The Canadian Mental Health Association, Alberta North Eastern Region, 1994
2020 Community Impact Grant Analysis

CIP Grant Summary:

2017	2018	2019	**2020 Request**	**2020 Recommended by CIP**	***Variance Recommended vs. Requested***
75,000	75,000	-	**100,000**	**-**	***(100,000)***

Fiscal Year End	**Total Expenses**	**Unrestricted Net Assets**
March 31, 2019	1,126,863	195,840

Notes:

Welcome Centre - Recovery College - School for Peer Support - Referring from desk, Training sessions, mentorship

Organization does not conform with the Community Impact Grant Guidelines as operating expenses do not directly relate to a Community Program or Project; therefore are not eligible.

Budget Line Description	**2020 Total Budget**	**2020 Budget Request**	**2020 Recommended**
Revenues			
RMWB Community Impact Grant	100,000	100,000	-
Grant from Youth Hub	15,000	-	-
Grant from Red Cross	374,731	-	-
Grant from Alberta Health Services	121,000	-	-
Total Revenues	**610,731**	**100,000**	**-**
Expenses			
Wages and Salaries	531,785	80,000	-
Telephone	7,619	1,200	-
Rent	20,431	18,800	-
Subcontractor	10,000	-	-
Materials/Food/Supplies	73,597	-	-
Office Supplies	10,756	-	-
Staff Travel/Mileage	30,000	-	-
Board Expenses	2,000	-	-
Professional Fees	10,000	-	-
Administration 15%	-	-	-
Total Expenses	**696,188**	**100,000**	**-**
Total Surplus (Deficit)	**$ (85,457)**	**$ -**	**$ -**

REGIONAL MUNICIPALITY OF WOOD BUFFALO

2020 Community Impact Grant - Community Programs and Projects
Application for Grant Funding

The grant program under which your organization is applying has specific eligibility requirements. The Application Form should clearly show how the proposed program or project meets these requirements. The Application Form, including all required attachments, must be received by the closing date. **Late or incomplete applications will not be processed (Community Investment Program Policy FIN-220, Section 3.1.5).**

In order to complete this application for funding, please read the following thoroughly:

- 2020 Community Impact Grant Guidelines
- 2020 Community Impact Grant - Community Programs & Projects Application Checklist

If you have reviewed the 2020 Community Impact Grant Guidelines and have any questions regarding this application form or eligibility, please contact CIP@rmwb.ca.

Organization Name: _____

Declaration: In making this application, we, the undersigned, confirm:

Board Member(s) and/or Executive Director Initials:

- that we have read the Community Impact Grant Guidelines; _____ _____
- that we understand that this application form and all attachments shall be part of the **public** Council agenda and accessible through all methods that the Council agenda is available; _____ _____
- that we understand that this application form and all required attachments must be completed in full and received before 4:30 p.m. MT on Monday, September 23, 2019; _____ _____
- that we understand the term of the Community Impact Grant is January 1 to December 31, 2020 and that all expenditures must happen during this term; and _____ _____
- that we are authorized by the applicant organization to complete the application and hereby represent to the Regional Municipality of Wood Buffalo's Community Investment Program and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors' full knowledge and consent. _____ _____

Signature of Board Member *(must have signing authority)*	Signature of Board Member or Executive Director *(must have signing authority)*
S Kells	CHRISTINE SAVAGE
Print Name	Print Name
2019/09/17	EXECUTIVE DIRECTOR 2019/09/17
Date: (YYYY-MM-DD)	Date: (YYYY-MM-DD)

Community Programs and Projects
Part A - Organization Summary

1. Organization Details	
Organization Name:	Canadian Mental Health Association
Street Address:	10019 MacDonald Avenue, Suite 17B
City/Hamlet:	Fort McMurray
Province:	Alberta
Postal Code:	T9H1S9
Phone Number:	780-743-1053
Email Address:	operations@woodbuffalo.cmha.ab.ca
Act Registered Under:	Companies Act (Alberta)
Registration Number:	883189276RR0001

Note: Organization must be in good standing to receive funding.

2. Main Contact	
Title:	Executive Director
Name:	Christine Savage
Daytime Phone:	s.17 (1)
Email Address:	director@woodbuffalo.cmha.ab.ca
3. Executive Director	
Name:	Christine Savage
Daytime Phone:	s.17 (1)
Email Address:	director@woodbuffalo.cmha.ab.ca
4. Board Chair / President	
Name:	Steve Kelly
Daytime Phone:	s.17 (1)
Email Address:	s.17 (1)

Note: Should any of the contact details in Questions 2 to 4 change before December 31, 2020, please advise the Community Investment Program at CIP@rmwb.ca

Community Programs and Projects
Part B - Board Questionnaire

5. How often does the Board review the financial position of the agency? What efforts have been made in the past fiscal year to increase the number and types of financial support for your organization?

The Board of Directors for CMHA meet once a month to review the financial position of the organization. Over the past fiscal year CMHA has worked strategically and diligently to build relationships and partnerships with funders in our community and provincially. The financial costs to operate the Recovery College and School of Peer Support is quite extensive therefore we have expanded our fund development strategies to ensure we are building a sustainable model for our initiatives.

6. Organization's most recent Fiscal Year End date (YYYY-MM-DD): 2019-03-31

Unrestricted net assets from your Financial Statements ending 2019-03-31 $ 195,840.00

(Accumulated surplus that the Board has not set aside for a particular purpose)

Total Expenses from your Financial Statements Ending 2019-03-31 $ 1,126,863.00

7. Does your organization have financial reserves greater than the last fiscal year's operating expenses? If so, explain why.

NO

8. What are the restrictions (if any) on becoming a member of your organization **and/or** participating in programs or services?

In order to become a member of the Canadian Mental Health Association, which includes staff, volunteers and peers, we require a police and vulnerable sector check from all individuals. We do not have any restriction for community members to access or participate in our programs and services.

9. Minimum number of board members according to bylaws: 4

Number of board members: Currently: 8 2018: 10 2017: 10

How often does the Board of Directors meet? 10 times a year, once a month (summer off)

10. Please list your current Board of Directors:

Name	Board Position	Years on Board
Steve Kelly	President/Board Chair	3.00
Corinna Pirie	Vice President	2.00
Consuelo Alfaro	Secretary	3.00
Caitlin Hardes	Treasurer	2.00
Tracy Meyers	Director	3.00
Tyler MacDonald	Director	2.00
Carina Francis	Director	2.00
Charles MacDonald	Director	2.00

11. Are any Board members being paid, or receiving an honorarium for being on the Board or for other positions in the organization outside of their role on the Board? Yes ☐ No ☑

If yes, complete the following table:

Board member name	Paid role in the board / organization	Amount received

The personal information collected in this application is collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to process the application and contact you if needed, during the review of this application. If you have any questions about the collection and use of the personal information you may contact the Manager, Community Investment Program, at 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4 or at (780) 743-7918.

