

Centre for Addiction and Mental Health

Financial Statements
March 31, 2020
(in thousands of dollars)



Independent auditor's report

To the Board of Trustees of Centre for Addiction and Mental Health

Our opinion

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Centre for Addiction and Mental Health as at March 31, 2020 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

What we have audited

The Centre for Addiction and Mental Health's financial statements comprise:

- the statement of financial position as at March 31, 2020;
- the statement of operations for the year then ended;
- the statement of changes in net assets for the year then ended;
- the statement of cash flows for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report.

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

Independence

We are independent of the Centre for Addiction and Mental Health in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada. We have fulfilled our other ethical responsibilities in accordance with these requirements.

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 public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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"PwC" refers to PricewaterhouseCoopers LLP, an Ontario limited liability partnership.



In preparing the financial statements, management is responsible for assessing the Centre for Addiction and Mental Health'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 Centre for Addiction and Mental Health or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Centre for Addiction and Mental Health's financial reporting process.

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 Centre for Addiction and Mental Health'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 Centre for Addiction and Mental Health'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 Centre for Addiction and Mental Health 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.

PricewaterhouseCoopers LLP

Chartered Professional Accountants, Licensed Public Accountants

Toronto, Ontario
June 3, 2020

Centre for Addiction and Mental Health

Statement of Financial Position

As at March 31, 2020

(in thousands of dollars)

	2020 \$	2019 \$
Assets		
Current assets		
Cash	46,222	36,439
Restricted cash and cash equivalents (note 3)	119,456	72,581
Accounts receivable	45,554	45,798
Due from Ministry of Health – redevelopment project (note 3)	5,030	22,500
Inventories	3,558	1,288
Prepaid expenses	2,222	2,846
	<hr/>	<hr/>
	222,042	181,452
Restricted cash and cash equivalents (note 3)	3,020	3,147
Long-term receivable (note 3)	173,758	167,676
Investments (note 4)	49,086	47,879
Capital assets (note 5)	741,507	611,614
	<hr/>	<hr/>
	1,189,413	1,011,768
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	59,222	61,281
Long-term payable (note 3)	107,692	84,905
	<hr/>	<hr/>
	166,914	146,186
Deferred contributions related to research funds (note 7(a))	33,517	29,199
Other deferred contributions (note 7(b))	11,908	12,490
Long-term payable (note 3)	194,735	173,871
Deferred capital contributions (note 6)	689,531	557,365
	<hr/>	<hr/>
	1,096,605	919,111
Net Assets		
Investment in capital assets	65,989	60,967
Internally restricted	26,819	31,690
Unrestricted	-	-
	<hr/>	<hr/>
	92,808	92,657
	<hr/>	<hr/>
	1,189,413	1,011,768

Approved by the Board of Directors



Chair, Board of Trustees



Chair, Audit, Finance and Resource Committee

The accompanying notes are an integral part of these financial statements.

Centre for Addiction and Mental Health

Statement of Operations

For the year ended March 31, 2020

(in thousands of dollars)

	2020 \$	2019 \$
Revenue		
Ministry of Health	356,985	345,393
Patient revenue	4,371	3,218
Research and other grants (notes 7(a) and 9)	64,373	63,791
Ancillary and other	28,731	25,350
Amortization of deferred capital contributions (note 6)	19,075	18,284
Investment income	1,483	1,428
	<hr/> 475,018	<hr/> 457,464
Expenses		
Compensation (note 7(a))	340,150	319,205
Supplies and other (note 7(a))	87,631	91,684
Depreciation	28,310	26,452
Rent	3,708	3,715
Drugs and medical supplies	7,584	6,191
Interest (note 3(b))	7,484	7,594
	<hr/> 474,867	<hr/> 454,841
Excess of revenue over expenses for the year	<hr/> 151	<hr/> 2,623

The accompanying notes are an integral part of these financial statements.

Centre for Addiction and Mental Health

Statement of Changes in Net Assets

For the year ended March 31, 2020

(in thousands of dollars)

				2020	2019
	Investment in capital assets \$	Internally restricted \$	Unrestricted \$	Total \$	Total \$
Net assets – Beginning of year	60,967	31,690	-	92,657	90,034
Excess of revenue over expenses for the year	-	-	151	151	2,623
Acquisition of capital assets	158,203	(158,203)	-	-	-
Deferred capital contributions received	(143,946)	143,946	-	-	-
Depreciation of capital assets	(28,310)	28,310	-	-	-
Amortization of deferred capital contributions	19,075	(19,075)	-	-	-
Interfund transfer (note 10)		151	(151)	-	-
Net assets – End of year	65,989	26,819	-	92,808	92,657

The accompanying notes are an integral part of these financial statements.

