

MOBILIZING PEER SUPPORT

ANNUAL GENERAL MEETING PACKAGE



ONTARIO PEER
DEVELOPMENT
INITIATIVE

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October 2, 2017

4:30 p.m.

HOLIDAY INN
YORKDALE

De Havilland Hall



Mission, Vision, Values

MISSION

Ontario Peer Development Initiative's mission is to acquire, understand and amplify the unique and distinct voice of consumer/survivor organizations across Ontario.

The experiential expertise of our peers will shape the mental health system to achieve a valued, recovery-oriented, community-based approach to support.

VISION

OPDI strives to provide a strong, cohesive and unified voice for consumer/survivor organizations in Ontario. It will use its resources to develop quality, valued and responsive supports and services to meet the needs of its membership. Informed by an open and inclusive consultative process and building on networking opportunities, OPDI will capture the perspective of its member groups and promote the uniqueness and worth of peer support and consumer/survivor organizations in the continuum of mental health care. In this way, OPDI will promote equitable funding and the expansion of peer-driven services in communities across the province.

OPDI will keep member groups informed of changes in legislation, policies and advocate on their behalf at the provincial level. Informed by the issues and concerns of stakeholders, OPDI through its policies, education and advocacy, will seek to promote recovery-oriented service design and delivery to respond to the needs and priorities of service users – based on what they define as meaningful. OPDI will be known as an authoritative and trusted voice on consumer/survivor issues across the system. OPDI will work collaboratively and in partnership with government and other stakeholders to improve regional coordination and promote positive changes for consumers.

As a provincially focused consumer/survivor organization OPDI will serve as a best practice model for capturing and amplifying the consumer voice and promoting its value as an essential and respected perspective. OPDI will be seen as a model of organizational excellence and will share its learnings with other consumer/survivor organizations to strengthen the community as a whole.

VALUES

Experiential knowledge

OPDI recognizes and promotes the value of experiential knowledge and skills gained through living with mental health issues, understanding the recovery process and their challenges in navigating the mental health system.

Hope & Recovery

OPDI believes in the right of each individual to develop their own approach to recovery and that by providing people with choice and an opportunity to share their experiences with their peers they can learn from each other.

Acceptance, respect, openness and inclusion

OPDI will promote acceptance, respect, openness and inclusion and will respect all people's race, religion, ethnicity, gender, age, socioeconomic status, sexual orientation and ability.

Responsive

OPDI will consult with, and be responsive to, its membership and provide supports and services aligned with their priorities.

Integrity, openness, and honesty

OPDI will act with integrity, openness and honesty in all its relationships, dealings and transactions. We strive to earn and convey trust through these values.

Accountability

OPDI is accountable to its membership and will maintain an inclusive, collaborative and transparent approach to its operations. It will keep faith with the public trust through being efficient, cost effective and careful in the stewardship of its resources.

Partnership and Collaboration

OPDI believes in collaboration and partnership. By bringing people together we can achieve a better result than by working alone.

Activities in 2016-17



OPDI Conference and AGM 2016

The conference, Sept 22 and 23, was attended by 25 subsidized voting members, 23 extra member delegates, 11 paid non members, and two guests.

A video greeting was provided by Minister of Accessibility Tracy MacCharles. Keynote and original CSDI ED John Trainor described our origins.

To celebrate the fact that it had been 25 years since OPDI and its members first received funding from the MOHLTC, we distributed “25th Anniversary” T shirts to participants, and launched the video “Out of the Box” at the conference.

Annual Lighthouse Awards Program

Fifty attended the Awards dinner on September 23rd, and four awards were given. There was no Pay it Forward recipient found on this occasion.

Video Project

The video “Out of the Box”, begun in the prior year, was completed by producer Laura Sky and Sree Nallamothou, and launched at the OPDI 2016 Conference. Members were sent the link and the presenter’s guide to assist them in using the video to promote peer support and discuss their unique roles, successes and challenges with their members, community partners or funders as they saw fit. We are aware of three organizations using the video in this way. The video was also uploaded to YouTube where it had by year end over 650 views. Staff-facilitated presentations of the video are noted elsewhere in this report.