Community Programs and Projects
Part C - Proposed Program or Project Details

12. Program or Project Name: Recovery College and Peer Support

13. Beginning Date (YYYY-MM-DD): 2019-01-01

14. Completion Date (YYYY-MM-DD): 2020-12-31

Note: *The term of the Community Impact Grant is January 1 - December 31, 2020. The program or project and all expenditures must occur during this term.*

15. What activities will be part of the program or project? Please provide details:

a. Use headings if applying for more than one program or project;

b. List specific activities of each program or project; and

c. Include details such as location(s), number of sessions, length of sessions, etc.

(additional space continues on next page)

The Recovery College and Peer Support consists of three critical components. The first point of contact for anyone seeking supports will be through the Welcome Centre: a safe space and inclusive environment. The College will offer an open and inviting Welcome Centre that is designed so that when an individual walks in for the first time they will immediately understand the space and know how to use it. It is where everyone is welcome to drop by any time, join a group, connect with others, and learn. Nothing in this space is off limits to our guests and we will provide same-day walk-in service. The Welcome Centre will be staffed with Peer Support Workers who have been trained at our School for Peer Support. They will be the individuals who will meet and greet, guide and support everyone who walks through the doors or reaches out to us by phone or online. Peer Support Workers will also provide guidance in the selection process of suitable courses offered through the Recovery College. The Welcome Centre space is also designed to be flexible and adaptable, as we are creating social spaces, work spaces, and space for conference style learning.

The second component is the Recovery College itself: our community recovery learning centre. The Recovery College is modeled after successful initiative in the UK, the USA, Ontario, and Calgary. CMHA Wood Buffalo has partnered with CMHA Calgary to design and access a large selection of recovery-oriented course, programs and services to support recovery, wellness and resiliency. The course offerings are co-designed and co-produced by peers based on the needs of our community. Environmental scans are continuously taking place to ensure we are delivering the "right" courses. At the College individuals are provided with a menu to choose from allowing for self-determination and supporting the rights of people to make their own choices. The College workforce and practices include peer support and peer support workers. All courses are co-developed and co-delivered with peers. The Recovery College emphasizes empowerment – creating an environment for individuals to access the skills, tools, and knowledge to improve their quality of life and to live a life with purpose. The Recovery College is the hub for our outreach activities to the broader community – whether it be through workshops and/or drop-in sessions. The Recovery College is the residence/internship for the School for Peer Support as a graduated learning opportunity for those further along their recovery journey and who wish to develop the skills to offer hope and support others. The Recovery College is also the research arm for the development, implementation, evaluation and dissemination of recovery-oriented practices, teaching and learning; and is the location for the professional development and mentorship of our Recovery College Faculty.

15. *(Continued from previous page)*

The Third component is the School for Peer Support where "lived experience" is honoured and valued. In order to offer peer support in programming, CMHA Wood Buffalo has adopted a comprehensive peer training program. The College will be home to the CMHA Wood Buffalo School for Peer Support and create a central point of access to train, provide hands-on experience, and on-going mentorship. The School for Peer Support offers individuals from across the region the opportunity to use their lived experiences to inspire and support individuals living with addictions and or mental health challenges. At the School for Peer Support, individuals with lived experience (either personally or through a loved one) can enroll in a comprehensive, value-based 120-hour education, training and mentorship placement. Peers are evaluated on core competencies, including: communication, problem-solving, initiative and commitment, resiliency and coping, interpersonal relations, self-awareness and confidence, critical thinking, and ethics and reliability. Upon graduation form the peer training program, individuals are certified to be employed as a Peer Support Worker.

The goal of the School is to legitimize peer knowledge (lived experience), increase the capacity and skills of peers and create meaningful employment and volunteer opportunities for individuals with lived experience, and improve addictions and mental health programs and services by embedding individuals with lived experience in service delivery. We strongly believe and back by extensive research, that the ability to train peers within a standard of practice for peer support will enhance the credibility of peer support as an essential component of a transformed mental health and addiction system and encourage its broader use. We are investing heavily to ensure the curriculum and certification will be practical, scalable and credible to both peers and mainstream providers.

16. What objective(s) of the Community Program and Projects stream does this program or project address? (Check all that apply)

- ☐ To provide a program or project that enhances leisure, cultural, recreational opportunities and/or
- ☑ To support the design and delivery of preventive social service programs that promote and enhance the well-being of individuals, families and communities;
- ☐ To promote programs or projects that address, as directly as possible, any one of the 94 Calls to Action in the Truth and Reconciliation Commission report;
- ☐ To promote and support community capacity and economic growth;
- ☐ To facilitate and promote investment in local projects by residents;
- ☐ To enrich the cultural landscape of the Municipality; and/or
- ☐ To create/maintain a program for recruiting, training and using volunteers.

17. Describe, in detail, how the program or project will meet and address each objective selected above. *(additional space continues on next page)*

If the Calls to Action objective is selected, please identify the Call to Action and include the following:

a. How the Call to Action will be addressed by the activities of the program project;

b. How the activities promote healing, language and/or cultural restoration; and

c. How the Indigenous community is involved in the planning, execution, participation or follow up to the program or project.

CMHA Wood Buffalo is launching the Wood Buffalo Recovery College and Peer Support, a major commitment to a new and novel approach to improving mental health supports and services in our community. The program will focus on effective health promotion, prevention and early interventions, promote supportive and inclusive communities and increase access and capacity to serve more residents in the Wood Buffalo Region through integrated services that reduce stigma, foster connection, belonging and hope. The Recovery College and Peer Support, located in Fort McMurray will be a community "hub" for connection, empowerment, resiliency and wellness. The Centre will offer a safe space for the community to participate in an innovative educational approach to recovery - creating an environment where individuals can access the skills, tools, and knowledge they need to improve their quality of life and live a life with purpose.