Centre for Addiction and Mental Health

Statement of Cash Flows

For the year ended March 31, 2020

(in thousands of dollars)

	2020 \$	2019 \$
Cash provided by (used in)		
Operating activities		
Excess of revenue over expenses for the year	151	2,623
Add (deduct): Items not affecting cash		
Depreciation	28,310	26,452
Amortization of deferred capital contributions	(19,075)	(18,284)
Investment income reinvested	(1,410)	(1,102)
Amortization of premium on investment in bonds	203	338
Loss on disposal of capital assets	-	627
	<u>8,179</u>	<u>10,654</u>
Change in non-cash working capital balances		
Accounts receivable	244	(15,498)
Inventories	(2,270)	(92)
Prepaid expenses	624	(1,001)
Accounts payable and accrued liabilities	(2,059)	3,862
Net change in deferred contributions related to research funds	4,318	2,916
Net change in other deferred contributions	(582)	2,064
	<u>8,454</u>	<u>2,905</u>
Investing activities		
Increase in restricted cash and cash equivalents	<u>(46,748)</u>	<u>(64,878)</u>
Financing activities		
Due from Ministry of Health – redevelopment projects	17,470	11,034
Receipts from long-term receivable	126,550	99,224
Contributions received restricted for capital purposes	18,609	4,960
Principal repayment of long-term payable	(84,905)	(32,373)
	<u>77,724</u>	<u>82,845</u>
Capital activities		
Purchase of capital assets	<u>(29,647)</u>	<u>(24,990)</u>
Change in cash during the year	9,783	(4,118)
Cash – Beginning of year	<u>36,439</u>	<u>40,557</u>
Cash – End of year	<u>46,222</u>	<u>36,439</u>
Non-cash transactions		
Due from Ministry of Health and others related to deferred capital contributions recorded	132,631	152,438
Financing acquisition of capital assets	132,631	152,438

The accompanying notes are an integral part of these financial statements.

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

1 Operations

The Centre for Addiction and Mental Health (CAMH) is a specialty psychiatric hospital located on two primary sites in Toronto. CAMH is dedicated to providing clinical care and recovery, research and education in connection with addiction and mental health. The organization also plays a significant role in policy development and support in Ontario's mental health and addictions system.

CAMH was incorporated by Letters Patent of Amalgamation under the Corporations Act (Ontario) without share capital on January 23, 1998. CAMH is a registered charity, as defined in the Income Tax Act (Canada), and, as such, is exempt from income taxes. The operations of CAMH are subject to the provisions of the Public Hospitals Act (Ontario).

2 Summary of significant accounting policies

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards (PSAS), including standards that apply to government not-for-profit organizations. A summary of the significant accounting policies is outlined below.

Basis of presentation

These financial statements include the assets, liabilities and activities of CAMH. These financial statements do not include the activities of the Centre for Addiction and Mental Health Foundation (CAMH Foundation or the Foundation), a non-controlled affiliated entity (note 9).

Revenue recognition

CAMH follows the deferral method of accounting for contributions, which include donations and government grants. Unrestricted contributions are recognized as revenue when received or receivable. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred.

Under the Health Insurance Act (Ontario) and the regulations thereunder, CAMH is funded primarily by the Province of Ontario in accordance with funding arrangements established by the Ministry of Health (MOH). Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of a period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized when earned in the subsequent period. These financial statements reflect management's best estimates of funding arrangements with the MOH.

Contributions received in the form of donations and grants for specific capital expenditures are initially deferred and recorded as deferred capital contributions. These deferred contributions are realized into revenue on the same basis as the amortization of the cost of the related capital assets. Funding for capital expenditures is recorded when there is an agreement with the ultimate donor and there is reasonable assurance the funding will be received in the near future.

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

Ancillary and patient care revenue is recognized when services are provided and collectibility is reasonably assured.

Interest and realized gains (losses) are recorded as investment income in the statement of operations, except to the extent that the amount is externally restricted, in which case it is added to or deducted from other restricted balances.

Cash

Cash represents cash on hand and cash at the bank.

