit paperwork or go over forms at all times," said Sarah. "It improved a lot of their independence. A lot of them were pushed to figure out how to do new things independently, and it showed them they are capable and don't always need help."



## BY THE NUMBERS

# 45

out of 176 Apartment residents actively sought help from CMHA Calgary

## TOP 5 PRESENTING ISSUES

- Psychotic Symptoms
- Anxiety
- Depression
- Substance Abuse
- Hallucinations

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Anne found stable and independent housing in our Apartment program. She enjoys living on her own and adding personal touches to her living space. Anne connects regularly with our Apartment Coordinators to ensure she is meeting regularly with her clinical teams, as well as accessing new community programming.

# Counselling

CMHA Calgary’s Counselling program builds awareness, provides education, and support for those individuals and family members experiencing grief and loss, including a focus on suicide bereavement, and providing family support to those supporting someone with a mental health or substance use concern.

CMHA Calgary’s Counselling team had to shut down in-person counselling last year and took time to move over to a virtual platform. Before launching, the counselling team needed to confirm with their professional association that there were no ethical concerns to delivering sessions virtually.

“It was hard to get our clients moved over to a virtual set-up, whether by phone or video, as most were resistant or hesitant to the change,” said Nick, Counselling Therapist. “Most of us thought this was only going to last a short amount of time, so they were just going to wait it out.”

While we were so thankful to those clients who were patient with us with the move over to virtual delivery, it brought about positive elements and challenges for both our clients and our team. Our counsellors had to focus on changing their approach to counselling virtually as opposed to in-person, whether it be learning when to leave the right amount of silence or when to move the conversation ahead.

Being able to access counselling virtually has provided flexibility for our clients, as they no longer had to commute to downtown Calgary if it didn’t fit into their schedule, or they live too far out of town.

Several stated that they’ve enjoyed the virtual session and our counsellors have seen an increase in connection.

“They felt comfortable being at home rather than in a clinical setting,” said Nick, Counselling Therapist. “They were able to have the comforts of home, such as a blanket or a photo, and being in a safe space was an added benefit.”

But not everyone can do counselling online, especially those Family Support clients whose family members may be home during their sessions. As counselling is deemed an essential service by the Alberta Government, we offered in-person counselling, once we transformed our office to meet health and safety protocols.

This included utilizing a new unit in our building that was large enough for both a counsellor and client to sit physically distanced. Our protocols for in-person counselling had to include coordinating schedules to ensure no clients would ever overlap with each other in the hallways or elevators and there were not too many people in the office each day.

In addition to individual counselling changes, our Life After Loss and Capable Carers groups moved online. While all the content remained the same, delivering the material virtually was vastly different than in-person groups. The team made the sessions more innovative and interactive by using breakout rooms and having movement or mindfulness moments to give participants a break from staring at their screens.

With all large events cancelled, our 16<sup>th</sup> Annual Survivors of Suicide Loss Day also moved to a virtual conference. The full-day event still featured a keynote speaker and panelists sharing their stories, while participants connected through Zoom. We had approximately 70 people join from the Calgary area and across Alberta.

Lastly, we were proud to be part of the first group in Calgary to launch Community Connect YYC, a collaborative of Calgary agencies committed to eliminating the barriers and lengthy wait times that make it challenging to access much-needed social services. The community now has access to book counselling appointments through 10 different agencies, including CMHA Calgary, The Alex, Carya, Catholic Family Services, Centre for Sexuality, CUPS, Immigrant Services Calgary, Sage Centre & Rosedale Hospice, Sagesse, and YWCA Calgary.

## BY THE NUMBERS

# 170

individuals sought counselling services this year

## TOP 5 PRESENTING ISSUES

- Grief
- Anxiety
- Stress
- Trauma
- Relational Problems

“As a team, we came together during those first six months as everything changed and adapted. It made the process of going through a pandemic a lot easier, as we supported each other during that time.”

Nick, Counselling Therapist

# Peer Support

CMHA Calgary’s Peer Support program provides the opportunity for anyone – individual, family member or professional – looking for a connection the opportunity to speak with someone with lived experience, who has been in a similar situation, and who understands what they are going through.

One of the reasons we moved to our store-front location at 1040 – 7 Avenue SW in 2018, was for the ease of community access to our Peer Support program and our Welcome Centre. The Welcome Centre was filled with people looking for support from our trained Peer Supporters, as well as students waiting for Recovery College courses to start.

The hustle and bustle of the Welcome Centre came to a halt in March 2020, as the COVID-19 pandemic hit.

“Not having the Welcome Centre open limited how we could serve the community,” said Program Manager Ashley. “Before the pandemic, our Welcome Centre was a place where people could go to get out of the house and connect with like-minded people, reach out for peer support, and a place to be themselves.”