The last time we got together...



Activities in 2016-17

Provincial and National Tables

OPDI staff represent the voice of our members through membership at a number of provincial policy and research processes, including

CA-IAR Clinical Standards

One staff attends this arms-length MOH managed group that monitors the use of Clinical Assessment tools such as OCAN and others. Four meetings attended. Toward year end, OPDI flagged some issues with how OCAN is implemented, and was asked to present concerns at next meeting in fiscal 17-18.

Drug Treatment Funding Plan **Persons With Lived Experience/Family Panel**

Four meetings of this group that is facilitated by CAMH and reviews position and advice papers from various organizations, consultations, and research projects.

Drug Treatment Funding Plan **Peer Support Project**

Attended four meetings and two symposium of this project spearheaded by Addictions and Mental Health Ontario
Contributed to and at final meeting reviewed draft of final report.
Report not released.

Evidence Exchange Network

Attended four **EENet Steering Committee** meetings and a reference panel

EENET Community of Interest for Racialized Populations

Attended five meetings to plan webinars and a justice project for the coming year.

Lived Experience Panel (of the provincial MH&A Leadership Advisory Council

One staff sits on this panel and has attended 5 meetings and a key informant interview

This panel is expected to wrap up within the next 12 months, and how it is taken in by the council remains to be seen.

Ontario Mental Health and Addictions Alliance

One staff meets in person with main table and working group, one staff meets with main table quarterly.

This group of 10 provincial organizations that collaborate to make sure mental health is considered a campaign issue at election

Activities in 2016-17



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time – also responding as a group to various policy announcements

One staff applied to the provincial **Patient/Family Advisory Council** when it was announced in fall of 2016.

Aside from the automated reply email, no response.

Peer Support Canada (formerly named Peer Support Accreditation and Certification Canada

Certification Committee is chaired by an OPDI staff – four meetings. This committee marks examinations, decides certifications, contributes to creation and approvals of certification materials such as handbook, and advises re certification processes.

Mentor Committee

An OPDI staff undergoing mentor certification attends mentor meetings, is co-mentoring and solo mentoring two individuals in practicum phase, teleconferences twice per month with each.

Short Processes, Consultations, and Key Informant Interviews

Staff met and advised 8 clinicians and peer workers from Norway at Stella's Place in July 2016 as they were beginning to explore **implementing peer support into Norwegian** clinical services. This will lead to a collaborative research piece in fiscal 17-18.

Key informant interview with a **non-member C/SI** for advice around exploring an integration.

Key informant interview by a consultant reviewing impact of **Schizophrenia Society of Ontario**.

Consultative/"media" interview with CMHA Ontario regarding **data collection challenges** faced by C/SI's which ultimately was included in an article in Network Magazine.

Key informant interview with a provincial consultant advising MOHLTC on **data collection and C/SI's**.

Key informant interview with consultant on behalf of MOHLTC re **Homes for Special Care**

Conversations with **Manitoba health group** & link to members doing peer

Representing member and consumer voices



Activities in 2016-17

support in crisis and emergency settings.

Participated in a focus group with **Mental Health Foundation** regarding what their funding targets should be for the coming year – something to do with peer support was landed on.

Core Basket of Services Framework

Two staff participated in a workshop in Toronto

One staff participated in provincial forum at McMaster

One staff reviewed and provided a written critique of an environmental scan paper.

Unknown as yet how input given has been incorporated into work of the provincial Advisory

Provided feedback and statement re **Provincial Performance Measurement** projects.

Interviewed by consultant regarding a peer support endeavour being launched in **Quebec**.

3 Conversations with **Addictions and Mental Health Ontario** leadership;
member satisfaction checkup
needs Victor Willis centre
psychotherapy act

HSJCC **Police-Hospital Transition Initiative**

One staff attended two meetings and contributed to formation of policies for the Human Services/Justice Coordinating Committee

One staff attended **Disability Directorate** consultations regarding HealthCare Standard.