Inventories

Inventories consist primarily of supplies held for patient care and are recorded at the lower of cost and replacement cost. Cost is determined using the average cost method.

Capital assets

Capital assets are stated at cost, less accumulated depreciation.

Contributed capital assets are recorded at fair value at the date of contribution. When fair value is not practical, nominal value is used. When capital assets no longer contribute to CAMH's ability to provide services, their carrying amounts are written down to their residual value. Costs incurred for new facilities, or that substantially increase the useful lives of existing property and equipment, are capitalized. Costs to maintain normal operating efficiency are expensed as incurred.

Construction-in-progress comprises direct construction and development costs. No depreciation is recorded until construction is substantially complete and the assets are ready for use.

Capital assets are depreciated on a straight-line basis over the estimated useful lives of the assets as follows:

Buildings	20 – 40 years
Equipment and furniture	5 – 10 years

CAMH reviews long-lived assets for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable and exceeds its fair value. The impairment loss, if any, is the excess of the carrying value over the fair value.

Contributed materials and services

Certain services of CAMH are voluntarily provided by the community. Due to the difficulty of determining the fair value, these contributed services are not recognized or disclosed in the financial statements.

Donated capital assets, materials and services are recorded at fair value when goods and services are received and fair value can be reasonably estimated.

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

Internally restricted net assets

The Board of Trustees internally restricts net assets, from unrestricted funds, to be used for specific purposes including capital projects.

Employee benefit plans

- Multi-employer plan

Certain employees of CAMH as at March 9, 1998 and all employees joining CAMH since that date are eligible to be members of the Healthcare of Ontario Pension Plan (HOOPP), which is a multi-employer, defined benefit, highest consecutive average earnings and contributory pension plan. As a result, HOOPP is accounted for as a defined contribution plan.

Certain employees of CAMH are members of the Ontario Public Service Employees Union (OPSEU) Pension Plan, which is a multi-employer, defined benefit, highest consecutive average earnings and contributory pension plan. The OPSEU Pension Plan is also accounted for as a defined contribution plan as it is a multi-employer plan.

- Employee future benefits

Certain employees of CAMH are entitled to receive post-employment benefits. The costs of these benefits are determined using the accrued benefit method pro-rated on service and management's best estimate of expected salary escalation, retirement ages of employees and health-care costs. The discount rate used to determine the accrued benefit obligation was determined by reference to the rate of return on provincial government bonds with an additional risk premium specific to CAMH for varying durations based on the cash flows expected from the post-employment benefit obligations.

Past-service costs from plan amendments are expensed when the amendment takes effect.

The net actuarial gain (loss) is amortized over the average remaining service period of active employees.

Investments

Investments are classified in one of the following categories: (i) fair value; or (ii) cost or amortized cost. CAMH determines the classification of its investments at initial recognition.

All investments except for bonds are reported at fair value. All investment transactions are recorded on a trade date basis. Transaction costs are recognized in the statement of operations in the period during which they are incurred. Investments at fair value are remeasured at the end of each reporting period. Investments not designated to be measured at fair value are initially recorded at fair value plus transaction costs and are subsequently measured at amortized cost using the effective interest rate method, less any provision for impairment.

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

A writedown is recognized in the statement of operations for a portfolio investment in either category when there has been a loss in the value of the investment that is considered as other than temporary. Subsequent changes to remeasurement of a portfolio investment in the fair value category, if any, are reported in a statement of remeasurement gains and losses. If the loss in value of the portfolio investment subsequently reverses, the writedown to the statement of operations is not reversed until the investment is sold.

Use of estimates

In preparing the financial statements, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Accounts requiring significant estimates include collectibility of accounts receivable, accrued liabilities, deferred revenue and employee future benefits.

The revenue recognized from the MOH requires some estimation. CAMH has entered into accountability agreements that set out the rights and obligations of the parties in respect of funding provided to CAMH by the MOH for the year ended March 31, 2020. The accountability agreements set out certain performance standards and obligations that establish acceptable results for CAMH's performance in a number of areas.

If CAMH does not meet its performance standards or obligations, the MOH has the right to adjust funding received by CAMH. The MOH is not required to communicate certain funding adjustments until after submission of year-end data. Since this data is not submitted until after the completion of the financial statements, the amount of the MOH funding received during a year may be increased or decreased subsequent to year-end. The amount of revenue recognized in these financial statements represents management's best estimates of amounts that have been earned during the year.