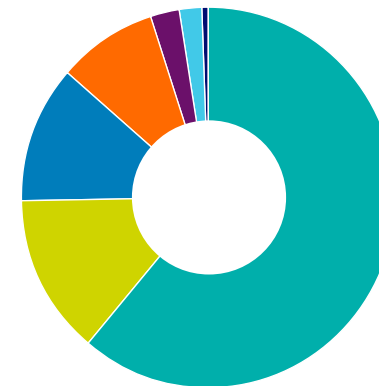
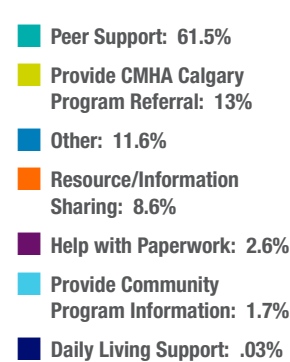
For a small timeframe in the Fall of 2020, we were able to offer limited drop-in Peer Support at our Welcome Centre and took all the necessary precautions, including installing plexiglass dividers, directional floor decals, screen separators between our clients and Peer Supporters, and spraying with Pantene, a chemical substance that is known to kill viruses.

Throughout the year, we have continued to connect with existing and new clients through phone and email to respond to inquiries about CMHA Calgary’s Peer Support program or to provide friendly support around mental health concerns.

Our Peer Supporters also extended their reach by bringing their Peer Support skills and training to residents in our Post-Discharge and Supportive Living homes when public health restrictions prohibited community programming. The team put together recreational programming, such as board games, crafting, and mindfulness, to help with life skills goals.

In addition, some of our Peer Supporters were assigned to The Calgary Food Bank to assist in their call centre and provided mental health support to Calgarians, during the first few weeks of the pandemic. We were grateful to be able to provide support to this team at such a difficult and busy time.

## CONNECTIONS TO CMHA PEER SUPPORT TEAM



## BY THE NUMBERS

2,912

total number of connections to our Peer Support Team

# School of Peer Support

The School of Peer Support offers students in-class training and practical opportunities to use their lived experience with mental health or addictions concerns, and learn how to support others through one-on-one interactions, in groups, or as ambassadors and educators.

Our 2019–2020 School of Peer Support students had just completed their 70 hours of in-class training and were preparing to begin their practicums when the pandemic hit in March 2020. While we were sad to see their time with us come to such an abrupt end, with no formal graduation ceremony or internship, as in previous years. We were still able to provide certificates to 27 graduates, with either a certificate for 70 hours of training, a 100-hour certificate including a Skills Assessment, or 120-hour certificate that includes both the in-class training and practicum components.

During the pandemic, we enrolled students in the 2020–2021 class and moved all their in-class training hours to virtual delivery. The online facilitation allowed us to train new Peers, not only from Calgary but across the province, as virtual delivery provided access to students who may not have been able to attend our School in-person otherwise.

We expect 33 students to graduate from this current cohort, even with challenges in trying to find internships for all of our students. Many previous community partners are limiting in-person interactions, including our own Welcome Centre, which has been predominantly closed as we abide by physical distancing requirements.

This time around, our students have pivoted to more project-based work for their internships focusing on providing Peer Support information to others.

We also expanded our content to focus on those aged 16–29, in a condensed 40-hour version in the School of Peer Support for Youth. We are excited to announce 23 youth and emerging adults graduated from the program in February and are now able to take their newly developed skills into their everyday lives.

This year we also provided employment opportunities for former Peer Support graduates within the School of Peer Support.

“We’ve been able to provide further opportunities for our School of Peer Support graduates, by having them facilitate to our current cohorts of students,” said Program Manager Ashley. “This provides our students with more perspectives, insights, and personalities, and a deep understanding of the peer practice.”

As we move forward in our Peer School delivery, we hope to continue to offer a virtual component, whether that be part of the course delivery, check-in opportunities with our Faculty, or to make our training as accessible as possible to our students.

“I don’t think we realized how resilient we were in the moment, but now, looking back on the last year and everything we have taken on and accomplished as a group and as individuals is amazing.”

Ashley, Program Manager

## BY THE NUMBERS

27

graduates from the 2019–2020 School of Peer Support

33

students enrolled in the 2020–2021 School of Peer Support

27

youth and emerging adults who graduated from the 2020–2021 School of Peer Support for Youth



# Community Education

CMHA Calgary offers a range of mental health education programs for students, community groups, workplaces, and organizations.

Topics include mental health awareness, stress management, suicide prevention, and more.

When schools, workplaces, and community groups closed down and began offering their services virtually last year, our Community Education program followed suit.

Our Youth Education team provided five learning sessions and engagement opportunities for all junior and senior high classes and youth community groups: Stress Management and Healthy Coping, Mental Health Awareness, Skills for Being There, Suicide Prevention, and Community Helpers. All these sessions are designed to generate an awareness of mental health topics, combat stigma, and encourage appropriate help-seeking behaviours amongst Calgary and area youth.