Again, the Recovery College and Peer Support consists of three critical integrated components: 1)The School of Peer Support 2) The Recovery College; and, 3) The Welcome Centre. The first component is the School of Peer Support where individuals with "lived experience" (individuals with mental health and/or addictions challenges or are a caregiver of someone with mental health and/or addiction challenges) and a passion for inspiring others in their recovery journey can train to master the helping skills needed to guide other individuals on their recovery journey. The training program is comprehensive and involves 120 hours of competency-based curriculum and hands-on learning. The second component of the Recovery College where we offer individuals (youth, seniors, caregivers, professionals, etc.) struggling with mental health and substance use a variety of courses designed to empower them with skills, tools and knowledge to improve their wellbeing. All courses are co-designed and co-facilitated by peers. And the third component is the Welcome Centre, which provides a safe place and immediate access to highly skilled peer support workers. Peer support workers are highly valued for their authenticity and experiential knowledge, and are excellent role-models that can support, encourage and give hope to others, having already successfully walked a similar journey. Recovery practices in this program have been modeled after internationally recognized and evidence-based Recovery Colleges from around the world,

17. *(Continued from previous page)*

the work and recommendations of the Mental Health Commission of Canada, the promising practices of the Centre for Excellence in Recovery and Peer Support by our affiliated CMHA Calgary, and with the benefit of extensive local, provincial and national service users, and service delivery organizations.
CMHA Wood Buffalo is confident that the Recovery College will be an effective tool to address huge system and service gaps in the community, especially with removing barriers to care, increasing service capacity, and providing prevention and early interventions. The success of the College, and more specifically recovery practice, derives from combining the strengths of individuals with personal expertise (peers) with expertise by professional training. Central to all recovery practice is that programs and services be co-produced and co-delivered by peers.
(section continues, please see attached)

18. How many participants are expected to benefit from the program or project? Please identify them in the table below.

Ages 0 - 3:		Adults:	500
Ages 3 - 5:		Seniors:	50
Ages 5 - 12:		Families:	50
Ages 12 - 18:	300		

19. What is the community need that the program or project will address?

In 2013, AHS published a Strategic Plan for the Mental Health and Well-Being of Northern Albertans (2013-2016). The evidence and data that was produced in this plan, is nothing short of a tragedy, for what we as a Northern Community experience when it comes to mental health and or addiction challenges. The statistics provided below are directly related to the community need this initiative is trying to address:
- Suicide and intentional self-harm are significant public health problems that are largely predictable and preventable and touch the lives of many people living in the North Zone of Alberta.
- The larger majority (90%) of people who die by suicide had a health service in the year before their death.
Albertans who die by suicide averaged more than twice the number of per-person health care visits in the year prior to their death.

20. How was the need determined?

Research and planning conducted by AHS North Zone is guiding our investments in early intervention and prevention of mental health challenges. AHS North Zone Addiction and Mental Health Strategy indicates that mental illness and addiction is experienced by millions of people across Canada every day, either directly or indirectly. It is estimated that one in five Albertans will experience a mental illness at some point in their lifetime and the remaining four in five Albertans will have a friend, family member, or colleague who has been or will be affected. Furthermore, as many as 10 percent of people over the age of 15 may be dependent on alcohol or drugs and some are experiencing both mental disorders and substance abuse problems.

21. How will the program or project address this need?

Individuals dealing with mental health and or addiction challenges are part of a community of friends, family, neighbor and colleagues. The devastating wildfires of 2016 and resulting uprooting of entire neighborhoods and communities has left Wood Buffalo vulnerable and struggling to find resources for effective addictions and mental health services. CMHA Wood Buffalo has partnered with CMHA Calgary on this provincial initiative to advance a radically different, more holistic and integrated approach to supporting individuals struggling with mental health and addictions that will increase and improve addiction and mental health supports and services in Wood Buffalo and across the province. We are investing in recovery practices and the Recovery College and Peer Support– a space that when complete will be a leader in advancing peer support and recovery practice in Alberta and Canada. Our plan is practical, evidence-based, cost effective, scalable, and will: Equip individuals and communities with knowledge and coping skills to increase their mental health and well-being;
- Provide early intervention identification and intervention for addiction and mental health issues experienced by vulnerable people;
- Strengthen the capacity of natural supports and informal caregivers;
- Strengthen the service system's responsiveness to meet the needs of diverse populations with respect to prevention and early identification;
- Improve continuity of supports and system navigation;
- Honour the value of peer support and create a central point of access, to train, provide experience, certify, and mentor individuals with "lived experience";
- Foster and advance the capacity of communities to support mental health and well-being;
- Collaboratively work to reduce stigma for people with addictions and mental health challeng

22. What will be the positive impacts to the community?

With the resources to implement the Recovery and Peer Model, CMHA Wood Buffalo will engage and serve an additional 4000 unique individuals (by the end of year 3).
We are able to achieve this substantial increase in engagement and service and maintain a standard of program excellence by: 1) embedding highly trained and qualified peer support workers and volunteers throughout our organization and programming; 2) ensuring every call for help to CMHA Wood Buffalo is answered in real time 24/7 by a person with the training, skills and empathy to help; 3)increasing and enhancing resources at the entry point to our organization and programs to assist individuals and caretakers with immediate 1:1 trustworthy support for their immediate questions and needs; 4) continually training peer support workers and volunteers to enhance and expand our service activity and program quality and outcomes; 5) increasing and improving our community outreach using technology to enhance our reach and support to more individuals; and 6) tracking and reporting our CMHA activity and impact.
In addition to the unique individuals engaged and/or served, we know that addiction and mental illness affects the entire community. We are the people that have relationships with individuals and caregivers - children, spouses, parents, co-workers, colleagues, friends, neighbors, etc. This initiative will have positive impacts on the larger community as we continue to learn more about how to support recovery for those with illness or addiction, reduce the stigma of both and build resiliency in our community. The value of the Recovery Model demonstrates a number of positive outcomes when a community invests in peer support: increased community involvement by those with an addiction/mental health challeng

Part of the CPP Stream is funded through a partnership with the Government of Alberta to provide support for the design and delivery of preventative social services programs that promote and enhance the wellbeing of individuals, families and communities.

To determine if the program, project or service meets the Family and Community Support Services (FCSS) program outcomes of Prevention, Local Autonomy, Volunteerism, Accountability, and Community Development, please answer the following:

23. Is the program, project or service preventative in nature? Does it enhance the social well-being of families and individuals? Does it have preventative social outcomes?
If yes, please explain. If no, leave blank.

