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Message from Board President and Executive Director

Our 2020–21 focus was to foster staff wellness. We believe good psychological health of our care providers will lead to successful support of our clientele.

However, our wellness plans were altered by the pandemic and employee wellness suddenly shifted from psychological wellness to immediate physical well-being. For the first time, we were confronted with implementing practices that balanced continuing client services with safe practices during a pandemic.

In 2020–21, COVID-19 surges and the accompanying community restrictions had a negative impact on the general public’s mental health, and certainly affected our staff and service users. Isolation coupled with public health recommendations and the perpetual unknown has altered our agency’s strategic directions.

Under our contract with funders, we have annual face-to-face support targets to meet, which is a best practice for community mental health programs. Face-to-face supports were postponed numerous times due to the pandemic. Although we all demonstrated resilience and flexibility, significant process considerations will be required to return to any kind of normal operations.

ONGOING SERVICES

Despite pandemic challenges, the agency achieved some positive milestones. Comprehensive protocols for working in a pandemic were developed by the management team and as a result, staff returned to front-line work in early June 2020. Teams continued to deliver outstanding support services via virtual and in-person support. Every target and deliverable, excluding group support, was met or exceeded.

In October 2020, we celebrated the grand opening of the Brant Safe Bed Program. Accolades go to Maureen Acuna-Harrison for staying vigilant as our safe bed lead and staying in constant communication with contractors to get the work completed.

STRATEGIC PLAN 2019–23

Our strategic plan was approved at the annual general meeting on June 20, 2019. Despite the pandemic, strategic direction number one about system leadership has continued primarily because of the ongoing guidance of Daniel Sirivar. There is much work to do, but progress is being made toward improving care pathways for mental health and addictions supports in Brantford and Brant County. Great work was also started regarding reducing waiting lists for case management services across all three counties. For example, some drop-in services and realignment of long-term caseloads resulted in more fluidity within programs and demonstrated positive results. And our involvement on three local Ontario Health Teams is helping to advance an improved health care system for identified populations who need services on a more urgent basis.

QUALITY IMPROVEMENT PLAN

Our 2020–21 quality improvement plan was sidelined by the pandemic. However, progress was made toward meeting some of the projects planned. An updated plan for 2021–22 has been approved by the board and is now being executed.

ONTARIO HEALTH TEAMS

The advancement of the OHTs was temporarily stalled when the pandemic first surfaced, but progress resumed when the first wave subsided. Brant OHT was granted full status and has moved to the next stages of development. The Norfolk and Haldimand OHTs were both informed that their service areas are too small to be stand-alone teams and both are making progress to align with larger OHTs. Our agency remains actively involved in all three OHTs.
BOARD OF DIRECTORS’ SUPPORT

The agency is exceptionally pleased to have a group of volunteers who stayed involved with the organization’s governance body through this unique year. The board members displayed considerable flexibility and resilience and functioned effectively in a new virtual environment during a time of great uncertainty. The agency is fortunate to have them as board members.

In closing, we express our heart-felt appreciation to our various stakeholders; CMHA Ontario; our employees; the board of directors and committee members; tenants and clients; volunteers; placement students; caregivers; donors; and community partners. Thank you for being involved with CMHA BHN as we work together to improve the lives of those living with mental health issues.

Mark Solomon
Board President, Brant Haldimand Norfolk

Michael Benin
Executive Director, Brant Haldimand Norfolk

Board of directors

Board President / Mark Solomon
Vice President / Livio Gallone
Secretary / Franciss Dykstra
Treasurer / Eric Harrop

Board Members /
Katheleen Ellis
Julie Irvin
Kevin McGilly
Michael Benin, Ex-Officio

CMHA Brant Haldimand Norfolk annual report 2020-2021
## Strategic Plan Report 2020-2021