The content in these presentations did shift slightly to incorporate the impacts of COVID-19, especially in the area of healthy coping strategies. The strategies our team previously suggested, such as getting together with family and friends, no longer made sense given the current environment, so we shifted it to provide self-care ideas that are aligned with current health guidelines.

As the in-person opportunities ebbed and flowed throughout the year, our team continued to take bookings with the caveat that all sessions would continue on the scheduled dates and times, but health and safety guidelines would determine whether the learning would be delivered online or in-person.

The team adapted to all the health and safety protocols that not only AHS and CMHA Calgary set out, but also those of the various schools and community organizations we supported. The team also modified their virtual delivery methods by utilizing the variety of online platforms each company, school, or community group was using.

The online sessions provided a new hurdle for collecting data from our participants as our outcome measures had previously relied on in-person paper surveys. Now, we have adapted to touchless and distance data collection through stand-up and sit-down voting, polls, and chat functions.

This past year saw the expansion of our Community Education sessions to focus on immigrant mental health. We have built stronger partnerships with Immigrant Services Calgary, Centre for Newcomers, Calgary Bridge Foundation for Youth, Calgary Immigrant Women's Association, United Voices, Free Your Mind Society, and Aspen Family Services, by bringing our learning sessions regularly to their clientele.

"Our current sessions were adapted to feature an immigrant focus and the lived experience lens through one of our Educators, who has been able to connect with the participants about mental health in ways that are meaningful to them," said Ashley, Program Manager.

We've seen an uptick in sports teams requesting our Education Sessions, including Calgary Foothills Soccer and Calgary Junior Hockey.

"It's fantastic to see given that many teams could not play or families haven't been comfortable enrolling their children into sports, that athletic leagues are still paying attention to the mental health of their players," added Ashley.

## BY THE NUMBERS

# 313

total educational sessions delivered to 2,468 adults and 5,535 youth  
\*limited youth sessions delivered because of initial school closures\*

# 59%

increase in Community Education sessions to local agencies, including 59 unique sites and an average of 2.5 sessions per site

# 105%

increase to Business and Organizations



# Recovery College

Recovery College uses an educational-based approach to help people recognize and develop their own resourcefulness and awareness in order to become experts in their own self-care, make informed choices, and accomplish the things that they want to do in life.

Our Recovery College faced a major overhaul this year because of the pandemic and the limitations to in-person delivery. Our team learned how to be flexible and shift to virtual delivery as quickly as possible, changing how we provided our courses to our students.

Our facilitators had to re-imagine content and delivery styles to meet the new virtual demand. We created specific courses to address mental health concerns surrounding COVID-19 head-on, while also ensuring some courses do not touch on the pandemic at all to give students a break.

The Recovery College facilitators had to adapt how they delivered learning to a group of students virtually. One of our philosophies is to meet people where they are at in their journey, therefore to make our students feel comfortable in the virtual classroom we didn't require students to have their cameras turned on.

"When you are facilitating in-person, you can read someone and see students' facial expressions and how they respond to different questions and activities," said Program Manager Ashley. "It was an adjustment to facilitate online, as someone may be quiet through video or they have chosen to turn their camera off."

While there have been challenges and a learning curve to using technology, we have noticed the positives outweigh the negatives in delivering virtual classes. In the future, we do have plans to continue virtual delivery, as well as having in-person opportunities once again.

"It has been a challenge for the facilitators, but they have done an excellent job of building trust virtually with our students," said Ashley. "We have even found that people may start sessions with their cameras off, but by the end have chosen to turn their cameras on."

While our previous in-person classes could only be attended by those in the Calgary area, our virtual offerings have seen many people attend from not only the rural areas in Alberta but also from locations around the world. The accessibility provided students with the opportunity to attend our courses virtually, who otherwise couldn't due to their schedules or location.

Over the past three years, Anne has successfully participated in over 10 Recovery College courses including *Building Better Boundaries* and *Art of Friendship* which promotes outcomes such as gaining confidence in relationships with others and themselves. Anne has enjoyed attending these courses and using her newfound learnings in building new friendships. During the pandemic, Anne has been able to access new Recovery College classes virtually.

## BY THE NUMBERS

409

registered and drop-in courses delivered

3.1

average number of sessions per course

1,871

students attended courses

34%

of students were new to Recovery College

52%

felt more confident to socialize

38%

made a new connection

82%

gained new skills and information

71%

identified that online Recovery College courses have been effective in supporting mental wellness



# Board Members and Financials

## FINANCIALS

For the year ending March 31

	2021	2020
<b>Revenue</b>		
Alberta Health Services	\$ 4,158,069	\$ 4,165,811
Fund Development	957,718	1,545,982
Province of Alberta	878,746	1,281,435
United Way	601,000	546,000
City of Calgary	885,202	894,188
Grants	474,943	449,202
Government of Canada – Canada Emergency Wage Subsidy <sup>1</sup>	430,083	–
Other Revenue	491,854	507,278
	<b>\$ 8,877,615</b>	<b>\$ 9,389,896</b>
<b>Expenses<sup>2</sup></b>		
Salaries and Benefits	\$ 6,060,389	\$ 6,631,145
Building Occupancy	645,038	667,139
Operating Expenses	1,851,400	2,223,294
	<b>\$ 8,556,827</b>	<b>\$ 9,521,578</b>
Excess (deficiency) of revenue over expenses	<b>\$ 320,788</b>	<b>\$ (131,682)</b>

<sup>1</sup> Qualified for one-time wage subsidy from Canada's COVID-19 Economic Response Plan due to drop in revenue.