The provisions against accounts receivable balances are primarily assessed against the historical collectibility of the accounts with specific provisions for larger outstanding balances deemed potentially uncollectible.

3 Redevelopment project

CAMH is undertaking a multi-phase project to transform its Queen Street site from a traditional psychiatric hospital into a world-class centre for mental health and addiction care, research, education and health promotion and prevention, centred on the concept of an urban village (the redevelopment project). CAMH intends to consolidate a substantial part of its operations from its two main sites into a newly redeveloped site, which will serve as the central hub for CAMH's programs, services and resources. This multi-phase project is being funded by the MOH, CAMH Foundation and by CAMH through internally generated funds.

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

The breakdown of long-term payable by phases of the redevelopment project is as follows:

	2020	2019
	\$	\$
Phase 1B	90,083	91,481
Phase 1C	212,344	167,295
Phase 1D	-	-
	<hr/>	<hr/>
	302,427	258,776
Less: Current portion of long-term payable	<hr/>	<hr/>
	107,692	84,905
	<hr/>	<hr/>
Long-term payable	<u>194,735</u>	<u>173,871</u>

The breakdown of MOH accounts receivable by phases of the redevelopment project is as follows:

	2020	2019
	\$	\$
Phase 1A	-	1,341
Phase 1B	89,305	90,696
Phase 1C	89,483	91,019
Phase 1D	-	-
	<hr/>	<hr/>
	178,788	183,056
Less: Long-term receivable from MOH	<hr/>	<hr/>
	173,758	160,556
	<hr/>	<hr/>
Due from MOH – redevelopment project	<u>5,030</u>	<u>22,500</u>

CAMH received funds from the MOH and other sources to cover various phases of the redevelopment project. The portion of these funds received in advance is classified as restricted cash and are shown by each phase of the redevelopment project as follows:

	2020	2019
	\$	\$
Phase 1B	452	445
Phase 1C	118,627	71,662
Phase 1D	-	-
Redevelopment other	377	474
	<hr/>	<hr/>
Short-term restricted cash	<hr/>	<hr/>
	119,456	72,581
	<hr/>	<hr/>
Long-term restricted cash – Phase 1B	<u>3,020</u>	<u>3,147</u>

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

a) Phase 1A

Phase 1A of the redevelopment project was completed with a total cost of \$34.8 million. As at March 31, 2020, all funding for this phase of the redevelopment project has been received, except for the final payment of \$0.7 million (2019 – \$nil) receivable from the Foundation and \$nil (2019 – \$1.3 million) receivable from the MOH.

b) Phase 1B

In December 2009, CAMH entered into a project agreement with a third-party construction company, CHS (CAMH) Partnership, to design, build, finance and maintain (for a 30-year term) the buildings constructed as part of Phase 1B. The balance of the principal amount due to CHS (CAMH) Partnership of \$90.1 million is related to the construction of the buildings and bears interest at 7.8%, repayable in blended monthly instalments of \$0.73 million, and matures on May 31, 2042. In addition, the balance of operating and lifecycle maintenance services costs of \$122.1 million is payable for the duration of the agreement. The payments over the next five years and thereafter are as follows:

	Debt \$	Interest \$	Operating costs \$	Lifecycle \$
2021	1,522	7,227	2,857	609
2022	1,650	7,099	2,912	544
2023	1,788	6,961	2,967	1,226
2024	1,938	6,811	3,023	1,587
2025	2,101	6,648	3,080	1,152
Thereafter	81,084	69,112	63,085	39,018
	<u>90,083</u>	<u>103,858</u>	<u>77,924</u>	<u>44,136</u>

During the year ended March 31, 2020, interest expense of \$7.5 million (2019 – \$7.6 million) was included in the statement of operations.

Part of the agreement with CHS (CAMH) Partnership requires that it provides certain operating and maintenance services to May 31, 2042. The remaining total cost of these services is estimated to be \$77.9 million. These costs will be substantially funded by the MOH.

During the year ended March 31, 2020, operating and maintenance costs of \$2.5 million (2019 – \$2.4 million) were included in supplies and other expenses in the statement of operations. In addition, CAMH is committed to making total payments of approximately \$44.1 million related to lifecycle maintenance over the remaining period of the agreement to May 31, 2042. These payments are also to be substantially funded by the MOH and also included in MOH revenue in the statement of operations.