<table>
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<tr>
<th>STRATEGIC DIRECTION</th>
<th>PRIORITY</th>
<th>PROGRESS UPDATE</th>
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<tbody>
<tr>
<td>PROVIDE COMMUNITY MENTAL HEALTH LEADERSHIP THROUGH CHANGING TIMES</td>
<td>Year 1 March 2020 to March 31, 2021</td>
<td>System Manager, Daniel Sirivar, is leading this priority with our community partners. Michael Benin is the executive lead for the mental health and addiction working group of the Brantford/Brant OHT. John Ranger, and other managers are representing the agency on various community planning tables. Work plans are developed for Brant and in process for HN.</td>
<td>For Brant: The 6 month and 12 month targets for service alignment include: Task 1: Identified a cohort of the Top 10 Frequent Users for MH&amp;A and baseline targets/key metrics to evaluate progress. Completed a deep dive analysis identifying service and system gaps. Task 2: Identified pathway needs associated with new and existing programs (Safe Beds, RAAM, WMTS) that serve to reduce ED revisits and avoidable hospital admissions. Task 3: Established criteria related to priority programs and in-person visits. Discussion related to assessment centre MH&amp;A support needs. Confirm sector need for mobile response and rapid result COVID-19 testing (congregate settings). A work plan to meet this target is developed. For HN – A work plan is started of the top priorities with MH&amp;A. NOTE – Both regions have focused attention on collaborative COVID response.</td>
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| FOSTER STAFF WELLNESS | Year 1 – 2 April 2020 to present | Comprehensive COVID 19 protocols, a Return-to-Work POST COVID policy and a Virtual Care Policy and Procedures were developed and shared/reviewed with all staff. Staff wellness and their personal health and safety remains a major priority and a decision making factor within those many procedures. All COVID related policies have been Board approved. | An outbreak procedure was approved for both the Crisis Stabilization Bed Program and the Brant Safe Bed Program with the goal of maintaining the health and safety for all stakeholders. Regular updates are provided as pandemic procedures are updated. A few virtual fun activities were implemented and a assembling of stakeholders to celebrate success post-pandemic is being planned. The JOH&S Committee maintained their duties and responsibilities including monitoring employee psychological health and safety. All reports are on file. |
## STRATEGIC DIRECTION: STRENGTHEN ORGANIZATIONAL EXCELLENCE

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<tr>
<th>PRIORITY</th>
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<tr>
<td>Year 1 – 2</td>
<td>Accreditation Canada has altered their survey and assessment processes to include the impact of COVID. The agency has committed to maintaining our accreditation status. The strategic plan is being reviewed again by the staff teams, management team, and the Board. The Quality Improvement Plan was Board approved.</td>
<td>Our accreditation on-site survey has been scheduled for October 12-15, 2021. We are preparing for the site survey now and over the summer of 2021. The strategic plan will involve two focused work plans with fixed priorities. These work plans will come to the Board for approval. A Strategic Plan Committee is being recommended for development at the June 2021 Board Meeting. A balanced scorecard is also in development.</td>
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## STRATEGIC DIRECTION: ADVANCE THE SERVICE DELIVERY SYSTEM

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<tr>
<td>Year 3</td>
<td>The Ontario Health Teams (OHTs) have this strategic mandate as their main objective. CMHA BHN is an active member on all three OHTs.</td>
<td>Operating as a functional OHT is a long process. The plan is to break apart the measurable components of OHT development into quarterly timelines with measurable targets. Senior management and governors are involved in the development of all three OHTs.</td>
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<tr>
<td>April 2022 to present</td>
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STRATEGIC DIRECTIONS Board Approved November 28, 2019
For the June 10th Board of Director’s Meeting — CMHA BHN Branch, MB
Brant Safe Beds Program

The Brant Safe Bed (BSB) program provides a short stay residential program for people with mental health issues. Those who can be safely diverted from the criminal justice system and/or hospital emergency rooms are provided supports for up to 14 days. The program accommodates six guests in a fully renovated historic building.

The first half of 2020 was spent on construction and doing background preparations such as ordering supplies and preparing program guidelines. Through the summer, eight fulltime and four relief staff were hired and, with existing staff, completed two weeks of training and team building. Our Safe Bed team is comprised of a manager, a team lead, mental health workers, case managers, a peer support worker (seconded from HOPE) and a concurrent disorders worker (seconded from St. Leonard’s Community Services).

BSB opened in October 2020. We celebrated the official grand opening and ribbon cutting wearing masks and social distancing. We welcomed our first guest on October 19, 2021. Since then, we have welcomed 36 guests who have stayed for a total of nearly 350 days.