<sup>2</sup> Temporary cost reductions due to services and programs that were curtailed in response to COVID-19 restrictions.

## OFFICERS

### President/Executive

Dr. Michael Trew &  
Rick Wise

### Past President

Jennifer Fuhr

### Treasurer

Sandra Umpherville

### Provincial Board

#### Representatives

Kerry Brown  
Heidi Schubert

## BOARD MEMBERS

Debasis Bhaumik  
Ted Bobier  
Kerry Brown  
Joanne Dial  
Jennifer Fuhr  
Beatrice Lipman  
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Deborah Saari  
Heidi Schubert  
Steve Sproule  
Dr. Michael Trew  
Sandra Umpherville  
Rick Wise

.....  
**Thank you to our funders and supporters,  
including:**

Alberta Health Services

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Calgary Foundation

Family & Community Support Services (FCSS) –  
The City of Calgary

Government of Alberta

Morris Foundation

RBC Foundation




United Way Calgary and Area



**Canadian Mental  
Health Association**  
Calgary  
*Mental health for all*

**Canadian Mental Health Association – Calgary Region**

#105, 1040 – 7 Avenue SW, Calgary, AB T2P 3G9 P 403-297-1700 E [info@cmha.calgary.ab.ca](mailto:info@cmha.calgary.ab.ca)

[cmha.calgary.ab.ca](http://cmha.calgary.ab.ca)  [cmhacalgary](#)  [cmhacalgaryregion](#)  [cmhacalgary](#)  [Canadian Mental Health Association – Calgary Region](#)

Registered Charity Number: 122013139RR0001

Please visit our website [cmha.calgary.ab.ca](http://cmha.calgary.ab.ca) to view our detailed financials for 2020–2021

Financial Statements of

**CANADIAN MENTAL HEALTH ASSOCIATION  
CALGARY REGION**

And Independent Auditors' Report thereon

Year ended March 31, 2021



KPMG LLP  
205 5th Avenue SW  
Suite 3100  
Calgary AB  
T2P 4B9  
Telephone (403) 691-8000  
Fax (403) 691-8008  
www.kpmg.ca

## INDEPENDENT AUDITORS' REPORT

To the Members of Canadian Mental Health Association – Calgary Region.

### ***Qualified Opinion***

We have audited the financial statements of Canadian Mental Health Association – Calgary Region (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 net assets for the year then ended
- the statement of cash flows 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, except for the possible effects of the matter described in the “***Basis for Qualified Opinion***” section of our auditors’ report, the financial statements present fairly, in all material respects, the financial position of Canadian Mental Health Association – Calgary Region 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 Qualified Opinion***

In common with many not-for-profit organizations, Canadian Mental Health Association – Calgary Region derives revenue from fundraising activities, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, verification of these revenues was limited to the amounts recorded in the records of the Entity.

Therefore, we were not able to determine whether, as at and for the years ended March 31, 2021 and March 31, 2020, any adjustments might be necessary to:

- the current assets reported in the statements of financial position as at March 31, 2021 and March 31, 2020
- the fundraising revenues and excess (deficiency) of revenues over expenses reported in the statements of operations for the years ended March 31, 2021 and March 31, 2020
- the net assets, at the beginning and end of the year, reported in the statements of changes in net assets for the years ended March 31, 2021 and March 31, 2020
- the excess (deficiency) of revenues over expenses reported in the statements of cash flows for the years ended March 31, 2021 and March 31, 2020.

Our opinion on the financial statements for the year ended March 31, 2020 was qualified accordingly because of the possible effects of this limitation in scope.

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 auditors’ report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

### ***Other Information***

Management is responsible for the other information. Other information comprises the information, other than the financial statements and the auditors’ report thereon, included in the annual report.



Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit and remain alert for indications that the other information appears to be materially misstated.

We obtained the information, other than the financial statements and the auditors' report thereon, included in the annual report as at the date of this auditors' report.

If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in the auditors' report.

As described in the ***"Basis for Qualified Opinion"*** section above, we were unable to obtain sufficient appropriate evidence about revenue from fundraising activities. Accordingly, we are unable to conclude whether or not the other information is materially misstated with respect to this matter.

