



MÉTIS ADDICTIONS
COUNCIL OF
SASKATCHEWAN INC.

ANNUAL REPORT

2020-2021



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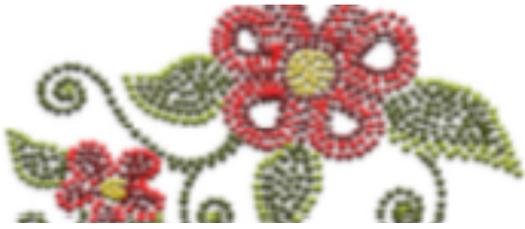
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“Continuing the Healing Journey Together”

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OUR STORY

The Métis Addictions Council of Saskatchewan Inc. (MACSI) story emerged at the time of social and political change. Indigenous people across the nation were becoming more uneasy about experiences of disadvantage and the harms of alcohol use. A group of like-minded individuals came together to utter the first words of MACSI's story. Now, years later, with over 50 years of continuous service to the people of our province, MACSI has a long and abundant history.

There have been several organizational transformations but MACSI's commitment to deliver substance addictions services for Métis, First Nations, and all other citizens of Saskatchewan has remained constant.

Today, MACSI functions as a community-based not-for-profit organization and is recognized as a key stakeholder in substance addictions. MACSI operates three treatment centres located in Regina, Saskatoon, and Prince Albert. Clearly, the story of MACSI is long and involved, and is intertwined with the stories of countless people across our province.

VISION

MACSI values our Métis heritage, embraces our future, and envisions a world for all people free from the harmful effects of addictions.

MISSION

MACSI's vision is to empower individuals to make healthy choices in our communities through a continuum of addictions services including education, treatment, and aftercare to restore a balanced, harmonious, and productive lifestyle.

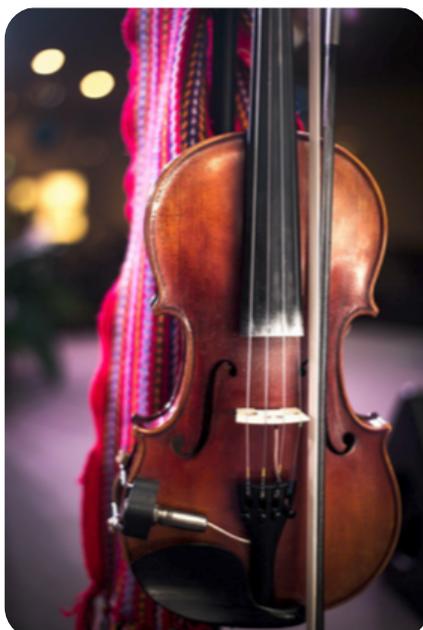
2020-2021

BOARD OF DIRECTORS

MACSI is led and governed by a Board of Directors comprised of five voting members and non-voting representatives from the Ministry of Health, Government of Saskatchewan. The Board of Directors assumes responsibility for oversight in the development and application of MACSIs' vision, mission, values, and policies.

The Métis Nation-Saskatchewan (MN-S) appointed Chair, and other board members represent varying perspectives and regions of the province.

The daily operations of MACSI are administered by an Executive Director as well as a complement of senior directors, centre directors, addictions counsellors, addictions workers as well as office and support personnel.



BOARD OF DIRECTORS 2020-2021

Marg Friesen

David Nelson

Anita Hopfauf

Murray Gettle

Robert (Bobby) Henry

Jason Mercredi

MESSAGE FROM OUR CHAIRPERSON



MARG FRIESEN

Chairperson

Métis Addictions Council of
Saskatchewan Inc.

Minister of Health

Métis Nation Saskatchewan



It was a pleasure that I present MACSI Annual Report for fiscal year 2020-2021.

It has been a remarkable year for MACSI. We continued to execute on our strategic priorities and provided addiction services through an unprecedented year. We accomplished a lot, and we are pleased to report on the highlights of that work.

As we evolve our services, we appreciate the trust placed in us by our shareholders to responsibly execute upon our mandate, and the collaborative relationship we have with the province.

Our people are the foundation of our success from the front-line employees in our facilities to the management team in our core office. When COVID-19 was still on the forefront, our top priority was to do whatever we could to help keep employees and our consumers safe. They have managed the challenges they faced as individuals, while balancing the needs of our clients. We worked closely with the provincial public health authorities to ensure we adhered to all public health directives. We are extremely pleased with the services our employees provide and we will continue to work on exceeding expectations when it comes to responsibly offering mental health and addictions,

supporting individuals and families on a recovery journey, and achieving objectives related to our mandate.

We want to thank the leadership team for their strong and resilient approach to decision-making, problem solving, and ongoing operations of the organization. We do also want to acknowledge our funders and community supports who provided us with the resources to help us manage the overwhelming demands of responding to COVID-19. Lastly, we want to thank our community and our clients. People have been supportive, understanding, and respectful of our COVID-19 plans.

We look forward to moving ahead together, with a person-centred focus of all we do. If ever there was a time for us to step up and lead, it is now. And that is exactly what we are doing. I am very proud of our response, what we did, how we did it, and how we continue to step up. For an organization that is over 50 years old, this operational agility is truly remarkable. We realize now that the strategic work we have been pursuing these last few years has prepared us well for this new world with more demands and limited resources. We truly are one big team bouncing back together to reclaim life as we knew it pre-pandemic. And, as we look forward to bouncing back

to the "new normal", we continue to keep our clients and their families uppermost in our minds. They are, after all, why we exist.

With the support of our engaged Board of Directors, we saw tremendous progress across our organization due to the commitment, enthusiasm, and professionalism of our people. I am extremely proud of all they have done to make this year memorable.

We will continue to work with our partners, government, and clients to find our place in this shifting healthcare landscape. And through it all, our focus will remain where it belongs, on the people in need of our support. Our goal as lead agency is to ensure accessible, consistent, high quality mental health and addiction services across our province.

Our success is the community's success. With the ongoing support of our partners, Board, and staff, MACSI is ready for all challenges and achievements ahead in 2021-2022. We now look forward to the coming year and all it brings.

Maarsi,



Marg Friesen, Chairperson

MESSAGE FROM OUR EXECUTIVE DIRECTOR



RAYMOND LALIBERTE

Executive Director

Métis Addictions Council of
Saskatchewan Inc.



On March 11th, 2020 the World Health Organization declared the novel coronavirus (COVID-19) outbreak a global pandemic. This created MACSI 2020-2021 fiscal year to be unprecedented. The entire year to date, was focused on the protection of MACSI clients and staff by preventing the spread of the virus by following public health protocols. Initially when the virus first began, MACSI had to pivot and organize staff to work from home; then developed work policies that allowed MACSI to operate only the transition, stabilization, and inpatient beds at 50% occupancy along with social distancing practices.

As the overall Saskatchewan population is becoming vaccinated and the re-opening plan for residents and economy continues to lift restrictions and move out of isolation, MACSI will also move to full bed occupancy and program delivery.

MACSI management and staff are grateful to our Board of Directors and our primary community collaboration partnerships with Métis Nation-Saskatchewan, Saskatchewan Ministry of Health, and other public funding agencies for their leadership and direction because without their understanding, interventions, and resources, MACSI COVID-19 challenges would have been extremely hard or impossible to overcome.

Throughout this year, MACSI noticed while Saskatchewan high risk and vulnerable families and populations were dealing with their constant fear and stress related to the virus and isolation anxieties that were compounded by record increases of drug overdoses caused by substance use and abuse of alcohol, meth, cocaine, and opioids.

While the pandemic and epidemic issues continued throughout this fiscal year, MACSI management continued to make accountable and transparent decisions based on the philosophy of client centred care as our primary driver and value.