Our approach to mitigate the evidence outlined above is through our Recovery College and Peer Support which will:
- Provide prevention and early intervention. Our approach is based on the rationale that resiliency can be maximized by focusing on: effective health promotion, prevention and early intervention; supportive and inclusive communities; and, coordinated, accessible services. Less than 0.1% of the health budget is spent on prevention and early intervention (GAP-MAP). Our evidence-informed community-based education, prevention and intervention services focus on addressing the underlying causes of addiction and mental health challenges. The College will fill a huge system gap for the community by providing prevention and early intervention skills development and community development offerings.
- Meet Community Needs: The Alberta Government released the GAP-MAP (Gap Analysis of Public Mental Health & Addictions Programs) in 2014 with the intention of laying the groundwork for an Alberta wide system planning model for addiction and mental health services. Their findings included: that existing services do not provide sufficient care almost half (48.7%) reported unmet needs for service and the second most common reason underlying unmet need for care was an inability to afford services as such a large portion of specialized addiction and mental health services are privatized; that the services offered mainly operate on a reactive acute-care model that requires access through physicians and clinics, uses one or more criteria to refuse entry (51.9%), does not use technology as an enabler or to enhance access and service (only 2% of services reported using the Internet); and that supportive services for people with addiction or mental health problems are not integrated into addiction and mental health care – 28% reported unmet needs for social interventions (help with practical issues such as housing or financial problems) and skills training (help to improve ability to work, to care for oneself, to use one's time to meet people). (Section continues: please see attached)

24. Does the program, project or service:

- Help people develop independence, strengthen coping skills and become more resistant to crisis?
  Yes ☑ No ☐
- Help people develop an awareness of social needs?
  Yes ☑ No ☐
- Help develop interpersonal and group skills which enhance constructive relationships among people?
  Yes ☑ No ☐
- Help people and communities to assume responsibility for decisions and actions which affect them?
  Yes ☑ No ☐
- Provide supports that help sustain people as active members of the community?
  Yes ☑ No ☐

25. Is the program, project or service:

- Primarily a recreation, leisure, entertainment or sporting activity or event?
  Yes ☐ No ☑
- Offering direct assistance, including money, food, clothing or shelter, to sustain an individual or family?
  Yes ☐ No ☑
- Primarily rehabilitative, therapeutic or crisis management?
  Yes ☑ No ☐
- A duplication of services provided by any level of government?
  Yes ☐ No ☑
- A capital expenditure such as the purchase, construction or renovation of a building or facility?
  Yes ☐ No ☑

26. What does/will a successful program or project look like?

CMHA Wood Buffalo has 34 years of experience in delivering community-based programs and services. In collaboration with CMHA Calgary the staff of CMHA Wood Buffalo have strategically crafted a plan for the implementation of a Recovery College and Peer Support in Northern Alberta.
The ultimate vision of CMHA is mentally healthy people in a healthy society. We will continue to be strong advocates and champions for positive change. We are committed to empowering individuals and families with the skills and resources to live a meaningful life despite mental health and/or addictions challenges. We will continue to support the broader community in understanding the impact of addictions and mental health through education and skills to be a natural support to those in need and to foster a region that is free of barriers, judgment and stigma. CMHA Wood Buffalo's wellness approach to service delivery ensures our programs and services focus on promoting good mental health and early intervention, create supportive and inclusive communities, provide people with opportunities and skills to live well and independently with an illness or addiction, and support the potential for recovery. We believe recovery is possible for everyone. Our empowering strengths-based approach differs from the typical medical model for service delivery which will often emphasize illness, disease, symptoms and problems. We believe the programs and services we are designing specifically for Wood Buffalo which have been piloted over the past year will not only be scaled-up with this new initiative but will:
- Provide individuals with instant and early access to effective programs and services and reduce barriers to care;
- Support trauma-informed interventions and address root causes of issues;
- Contribute to an individual's recovery and quality of life through empowerment;
- Provide client-centered participatory approaches that are responsive to unique population needs (e.g. cultural, ethnic, crisis response – like Wildfires we experienced and floods that were experienced in Southern Alberta);
- Provide volunteer and employment opportunities for individuals with "lived experience" who are often under or unemployed;
- Support collective work and improvements in system knowledge and integration; and
- Enhance the capacity of individuals and communities' to take control of their lives and improve their mental health.
Our approach aligns with the five principles of community development: empowerment; participation; inclusion, equality of opportunity, and anti-discrimination; self-determination; and partnership.

27. How will the program or project's success be measured (e.g., surveys, evaluation, longitudinal studies)?

The purpose of the evaluation of the College is to provide an ongoing evidence-base for strategic and impactful decision-making. Program development, efficacy and outcomes will be assessed using a developmental approach, with an aim, on the one hand, to embed impact practices into the organization; and, on the other hand, to articulate evidence-based promising practices as they emerge.
The evaluation aims to assess impacts on individual well-being (e.g. improved hope) and community health (i.e. reduced stigma, increased resiliency); and to measure system-level impacts (ie. accessibility to service, coordination/integration of services, and decreased burden).

28. Does the program or project duplicate or overlap with other programs or projects offered in the community? How is this organization's program or project unique?

The Recovery College and Peer Support will not be a duplication or overlap of services provided in our community. The College is the first of its kind in Wood Buffalo and only the second in Alberta. It is part of a provincial strategy to expand and grow peer support and recovery practices across Alberta. The College and its recovery practices reflects the six critical dimensions of success outlines by Perkins (2016) which establishes a new and higher standard for programing around mental health and substance use recovery. These dimensions include; 1) Educational: based on educational principles, is co-produced, has recovery focused curriculum and promotes self-directed learning 2) Collaborative: based on co-production in all facets of operations, curriculum, course development, co-facilitation and co-learning
(section continues, please see attached)

29. How will the program or project be promoted/advertised?
(Successful programs or projects shall state "Funding considerations provided by the Regional Municipality of Wood Buffalo" on all print and digital advertisements and shall not use the Municipal logo.

The Recovery College and Peer Support will be promoted and advertised through various media streams including by not limited to the following;
Radio Interviews
Print
Social Media - Facebook, twitter, instagram
Shaw TV - promotional videos
Word of Mouth and
Community Engagement Sessions

30. The Community Programs and Projects stream is intended to promote an allied social profit sector within the Municipality. What other community groups or organization will be involved in the program or project?

a. List each community group or organization; and

b. Define each community group or organization's role.

After 34 years working in the community CMHA Wood Buffalo knows that if mental health and addiction supports are not delivered in an integrated way, they will fail. We have established partnerships and affiliations with a number of community serving organizations to allow us to maximize our efforts and resources, and ultimately provide better service to the community. CMHA has a long-standing history in the community for delivering mental health supports for individuals and caregivers with a mental health challenge.
The evidence is clear that an integrative approach focused less on illness and treatment, and more on wellness, resilience and prevention is key to delivering system change and impactful services to people when they need them. Our intention is to build the skills, knowledge and capacity of youth, seniors and people from multi-cultural backgrounds who have mental health and/or addiction challenges and their caregivers. We will build the capacity and support those at-risk groups, removing barriers, creating peer networks and facilitating their participation in the social and economic life of their community. Through the needs assessment that was conducted by CMHA and partner agencies many gaps were identified in our community. For each need/gap that was identified CMHA and partners have developed a mitigation strategy to fill the gap through course offerings either at the College (Community Hub) or through one of our "spoke" locations.
(section continues, please see attached)

31. The Community Programs and Projects stream is intended to promote public/volunteer participation in the planning, delivering and governing of community programs and projects. How will volunteers be involved in the proposed program or project?