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

c) Phase 1C

In February 2017, the MOH and CAMH signed the Design Build Finance Maintain Agreement regarding the construction of two new buildings for the Phase 1C Client Care Building & Centre for Discovery and Knowledge Exchange Project. The MOH committed capital funding of up to \$633 million to assist with the cost of the project. As at March 31, 2020, CAMH has received \$265 million (2019 – \$128.9 million) from the MOH.

In March 2017, CAMH entered into a project agreement with a third-party construction company, Plenary Health Phase 1C LP, to design, build, finance and maintain (for a 30-year term) buildings constructed as part of Phase 1C with a total commitment of \$741.8 million excluding taxes. The commitment related to the construction of the buildings is \$386 million and CAMH has incurred \$365 million (2019 – \$227.5 million) in capital costs to date, which are included as construction-in-progress in capital assets (note 5).

Payment to Plenary Health Phase 1C LP of \$112.5 million was made between February 2019 and March 2020 and \$125.6 million will be paid on substantial completion, which is scheduled to take place by March 2020. The remaining commitment of \$503.8 million will be repaid over 30 years.

The balance of the principal amount due to Plenary Health Phase 1C LP of \$147.8 million is related to the construction of the buildings, bears interest at 4.025%, is repayable in blended monthly instalments of \$0.75 million and matures on May 31, 2051. In addition, the balance of operating and lifecycle maintenance services costs of \$233.2 million is payable for the duration of the agreement. The payments over the next five years and thereafter are as follows:

	Debt \$	Interest \$	Operating costs \$	Lifecycle \$
2021	2,143	4,995	3,385	91
2022	2,796	6,219	4,001	174
2023	2,917	6,099	4,075	194
2024	3,030	5,986	4,151	267
2025	3,148	5,869	4,228	690
Thereafter	133,792	93,508	136,360	75,633
	<u>147,826</u>	<u>122,676</u>	<u>156,200</u>	<u>77,049</u>

CAMH is committed to making total payments of approximately \$77 million related to lifecycle maintenance over the remaining period of the agreement to May 31, 2051. These payments will be substantially funded by the MOH.

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

d) Phase 1D

On August 1, 2017, the MOH confirmed one-time capital funding of up to \$2.5 million to assist CAMH with the costs of completing the early capital planning stage requirements for the proposed Phase 1D redevelopment project. CAMH, through internally generated funds, will fund the balance of costs incurred in this stage. On August 28, 2017, the MOH and CAMH signed the Planning Agreement. CAMH has incurred \$12.2 million (2019 – \$5.6 million) in capital costs, which are included as construction-in-progress in capital assets (note 5).

4 Investments

Investments consist of the following:

	2020 \$	2019 \$
Guaranteed investment certificates (GICs)	11,726	13,753
Notes	20,868	15,464
Bonds	15,576	17,976
Other	916	686
	<u>49,086</u>	<u>47,879</u>

As at March 31, 2020, GICs have an average term to maturity of 0.52 years (2019 – 0.56 years), notes have an average term to maturity of 0.13 years (2019 – 0.18 years), bonds have an average term to maturity of 0.52 years (2019 – 0.41 years) and the investments portfolio has an average yield of 1.77% (2019 – 1.99%).

5 Capital assets

Capital assets consist of the following:

	2020		
	Cost \$	Accumulated depreciation \$	Net \$
Land	9,101	-	9,101
Buildings	71,603	37,110	34,493
Equipment and furniture	149,811	101,256	48,555
Site redevelopment (note 3)			
Buildings	345,345	83,552	261,793
Equipment and furniture	31,317	20,921	10,396
Construction-in-progress	377,169	-	377,169
	<u>984,346</u>	<u>242,839</u>	<u>741,507</u>

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

	2019		
	Cost	Accumulated	Net
	\$	depreciation	\$
		\$	
Land	9,101	-	9,101
Buildings	65,873	32,947	32,926
Equipment and furniture	141,809	89,054	52,755
Site redevelopment (note 3)			
Buildings	345,368	74,104	271,264
Equipment and furniture	31,073	18,424	12,649
Construction-in-progress	232,919	-	232,919
	<u>826,143</u>	<u>214,529</u>	<u>611,614</u>

Construction-in-progress consists primarily of Phase 1C of the redevelopment project (note 3(c)).