The two key decisions this year was to use the "minimum people/maximum impact" strategy to place MACSI on stronger financial foundation, while also ensuring no programs were eliminated and frontline addiction services were not negatively impacted and secondly, to have developed a new strategic plan with an expanded growth mandate which incorporates mental health.

MACSI management are grateful for our staff and client's commitment and beliefs in their value for healthy lifestyle, culture and self-determination during this pandemic that drives MACSI long-term sustainability, resilience, optimism, and hope for a "new beginning".

This fiscal year was extremely challenging yet, transformative as we now move into the post-pandemic new normal way in Saskatchewan of achieving mental health and addictions solutions while "continuing our healing journey together".

"Continuing the Healing Journey Together"

www.macsi.ca



MACSI 2020-2021

MACSI began its 2020/21 operating year just days after the World Health Organization declared a world pandemic. COVID-19 had a significant impact on the Board and staff of MACSI, and most certainly on the clients we serve.

The 2020/21 Operational Plan consisted of initiatives that would work toward achieving the outcomes in the Strategic Plan, specifically within the 4 Goals:

1. *Governance*
2. *Administration*
3. *Partners*
4. *Services*

Several priorities were identified for 2020/21, including providing professional development opportunities for staff, review of policies and procedures, increase cultural offerings at all centres, develop a marketing and communications plan, expand client and family programs, offer more physical activities for clients, and partnerships with mental health providers

to bridge the gap and provide holistic and integrated services.

Like many organizations across the world, MACSI shifted its focus to providing its services during a world pandemic.

The following outlines the work that was completed under each of the 4 Goals.

GOVERNANCE

MACSI Board provided leadership, direction and oversight to MACSI management as they resolved the issues, addressed challenges and monitored risk while delivering support to clients during COVID-19.

During the COVID-19 pandemic, the Board of Directors have continued to meet on a regular basis. The Board has onboard new board members through orientation process and in a strategic planning session in February. One of the major shifts in strategy is that MACSI will begin focusing on developing our mental health services. A business plan has been developed for the 2021-2022 fiscal year to align with the MACSI strategy and to meet the annual goals.



The MACSI Board met virtually throughout the year, as did the Committees of the Board. The major issues discussed were MACSI finance and budgets, human resources, and the vetting of new MACSI Board members. Finance and governance manuals were developed. The Finance Committee met with the Ministry of Health (MoH) to provide a status regarding the Management Action Plan.

The Honourable Everett Hindley, responsible for Mental Health and Addictions (MH&A); Seniors and Rural and Remote Health, and his Chief of Staff/MH&A Director Jamie Ash met virtually with MACSI Executive Director as an introduction meeting and general discussions on MH&A needs. MACSI continues to monitor and align with Ministry of Health (MoH) Mental Health and Addictions 10-year Action Plan along with Saskatchewan Health Authorities Truth and Reconciliation Commission commitments.

MACSI and the Métis Nation-Saskatchewan (MN-S) Health Framework Working Group met virtually several times throughout the year, lead by MN-S

Minister of Health - MACSI Chairperson, Marg Friesen. This working group discussed many MH&A topics including COVID-19 strategies and potential programs and resources.

ADMINISTRATION

Human Resources

Online staff training occurred and there were temporary staff layoffs issued to those front-line staff who couldn't work from home to respond to the initial stages of COVID-19, and many of these staff were recalled to work later in June.

Recruitment and retention are an ongoing focus for MACSI. The existing resources to be competitive is not conducive to the current compensation we can offer professionals. Therefore, we cannot retain employees that seek competitive opportunities for advancement in their field.

We reviewed 12 major policies and related procedures to identify and improve in areas related to our current practices.



Operations

MACSI has addressed a number of operational processes including financial controls, budget, and compliance. Improvements were made in several areas including implementing software to address the financial management of all funds.

In addition, MACSI fulfilled the Saskatchewan Ministry of Health recommendations from the 2019-2020 3rd quarterly audit findings.

The operational functions continued efficiently and effectively considering the ongoing concerns and challenges related to COVID-19.

During the pandemic, the primary goals were to:

- Ensure client services were not disrupted
- Remain compliant with public health guidelines and protocols
- Continue with transparent Board governance, oversight, and partnerships
- Continue with policy development and training
- Achieve a deficit recovery using a minimum people and maximum impact philosophy
- Build capacity through technology and innovation
- Avoid staff fatigue and burnout
- Utilize COVID-19 response and resources available
- Begin new SEIU collective bargaining process
- Implement the Management Action Plan developed in partnership with the MoH and Ernst and Young consultants
- Board approved the transition to a new MN-S office space
- MACSI facilities were inspected by the Ministry of Health and achieved approval for the annual facility licenses



Partners

MACSI continues to collaborate with other community stakeholders. It takes a community team of partners to work together, provide mutual benefits, to meet the holistic and complex needs of the people we serve.

Métis Nation-Saskatchewan (MN-S) partnership and the Saskatchewan Ministry of Health continue to be MACSI's primary partners. This year, MACSI engaged and collaborated with several community partners including the Saskatchewan Health Authority, housing authorities, Universities, research agencies, and others.

MACSI engaged with the Saskatchewan Union of Nurses and was invited to be a panel member at their annual virtual education conference that was cancelled; however, this important dialogue will continue, moving forward.

The University of Regina research project on Métis cultural impact in addictions recovery is now being pilot tested in MACSI treatment centres.

Services

The first part of the fiscal year was spent working from home providing one-on-one phone counselling and computer counselling where possible. There were challenges to staying connected, providing quality mobile computers for outpatient staff, and dealing with the high risk, vulnerable, and homeless populations that don't have access.

The focus was on education and prevention to avoid the spread of COVID-19.

MMT focused on the strategic goal of service excellence based on a cultural perspective. The culture impact on addictions recovery will be reviewed in depth to identify the strengths related to this type of healing model.

Effort was placed on determining what the clients needed through our internal client measurement and feedback system. We worked with private consultants from the University of Saskatchewan to begin developing research and public relations strategy for MACSI to benefit from as we move forward.



MACSI worked on many projects in partnership with the community including the MACSI application design and content, Healing through Home (HtH) project, aftercare, and client connectivity through technology. Connecting with family and community supports is critical for a sustainable long-term healthy lifestyle. MACSI assisted clients to connect with their community supports, families and friends by providing technology tools such as iPads and Chromebooks; in Regina and Saskatoon that work with high risk and vulnerable populations struggling with addictions and are homeless and/or at high risk of homelessness.

One of the major challenges was dealing with the COVID-19 term "false-positive" clients and how to accommodate them.

Isolation due to COVID-19 showed an increase in alcohol abuse, particularly by females; and mental health nursing, stated domestic and family violence increased since self-isolation and quarantine measures came into force.

The impact of COVID-19 was compounded throughout the year when MACSI, like many other addiction service agencies, was required to stop taking intakes, close treatment centres, and develop a plan to work from home or virtually. MACSI transitioned to new protocols and provided a seamless transition with one-to-one counselling services delivered to clients.

The treatment centres were reopened with new protocols including filling beds to 50% capacity using a block intake system to keep clients negatively tested for COVID-19 in the same cohort over the 28-day inpatient recovery period, testing and monitoring staff and clients daily for COVID-19 symptoms, sanitizing all spaces and ensuring appropriate social distancing. MACSI is proud to report there were no reports of internal COVID-19 positive cases in any of its treatment centres.

The celebration of public holidays continues to be a priority for MACSI as it provides clients knowledge, confidence, and independence on how to reach out and who to reach to help sustain their healthy lifestyles after leaving MACSI inpatient program.