One staff attended a day long consultation of **Health Quality Transformation** group

Activities in 2016-17



Research/ Pilot/ Co-Creation Projects

Service Users As Educators

Two staff sit on steering and one on working group for this project led by Dr Sacha Agrawal (CAMH) which has developed and piloted a four-session training program for people with lived experience to educate clinicians around consumer needs.

9 meetings of steering, 4 working group & extra meetings.

The program was delivered once in 2016-17 and an OPDI staff facilitated one of the sessions.

This group through a funding extension has prepared an updated curriculum for fall of 2017.

Registered Nurses Association of Ontario - Nurse Teaching Guide

Staff completed wrap up tasks for this project including a feedback interview, a key informant interview related to practice scenarios, signoff and eventual receipt of the training manual that this group created for nurse educators.

Subsequently, RNAO passed a resolution at its AGM and wrote Minister Eric Hoskins urging him to fund more peer support, especially as related to Transitional Discharge.

EnAbling Justice

Although this project had officially completed its work in the prior fiscal year, we briefly re-engaged to receive and review the tool, and correspond with feedback.

Steering Committee for two proposed research projects

Staff sat on two research steering committees headed by Dr Cheryl Forchuk that are seeking research funds, and provided letters of support and other information to several potential funders. To date these projects have not landed funding for;

Transitional Discharge and Smart Technology

Combining past research outcomes, looking at incorporating cell phone and other 'smart home' tech to assist individuals with self management through providing phones and applications

Preventing Discharge to Homelessness

Representing member and consumer voices



Activities in 2016-17

Other Miscellaneous Provincial Level Advocacy

Advised Addictions and Mental Health Ontario to stop distributing a shortened version of the OPDI definition of peer support and asked for corrections/retractions.

Distributed messaging via NewsToGo regarding the proper use of this definition.

Corresponded two PWLE on the Provincial MH&A Advisory Council to ask their assistance in making sure the Council is not using the co-opted version.

Supported a nomination for Paula Goering award

Introduced in the Provincial Legislature by Minister Hoskins along with reps from Addictions and Mental Health Ontario and Schizophrenia Society of Ontario.

This is the definition of peer support that you, or your representatives from 2011, created and voted to adopt.

Feel free to use it, but only in its entirety and cite OPDI as the source.

You may see the first paragraph only being quoted in presentations and reports. If so, please let the presenters or authors know they are using a co-opted and incorrect version of copyrighted material, and ask for a correction, then inform OPDI staff so we can follow up.

OPDI Definition of Peer Support

Peer Support is a naturally occurring, mutually beneficial support process, where people who share a common experience meet as equals, sharing skills, strengths and hope; learning from each other how to cope, thrive and flourish.

Formalized Peer Support begins when persons with lived experience, who have received specialized training, assume unique, designated roles within the mental health system to support an individual's expressed wishes.

Specialized Peer Support training is Peer developed, delivered and endorsed by Consumer/Survivor Initiatives*, Peer Support Organizations* and Patient Councils, and is rooted in principles of recovery, hope and individual empowerment.

This definition was created and adopted by vote of the 55 members of Ontario Peer Development Initiative. You are welcome to quote and share it in its entirety, without alteration or editing, and credit OPDI

Activities in 2016-17



Direct Services to Member Organizations

Integration

The two areas of most member service activity was focused around multiple member groups within two LHINs where integration processes were initiated or continued under the label of “voluntary” integration. We attempted to help educate and represent around the role and value of the member organizations, and their need to operate autonomously.

In one LHIN, this involved showing the Out of the Box video and a slide presentation to the LHIN CEO and MH Lead, several community partners, a local MPP and supporters of the C/SI. Ultimately the outcome was that the C/SI not only retained its autonomy but was divested from a CMHA and gained independence through its own program number.