Our guests have presented with many challenges, including mental health issues, homelessness, addictions, involvement in the justice system, lack of income, impacts of trauma, domestic violence, and medical issues. The team works diligently to address these issues while in the program and establish connections (both internal and external) which help them once they leave the program.

With appropriate measures in place, we have ensured the safety of guests and staff. We faced some challenges during the first six months of operation. These included missing appliances, informing the community of our referral process, figuring out communication pathways, and learning how to operationalize a Harm Reduction model of service. All this during a pandemic. However, with the commitment of the community and team, we have found workable solutions. Our partnerships with police, HOPE, Grand River Community Health Centre, St. Leonard’s, RAAM, Brant Community Healthcare System, City of Brantford, and Brantford Commons Pharmacy have made this program possible. We look forward to welcoming many more guests in the coming years and feel well positioned to provide this support.
Mental Health Court Services

CMHA BHN Court Services provide court support for persons with self-identified or diagnosed mental illness in conflict with the law. Regardless if clients have active criminal court matters, are having matters diverted through our Mental Health Diversion Program, are on probation, or being released from custody, Court Services case managers are available to help individuals and their families navigate the system and access supports and services. Support may include links to a family physician, psychiatrist, counselling, housing and financial options, or help with obtaining identification and health cards. The goal is for improved mental health and avoidance of future involvement with the criminal justice system.

During COVID-19 and because of the Ontario Court of Justice’s response to COVID-19, Mental Health Court Services experienced significant interruptions and challenges for service provision. Our inability to connect with clients, and attend in person at the Brantford, Cayuga and Simcoe court houses highlighted the importance of regular and in-person touch points with clients who are without phones or stable addresses.

AFFILIATED COMMITTEE – HUMAN SERVICES AND JUSTICE COORDINATING COMMITTEE

Human Services and Justice Coordinating Committees (HSJCCs) are a coordinated membership of local service providers who are tasked to find solutions to the problem of the criminalization of people with defined unique needs at varying intersections with the justice system. There are two local committees: Brant local HSJCC and Haldimand Norfolk local HSJCC. Local HSJCCs meet on a quarterly basis to discuss issues specific to the area including dedicating a portion of the budget to direct support for clients in need of emergency food, clothing, transportation or other identified needs.

Our two local HSJCCs both received additional funds at the end of the fiscal year and the money was used to directly benefit clients. Devices and phone cards were purchased to ease the technology barrier for clients needing to call or Zoom into court appearances. Gift cards were purchased to lighten the burden of increased grocery costs and assist with other personal items identified as needs by clients who were released from custody or experiencing a specific situational need.
Community Support Services

Despite pandemic restrictions, Community Support had a busy year. Staff were not able to visit clients face-to-face for most of the year, but still had nearly 18,000 contacts with over 1,350 clients. Active clients in the service totaled 876. With lockdowns and stay-at-home orders, staff were primarily working from home and supporting clients virtually. This new method of service delivery required an adjustment from both staff and client. Many usual coping strategies (such as attending groups and programming or going out to visit family and friends) were not available and everyone had to be very creative to maintain peoples’ wellness. Our usual “goal focused” work shifted, as many clients’ stated goals were not possible due to the restrictions. Staff provided a crucial safety net to isolated clients and wherever possible, continued to work on coping strategies and achievable goals or planning for work to be done when restrictions lessen.

HIGHLIGHTS

- **Justice Housing Case Management** – four new staff (two full time and two part time) were hired to work with clients who have contact with the criminal justice system and have housing issues
- **Waitlist** – the waitlist was essentially eliminated across all sites during the first lockdown as all clients were offered “virtual” support. Although it has increased slightly, most clients wait 6-10 weeks rather than 10 months for service
- **Rapid Access to Addiction Medicine (RAAM)** – the RAAM outreach support team offers services to all three clinics throughout the pandemic, using a combination of virtual and face to face supports
- **Quality Improvement** – the team met with a focus on assisting clients move toward discharge. A ‘congratulations card’ using artwork from our RACE program was developed to celebrate the success of moving out of Community Support
- **DBT Program** – CMHA continues to partner with Community Addiction and Mental Health Services of Haldimand and Norfolk to deliver a formal and comprehensive Dialectical Behaviour Therapy program to the Haldimand-Norfolk community. The support team developed a virtual method for delivering services that historically have only been face-to-face – and the subsequent success has recharged and rejuvenated the staff and participants
Housing Program

Our housing programs provide quality, safe and affordable housing thanks to our funding programs, working with private landlords and housing partners. This approach helps individuals live as independently as possible and to flourish in the community of their choice.