2020-2021

NUMBERS & STATISTICS

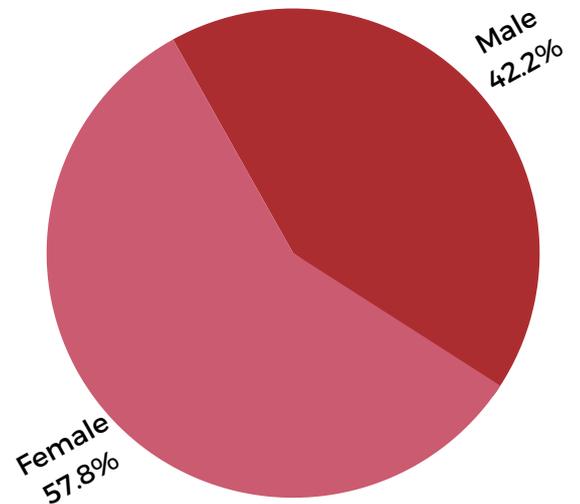
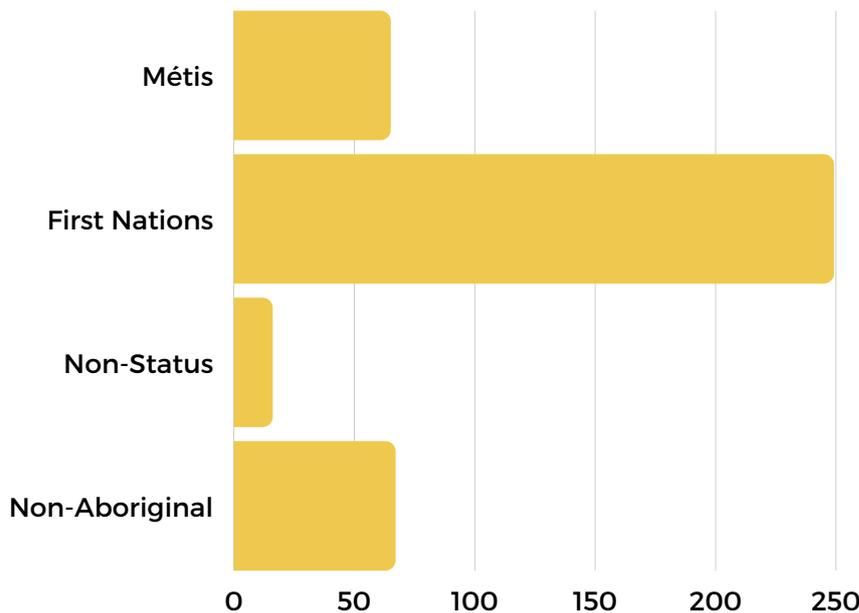
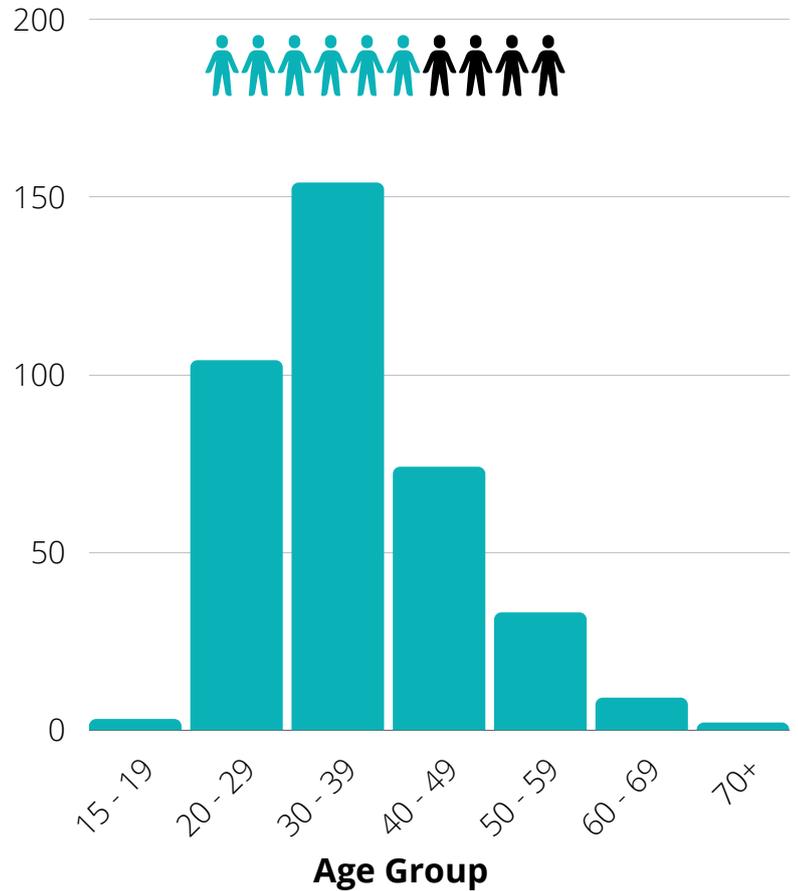
A total of **398** clients accessed services from all treatment centres during the fiscal year of 2020-2021.

Problems related to drugs were the most reported in both genders, followed by alcohol and gambling. Of the clients accessing services, more females (**58%**) accessed services, and **63%** of clients identified as First Nations; **17%** identified as non-Aboriginal; **16%** identified as Métis; and **4%** indicated being non-status.

Most clients were between the ages of 20-39 with **41%** of clients between the ages of 30 and 39 and **27%** between the ages of 20 and 29.