In the other LHIN, where the integration of all C/SI's into mainstream organizations was directed, we undertook several activities. We provided information for one member to educate LHIN staff on the difference between a C/SI and clubhouse, and helped formulate an argument against giving up their rented space and using church basements instead. We attended a member social event to show support for an organization to the attending MPP and city councillor. We responded to a reporter gathering information about the integration controversy. Finally, we attended a joint meeting of LHIN/ CSI Network/ service agencies, where it was announced the CSI's would all be voluntarily integrated by March. By year end that agenda was completed with the exception of two C/Sis who refused to integrate. (Since year end, one has been defunded and is closing, and the other awaits news of its fate.)

Other Member Issues

In other areas, staff assisted numerous members with various other issues, such as:

- Helped a member manager to (successfully) respond to an unfactual performance review
- Advised a member manager regarding a possible human rights violation
- Forwarded information and evidence for a member group's meeting with LHIN
- Engaged in some dispute resolution
- Corrected an organizations misinformation about who trainers work for.
- Helped PCSLL identify all the CSI LHIN leads so that network could reboot itself after a hiatus

Direct Service to Member Organizations



Activities in 2016-17

Knowledge Exchange/ Communication Strategies

NewsToGo

published 40 issues with an average of 27 news items each and continues to receive good feedback, with circulation by year end at 538.

News To Muse and direct communiques,

sent to members only, included 3 communiques from the board and the post conference report, and 8 other direct messages regarding training classes, the video package, and annual general meeting. The lowest readership of a direct message was 40% of the members and the highest was 70%.

Staff fielded and responded to 11 “**knowledge sharing**” requests from **members** that required literature searches and/or policy analysis.

Social Media has been an effective story-finding tool for NewsToGo as well as for promoting training, conference and awards.

Facebook gives OPDI reach beyond our member organizations and engages individuals linked to members, and beyond.

Our social media statistics at year end are as follows:

- 685 followers on Twitter account @OPDI,
- with average 45 tweets and 230 retweets per month
- 90 Facebook posts monthly with 336 “likes” for the Facebook page and over 1200 views, and over 300 post engagements

Member Surveys

- Re: C/SI’s and data collection, benefits and challenges
- Re: Peer support in emergency department settings
- Post Conference survey
- Change OPDI tagline “peer support is a...”

Support to Individuals

Although direct support to individuals is not our mandate, we fielded 33 calls from individuals known, unknown, and in several cases members of member organizations regarding personal issues, job related issues, and family issues. Unknown callers were typically individuals in crisis looking for service .

Activities in 2016-17



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Support to Non Member Peer Groups

- Advised and linked a director of The Peer Project (youth mentoring) to a consultant to help develop their policies and procedures.
- Advised Origins Canada lead around implementing peer support training for adoptees.
- Advised Epilepsy Ontario around our process for creating our training.

Presentations

Addictions & Mental Health Ontario

joint presentation with MHCC and Addictions Canada

Title: "Exploring Recovery and Peer Support in Mental Health and Addictions"

Peer Support Accreditation and Certification

presented jointly with Dr Cheryl Forchuk on study with OPDI members.

Title: "Implementing the Transitional Discharge Model "

Registered Nurses Association of Ontario

prepared a presentation however the event it was to be delivered was cancelled.

Title: "Recovery Orientated Approaches in Mental Health & Addictions"

Mental Health Commission of Canada –

jointly presented a webinar with Allan Strong

Title: "Integrating Peer Support With Integrity"

Ministry of Health and Long Term Care

presented to mental health branch - Out of the Box video and slide deck

Title: "Integrating Peer Support in a Recovery Oriented System"

Mental Health Network of Chatham-Kent

Presented to Erie-St Clair LHIN / local stakeholders/ MPP an Excerpted version of "Integrating Peer Support With Integrity"

OPDI Conference 2016

Conference plenary on "Closing the Gap" recommendations

OPDI Member Webinar organized on "Peer Support Week"

conference and workshop presentations



Activities in 2016-17



OPDI Peer Support
CORE ESSENTIALS™ PROGRAM

OPDI Peer Support Core Essentials

Training Classes:

OPDI delivered five classes in the fiscal year, and as usual the majority occurred in the final quarter when organizations were able to ascertain and leverage unspent funds from the fiscal year.