6 Deferred capital contributions

The changes in the deferred capital contributions balance are as follows:

	2020	2019
	\$	\$
Balance – Beginning of year	557,365	418,432
Less: Amortization of deferred capital contributions	19,075	18,284
Add: Contributions restricted for capital purposes	151,241	157,217
	<u>689,531</u>	<u>557,365</u>

Included in the above balances are contributions of \$14 million (2019 – \$6.7 million) received but not yet used to purchase capital assets (note 5).

7 Deferred contributions

a) Deferred contributions related to research funds represent unspent externally restricted grants for research. The changes in the deferred contributions balance related to research funds are as follows:

	2020	2019
	\$	\$
Balance – Beginning of year	29,199	26,283
Amount received during the year	63,737	63,127
Amount recognized as revenue during the year	(59,419)	(60,211)
	<u>33,517</u>	<u>29,199</u>

Centre for Addiction and Mental Health

Notes to Financial Statements

March 31, 2020

(in thousands of dollars, except where otherwise noted)

The funds were spent in the following areas for research activities:

	2020 \$	2019 \$
Compensation	34,113	30,134
Supplies and other	25,306	29,959
Total funds spent on research activities during the year	<u>59,419</u>	<u>60,093</u>

- b) Other deferred contributions represent unspent externally restricted funding for various programs. The changes in the other deferred contributions balance are as follows:

	2020 \$	2019 \$
Balance – Beginning of year	12,490	10,426
Amount received during the year	31,794	37,154
Amount recognized during the year	<u>(32,376)</u>	<u>(35,090)</u>
Balance – End of year	<u>11,908</u>	<u>12,490</u>

8 Employee benefit plans

a) Multi-employer pension plans

CAMH's contributions to HOOPP during the year amounted to \$18.7 million (2019 – \$17.4 million) and are included in compensation expense in the statement of operations. The most recent actuarial valuation for financial reporting purposes was completed by HOOPP as at March 31, 2020.

CAMH's contributions to the OPSEU Pension Plan during the year amounted to \$1.5 million (2019 – \$1.5 million) and are included in compensation expense in the statement of operations.

b) Non-pension, post-employment benefit plans

CAMH offers health-care and dental benefit plans to certain retired employees. CAMH measures its accrued benefit obligation for accounting purposes as at March 31 of each year. Information about CAMH's non-pension, post-employment defined benefit plans is calculated based on the latest actuarial valuation performed on March 31, 2020.

The employee future benefits as at March 31 include the following components:

	2020 \$	2019 \$
Accrued benefit obligation	2,006	1,616
Unamortized actuarial (loss) gain	<u>(51)</u>	<u>314</u>
Accrued benefit liability included in accounts payable and accrued liabilities	<u>1,955</u>	<u>1,930</u>

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The expense related to CAMH's non-pension, post-employment defined benefit plans consists of the following:

	2020	2019
	\$	\$
Current period benefit cost	116	108
Amortization of actuarial gain	(21)	(24)
Interest expense	47	49
	<u>142</u>	<u>133</u>

The significant actuarial assumptions adopted in measuring CAMH's accrued benefit obligation and benefit expense are as follows:

	2020	2019
	%	%
Accrued benefit obligation		
Discount rate	3.10	2.80
Health-care cost trend rate	5.37	6.00
Ultimate health-care cost trend rate	5.37	4.50
Dental cost trend rate	3.00	2.75
Benefit expense		
Discount rate	2.80	3.10
Health-care cost trend rate	5.75	6.00
Ultimate health-care cost trend rate	4.50	4.50

Other information about the non-pension, post-employment defined benefit plans is as follows:

	2020	2019
	\$	\$
Employer contributions	116	104
Benefits paid	116	104

9 Affiliated entity

CAMH Foundation is an independent corporation incorporated without share capital under the laws of the Province of Ontario and is a charitable organization registered under the Income Tax Act (Canada). The Foundation has its own Board of Directors and is responsible for all fundraising activities carried out on behalf of CAMH and provides grants in support of CAMH priorities. Therefore CAMH has an economic interest in the Foundation, but does not have control and the accounts of the Foundation are not included in these financial statements.

The Foundation granted \$45.5 million (2019 – \$20.6 million) to fund capital projects, research projects and other operating activities. The balance due from the Foundation of \$10 million (2019 – \$14.1 million) is comprised of grants receivable and reimbursement of operating expenses paid by CAMH on behalf of the Foundation. These transactions are in the normal course of operations and are measured at the exchange amount, which is the amount of consideration established and agreed to by both parties.