398

CLIENTS ACCESSED SERVICES FROM ALL TREATMENT CENTRES



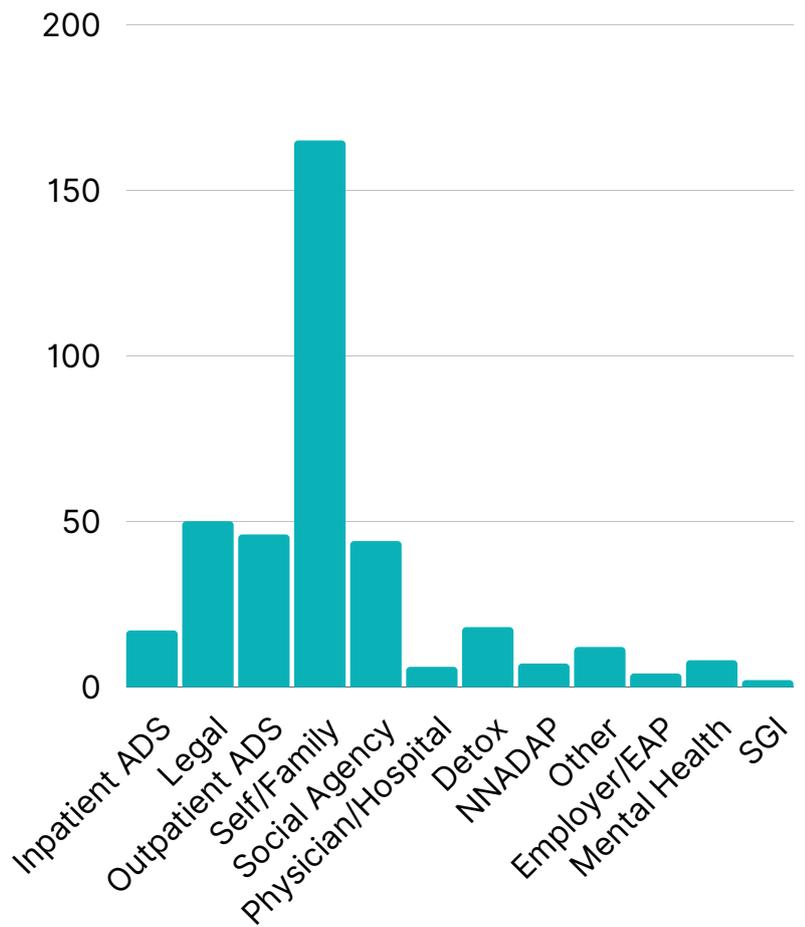
Client Characteristics

NUMBERS & STATISTICS

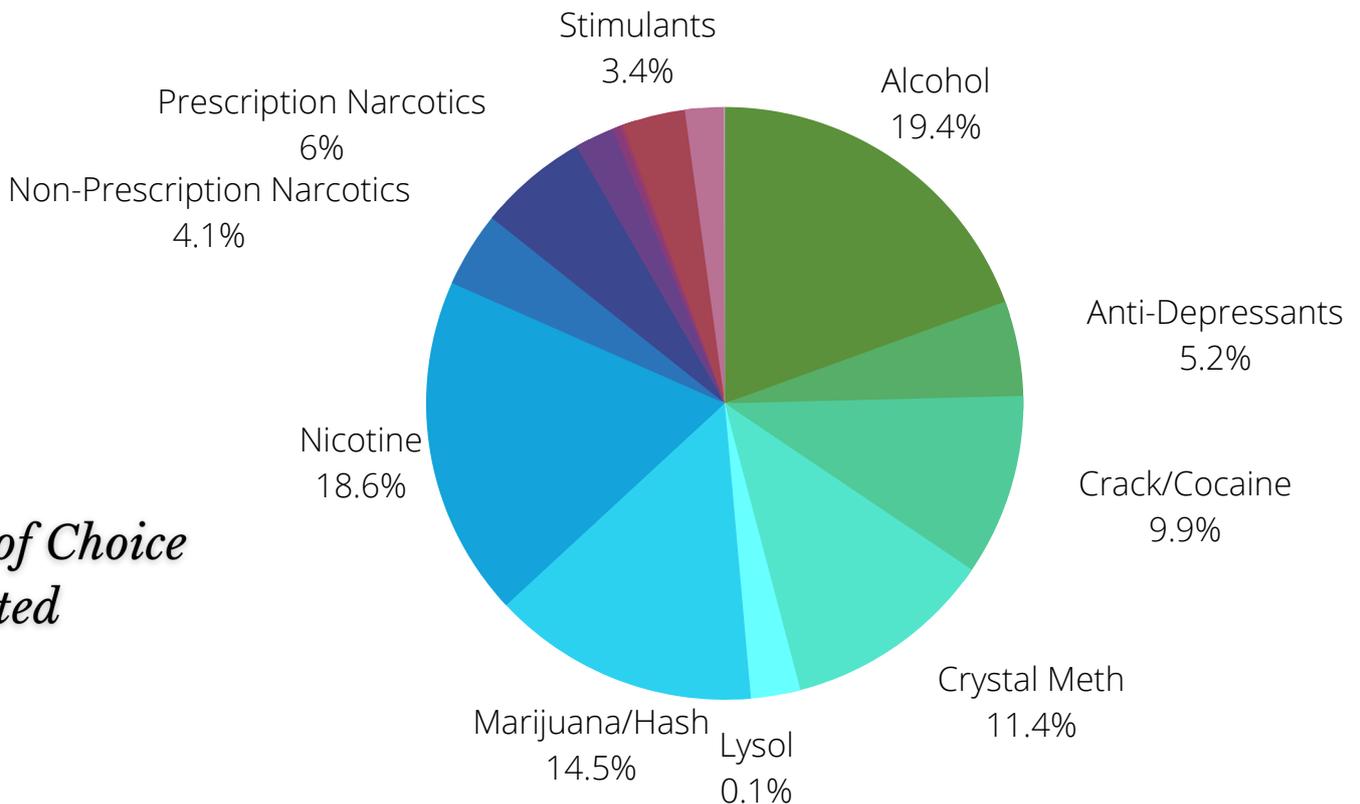
Most services were accessed through self/family-referral (**44%**), followed by legal referrals (**13%**), and outpatient ADS referrals (**12%**).

Of the substances used, alcohol (**19%**), nicotine (**19%**), and marijuana/hash (**14%**) were the most reported substances causing problems among MACSI clients. Problems related to substance use were mostly alcohol and drugs.

Reported Referral Sources



Drug of Choice Reported



*Inpatient Services***NUMBERS &
STATISTICS****107**INPATIENT SERVICES ACCESSED
FROM ALL TREATMENT CENTRES

The Inpatient services include a 28-day abstinence-based program that incorporates daily educational activities such as workshops, one-on-one counselling sessions, cultural programming, and recreational and additional activities.

During this fiscal year, **107** inpatient services were accessed from all three treatment centres. Inpatient services accessed was down from the fiscal year of 2018-2019 due to COVID-19 safety procedures and reduction in bed capacity. More females attended the Inpatient Program with **59.8%** of clients identifying as female and **40.2%** identifying as male.

*Other Services***NUMBERS & STATISTICS****223****Outpatient Services Accessed**

Outpatient services are offered at all treatment locations for all stages of recovery. In the 2020-2021 fiscal year, **223** outpatient services were accessed and these services accounted for **56%** of total client services provided from all treatment centres.

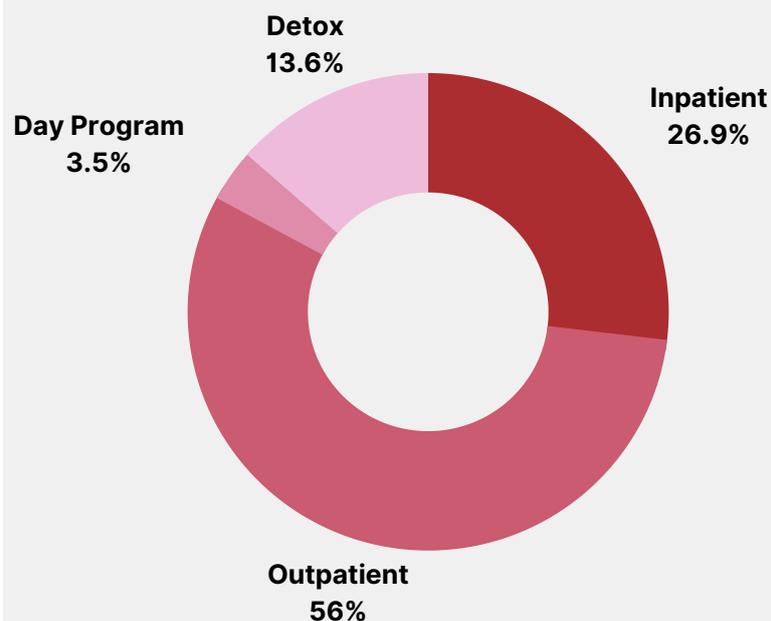
Outpatient services were the most accessed service during this fiscal year.

**54****Detox Services Accessed**

A total of 54 detox visits were reported at the Prince Albert treatment centre with the stabilization unit restricted to 50% capacity following public health protocols.

14**Day Services Accessed**

During the COVID-19 pandemic, programming available on-site was restricted, therefore, the drop-in day program offered regularly at the Saskatoon Treatment Centre, and partial services offered at the Prince Albert and Regina locations, only had **14** clients accessing this service this fiscal year.

Services Accessed from all treatment centres (2020-2021)

2020-2021

SASKATOON TREATMENT CENTRE

The MACSI Saskatoon Treatment Centre provides a 28-day Inpatient program for a maximum of 15 people, a non-abstinence Day program, and outpatient services.