The Recovery College and Peer Support will continually train peer support workers and volunteers to enhance and expand our service activity and program quality outcomes. The College will also improve skills and competencies of peer support workers; increase awareness and legitimacy of peer support workers; increase work and volunteer opportunities for peer support workers which in turn will allow us to serve and engage more people in the community. The peer support staff and volunteers are the individuals who have successfully graduated from peer school and are offered either vocational opportunities or volunteer opportunities within the Centre. Opportunities will include, but are not limited to, providing support in the Welcome Centre and being the first point of contact for individuals seeking support; co-designing curriculum, programs and services, using their personal lived experience to help share the programs and services offered at the Recovery College; co-facilitating all courses that are delivered at the Recovery College, which is proven to offer more authentic and empathic supports to their peers/students.

32. The CPP stream requires at least one other source of funding (e.g., monetary donations or grants, sponsorships, significant in-kind contributions, etc.) aside from the Community Impact Grant. Describe any other funding initiatives the organization has taken or is planning to implement to support this requirement.

Our current funding partnerships for the expansion of recovery practices in Wood Buffalo and include: Alberta Health, who are providing partial operational funding for three years for the expansion of recovery practices across Alberta; corporate grants from the Suncor Energy Foundation, Teck Resources, Total E&P Canada Ltd, and the Canadian Legion and a potential capital grant from the Alberta Government's Lottery Fund through the Community Facility Enhancement Program. We have also submitted funding applications to the Canadian Red Cross (fire relief).

33. Outline any expected in-kind contributions for this program or project:

To date we have received in-kind contributions from Interpipeline to help support the purchasing of technology for the College. CMHA Wood Buffalo was also the recipient of campaign donations from "A ride down Addy lane."

Program or Project Budget

34. a) Please be advised that although your organization's fiscal year may not run January - December, that is the funding period of the Community Impact Grant. The following content must only relate to the period of January 1 - December 31, 2020.

b) Please include all anticipated sources of revenue for the program or project and whether or not it is in progress (applied for but not yet confirmed) or secured (confirmed).

c) Please list all sources of funding separately and name the sources in the space provided.

d) Do not include this grant application as a source of revenue.

Source of Projected Income	Revenue Jan - Dec 2020	Revenue Status	
		In Progress	Secured
Project/Program Income (Ticket sales, admission, etc.)		☐	☐
Government of Alberta Grant		☐	☐
Government of Canada Grant		☐	☐
Casinos/Bingos		☐	☐
Donation from:		☐	☐
Donation from:		☐	☐
Donation from:		☐	☐
Grant from: Youth Hub	15,000.00	☐	☑
Grant from: Red Cross	374,731.40	☐	☑
Grant from: Alberta Health Services	121,000.00	☐	☑
Sponsorship from:		☐	☐
Sponsorship from:		☐	☐
Sponsorship from:		☐	☐
Other:		☐	☐
Other:		☐	☐
Other:		☐	☐
Other:		☐	☐
Other:		☐	☐
Other:		☐	☐
Total (A)	$ 510,731.40		

35. Please be advised that regardless of the organization's fiscal year, the funding period of the Community Impact Grant is January to December. As such, the following content must:

- **Include only expenses related to the program or project contained in this grant request; and**
- **Only include anticipated expenses to be incurred from January to December 2020.**

Please include all of the expense related to this program or project, even if it is fully funded by other funders.

Column 1 shall contain all of the types of expenses for the program or project, even if not part of the grant request.

Column 2 shall contain only the portion of the expense being applied for from the Community Impact Grant. The total of Column 2 must match the Total Grant Request and cannot be greater than $100,000.

Column 3 shall contain only the portion of the expense being funded through other sources of funding.

Column 4 is automatically calculated and should total the entire anticipated cost of the program or project.

Total Projected Revenue *(from Page 15)* **(A)** $ 510,731.40

1 Type of Expense	2 Requested RMWB Grant	3 Other Funders	4 Total Program Expenses
Wages and salaries	80,000.00	451,785.00	531,785.00
Telephone	1,200.00	6,419.00	7,619.00
Rent	18,800.00	1,631.00	20,431.00
Subcontractor		10,000.00	10,000.00
Materials/Food/Supplies		73,597.00	73,597.00
Office Supplies		10,756.00	10,756.00
Staff Travel/Mileage		30,000.00	30,000.00
			0.00
Board Expense		2,000.00	2,000.00
Professional Fees		10,000.00	10,000.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
	$ 100,000.00	**Total (B)**	$ 696,188.00
		Shortfall (including Grant Request) (A-B)	($ 185,456.60)

TOTAL GRANT REQUEST (Maximum $100,000) * $ 100,000.00

Total Grant Request cannot be higher than projected shortfall

36. Provide any additional information that may assist in developing a better understanding of the organization or its services/programs during the grant review:

CMHA is in good financial standing. Post-fires the need in the community for CMHA supports and services grew exponentially, compelling the organization to grow and build relationships with funders and stakeholders to ensure the community was receiving the mental health and addiction supports that were desperately needed. Moving forward with the Recovery College and Peer Support project, rather than solely seeking ongoing funding for the operational elements the project will focus on creating a foundation of evidence and guide for future interested sites in Alberta and beyond. Success will be achieved if there is an enthusiasm and momentum for the "Recovery College" concept – growing the number of stakeholders and thought leaders involvement. It is hoped that operationalization the Recovery College in Wood Buffalo will provide a catalyst for change. Future funding models for Recovery Colleges may exist but to bring this model of support to a point where is can be sustainable it will be critical that there is proof that it can work in our community context. Additionally, time to grow stable partnerships of trust and respect with agencies and key stakeholders that can provide space and in-house expertise in mental health and substance use will support the sustainability of the program. Sharing our expertise in the fundamentals of co-development and design will support recovery practice throughout the sector, with the hope they will be able to grow students and leaders from a variety of different populations they serve; increasing both scope and reach of recovery – ultimately meeting the increased need of the diverse community members who face mental health or substance use challenges.

37. Attachments

The following **MUST** accompany this application.
Failure to submit the following will result in this application being deemed incomplete.

- ☑ Financial Statements of **most recent** fiscal year end (Year end date must fall between July 1, 2018 and June 30, 2019)

The following is **OPTIONAL** to this application.