#### ***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.

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 the 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.
- 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 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

Calgary, Canada

June 21, 2021

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

## Statement of Financial Position

March 31, 2021, with comparative figures for 2020

	2021	2020
<b>Assets</b>		
Current assets:		
Cash and cash equivalents (note 3)	\$ 1,522,491	\$ 832,452
Short-term investments (note 4)	432,487	227,700
Accounts receivable	93,048	72,895
Prepaid expenses	68,001	51,531
	<u>2,116,027</u>	<u>1,184,578</u>
Mortgage receivable (note 5)	1	1
Long-term investments (note 6)	1,864,842	2,025,496
Capital assets (note 7)	1,658,222	1,806,722
Intangible assets (note 7)	18,158	24,210
	<u>\$ 5,657,250</u>	<u>\$ 5,041,007</u>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued liabilities (note 8)	\$ 1,096,298	\$ 927,654
Deferred revenue (notes 3 and 9)	2,376,288	2,203,125
Current portion of obligation under capital lease (note 10)	8,806	8,235
	<u>3,481,392</u>	<u>3,139,014</u>
Non-current liabilities:		
Obligation under capital lease (note 10)	10,561	19,369
Deferred capital contributions (note 11)	496,526	534,641
	<u>507,087</u>	<u>554,010</u>
Total liabilities	3,988,479	3,693,024
Net assets	1,668,771	1,347,983
Commitments (note 12)		
Contingency (note 17)		
	<u>\$ 5,657,250</u>	<u>\$ 5,041,007</u>

See accompanying notes to financial statements.

Approved by the Board of Directors:

\_\_\_\_\_  
Director

\_\_\_\_\_  
Director

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

## Statement of Operations

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

	2021	2020
<b>Revenue:</b>		
Alberta Health Services	\$ 4,158,069	\$ 4,165,811
Fund Development	957,718	1,545,982
City of Calgary	885,202	894,188
Province of Alberta	878,746	1,281,435
United Way	601,000	546,000
Grants	474,943	449,202
Government of Canada (note 16)	430,083	–
Other revenue	491,854	507,278
	<u>8,877,615</u>	<u>9,389,896</u>
<b>Expenses:</b>		
Salaries and benefits	6,060,389	6,631,145
Purchased services	723,867	461,090
Building occupancy	645,038	667,139
Purchased services – provincial project	404,865	689,826
Other program expenditures	306,203	455,045
Depreciation	154,553	150,350
Office and administrative	148,770	171,437
Divisional fees	46,558	44,440
Program travel and education	37,994	192,503
Promotion and education materials	18,822	46,494
Recruitment and recognition	9,768	12,109
	<u>8,556,827</u>	<u>9,521,578</u>
<b>Excess (deficiency) of revenue over expenses</b>	<u>\$ 320,788</u>	<u>\$ (131,682)</u>

See accompany notes to the financial statements.

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

## Statement of Changes in Net Assets

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

	2021	2020
Balance, March 31, 2020	\$ 1,347,983	\$ 1,479,665
Excess (deficiency) of revenue over expenses	320,788	(131,682)
<b>Balance, March 31, 2021</b>	<b>\$ 1,668,771</b>	<b>\$ 1,347,983</b>

See accompany notes to the financial statements.

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

## Statement of Cash Flows

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

	2021	2020
Cash provided by (used in):		
Operations:		
Excess (deficiency) of revenue over expenses	\$ 320,788	\$ (131,682)
Non-cash revenues and expenses:		
Depreciation expense	154,553	150,350
Amortization of deferred capital contributions (note 11)	(38,115)	(34,581)
Change in non-cash working capital:		
Accounts receivable	(20,153)	(24,483)
Prepaid expenses	(16,470)	4,742
Accounts payable and accrued liabilities	168,644	147,648
Deferred revenue	173,163	56,414
	<u>742,410</u>	<u>168,408</u>
Investments:		
Purchase of short-term investments	(204,787)	(18,180)
Purchase of capital assets	–	(228,571)
Redemption of long-term investments	461,654	498,103
Purchase of long-term investments	(301,000)	(530,000)
	<u>(44,133)</u>	<u>(278,648)</u>
Financing:		
Payment on capital lease obligation	(8,238)	(7,701)
	<u>(8,238)</u>	<u>(7,701)</u>
Increase (decrease) in cash and cash equivalents	690,039	(117,941)
Cash and cash equivalents, beginning of year	832,452	950,393
Cash and cash equivalents, end of year	<u>\$ 1,522,491</u>	<u>\$ 832,452</u>

See accompany notes to the financial statements.

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements

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

---

## 1. Nature of operations:

The Canadian Mental Health Association – Calgary Region (the “Association”) is a leader in reducing the impact of mental disorders and in promoting mental health and wellness through community based services.

The Association, as a registered charity, is exempt from income taxes under Section 149(1)(l) of the Income Tax Act and may issue receipts to donors for tax deductible donations. Accordingly, no provision for income taxes has been made in these financial statements.