A client centred approach at the Saskatoon Treatment Centre was a focus by creating access to services and a variety of programming to support their growth and recovery to provide clients a broader sense of self and abilities through a proactive approach to their own recovery. By listening to clients' ideas and reviewing their feedback, a system was put in place to identify concerns and areas of strength. Clients continued to have access with their counsellors through the Aftercare program, and the centre hosted "Lived in Experiences" where alumni of the 28-day program shared their story and recovery successes. Lifestyle Skills Education, alternative teachings, and other programming,



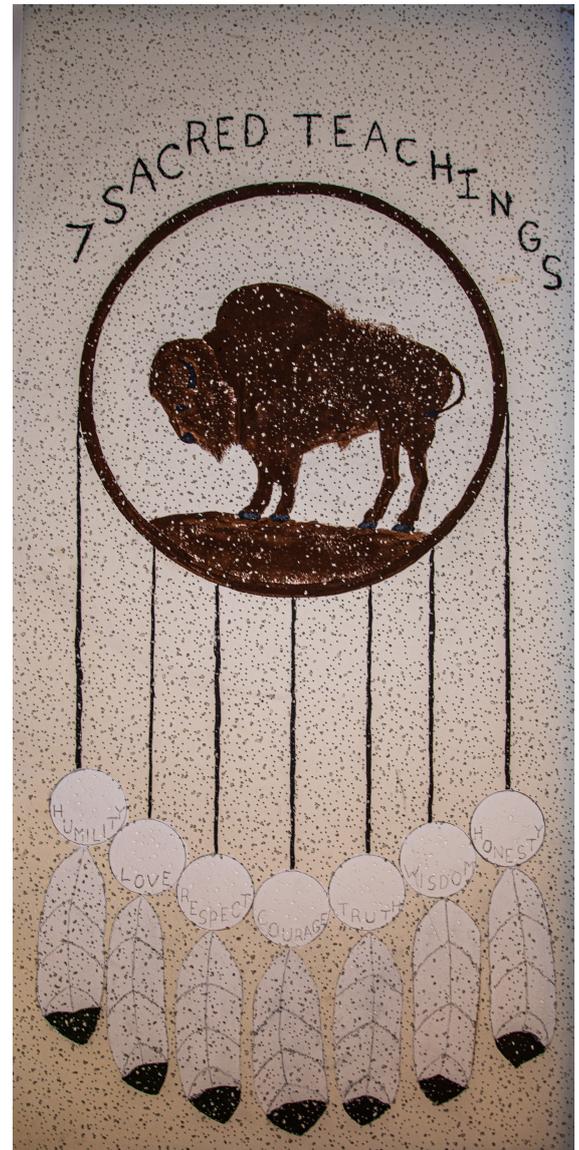
such as Ted Talks, webinars, gardening workshops, and financial literacy programs were integrated during the therapy programming.

There was considerable effort placed towards increasing staff engagement and creating an environment where staff feel valued in a supportive environment. This was achieved through initiatives that included inviting day staff to team meetings for information sharing, engaging counsellors in clinical meetings, staff professional development, and allowing staff to identify workplace stressors before it leads to burnout. Plans for potluck lunches, and staff functions with team building

components were deferred due to social distancing protocols and these will be resumed once the protocols are lifted. The staff utilized virtual meeting platforms for quick information sharing and regular staff meetings.

Service delivery improvements were made to inpatient programming to reflect fluidity in program and content. Forms have been standardized to ensure consistency of collection of information. There has been an increased access to services for clients who are challenged with transportation, financial hardships, anxiety, and physical limitations. This includes outpatient counsellors offering virtual counselling via phone and video as they continue with aftercare practices.

Cultural programming comprised of smudging and circles, elder teachings, sweats, round dances, and pow wows. Métis history and traditional teachings were made available on approved websites and relationships were strengthened with Indigenous organizations like Wanuskewin Heritage Park and White Buffalo Youth Lodge.



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2020-2021

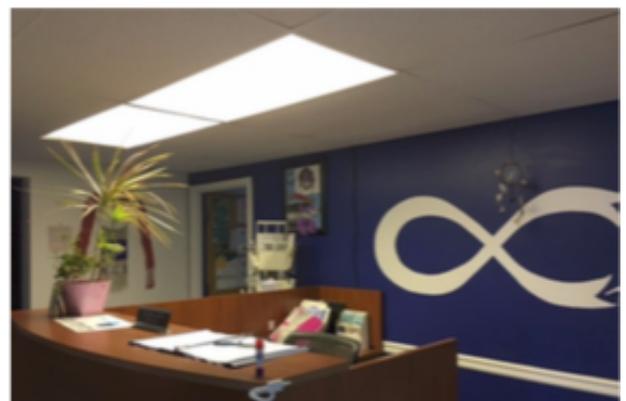
REGINA TREATMENT CENTRE

The Regina Treatment Centre offers 4 transitional beds, drop-in day program, a 28-day on-site inpatient treatment program for a maximum of 14 people, and outpatient services like outpatient counselling.

The Regina Treatment Centre placed focused attention on providing Métis specific cultural components to their programs and recruited another traditional elder to provide services to the clients. The drop-in Day program has been operating since 2019, and there has been a concerted effort at utilizing the Aftercare program with the clients.

The response to COVID-19 provided an opportunity to expand the virtual counselling for programming which is an effective tool and will continue to be used for clients within the Regina community and outside.

Métis specific cultural teachings were expanded, including beading of the Métis flower, Métis dot art, Métis jiggers, pow wow dancers, and hoop dancers. Clients were taught how to sew ribbon skirts and shirts to wear in ceremonies, and the story of the sash has been added to the cultural programming. Videos, such as hunting and trapping, have also been added to the cultural programming.





The Regina Treatment Centre has created opportunities for managers to share progress reports on the annual work plan and succession planning is underway where staff are trained so they have the opportunity to move up in the organization.

The Elders on-site are a support to clients and staff, and staff have the option of talking to the Elder on-site if needed or to find another Elder off-site.

Partnerships have been enhanced through the Regina HUB Committee, the Canadian Mental Health Association, Fort Qu'Appelle - Treaty 4, and the Dumont Technical Institute. MACSI counsellors have been reaching out to the community to build more partnerships so we can work together to provide a better recovery journey for our clients.



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2020-2021

PRINCE ALBERT TREATMENT CENTRE



The Prince Albert Treatment Centre delivered a Certified Indigenous Parenting Program recognized by the Ministry of Social Services to assist clients needing the program for children returning home. This was offered in partnership with the Ministry of Social Services. The Day program was successfully offered at the Indian Métis Friendship Centre location with many community support initiatives being offered as part of the Aftercare program.

The Inpatient program was re-designed considering best practices in quality service delivery to ensure its successful integration of virtual community resources.

The Prince Albert Centre provides direct services, including the 28-day inpatient treatment program to a maximum of 16 clients, a 6-bed Stabilization Unit, drop-in Day program, and outpatient counselling services with a client-centred approach. Client follow-up, aftercare, and client feedback systems have been implemented to evaluate the programs' effectiveness, delivery, and to ensure quality services.

The Centre provided virtual access to Elders, and utilized an application developed by the University of Saskatchewan through a pilot project aimed at rebuilding self-identity. Cultural programming was enhanced through traditional child rearing teaching, the provision of Mitchif, Cree and Dene classes, teaching women to sew ribbon skirts, Métis history and cultural teachings delivered by an Elder, and men's traditional teaching on roles and responsibilities.