- ☑ Project Logic Model (if available)

Completed and Signed Applications are to be submitted:

Preference is By Email: CIP@rmwb.ca

OR

In Person or By Mail:
Community Investment Program
Community Services
Regional Municipality of Wood Buffalo
9909 Franklin Avenue
Fort McMurray, AB T9H 2K4

LATE or INCOMPLETE applications will not be processed
(Community Investment Program Policy FIN-220, Section 3.1.5)

Additional Information:

17. Describe, in detail, how the program or project will meet and address each objective selected above.

The evidence of this approach is evidenced by Slay and Stephens (Co-production in Mental Health, 2013) who state the following benefit of co-production and co-delivery: mental health outcomes for individuals are improved over traditional approaches; it results in an increased capacity and impact on government delivery services; and it has an immediate social return on investment. They go on to say that when programs and services are delivered in this way, the ability of program staff and peers to engage with existing communities is also higher in comparison to traditionally delivered services. The Mental Health Commission of Canada also advocates that individuals that identify as having a mental health challenge must be the ones that deliver and/or facilitate programing.

23. Is the program, project or service preventative in nature? Does it enhance the social well-being of families and individuals? Does it have preventative social outcomes?

We address these unmet needs by creating a one-stop community "hub" open to everyone and staffed with knowledgeable peers and staff to provide same-day service and support; and, through our Recovery College with its large menu of recovery-oriented skills-based programs, courses and services.

- Use an education approach (focus on rebuilding lives) versus medical approach (focus on disease). The program will focus on providing an environment for individuals to access the skills, tools and knowledge to improve their quality of life and support meaningful participation in the social and economic life of their communities. The program will also provide opportunities for community members to gain knowledge and skills to become mental health champions and leaders in their communities. Luecke (2003) calls these individuals "change agents" and he suggests that they are incredibly effective in articulating the need for change and are accepted by others as trustworthy and competent.
- Peer Support. Peers support workers are individuals with mental health and/or addiction challenges who have completed specific training that enables them to enhance a person's wellness and recovery by providing peer support. They are an important contributor to recovery and come from a "been there, done that" perspective and are highly valued for their authenticity, diversity and credibility. Their "lived experience" fosters trust and hope that recovery is possible. The Recovery College and Peer Support is an investment in expanding peer support and will radically shift how mental health and addiction services are designed and delivered in our community.
- Be community driven. Community development relies on interactions between people and joint action, rather than individual activity (Cavaye, 2006). The programs and services of the Centre will be built around community demand and need. Our goal is to work with communities to identify and support mental health literacy, recovery and resiliency. This approach is evidenced by four recent examples: First, we are working with St. Aidan's to develop and

deliver a program to support care givers working with seniors with dementia. As well we are working with Keyano College to develop and deliver a program that supports new immigrants attending Keyano. We are also working with Frank Spragins High School, delivering caregiver courses to the teachers and addictions/mental health courses to the students, and we are collaborating on course offerings with Waypoints and the YMCA to support couples in their relationships.

28. Does your program or project duplicate or overlap with other programs or projects offered in the community? How is your organization's program or project unique?

3) Strengths-based and person-centered: the strengths, skills, qualities and possibilities are identified, encouraged and rewarded 4) Progressive: actively support students to achieve their goals and explore possibilities outside the classroom 5) Community Facing; active engagement with community organizations, systems and mainstream health and education with a focus on partnership development 6) Inclusive: the College welcomes all types of diverse students including mental health practitioners, community members, family, and caregivers.

30. The Community Programs and Projects stream is intended to promote and allied social profit sector within the Municipality. What other community groups or organizations will be involves in the program or project?
a) List each group or organization; and
b) Define each community group or organization's role.

- **Catholic and Public School District** - Deliver courses and workshops on the following topics: Parent and teen reconciliation, communicating with teens, dealing with dual diagnosis, road to recovery, and finding your balance.
- **Waypoints** – codevelop and codelivery couples communication workshops.
- **St.Aidan's Society** – provide caregiver connections supports specific to caregivers of seniors with dementia and addictions
- **Keyano College** – Provide mental health workshops for newcomers, learning your mental health rights in Canada, and educating on community supports.
- **Frank Spragins** – providing peer support and educational sessions on mental health and addiction and movement therapy
- **Alberta Health Services (addictions)** – working together through referrals due to; Long wait lists for counselling , Clients in constant crisis, Unable to locate client when appointment becomes available.
  Co-designing mental health coursing and addiction courses
- Salvation Army – offer programing and peer support to the specific needs of the patrons.
- **YMCA wellness team** – co-deliver couples communication courses.

Canadian Mental Health Association – Wood Buffalo

Program Logic model – (Recovery College, Welcome Center and Peer Support)

Project Title:	Recovery College and Peer Support	Expected Impact/Goals:	(1) Educate and empower individuals and communities to mental health, wellness knowledge and health promotion. (2) Increase access to a continuum of care designed to improve resiliency and build capacity in the community. (3) Improve system integration by working collectively with community partners across the province to strengthen community-based mental health solutions. (4) Reduce stigma, foster connections, belonging and hope through a progressive community-based learning.	Target population:	Individuals and caregivers, 16 years and older, with or supporting someone with a mental health issue and/or substance abuse; that needs support for their recovery journey to be resilient in their community.

Inputs/ Resources

Staff

Volunteers

Financial Resources

Partnerships

Provincial Leadership

Activities

Recovery College (including Peer School) provides peers, community members and caregivers training, skills and experience to strengthen mental health and addiction peer support in community.
-Recruitment of individuals/Caregivers
-Develop a knowledge pathway and outcomes maps for learners
-Training around mental health, well-being and community integration that includes:
1-Social, financial and community skills
2-Manage recovery and how to share your experience to support others
3-Peer support worker skills and Boundaries
4-Addictions and Mental Health literacy and skills courses that support resiliency and independence in community for individuals/caregivers/community members
-Practicum, Volunteer Opportunities, Alumni events, Community of Practice, follow-up focus groups
-Courses delivered in person across specific sites in Wood Buffalo
-Peers provide support to advocate and inform system change in mental health and addiction

Provide a common space for students, peers, and community members to build social connections, find support, practice skills and like to CMHA or other programming.
-Drop-in/structured workshops for community
-Referrals and links to programming
-Activities and environment to foster social connections

Partnerships are developed that will support the delivery of Recovery College

-Collaboration with partners to co-development and co-delivery of services
-Awareness of Recovery College is created with community partners

Outcomes

of peer, caregiver or community graduates
# of initial participants vs. course graduates
# of Recovery College courses delivered
# of courses tailored to target group
and type of practicum placements for peers
of peers practicing skills in the community
Narrative Reporting – course graduates reporting utilization of acquired skills
# of students by course type
# of graduates join "Circle of Friends" and/or become volunteers
# of registrations vs. website visits
# of Alumni events and # of participants
# of individuals/caregivers who identify increased confidence
# of individuals who identify increased ability to deal with life's challenges
Orientation groups for individuals are caregivers and # of participants
of peer training courses for individuals and caregivers
# of peer participants in training courses (individual and caregivers) # and location of recruiting activities
Collection Tools: Client Database, Survey, MHRM, Interviews, observation, and focus groups