- Toronto in May - 8
- Toronto in November - 8
- London in March - 16
- Chatham in March - 7
- Sault Ste Marie in March - 6

Of the total 45 individuals enrolled, 38 earned “Level 1R”, 2 earned “Level 1” there were 4 “no-shows”, and one incomplete.

These classes generated 10 weeks of paid employment for trainers.

OPDI staff delivered 3 “Expectations” and 5 “Beginnings” webinars prior to these classes.

We opened the Expectations webinar to program managers, to ensure realistic expectations as they recruit and communicate to potential participants in their organizations.

Each class was encouraged to form small communities of practice among themselves, and we are aware that some of these small CoP’s continue although they have not sought any assistance from OPDI.

Practicums/Internships

Staff delivered 3 “Internship” webinars. 43 Internship plans were approved for individuals from these and earlier training classes, and staff continue to monitor those who have begun their practicum/internship hours.

13 individuals completed internships to earn “Level 2”, or OPDI Certified Peer Supporter.

Trainer development

As per the Board of Directors’ decision of last year, OPDI continued putting trainers through the PSACC examination process (which was made a requirement last fiscal) and supporting them in the entire certification if they wish (not a requirement at this time). To date 7 trainers and one staff began the certification process, with a further two being already engaged in certification through their employers. As of year end, three trainers were still awaiting their examination results and the staff person completed certification (for a total of two staff certified).

Activities in 2016-17



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Trainer Community of Practice

Two CoP teleconferences were held with the primary topic being the Board's requirement to complete the PSACC exam. Staff reviewed certification applications of three trainers, and corresponded with PSACC re each trainer's exam results and progress through their process. Trainers set up a self managed study group which looked at the PSACC Certification Handbook and other documentation to prepare themselves for the exam.

Training Enhancement and Promotion

Staff fielded in excess of 150 inquiries about training, including from Nova Scotia and Manitoba organizations. There were two out of province participants in this period.

We identified a need to communicate more clearly, especially for program managers of traditional service agencies, that attending training does not automatically guarantee achievement of a Level 1R. We also identified a need to develop some guidelines for them to use when selecting participants to send.

Staff began listing and drafting discussion topics and cues for insertion into the trainer's manual based on training "post mortem" conversations with trainers and improvements were made to ensure delivery of content in a specific order, and more consistency in how outcomes are reported to participants.



OPDI Peer Support Core Essentials



Activities in 2016-17

Governance

The Board of Directors retained nine members during the year after filling two vacancies by way of appointment.

- In person two-day retreats took place in June, November and February
- Two shorter in person meetings were held in April during PSACC Conference, and during the September OPDI Conference.
- In addition to the usual annual tasks such as budget/goals planning, oversight of staff, nominations, award selection, conference workshop selections, financial oversight etc the board also
 - struck a subcommittee to review training business model
 - collaborated with staff to update previously flagged bylaw changes and to review lawyer's draft
 - reviewed the website, and the service of our web provider, and made space in the 2017-18 budget for redesign with a new provider

Staff Development

- One staff achieved Peer Support Canada (formerly PSACC) Certified Peer Supporter.
- One staff is Peer Support Canada Certified Peer Supporter and working on Mentor Certification (currently following two mentees) and chairs the Certification Committee.
- Three staff and 8 Board members attended PSACC conference.
- Two staff attended a symposium at member organization TEACH.
- Two staff attended a Knowledge Exchange event mounted by the DTFP PWLE/Family Panel.
- Two staff attended all/part of Addictions & Mental Health Ontario conference.
- One staff took a policy course offered by John Stapleton, a social assistance analyst.
- One staff attended 3-day CMHA National conference

AGENDA

15

President Yvette Brook, Chair

1. Call to order
2. Determination of Quorum/Roll Call
3. Approval of Agenda
4. Approval of Minutes of September 22, 2016 Annual General Meeting
5. Annual Report (attached)
6. Presentation of Audited Financial Statements Thomas Kriens, Kriens-LaRose, LL.P. (attached) and motion to approve.
7. Appointment of Auditor
8. Resolution to Enact New By-laws
9. Recognition
10. Presentation of the Board Slate and motion to approve
11. Other Business
12. Adjournment