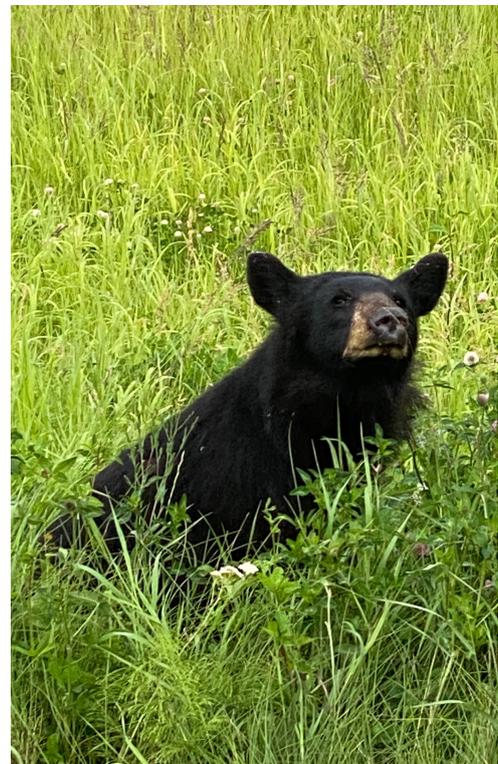
Using an innovative approach, the Aftercare program was expanded to be offered virtually through a "Healing through Home" service. The Inpatient program was expanded to a 3-month program to address the lack of long-term treatment centres, and the stabilization unit was extended up to 14-days to address the much-needed detoxification for opioid and crystal meth users.

Partnerships continue to be important and a strong partnership has been established with the Saskatchewan Health Authority Mental Health and Addictions. A partnership has also been established with the University of Saskatchewan in Prince Albert, and Saskatchewan Polytechnic to access potential professional services with an integrated collaborative approach.

To provide clients with on-site access to services, a pilot project was implemented with SHA First Nations, Métis, and Inuit Health. The Aftercare program has included a 30-day and a 6-month follow-up to determine if the client is engaging with their treatment plan and support services.

The Centre is researching community recreation resources to assist clients in managing post-acute withdrawal and healthy lifestyle choices.

A partnership has been established with PAGC Mental Health and Addictions in the area of suicide prevention and support services.



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FINANCIAL OVERVIEW



Financial Statements

Metis Addictions Council of Saskatchewan Inc.

March 31, 2021

Metis Addictions Council of Saskatchewan Inc.

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Independent Auditor's Report

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To the Members of
 Metis Addictions Council of Saskatchewan Inc.

Qualified Opinion

We have audited the financial statements of Metis Addictions Council of Saskatchewan Inc., which comprise the Statement of Financial Position as at March 31, 2021, and the Statement of Operations and Statement of 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 matter 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 Organization as at March 31, 2021, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Qualified Opinion

The predecessor auditor for the year ended March 31, 2019 was not able to obtain sufficient appropriate audit evidence for the occurrence and accuracy of disbursements other than payroll and therefore was not able to determine whether any adjustments to the results of operations, current assets and cash flows might be necessary for the year ended March 31, 2019. The predecessor auditor's opinion was modified accordingly based on the possible effects of this limitation in scope. Our opinion for the year ended March 31, 2020 and 2021 was modified accordingly because of the possible effects of this matter on the comparability of the current year's figures and the comparative information.

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 Organization 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 Matter

Our audit was conducted for the purposes of forming an opinion on the financial statements taken as a whole. Schedules 1 through 3 are presented for purposes of additional information and are not a required part of the financial statements. Such information has been subjected to the auditing procedures applied, only to the extent necessary to express an opinion, in the audit of the financial statements taken as a whole.

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 ASNPO, 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 Organization'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 Organization or to cease operations, or has no realistic alternative but to do so.

Independent Auditor's Report (continued)

Those charged with governance are responsible for overseeing the Organization'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 Organization'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 Organization'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 Organization 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.

Grant Thornton LLP

Saskatoon, Canada
August 10, 2021

Chartered Professional Accountants

Metis Addictions Council of Saskatchewan Inc. Statement of Financial Position

Year ended March 31	2021	2020
Assets		
Current		
Cash and cash equivalents (Note 3)	\$ 446,081	\$ 223,689
Goods and Services Tax recoverable	12,462	11,005
Prepaid expenses	<u>4,955</u>	<u>13,955</u>
	<u>463,498</u>	<u>248,649</u>
Tangible capital assets (Note 4)	<u>1,094,950</u>	<u>1,006,462</u>
Total assets	<u>\$ 1,558,448</u>	<u>\$ 1,255,111</u>
Liabilities		
Current		
Bank indebtedness (Note 3)	\$ -	\$ 195,050
Accounts payable and accrued liabilities	22,521	64,087
Wages and benefits payable (Note 5)	21,983	169,650
Deferred contributions (Note 6)	157,736	19,217
Surplus payable to Ministry of Health (Note 7)	569,912	341,360
Due to related party	<u>32,500</u>	<u>65,000</u>
	<u>804,652</u>	<u>854,364</u>
Deferred capital contribution (Note 8)	<u>487,941</u>	<u>454,661</u>
Total liabilities	1,292,593	1,309,025
Net Assets	<u>265,855</u>	<u>(53,914)</u>
Total liabilities and net assets	<u>\$ 1,558,448</u>	<u>\$ 1,255,111</u>

Approved on behalf of the board

Director, 

Director, 

Metis Addictions Council of Saskatchewan Inc. Statement of Operations

Year ended March 31	Budget (Unaudited)	Total 2021	Total 2020
Revenues			
Contributions - Ministry of Health	\$ 3,234,043	\$ 3,012,810	\$ 3,200,647
Contributions - other	-	307,312	164,390
Deferred capital contributions recognized	-	74,720	58,520
Investment income	-	328	1,708
	<u>3,234,043</u>	<u>3,395,170</u>	<u>3,425,265</u>
Expenses			
Salaries and related benefits	2,490,272	2,278,903	2,809,477
Expenditures related to other contributions	-	197,418	345
Amortization	-	125,518	91,302
Utilities	70,000	62,859	74,392
Repairs and maintenance	58,500	52,344	61,172
Rent	47,500	51,749	47,533
Supplies - food	126,500	50,932	130,561
Professional and legal fees	38,000	50,451	95,720
Office/ technology supplies and maintenance	44,000	50,423	46,074
Telephone	36,000	35,064	36,098
Supplies - housekeeping	26,300	23,136	42,106
Building insurance	23,000	21,811	20,767
Supplies - medical	30,000	21,144	3,669
Travel and accommodation	18,000	12,999	27,496
Staff recruiting and education	14,500	10,192	10,661
Supplies - programming	17,000	6,296	105,887
Automotive	7,500	5,791	9,334
Automobile insurance	5,050	4,963	4,851
Interest and bank charges	9,000	4,613	9,847
Hotel	-	2,775	2,326
Travel and accommodation	3,000	2,375	4,222
Advertising and promotion	5,000	1,640	14,231
Training	5,000	1,214	-
Honorarium	16,000	576	3,182
Property taxes	250	215	218
Sustenance	-	-	308
Meetings	2,000	-	3,593
	<u>3,092,372</u>	<u>3,075,401</u>	<u>3,655,372</u>
Excess (deficiency) of revenues over expenses	141,671	319,769	(230,107)
Balance, beginning of year	<u>(53,914)</u>	<u>(53,914)</u>	<u>176,193</u>
Balance, end of year	<u>\$ 87,757</u>	<u>\$ 265,855</u>	<u>\$ (53,914)</u>

Metis Addictions Council of Saskatchewan Inc.