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10 Interfund transfer

During the year, the Board of Trustees approved a net transfer of \$0.15 million (2019 – \$2.6 million) from unrestricted to internally restricted net assets for strategic initiatives.

11 Contingencies

- i) From time to time, CAMH is named in lawsuits related to its activities. Where the potential liability can be estimated, management believes the ultimate resolution will not have a material effect on the financial statements. In other cases, due to the stage of the claim, it is not possible to estimate the possible financial liability. Accordingly, no material provisions have been made for loss in these financial statements.
- ii) CAMH is a member in the Healthcare Insurance Reciprocal of Canada (HIROC). HIROC is a pooling of the public liability insurance risks of its hospital members. All members of the HIROC pool pay annual premiums, which are actuarially determined. All members are subject to assessment for losses, if any, experienced by the pool for the years in which they were members. No assessments have been made for the year ended March 31, 2020.

HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income, less the obligation for claims reserves and expenses and operating expenses. Each subscriber may be entitled to receive distributions of its share of the unappropriated surplus at the time such distributions are declared by the Board of Directors of HIROC. There is no distribution receivable from HIROC as at March 31, 2020.

12 Commitments

Future minimum annual lease payments for the downtown properties and the community offices are as follows:

	\$
2021	3,560
2022	3,105
2023	2,962
2024	2,656
2025	2,537
Thereafter	<u>26,755</u>
	<u>41,575</u>

In addition to minimum rentals, property leases generally provide for the payment of various operating costs.

For commitments related to the redevelopment project, refer to note 3.

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13 Financial instruments

CAMH's financial instruments are measured as follows:

Assets/liabilities	Measurement Category
Cash	fair value
Restricted cash and cash equivalents	fair value
Accounts receivable	amortized cost
Due from Ministry of Health – redevelopment project	amortized cost
Investments	fair value/amortized cost
Long-term receivable	amortized cost
Accounts payable and accrued liabilities	amortized cost
Long-term payable	amortized cost

Fair value measurement

The following classification system is used to describe the basis of the inputs used to measure the fair values of financial instruments in the fair value measurement category:

- Level 1 – valuation based on quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2 – valuation techniques based on market based inputs other than quoted prices that are observable for the asset or liability either directly or indirectly; and
- Level 3 – inputs for the asset or liability that are not based on observable market data; assumptions are based on the best internal and external information available and are most suitable and appropriate based on the type of financial instrument being valued in order to establish what the transaction price would have been on the measurement date in an arm's length transaction.

Short-term notes were measured as Level 1 financial instruments and pooled funds were measured as Level 2 financial instruments.

For financial instruments measured using amortized cost, the effective interest rate method is used to determine interest revenue or expense.

Risk management

CAMH is exposed to a variety of financial risks, including market risk, interest rate risk, credit risk and liquidity risk. CAMH's overall risk management program focuses on the unpredictability of financial markets and seeks to minimize potential adverse effects on CAMH's financial performance.

- Market risk

CAMH is exposed to market risk through the fluctuation of financial instrument fair values due to changes in market prices. The significant market risk to which CAMH is exposed is interest rate risk.

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- Interest rate risk

Interest rate risk arises from the possibility that changes in interest rates will affect the value of fixed income investments and the long-term payable held by CAMH. A change in the interest rate would have no significant impact on the financial statements since the fixed income investments are largely short-term in nature and/or measured at amortized cost and the long-term payable has a fixed rate as described in note 3.

- Credit risk

CAMH is exposed to credit risk in the event of non-payment by patients for non-insured services and services provided to non-resident patients. The risk is common to hospitals such as CAMH as they are required to provide care for patients regardless of the patients' ability to pay for services provided. Patient receivables are \$0.44 million as at March 31, 2020.

The credit risk on cash and investments is limited because the counterparties are largely governments, chartered banks and other corporations with good credit ratings assigned by national credit rating agencies.

- Liquidity risk

Liquidity risk is the risk CAMH will not be able to meet its financial obligations when they come due. CAMH derives a significant portion of its operating revenue from the MOH with no firm commitment of funding in future years. CAMH manages its liquidity risk by forecasting cash flows from operations and anticipating investing and financing activities and maintaining credit facilities to ensure it has sufficient available funds to meet current and foreseeable financial requirements. CAMH will enter into debt agreements to assist with the financing of capital assets when other sources are not available.