BRANT HOUSING

91 INDIVIDUAL RENTAL UNITS

Area of greatest need: ONE-BEDROOM RENTALS

Average rent has increased from $900/MONTH TO $1,200/MONTH

HALDIMAND NORFOLK HOUSING

88 HOUSING UNITS provided

101 TENANTS supported

31 APPLICANTS on the waitlist

131 HOUSING REPAIRS completed

Crisis Stabilization Bed Program

Due to the Covid-19 pandemic, some service restrictions occurred at the Crisis Stabilization Bed during the past year.

A total of 119 INDIVIDUALS were admitted, including 68 NEW GUESTS and 51 REPEAT USERS

647 DAYS OF SERVICE provided

40 REFERRALS made for individuals to other community services

30 PEOPLE assisted to find shelter
Alternatives Activity Centre

Alternatives Social Recreation program provides a range of social and recreational activities. Daily programming promotes recovery and empowerment for individuals participating in the planning and delivery of activities. This past year has certainly brought changes to the program. Firstly, we sadly had the retirement of our long-standing staff member Brent Goonough who had been an integral part of the Alternatives program for the past 30 years. Brent brought his passion and desire for helping people and seeing them grow as individuals. He was well liked by all our members and staff and certainly left a positive legacy in the Alternatives program. We welcomed Natalie Maxwell who took over Brent’s position.

The other change was of course COVID-19 and how the program adapted from a drop-in face-to-face support centre to working virtually and creatively with members by offering online groups to cope with isolation, virtual tours of Toronto Zoo; focus groups; relaxation groups and many more. These activities were combined together with daily to weekly supportive phone calls.

Family Support

This year, due to the pandemic, referrals to the family support program increased considerably. With a total of 511 interactions throughout the fiscal year from families seeking assistance and information, decisions were made to restart the family support groups which had been suspended due to COVID.

Both the Families Caring, Families Sharing support group and the Survivors of Suicide Loss Bereavement Support group recommenced virtually in September 2020. The response to our virtual support groups was overwhelming, with attendance doubling in size from family members desperate for information.

The Families Caring, Families Sharing program and the Survivors of Suicide Loss Bereavement Support group provided a total of 1,050 session hours throughout the 20-21 fiscal year.
**Counselling Program**

CMHA BHN Counselling Program fosters six virtual groups in partnership with Grand River Community Health Centre. Topics include sessions on interpersonal effectiveness, mindfulness, and how to cope with anxiety. Groups are offered in Brant, Haldimand, and Norfolk Counties. In addition, the program engages individuals in-person and virtual counselling and supports community members struggling with anxiety, depression, personality disorders and more. Modalities such as Cognitive Behaviour Therapy, Dialectical Behaviour Therapy and Acceptance and Commitment Therapy are used in group and individual formats. The program extended its services to guests at the Crisis Stabilization Bed Program and single mothers completing their high school diploma in conjunction with Brant Skills Centre.

Individual counselling included serving 94 people with 74 face-to-face visits and 711 without face-to-face contact. Groups totaled 166 participants with 53 face-to-face visits and 229 without face-to-face contact.

**Sustainable Employment Initiative**

The Sustainable Employment Initiative (SEI) program is still going strong even through the pandemic. The governing body has switched to The FedCap Group but the service to clients remains the same. Targets are still being met and have surpassed of the number of people served and finding employment.

Clients are served over the phone, via email or zoom or whichever way they choose to find paid employment. Times are challenging during lockdown but people are still finding work and feeling the benefits from a worker helping them.

Help with employment is offered with resume writing/revisions, cover letters, interview skills, effective job search coaching and emotional support when dealing with unemployment and the changes that come to a person once they start a job.
Peer Support (Seconded by H.O.P.E.)