Statement of Cash Flows

Year ended March 31	2021	2020
Operating		
Excess (deficiency) of revenues over expenses	\$ 319,769	\$ (230,107)
Adjustments for		
Amortization	125,518	91,302
Deferred capital contributions recognized	<u>(74,720)</u>	<u>(58,520)</u>
	<u>370,567</u>	<u>(197,325)</u>
Change in non-cash working capital items		
GST payable/receivable	(1,457)	1,982
Due to/from related parties	(32,500)	65,000
Prepaid expenses	9,000	(9,000)
Accounts payable and accrued liabilities	(41,563)	45,788
Wages and benefits payable	(147,667)	(71,982)
Deferred revenue	138,517	4,324
Surplus payable to Ministry of Health	228,552	161,173
Unspent capital grant payable to Ministry of Health	<u>-</u>	<u>(161,173)</u>
	<u>523,449</u>	<u>(161,213)</u>
Investing		
Purchase of tangible capital assets	(214,007)	(79,325)
Financing		
Restricted contributions received for tangible capital assets	108,000	13,395
Increase (decrease) in cash	417,442	(227,143)
Cash		
Cash, beginning of year	<u>28,639</u>	<u>255,782</u>
Cash, end of year	<u>\$ 446,081</u>	<u>\$ 28,639</u>
Cash consists of:		
Cash	\$ 446,081	\$ 223,689
Bank indebtedness	<u>-</u>	<u>(195,050)</u>
Cash, end of year	<u>\$ 446,081</u>	<u>\$ 28,639</u>

Metis Addictions Council of Saskatchewan Inc.

Notes to the Financial Statements

Year ended March 31, 2021

1. Nature of operations

Metis Addictions Council of Saskatchewan Inc. (the "Organization") was established in November 1969 as an organization called the Native Alcoholism Council ("NAC"), which was mandated to provide rehabilitation, education, and prevention services to all Aboriginal people seeking help for drug and alcohol abuse. NAC was incorporated under the authority of The Non-Profit Act of Saskatchewan on March 8, 1983, as the Saskatchewan Native Addictions Council Corporation ("SNACC"), and changed its corporate name in 1992 to the Metis Addictions Council of Saskatchewan Inc.

The Organization is a Registered Charity and as such is exempt from payment of income tax under Section 149(1) of the Income Tax Act.

2. Significant accounting policies

These financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations. The significant policies are detailed as follows:

Revenue recognition

The Organization 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.

Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Unrestricted investment income is recognized as revenue when earned.

Externally restricted contributions for the purchase of tangible capital assets that will be amortized are recorded as deferred capital contributions and recognized as revenue on the same basis as the amortization expense related to the acquired tangible capital assets. Externally restricted contributions for the purchase of tangible capital assets that will not be amortized are recognized as direct increases in net assets.

Pension

Employees of the Organization participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is a multi-employer defined benefit plan, providing lifetime retirement income to its members. The Organization accounts for the plan as a defined contribution plan as sufficient information is not available to use defined benefit plan accounting. The total amount expensed in the current year was \$124,642 (2020 - \$165,248).

The financial Position of the plan for December 31, 2020 is as follows:

Plan assets	\$8,943,196,000 (2019 - \$8,085,425,000)
Plan liabilities	\$7,924,980,000 (2019 - \$7,346,857,000)
Plan surplus	\$1,018,216,000 (2019 - \$738,568,000)

Metis Addictions Council of Saskatchewan Inc.

Notes to the Financial Statements

Year ended March 31, 2021

2. Significant accounting policies, continued

Financial instruments

The Organization considers any contract creating a financial asset, liability or equity instrument as a financial instrument, except in certain limited circumstances.

Initial measurement

The Organization's financial instruments are measured at fair value when issued or acquired. For financial instruments subsequently measured at cost or amortized cost, fair value is adjusted by the amount of the related financing fees and transactions costs, if applicable.

Subsequent measurement

At each reporting date, the Organization measures its financial assets and liabilities at cost or amortized cost (less impairment in the case of financial assets). The financial instruments measured at amortized cost are cash, accounts receivable, accounts payable and accrued liabilities, wages and benefits payable.

For financial assets measured at cost or amortized cost, the Organization regularly assesses whether there are any indicators of impairment. If there is an indication of impairment, and the Organization determines that there is a significant adverse change in the expected timing or amount of future cash flows from the financial asset, it recognizes an impairment loss in the statement of operations. Any reversals of previously recognized impairment losses are recognized in operations in the year the reversal occurs.

Cash and cash equivalents

Cash and cash equivalents include cash and short-term investments with maturities of three months or less from their date of acquisition, which are readily convertible into a known amount of cash, and are subject to an insignificant risk to changes in their fair value.

Tangible capital assets

Tangible capital assets are recorded at cost. The Organization provides for amortization using the straight-line method at rates designed to amortize the cost of the tangible capital assets over their estimated useful lives. The annual amortization rates are as follows:

Land	Non-amortizable	
Buildings	Straight-line	25 years
Computer equipment	Straight-line	3 years
Equipment	Straight-line	10 years
Parking lot	Straight-line	10 years
Vehicles	Straight-line	5 years
Leasehold improvements	Straight-line	Term of the lease

Metis Addictions Council of Saskatchewan Inc.

Notes to the Financial Statements

Year ended March 31, 2021

2. Significant accounting policies, continued

Impairment of tangible capital assets

The Organization tests tangible capital assets, or groups of tangible capital assets, for impairment whenever events or changes in circumstances indicate that their carrying amounts may not be recoverable. An impairment loss is recognized when the carrying amount of the tangible capital asset or group of tangible capital assets exceeds the asset's fair value or replacement cost.

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 disclosures of contingent liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reported period. Actual results could differ from those estimates.

Examples of significant estimates include:

- Providing for amortization of tangible capital assets;
- The estimated useful lives of assets;
- The recoverability of tangible assets.

3. Cash and cash equivalents

	2021	2020
Royal Bank of Canada - CORE savings	\$ 481,817	\$ 262,970
Royal Bank of Canada - Expense accounts	2,641	3,950
Cash on hand	638	860
Royal bank of Canada - CORE operating	(39,015)	(44,091)
	\$ 446,081	\$ 223,689

The Organization has access to a credit line with the Royal bank of Canada with a maximum of \$100,000, bearing interest at prime plus 2.70%. The prime rate as at March 31, 2021 was 2.450% (2020 - 2.45%). The credit line is secured by a general security agreement constituting a first ranking security interest in all property and subject to certain financial reporting covenants. As at March 31, 2021 no amounts were drawn (2020 - \$195,050).

4. Tangible capital assets

	Cost	Accumulated Amortization	2021 Net Book Value	2020 Net Book Value
Land	\$ 12,103	\$ -	\$ 12,103	\$ 12,103
Buildings	1,789,158	1,024,498	764,660	818,263
Equipment	614,957	468,465	146,492	140,894
Vehicles	155,497	140,509	14,988	22,808

Metis Addictions Council of Saskatchewan Inc.

Notes to the Financial Statements

Year ended March 31, 2021

4. Tangible capital assets, continued

	Cost	Accumulated Amortization	2021 Net Book Value	2020 Net Book Value
Leasehold improvements	51,618	49,610	2,008	2,696
Computer equipment	252,395	97,696	154,699	9,698
Parking lot	3,565	3,565	-	-
	<u>\$ 2,879,293</u>	<u>\$ 1,784,343</u>	<u>\$ 1,094,950</u>	<u>\$ 1,006,462</u>

5. Wages and benefits payable

	2021	2020
Vacation payable	\$ 5,862	\$ 85,544
Wages payable	16,981	60,457
Benefits payable	(6,960)	9,780
Source deductions payable	6,100	13,869
	<u>\$ 21,983</u>	<u>\$ 169,650</u>

6. Deferred contributions

	2021	2020
Balance, beginning of year	\$ 19,217	\$ 14,893
Contributions received	510,579	166,098
Current year expenditures	(264,060)	(161,774)
Transfer to capital contributions	(108,000)	-
	<u>\$ 157,736</u>	<u>\$ 19,217</u>

7. Surplus payable to Ministry of Health

	2021	2020
Balance, beginning of year	\$ 341,361	\$ 180,187
Contributions received	3,241,362	3,200,647
Current year expenditures	(2,796,679)	(3,200,647)
Recovery of prior year deficit	(216,132)	-
Unspent capital grant payable to Ministry of Health	-	161,173
	<u>\$ 569,912</u>	<u>\$ 341,360</u>

Metis Addictions Council of Saskatchewan Inc.