# of activities delivered
# of participants
# of contacts with individuals/caregivers/community groups and types
# of hours of contact time
Source of referral to CMHA – Demographics of contact source
# of community connections
# of social connections made
Narrative reporting of experience or engagement in the Recovery College
Collection Tool: Client Database, Survey, outcomes harvesting, observation, interviews, focus groups

# of partners collaborating with Recovery College to co-develop and co-deliver services
# of awareness presentations provided with community partners
Narrative reporting of experience of engaging in the Recovery College.
Collection Tools: Client Database, Survey, outcome harvesting, observation, interviews, focus groups

Short – Term Outcomes

Individuals, caregivers and community members who engage with Center for Excellence will:
-Increase their mental health literacy and increase knowledge of addictions
-Increase ability to engage with the community and integrate into society
-Increased capacity to find employment, make friends, manage finances and participate in civic life
-Decrease stigma felt toward mental health
-Increase engagement with peers and community connections
-Receive mental health interventions faster
-Increase in ability to maintain natural supports and healthy relationships
-Decrease reliance on formal services
-Grow the peer support community of practice
-Increase their collective activities and reach in community
-Practice skills in the community
-Increase in independent living skills
-Decrease isolation

Partnerships built in the community:

-Increase knowledge sharing though participant back into the community
-Increase partnerships with community agencies to co-lead services
-Increase utilization of Recovery College services as a result of community partnerships and awareness

Mid – Term Outcomes
(achieved with support of other organizations)

A workforce of peer support workers are trained and available to support individuals, caregivers and community to increase mental wellness and resilience

The burden on formal services for mental health and addictions is reduced

Recidivism decreases while recovery and resiliency increases

Individuals, caregivers and community groups utilize peer connections and Recovery College as an option to support their resiliency skills when mental health challenges emerge

Course graduates become community ambassadors/champions for mental health

Individuals, caregivers and community groups are able to access tailored short-term interventions that support their resilience immediately, where and when they need them

Community groups utilize peer connections and supports as an option to support their resiliency skills when mental health challenges emerge

Long – Term Outcomes
(community wide collective impact)

Individuals, caregivers and communities demonstrate their resiliency skills through:

-A thriving Peer Support Community of Practice
-Volunteer/VolunPeer in the Community
-Longer term recovery
-Application of skills learned
-Community-led campaigns that champion the lived experience of mental health

Individuals, caregivers, and community have an increase sense of support and are able to self-direct the services they choose from a wide array of integrated options that supports their ability to improve outcomes on mental health recovery and resiliency

Community focus on health promotion and prevention and has improved knowledge, skills and ability to enhance resiliency when facing issues of mental health and/or substance abuse/addictions

The Canadian Mental Health Association, Alberta North East Region, 1994

Financial Statements

March 31, 2019

Draft - For Discussion Purposes Only

Management's Responsibility

To the Board of Directors of The Canadian Mental Health Association, Alberta North East Region, 1994:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian accounting standards for not-for-profit organizations. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed primarily of Directors who are neither management nor employees of the Association. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Association's external auditors.

MNP LLP is appointed by the Members to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

Director

Management

Draft - For Discussion Purposes Only

Independent Auditor's Report

To the Board of Directors of The Canadian Mental Health Association, Alberta North East Region, 1994:

Qualified Opinion

We have audited the financial statements of The Canadian Mental Health Association, Alberta North East Region, 1994 (the "Association"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Association as at March 31, 2019, and the results of its 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

The Canadian Mental Health Association, Alberta North East Region, 1994 derives revenue from workshops, fundraising and public support - donations, 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 Association. Therefore, we were not able to determine whether any adjustments might be necessary to revenue, deficiency of revenue over expenses, and cash flows from operations for the year ended March 31, 2019, current assets as at March 31, 2019, and net assets as at April 1, 2018 and March 31, 2019. Our audit's opinion on the financial statements for the year ended March 31, 2018 was modified 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 Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Association 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. The other information comprises the Association's annual report. The annual report is expected to be made available to us after the date of this auditor's report..

Our opinion on the financial statements does not cover the other information and we do 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 and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance.

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 Association’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 Association or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association’s financial reporting process.

Draft - For Discussion Purposes Only

Auditor's 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 auditor's 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 Association’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 Association’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's 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 auditor's report. However, future events or conditions may cause the Association 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.

We 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.

Edmonton, Alberta

Chartered Professional Accountants

Draft - For Discussion Purposes Only

MNP

The Canadian Mental Health Association, Alberta North East Region, 1994
Statement of Financial Position
As at March 31, 2019

	2019	*2018*
Assets		
Current		
Cash *(Note 3)*	**851,484**	661,855
Accounts receivable	**6,679**	18,750
Prepaid expenses and deposits	**75**	836
Good and service taxes recoverable	**4,421**	4,044
	862,659	685,485
Capital assets *(Note 4)*	**9,034**	10,276
	871,693	695,761
Liabilities		
Current		
Accounts payable and accruals	**125,288**	143,236
Deferred contributions *(Note 5)*	**408,928**	185,410
	534,216	328,646
Commitments *(Note 6)*		
Net Assets		
Unrestricted	**195,840**	275,428
Investment in capital assets	**9,034**	10,276
Internally restricted funds *(Note 7)*	**132,603**	81,411
	337,477	367,115
	871,693	695,761

Approved on behalf of the Board

Director **Director**

Draft - For Discussion Purposes Only

The accompanying notes are an integral part of these financial statements

The Canadian Mental Health Association, Alberta North East Region, 1994

Statement of Operations

For the year ended March 31, 2019

	2019	*2018*
Revenue		
Public support - United Way *(Note 5)*	**414,445**	249,826
Government support	**216,181**	154,061
Grants and sponsorships	**183,085**	63,647
Public support - donations	**163,050**	89,239
Public support - gaming *(Note 5)*	**64,820**	67,364
Fee for service and workshops	**45,863**	44,077
Other	**9,681**	3,923
Fundraising	**100**	490
	1,097,225	672,627
Expenses		
Advertising and promotion	**11,173**	13,959
Amortization	**5,547**	4,852
Bank charges and interest	**8,275**	6,915
Divisional fees	**3,409**	4,283
Donations	**1,175**	519
Event expenses	**21,735**	65,739
Insurance	**6,599**	5,773
Office equipment lease	**6,947**	-
Office expenses	**20,255**	23,746
Professional fees	**12,418**	12,941
Program expenses	**92,566**	39,350
Rent	**33,585**	27,184
Repairs and maintenance	**1,393**	2,265
Salaries and benefits	**798,675**	434,120
Subcontracted services	**42,354**	14,546
Travel	**59,240**	20,248
Utilities	**1,517**	-
	1,126,863	676,440
Deficiency of revenue over expenses	**(29,638)**	(3,813)