## 2. Significant accounting policies:

The financial statements were prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the Chartered Professional Accountants (“CPA”) Handbook and include the following significant accounting policies:

### (a) Basis of presentation:

The financial statements reflect the combined operations of all programs of the Association and do not include the assets, liabilities, revenue or expenditures of any affiliated organizations.

On March 11, 2020, the World Health Organization declared the Coronavirus (COVID-19) outbreak a pandemic. This has resulted in governments worldwide, including the Canadian and Alberta governments, enacting emergency measures to combat the spread of the virus. These measures, which include the implementation of travel bans, self-imposed quarantine periods, closures of non-essential businesses, and physical distancing, have caused material disruption to businesses in Calgary, resulting in an economic slowdown.

The ultimate duration and magnitude of the impact on the economy and the financial effect on the Association’s future revenues, operating results and overall financial performance is not known at this time. These impacts may include challenges on the Association’s ability to obtain funding, impairments in the value of the Association’s capital assets and disruptions to its operations, employee impacts from illness, school closures and other communication response measures.

As at the reporting date, the Association has determined that COVID-19 has had no impact on its contracts or lease agreements, the assessment of provisions and contingent liabilities, or the timing of revenue recognition. The Association has been successful in receiving the Canada Emergency Wage Subsidy (“CEWS”) (note 16).



# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements, page 2

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

---

## 2. Significant accounting policies (continued):

### (a) Basis of presentation (continued):

The Association continues to use its capital assets and management has not assessed any impairment that needs to be recognized on these assets at March 31, 2021. The Association continues to manage liquidity risk by forecasting and assessing cash flow requirements on an ongoing basis. As at March 31, 2021, the Association continues to meet its contractual obligations within normal payment terms and the Association's exposure to credit risk remains largely unchanged.

### (b) Cash and cash equivalents:

Cash and cash equivalents include cash on hand and short-term deposits which are highly liquid with original maturities of less than three months.

### (c) Capital assets:

Capital assets are recorded at cost less accumulated amortization. Capital expenditures with a cost over \$5,000 are recorded on the statement of financial position. Contributed capital assets are recorded on the statement of financial position at fair value at the date of contribution, if their value exceeds \$5,000.

Amortization is provided using the straight-line method at rates intended to amortize the cost of assets over their estimated useful lives as below.

---

Buildings	25 years
Leasehold improvement	10 years
Office equipment	10 years
Photocopiers under capital lease	5 years

---

Capital assets acquired during the first half of the fiscal year are depreciated for a full year. Capital assets acquired during the second half of the fiscal year are not depreciated until the following fiscal year.

The Association regularly reviews its capital assets to eliminate obsolete items. Capital assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable and exceeds its fair value. When a capital asset no longer contributes to the Association's ability to provide services, its carrying amount is written down to its residual value.

### (d) Intangible assets:

Intangible assets are recorded at cost less accumulated amortization. Intangible expenditures with a cost over \$5,000 are recorded on the statement of financial position.

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements, page 3

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

---

## 2. Significant accounting policies (continued):

### (d) Intangible assets (continued):

Amortization is provided using the straight-line method at rates intended to amortize the cost of assets over their estimated useful lives as below.

---

Software	5 years
----------	---------

---

Intangible assets acquired during the first half of the fiscal year are depreciated for a full year. Intangible assets acquired during the second half of the fiscal year are not depreciated until the following fiscal year.

The Association regularly reviews its intangible assets to eliminate obsolete items. Intangible assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable and exceeds its fair value. When a intangible asset no longer contributes to the Association's ability to provide services, its carrying amount is written down to its residual value.

### (e) Revenue recognition:

The Association follows the deferral method of accounting for contributions. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Contributions restricted for the acquisition of capital assets are recognized as revenue in the amounts that match the amortization expense of the related capital assets purchased with the contributions.

Donation revenue is recognized in the current year only when funds have been committed within the year and when collections of funds has been made within 30 days of the year end; otherwise it is recorded in the year in which it is received.

Other revenue, including rental, service fees and investment income, is recognized as revenue in the period in which it is earned.

### (f) Deferred revenue:

Deferred revenue includes unexpended grants, donations and other contributions received prior to the year-end, which have a restriction on the use of the funds. Such restrictions are imposed by the contributor. These will be recorded as revenue in the year the Association complies with the restrictions.

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements, page 4

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

---

## 2. Significant accounting policies (continued):

### (g) Deferred rent:

The Association is committed to an office lease which includes increases in base rent. Base rent cost, including rent free periods and inducements, is amortized on a straight-line basis over the life of the lease. Deferred rent liability represents the difference between amount paid and amount expensed and is included in account payable.

### (h) Financial instruments:

Financial instruments are recorded at fair value on initial recognition, except for certain non-arm's length transactions that are measured at the exchange amount. Freestanding derivative instruments that are not in a qualifying hedging relationship and equity instruments that are quoted in an active market are subsequently measured at fair value.

All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Association has elected to carry investments in equity instruments that are quoted in an active market at fair value. Changes in fair value, if any, are recognized in the statement of operations.