Notes to the Financial Statements

Year ended March 31, 2021

8. Deferred capital contribution

Deferred capital contributions consist of the contributions received for the purchase of tangible capital assets. Recognition of these amounts as revenue is deferred to periods when the related tangible capital assets are amortized. Changes in deferred capital contributions are as follows:

	<u>2021</u>	<u>2020</u>
Balance, beginning of year	\$ 454,661	\$ 660,959
Funding received for capital purposes	108,000	13,395
Unspent capital grant payable to Ministry of Health	-	(161,173)
Less: amounts recognized during the year	<u>(74,720)</u>	<u>(58,520)</u>
Balance, end of year	<u>33,280</u>	<u>(206,298)</u>
	<u>\$ 487,941</u>	<u>\$ 454,661</u>

9. Commitments

The Organization has entered into various lease agreements for office space expiring in 2022 and equipment expiring in 2021 through 2022, with estimated minimum annual payments as follows:

2022	\$ 58,851
2023	<u>7,792</u>
	<u>\$ 66,643</u>

10. Financial instruments

The following sections describe the Organization's financial risk management objectives and policies and the Organization's financial risk exposures. It is management's opinion that the Organization is not exposed to significant interest, currency, credit or other price risks from these financial instruments unless otherwise disclosed.

(a) Liquidity risk

Liquidity risk is the risk that the Organization will encounter difficulty in meeting obligations associated with financial liabilities. The Organization's exposure to liquidity risk is dependent on the continued provision of funding from the Ministry of Health, purchasing commitments and obligations, and raising funds to meet commitments and sustain operations.

Metis Addictions Council of Saskatchewan Inc.

Notes to the Financial Statements

Year ended March 31, 2021

11. Economic dependence

The Organization receives the majority of its revenue through a funding agreement from Saskatchewan Ministry of Health. The grant funding can be cancelled if the Organization does not observe certain established guidelines. The Organization's ability to continue viable operations is dependent upon the Organization conducting operations within the parameters established by the annual service agreement. As at the date of these financial statements, the Organization believes that it is in compliance with the annual service agreement.

12. Contingent liabilities

The Organization has been named as the defendant in two separate claims for damages from former employees. At this point in time, the possible outcome or any settlements are not determinable. No provisions have been made in the financial statements for these claims.

13. Impacts of COVID-19

The outbreak of a novel strain of coronavirus ("COVID-19") was declared a global pandemic by the World Health Organization in March 2020. COVID-19 has severely impacted many economies around the globe. In many countries, including Canada, businesses were forced to cease or limit operations for long periods of time. Measures taken to contain the spread of the virus, including travel bans, quarantines, social distancing, and closures of non-essential services have triggered significant disruptions to businesses worldwide, resulting in an economic slowdown. Global stock markets have also experienced great volatility and a significant weakening. Governments and central banks have responded with monetary and fiscal interventions to stabilize economic conditions.

The Organization has remained fully operational but with added restrictions on the number of individuals in the office and other community support events.

14. Comparative figures

Comparative figures have been adjusted to conform to changes in the current year presentation.

Metis Addictions Council of Saskatchewan Inc.
Schedule 1 - Schedule of Core Services

March 31, 2021

Year ended March 31

2021

2020

Contributions

Ministry of Health

<u>\$</u>	<u>588,368</u>	<u>\$</u>	<u>730,235</u>
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Expenses

Amortization in excess of capital contributions	16,847	3,331
Advertising and promotion	1,640	12,135
Automobile insurance	1,468	2,004
Automotive	-	1,971
Building insurance	5,236	4,007
Interest and bank charges	4,488	9,567
Office and technology supplies and maintenance	39,246	24,109
Professional and legal fees	50,451	94,655
Rent	51,749	47,533
Repairs and maintenance	11,155	8,915
Salaries and related benefits	357,247	500,194
Staff recruiting and education	1,995	3,835
Supplies - food	642	308
Supplies - housekeeping	2,512	5,347
Supplies - medical	20,172	49
Supplies - programming	1,423	72,618
Telephone	12,882	7,147
Travel and accommodation	4,144	9,719
Utilities	5,071	8,168

<u>\$</u>	<u>588,368</u>	<u>\$</u>	<u>815,612</u>
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Excess (deficiency) of revenues over expenses

<u>\$</u>	<u>-</u>	<u>\$</u>	<u>(85,377)</u>
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Contributions from the Ministry of Health received during the year ending March 31, 2021 were \$757,594, of which \$169,226 have been deferred to subsequent periods.

Metis Addictions Council of Saskatchewan Inc.
Schedule 2 - Schedule of Addiction Services

March 31, 2021

Year ended March 31

2021

2020

Contributions

Ministry of Health

\$ 2,424,443\$ 2,470,413**Expenses**

Amortization in excess of capital contributions

33,951

29,452

Advertising and promotion

-

2,096

Automobile insurance

3,495

2,847

Automotive

5,791

7,362

Building insurance

16,575

16,760

Interest and bank charges

125

282

Office and technology supplies and maintenance

11,177

21,964

Professional and legal fees

-

1,065

Property taxes

215

218

Repairs and maintenance

41,189

52,257

Salaries and related benefits

1,921,656

2,309,283

Staff recruiting and education

8,197

6,826

Supplies - food

50,290

130,253

Supplies - housekeeping

20,624

36,759

Supplies - medical

972

3,620

Supplies - programming

4,873

33,269

Telephone

22,182

28,951

Travel and accommodation

8,855

17,778

Utilities

57,788

66,224

Total expenses

\$ 2,207,955\$ 2,767,266

Excess (deficiency) of revenues over expenses

\$ 216,488\$ (296,853)

Contributions from the Ministry of Health received during the year ending March 31, 2021 were \$2,483,769, of which \$59,326 have been deferred to subsequent periods.

Metis Addictions Council of Saskatchewan Inc.
Schedule 3 - Schedule of Board Expenses

March 31, 2021

Year ended March 31

2021

2020

Expenses

Honorarium	\$	220	\$	3,182
Hotel		2,775		2,326
Meetings		-		3,593
Sustenance		-		308
Training		1,214		-
Travel and accommodation		2,375		4,222
		<u>2,375</u>		<u>4,222</u>
	\$	6,584	\$	13,631

A Special Thanks to Our MACSI Team!

Core Administration

Raymond Laliberte, *Executive Director*

Kapil Luha, *Director of Finance*

Kim Laliberte, *Director of Human Resources*

Poonam Chauhan, *Payroll Administrator*

Communication & Engagement Coordinator

Program & Training Coordinator

Office Administration

Treatment Centre Managers

Lana Blondeau, *Regional Manager, Regina Centre*

Veronica Barnhardt, *Assistant Regional Manager, Regina Centre*

Angela Impey, *Regional Manager, Prince Albert Centre*

Karen Menard, *Assistant Regional Manager, Prince Albert Centre*

Emily Bear, *Regional Manager, Saskatoon Centre*



“Continuing the Healing Journey Together”

www.macsi.ca



Annual Report 2020-2021



"Continuing the Healing Journey Together"

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