The Board of Directors will retire immediately after the AGM for a brief business meeting



**Ontario Peer
Development
Initiative**



**Annual General
Meeting**



**October 2, 2017
4:30 p.m.**



**Holiday Inn
Yorkdale
De Havilland Hall**



MINUTES of the AGM

**Ontario Peer
Development
Initiative**

•

Minutes of the Annual General Meeting

•

September 22, 2016

•

**Holiday Inn
Yorkdale
Toronto, Ontario**

Call to Order

Tyrone Gamble, OPDI President, called the meeting to order at 4:55pm and welcomed everyone to OPDI's Annual General Meeting.

Determination of Quorum

The Ontario Peer Development Initiative's attending voting member groups tallied 25. Of those 25 organizations, 24 registered and signed in to vote.

Approval of Agenda

Motion: Kelly made a motion to accept the agenda.

Seconded by: Sonja Cronkhite

Motion carried

Approval of Minutes from the September 24, 2015 Annual General Meeting

Motion: Allan Strong made a motion that the minutes from the September 24, 2015 Annual General Meeting be approved.

Seconded by: Judy Hoover

Motion carried

Annual Report

Tyrone Gamble presented the Annual Report.

Motion: Frances Jewell made a motion to accept the Annual Report.

Seconded by: Theresa Claxton-Wali

Motion Carried

Financial Report

Thomas Kriens, Kriens-LaRose presented the audited financial statement.

Motion: Allan Strong made a motion to accept the Auditors Report.

Seconded by: Norm Barrett

Motion carried

Appointment of Auditor

Kriens-LaRose was presented by the Board to perform the 2016/17 audit for the Ontario Peer Development Initiative.

Motion: Frances Jewell made a motion for approval of the appointment of the Auditor.

Seconded by: Arif Majeed

Motion carried

Recognition

Donna Forget recognized Tyrone Gamble and Cyndi Rowntree for their commitment to the Board of Directors.

2016-09-22

17



Presentation of the Slate

Tyrone Gamble presented the 2016/17 Board slate.

Motion: Sonja Cronkhite made a motion to accept the slate.

Seconded by: Jessica

Motion carried

The process to fill the vacant positions was explained

Other Business

None

Adjournment

Motion: Arif Majeed made a motion to adjourn the meeting at 5:10pm.

RESOLUTION OF THE MEMBERS

OF

ONTARIO PEER DEVELOPMENT INITIATIVE

(the "Corporation")

CONFIRMATION OF BY-LAW NO. 1

RESOLVED that By-law No. 1, being a by-law relating generally to the transaction of the business and affairs of the Corporation, passed and enacted by the directors, be and the same is hereby confirmed as a by-law of the Corporation. All previous by-laws are repealed effective the date executed.

CERTIFICATE

The undersigned Secretary of Ontario Peer Development Initiative (the "Corporation") hereby certifies that the foregoing is a true and complete copy of a resolution passed by the Members of the Corporation at a duly called and properly constituted meeting of such held on the 2nd day of October, 2017.

DATED at _____, _____, this day of , 2017.

Secretary



SLATE

Board of Directors 2017-2018

Ontario Peer Development Initiative

Rotation	Board Position	Director	Status	Area & Member Org Affiliation
2 0 1 8	1	Heather Bruce	Returning	Ottawa Mood Disorders Ottawa
	2	Kelly Gottschling	**New/ Returning	Chatham The Mental Health Network of Chatham-KentKent
	3	Michael Owens	Returning	Thunder Bay People Advocating for Change Through Empowerment
	4	Alise DeBie	**New/ Returning	Hamilton Mental Health Rights Coalition
	5	Barbara Frampton	Returning	London Connect for Mental Health
2 0 1 9	6	Vacant		
	7	Dylan de la Riviere	Returning	Toronto North York General Participants' Council
	8	Moira Wheeler	Returning	North Bay People for Equal Partnership
	9	Vacant		

**Kelly and Alise were appointed to the Board of Directors in November 2016 to vacant positions, and now requires ratification by the membership to formalize these appointments