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 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 Association 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 Association 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 improvement, not exceeding the initial carrying value.

### (i) Liability for sick, short-term disability and wellness:

The Association tracks and accrues the liability for employee sick time and short-term disability as it is earned. The accrued liability is included in accounts payable and accrued liabilities.

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

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

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## 2. Significant accounting policies (continued):

### (j) Measurement uncertainty:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant estimates include the valuation of accounts receivable and mortgage receivable, recoverability and useful life of capital assets, and amounts recorded for sick, short-term disability and wellness benefits in respect of sick time. Actual results could differ from those estimates.

### (k) Contributed services:

Volunteers assist the Association in carrying out certain activities. Due to uncertainty in determining fair value of the service and given that such assistance is generally not otherwise purchased, contributed services are not recognized in the financial statements.

### (m) Government assistance:

The Association applies for financial assistance under available government incentive programs. Government assistance relating to expenses of the period are recorded as revenue on the statement of operations.

## 3. Cash and cash equivalents:

Cash includes an account with a balance of \$272,829 (2020 – \$240,815). Amounts raised from activities regulated by Alberta Gaming, Liquor and Cannabis (AGLC), which requires that gaming activity proceeds be held separately from operating accounts, have been deposited to this account. The use of proceeds from AGLC regulated activities is restricted to certain expenditures approved by regulatory authorities and the unspent portion of those proceeds is reported as deferred revenue as disclosed in Note 9.

## 4. Short-term investments:

Short-term investments are comprised of funds held in mutual funds comprised of high interest savings accounts, with interest rates approximating at 1.1% per annum.

Included in short-term investments is \$5,200 (2020 – \$5,200) required to be invested in The Bingo Bar Association (“Bingo Bar”) in order to use their services for fundraising. The investment is not structured to generate a return and the carrying value reflects the amount expected to be returned when the Association ceases to use Bingo Bar for fundraising in the future. The cost of the short-term investments as at March 31, 2021, is \$432,487 (2020 – \$227,699).

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements, page 6

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

## 5. Mortgage receivable:

On August 26, 1998, the Association advanced \$40,000 to Horizon Housing Society to assist in the acquisition of a new group home. The advance is non-interest bearing and, as security, the borrower provided a mortgage on the property. The balance is payable upon demand if certain events occur but the entire balance has been classified as a long-term receivable because the Association does not anticipate that events will occur which will allow it to demand repayment over the next twelve months. The advance was revalued at anticipated net realizable value effective April 1, 2011.

## 6. Long-term investments:

Long-term investments are comprised of Guaranteed Investment Certificates with yields ranging from 1.6% – 3.35% per annum, maturing on February 2024 with a market value of \$1,864,842 (2020 – \$2,025,496). Upon maturity, Guaranteed Investment Certificates are intended to be reinvested. The cost of the long-term investments as at March 31, 2021, is \$1,775,933 (2020 – \$1,944,993).

## 7. Capital and intangible assets:

	Cost	Accumulated amortization	2021 Net book value	2020 Net book value
Land	\$ 385,000	\$ –	\$ 385,000	\$ 385,000
Building	420,282	29,420	390,862	407,674
Leasehold improvements	1,106,931	335,785	771,146	881,720
Office equipment	132,050	37,839	94,211	106,824
Photocopiers under capital lease	42,507	25,504	17,003	25,504
	<b>\$ 2,086,770</b>	<b>\$ 428,548</b>	<b>\$ 1,658,222</b>	<b>\$ 1,806,722</b>

	Cost	Accumulated amortization	2021 Net book value	2020 Net book value
Software	\$ 30,263	\$ 12,105	\$ 18,158	\$ 24,210

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements, page 7

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

## 8. Government remittances:

Included in accounts payable and accrued liabilities are government remittances of \$18,118 (2020 – \$3,154), which include amounts payable for payroll related taxes.

## 9. Deferred revenue:

Deferred revenue is comprised of the unspent portion of externally restricted operating funds received in the current period from various government and community sources.

	Balance March 31, 2020	Additions	Amount recognized as revenue	Balance March 31, 2021
Alberta Health Services	\$ –	\$ 67,222	\$ 67,222	\$ –
Province of Alberta	337,778	730,000	878,746	189,032
Municipal grants	197,663	275,000	285,163	187,500
Estate of Steven Blitz	859,821	78,261	–	938,082
Community Initiatives	37,475	–	17,313	20,162
Calgary Foundation	412,709	140,000	268,761	283,948
RBC Foundation	90,000	100,000	103,848	86,152
Mary Kavanaugh	–	68,839	–	68,839
Youth program	–	100,000	–	100,000
City of Calgary	–	74,000	74,000	–
AGLC	–	54,094	4,178	49,916
Other	198,840	469,431	215,614	452,657
	<b>\$ 2,203,125</b>	<b>\$ 2,088,008</b>	<b>\$ 1,914,844</b>	<b>\$ 2,376,288</b>