Peer support workers seconded by H.O.P.E. continue to provide invaluable assistance to case managers. Their knowledge and lived experience lend an important perspective in client care. They help to strengthen coping skills for anxiety and depression, as well as provide other essential support in client recovery.

As with every other program, COVID-19 affected face-to-face contacts and work has been done through phone calls and virtual meetings.

Client Christmas Party 2020

We weren’t going to let the pandemic get in the way of our client Christmas party this year. The show went on under the leadership of Sheila Robertson and the creative party planning committee, adhering to physical distancing and all COVID-19 protocols. Our clients and their children were thrilled and even Santa made an appearance.

Much thanks to Paul & Margot Williamson for purchasing the Smile Tiles to give to the children; CHUM FM, Craig Peters, Ron Wreaks, Everall Landscaping, Ryan Luehmann.

Special thanks to Sheila and all the CMHA staff helper elves. Many hands made light work, and they did a great job!
The Works for Me (WFM) program like all the other programs at CMHA BHN has had to learn to adapt to the new reality. At first, there was a lot of mental health maintenance talking about goals for when things return to normal. However, clients have been so resilient and good at finding the positive in the present situation that they have found ways to move forward. School has been a major trend for WFM clients with over 15 people doing some kind of online education. Incredibly six people found jobs. Unfortunately, the biggest loser was in volunteer activity. Only one of the WFM clients is currently formally volunteering due to pandemic restrictions. The struggle to source recreational and volunteer activities has been a challenge. Two people were supported in starting their own businesses – one as a published author and the other an online marketing business. In total, WFM has supported 25 people whose goals are finding and maintaining employment, educational or volunteer work. The program consulted with other clients from other programs so that they could continue with their worker but have the benefits of the experience of WFM. This broadened the reach of the program to a total of 45 individuals. In total, 586 meaningful contacts with individuals were accomplished.

WHAT CLIENTS HAVE SAID ABOUT WFM

“\You have encouraged me to broaden my horizons. If it were not for you, I would not be going to school right now.\”

_____________ AM

“What I like about WFM is it shows me I’m not alone and I get support from different people and different values.”

_____________ TB

“I appreciate the support and encouragement Laura has provided me.”

_____________ SK

“Your unwavering support has been my rock to resilience to get through and beyond with my mental health and dignity intact.”

_____________ JA
Mental Health Promotion

Most of the program’s activities were normally held in person in the community. Delivering presentations virtually became a necessity to meet the demand of community requests. The uncertainty and fear surrounding COVID-19 fueled anxiety amongst essential workers, and others not being able to work from home. In addition, the depression and loneliness experienced by persons working from home, and isolated seniors, including persons with mobility issues missing their social interactions was a common concern. Many requests were received from persons wanting information on how to maintain their mental health during a pandemic.

Presentations on Mental Health and COVID-19 were made to the City of Brantford, Sensity, Community Living Brant, the Grand River Council on Aging, CARP, the Healthy Aging at Home program and the Brantford Public Library.

Mental Health Promotion staff sat on planning committees working with community agencies to plan Mental Health Week events, World Suicide Prevention Day events, International Overdose Awareness Day, the Grandview Theatre’s Indisposable Project, and the annual Coffee Ride fundraiser in partnership with Participation Support Services Brant.

Mental Health Promotion received training to deliver the In the Know Farmer’s Mental Health workshop, and also became a Certified Psychological Health & Safety Advisor through training offered through CMHA Ontario.
Quality Improvement Committee

Early in 2020–2021, the agency’s Quality Improvement Plan (QIP) was enthusiastically approved by the Board of Directors, however, progress toward meeting some of the plan’s objectives and targets were delayed because of the COVID-19 pandemic. The QI committee worked hard to ensure that the updated QIP aligned with our three year strategic plan. Although some results were reduced because of the pandemic, many primary goals were achieved along with some secondary outcomes in adherence to the approved plan.

For example, the financial, client-related and internal domains were met with progress, but the group and congregate goals were unmet due to pandemic-related socialization limits enforced by the province. An example where remarkable progress was made is regarding the agency’s continued adherence to best practices for service provision as recommended by Accreditation Canada and as outlined in their community mental health services requirements.