ONTARIO PEER DEVELOPMENT INITIATIVE

FINANCIAL STATEMENTS

MARCH 31, 2017

ONTARIO PEER DEVELOPMENT INITIATIVE
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2017

	2017	2016
	\$	\$
ASSETS		
CURRENT		
Cash	33,647	53,490
Accounts receivable	21,100	-
HST receivable	10,922	9,782
	65,669	63,272
EQUIPMENT (Note 2)	-	627
	65,669	63,899

ONTARIO PEER DEVELOPMENT INITIATIVE
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2017

	2017	2016
	\$	\$
<hr/>		
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	12,099	17,504
<hr/>		
FUNDS (NOTE 3)		
Ministry of Health and Long Term Care	(3,124)	2,864
Program fund	56,694	43,531
<hr/>		
	53,570	46,395
<hr/>		
	65,669	63,899
<hr/>		

APPROVED ON BEHALF OF THE BOARD:

_____, Director

_____, Director

ONTARIO PEER DEVELOPMENT INITIATIVE
COMBINED STATEMENT OF OPERATIONS AND FUND BALANCES
 FOR THE YEAR ENDED MARCH 31, 2017

	2017	2016
	\$	\$
REVENUES		
Ministry of Health and Long Term Care funding (Note 4)	300,649	300,649
Other income	55,565	60,540
	356,214	361,189
EXPENSES		
Salaries and benefits	193,863	182,133
Program expenses	53,103	50,998
Program fund	36,137	48,526
Board expenses	27,511	22,400
Rent	8,994	8,375
Audit and accounting	5,329	4,056
Telecommunications	5,307	6,276
Training program expenses	4,411	12,711
Computer maintenance and supplies	3,904	3,613
Insurance	1,297	1,362
Staff and volunteer education and training	1,140	3,836
Bank charges	990	969
Postage and courier	749	1,188
Amortization	627	1,249
Award program	216	1,315
Office supplies	100	1,783
Professional fees	-	5,000
	343,678	355,790
EXCESS OF REVENUES OVER EXPENSES FOR THE YEAR		
	12,536	5,399
Fund balances, beginning of the year	46,395	40,996
Repaid to the MOH and Long Term Care	(5,361)	-
Fund balances, end of the year	53,570	46,395

ONTARIO PEER DEVELOPMENT INITIATIVE
STATEMENT OF OPERATIONS AND FUND BALANCE -
MINISTRY OF HEALTH AND LONG-TERM CARE
 FOR THE YEAR ENDED MARCH 31, 2017

	2017	2016
	\$	\$
REVENUES		
Funding by MOH and Long Term Care (Note 4)	300,649	300,649
Other income	6,265	5,365
	306,914	306,014
EXPENSES		
Salaries and benefits	193,863	182,133
Program expenses	53,103	50,998
Board expenses	27,511	22,400
Rent	8,994	8,375
Audit and accounting	5,329	4,056
Telecommunications	5,307	6,276
Training program expenses	4,411	12,711
Computer maintenance and supplies	3,904	3,613
Insurance	1,297	1,362
Staff and volunteer education and training	1,140	3,836
Bank charges	990	969
Postage and courier	749	1,188
Amortization	627	1,249
Award program	216	1,315
Office supplies	100	1,783
Professional fees	-	5,000
	307,541	307,264
Excess (deficiency) of revenues over expenses	(627)	(1,250)
Fund balance, beginning of of year	2,864	4,114
Repaid to the MOH and Long Term Care	(5,361)	-
Fund balance, end of of year	(3,124)	2,864

STATEMENT OF OPERATIONS AND FUND BALANCE - OTHER PROGRAMS FUND
FOR THE YEAR ENDED MARCH 31, 2017

	2017	2016
	\$	\$
REVENUES		
Other income	49,300	55,175
EXPENSES		
Expenses	36,137	48,526
Excess of revenues over expenses	13,163	6,649
Funds balance, beginning of year	43,531	36,882
Funding balance, end of the year	56,694	43,531