## 10. Obligation under capital lease:

During 2019, the Association entered into a lease agreement for several photocopiers. The agreement is repayable in monthly installments of \$820 (2020 – \$820) and carries an interest rate of 6.72%. The maturity date of the lease agreement is March 1, 2023. The capital lease payable is comprised as follows:

	2021	2020
Current liabilities:		
Current portion of capital lease payable	\$ 8,806	\$ 8,235
Non-current liabilities:		
Capital lease payable	10,561	19,369
	<b>\$ 19,367</b>	<b>\$ 27,604</b>

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements, page 8

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

## 10. Obligation under capital lease (continued):

The annual scheduled repayment of the capital lease payable is as follows:

	Amount
2022	8,806
2023	9,416
2024	1,145
	<u>\$ 19,367</u>

## 11. Deferred capital contributions:

The Association's contributors and funders have provided the following amounts for acquisition of capital assets. Recognition of these amounts is deferred and amortized into revenues on the same basis as the amortization expense recognized on the capital assets the contributions were used to purchase.

	2021	2020
Balance, beginning of year	\$ 534,641	\$ 569,222
Capital assets purchased with restricted contributions provided by funders	–	–
Amounts recognized as revenue during the year	(38,115)	(34,581)
Balance, end of year	<u>\$ 496,526</u>	<u>\$ 534,641</u>



# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements, page 9

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

## 12. Commitments:

The Association is committed under leases for office space and rental properties which expire on various dates. The future minimum rental payments, exclusive of occupancy costs, required under the various leases are as follows:

	Office Space	Rental properties	Total
2022	11,720	263,480	275,200
2023	140,640	–	140,640
2024	140,640	–	140,640
2025	140,640	–	140,640
2026	140,640	–	140,640
Thereafter	269,560	–	269,560
	<u>\$ 843,840</u>	<u>\$ 263,480</u>	<u>\$ 1,107,320</u>

On March 17, 2017, the Association signed a lease agreement for office space, commencing from March 2018 until February 2028. Minimum rental payments for the first four years of the lease have been waived.

## 13. Financial instruments:

The Association is exposed to the following significant financial risks:

(a) Credit risk:

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Association has credit risk with respect to its cash, investments, accounts receivable and mortgage receivable. The Association mitigates its exposure to credit loss by placing its cash and investments with a major financial institution.

Accounts receivable is comprised mainly of amounts receivable from Alberta Health Services and a Goods and Services Tax rebate, therefore credit risk is low. Mortgage receivable has already been revalued to its anticipated net realizable value.

(b) Interest rate risk:

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Association is exposed to interest rate risk to the extent that investments are at fixed rates of interest.

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements, page 10

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

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## 13. Financial instruments (continued):

### (c) Liquidity risk:

Liquidity risk is the risk that the Association will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Association does not believe it is subject to any significant concentration of liquidity risk.

The Association manages its liquidity risk by monitoring its operating requirements. The Association prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

There has been no significant changes in risk profiles of the Association, as compared to prior year. Refer to basis of presentation note for COVID-19 considerations.

## 14. Additional information:

As required under section 7(2) of the Alberta Charitable Fundraising Regulations, the following amounts are disclosed:

	2021	2020
Amounts paid during the year as remuneration to employees whose principal duties include fundraising	\$ 101,750	\$ 84,417
Direct fundraising expenses for the purpose of soliciting contributions	\$ 6,616	\$ 9,854

## 15. Related party transactions:

The Association is an affiliate of the Canadian Mental Health Association - Alberta. During the year the Association paid affiliation fees of \$45,472 (2020 – \$44,440) to Canadian Mental Health Association - Alberta.

# CANADIAN MENTAL HEALTH ASSOCIATION – CALGARY REGION

Notes to Financial Statements, page 11

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

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## **16. Government assistance:**

The Government of Canada created a program called the Canada Emergency Wage Subsidy (“CEWS”) to provide financial assistance to organizations who experienced a drop in revenues resulting from the COVID-19 outbreak. During the year, the Association met the eligibility requirements and applied for \$430,083 (2020 – \$nil) for the CEWS program. The entire amounts are non-repayable and have been recognized as revenue in the statement of operations for the year ended March 31, 2021. As at March 31, 2021, \$43,881 (2020 – \$nil) remains in accounts receivable.

## **17. Contingency:**

Periodically, the Association may become involved in, named as a party to, or be the subject of various legal proceedings which are usually related to normal operational or labor issues. The results of such legal proceedings or related matters cannot be determined with certainty. The Association’s assessment of the likely outcome of such matters is based on input from internal examination of the facts of the case and advice from external legal advisors, which is based on their judgment of a number of factors including the applicable legal framework and precedents, relevant financial and operational information, and other evidence and facts specific to the matter as known at the time of the assessment.

During the year, a statement of claim was filed against the Association from two former employees. At this time, no assurance can be given as to the final outcome.