Draft - For Discussion Purposes Only

The accompanying notes are an integral part of these financial statements

The Canadian Mental Health Association, Alberta North East Region, 1994
Statement of Changes in Net Assets
For the year ended March 31, 2019

	Unrestricted	*Investment in capital assets*	*Internally restricted funds*	***2019***	*2018*
Net assets, beginning of year	275,428	10,276	81,411	**367,115**	370,928
Deficiency of revenue over expenses	(29,638)	-	-	**(29,638)**	(3,813)
Amortization of internally funded capital assets	5,547	(5,547)	-	**-**	-
Internally restricted fund transfer *(Note 7)*	(51,192)	-	51,192	**-**	-
Capital asset purchases	(4,305)	4,305	-	**-**	-
Net assets, end of year	**195,840**	**9,034**	**132,603**	**337,477**	367,115

Draft - For Discussion Purposes Only

The accompanying notes are an integral part of these financial statements

The Canadian Mental Health Association, Alberta North East Region, 1994

Statement of Cash Flows

For the year ended March 31, 2019

	2019	*2018*
Cash provided by (used for) the following activities		
Operating		
Cash receipts from contributions	**1,323,133**	760,007
Cash paid to suppliers	**(210,283)**	(233,079)
Cash paid for salaries and benefits	**(920,322)**	(321,586)
Cash paid for interest	**(8,275)**	(6,915)
Cash receipts from interest	**9,681**	3,923
	193,934	202,350
Investing		
Purchase of capital assets	**(4,305)**	(9,817)
Increase in cash resources	**189,629**	192,533
Cash resources, beginning of year	**661,855**	469,322
Cash resources, end of year	**851,484**	661,855

Draft - For Discussion Purposes Only

The accompanying notes are an integral part of these financial statements

1. Incorporation and nature of the organization

The Canadian Mental Health Association, Alberta North East Region, 1994 (the “Association”) is a not-for-profit organization which was registered under the Alberta Societies Act on November 9, 1994 and is a registered charity under the Income Tax Act and thus is exempt from income taxes.

The Association’s purpose is to promote the mental health of all and support people experiencing mental illness. The Association is a member of a nation-wide voluntary organization.

2. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations set out in Part III of the CPA Canada Handbook - Accounting, as issued by the Accounting Standards Board in Canada which are part of Canadian generally accepted accounting principles, and include the following significant accounting policies:

Revenue recognition

The Association follows the deferral method of accounting for contributions. 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.

Cash and cash equivalents

Cash and cash equivalents include balances with banks. Cash subject to restrictions that prevent its use for current purposes is included in restricted cash.

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution if fair value can be reasonably determined.

Amortization is provided using methods and rates intended to amortize the cost of assets over their estimated useful lives.

	Method	Rate
Computer equipment	declining balance	55 %
Computer software	declining balance	33 %
Office equipment	straight-line	5 years

Contributed materials and services

Contributions of materials and services are recognized both as contributions and expenses in the statement of operations when a fair value can be reasonably estimated and when the materials and services are used in the normal course of the Association's operations and would otherwise have been purchased.

Measurement uncertainty

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 amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of capital assets.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenues and expenses in the periods in which they become known.

Draft - For Discussion Purposes Only

2. Significant accounting policies *(Continued from previous page)*

Financial instruments

The Association recognizes its financial instruments when the Association becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value except for certain related party transactions that are initially measured at their carrying or exchange amount in accordance with CPA Section 3840 *Related Party Transactions*.

The Association subsequently measures all of its financial assets and liabilities at cost or amortized cost, except for equity instruments that are quoted in an active market which are measured at fair value. Fair value is determined by published price quotations.

Transaction costs and financing fees directly attributable to the origination, acquisition, issuance or assumption of financial instruments subsequently measured at fair value are immediately recognized in the deficiency of revenues over expenses. Conversely, transaction costs and financing fees are added to the carrying amount for those financial instruments subsequently measured at cost or amortized cost.

Financial asset impairment:

The Association assesses impairment of all of its financial assets measured at cost or amortized cost when there are indicators of impairment. Any impairment, which is not considered temporary, is recognized in deficiency of revenue over expenses.

3. Cash

	2019	*2018*
Unrestricted cash	**694,730**	548,504
Externally restricted cash	**24,151**	31,940
Internally restricted cash	**132,603**	81,411
	851,484	661,855

The regulations of Alberta Gaming and Liquor Commission provide that the use of the net proceeds from casinos is restricted to certain approved expenditures of the Association. The Association defers recognition of casino revenues until such time as the allowable expenditures are incurred.

4. Capital assets

	Cost	***Accumulated amortization***	***2019 Net book value***	*2018 Net book value*
Computer equipment	**10,827**	**8,002**	**2,825**	2,550
Computer software	**1,486**	**1,486**	**-**	743
Office equipment	**13,823**	**7,614**	**6,209**	6,983
	26,136	**17,102**	**9,034**	10,276

Draft - For Discussion Purposes Only

5. Deferred contributions

	Casino	*Recovery College donations*	*Regional Municipality of Wood Buffalo*	*Alberta Health Services*	*United Way*	*Canadian Red Cross*	*Other*	***2019***	*2018*
Balance, beginning of year	51,940	-	-	-	52,377	56,093	25,000	**185,410**	148,765
Funding received	55,762	300,000	60,400	250,045	423,108	65,177	65,000	**1,219,492**	454,681
Funding recognized as revenue	(63,967)	(49,450)	(59,857)	(156,323)	(414,445)	(107,315)	(24,495)	**(875,852)**	(418,036)
Interest earned	416	-	-	-	-	-	-	**416**	-
Funding repaid or repayable	(20,000)	-	(543)	-	(61,040)	(13,955)	(25,000)	**(120,538)**	-
	24,151	250,550	-	93,722	-	-	40,505	**408,928**	185,410

6. Commitments

The Association has entered into an equipment lease and a rental lease agreement for the use of office space with estimated minimum annual payments as follows:

2020	35,152
2021	3,259

7. Internally restricted funds

The Association has internally restricted funds of $132,603 (2018 - $81,411) set aside for future disaster recovery.

8. Financial instruments

The Association, as part of its operations, carries a number of financial instruments. It is management's opinion that the Association is not exposed to significant interest, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

9. Economic dependence

The Association's primary sources of revenue are United Way and Alberta Health Services. The funding can be cancelled if the Association does not observe certain established guidelines. The Association's ability to continue viable operations is dependent upon the funding and following the guidelines. As at the date of these financial statements, the Association believes that it is in compliance with the guidelines.

Draft - For Discussion Purposes Only