THE HIGH-LEVEL RESULTS OF THE 2020–2021 QIP ARE AS FOLLOWS

• **Financial**: the agency had another positive year. Surplus funds that resulted from funding delays or late start of new programs were sizable and will be returned to the funders.

• **Client**: client indicators demonstrated impressive service satisfaction results. A significant effort to implement new support practices to help reduce the waiting times and waiting lists for case management services was initiated and Case Managers quickly adopted these new processes.

• **Internal**: pandemic specific targets that focused on employee wellness and safety were met.

The remainder of the QI plan focused on **Learning and Growth**. Strategic directions for the agency were prioritized, risk assessments were completed with risk management as an immediate priority. During this time support to families, although still deemed very important, unfortunately had to take a backseat to complying with the urgent (COVID 19) requirements.

Despite a highly unique year, the agency managed to make measurable progress towards most of the approved domains outlined in our QI plan.
Employee Years of Service Recognition

Thank you to our employees who have achieved milestones of many years of dedicated service in community mental health care in Brant, Haldimand & Norfolk Counties.

10 YEARS: Jessica Graham
5 YEARS: Shelley Panton
Crystal Van Dyk

THIS YEAR WE SAID GOODBYE TO TWO LONGTIME STAFF MEMBERS AND WISHED THEM A HAPPY RETIREMENT.

Peg Purvis, former agency executive director had previously retired years ago but Peg stayed on as the agency’s Finance and Benefits Administrator. Words cannot describe her passion and dedication to clients, staff and the work of our branch. If any of us had a question, current state of historical, Peg would always have the answer. She will be missed by all. We thank her for her long-time service to CMHA Brant Haldimand Norfolk and wish her a happy retirement.

We also said goodbye to Brent Goodnough, life skills worker in the Alternatives Activity Centre this year. After hinting he was going to retire for the past two years, Brent eventually decided to make that move. What can we say about Brent? He made us laugh, he was a shoulder to cry on, to vent to, and was always willing to listen, but he was also very loved by both clients and staff alike because of his easy-going and kind nature. His absence from the agency was noted immediately. We thank Brent for his years of service and dedication to our branch. You will be missed. Enjoy your retirement!
Financial Report

**REVENUE**
**TOTAL:** $8,354,985

- HNHB LHIN & Ministry of Health (Housing) Funding: $7,472,439 [89.44%]
- Other Government Funding: $222,204 [2.66%]
- Interest & Other Income: $638,182 [7.64%]
- Fundraising and Donations: $22,160 [0.27%]

**EXPENSES**
**TOTAL:** $7,922,413

- Administration: $1,462,876 [18.47%]
- Case Management: $1,988,822 [25.10%]
- Infrastructure Renewal: $15,771 [0.20%]
- Counselling and Treatment: $78,243 [0.99%]
- Vocational/Employment: $47,878 [0.60%]
- Court Support: $656,269 [8.28%]
- Social Recreation: $133,298 [1.68%]
- Crisis Support Beds: $1,483,036 [18.72%]
- Housing Supports: $1,257,721 [15.88%]
- Family & Consumer Initiatives: $356,491 [4.50%]
- Addictions & Treatment: $60,081 [0.76%]
- Health Promotion & Fundraising & Other: $381,297 [4.82%]

*For a full copy of the Audited Financial Statements please contact the office.*
Thank You to Our Donors!

We wish to thank all the individuals and businesses who donated to our branch over the past fiscal year. Too numerous to mention, through in memoriam donations, cash and in-kind donations, your support has been greatly appreciated.

SPECIAL MENTION GOES TO:

- Sabor Espresso & Altitude Coffee Roasters
- Crockadoodle Brantford
- Caradoc Insurance, Simcoe
- Woodhouse and Grace United Churches, Port Dover
- Your Neighbourhood Community Credit Union, Fairview Brantford
- Nova Mutual Insurance Company, Simcoe
- Simcoe & District Real Estate Board
- Project Dragonfly
- Paul and Margot Williamson

Disqualify the Stigma
www.projectdragonfly.ca

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