MISSION

To improve the lives of women and their families affected by addiction, mental health, and trauma through treatment, advocacy and education, in a safe and supportive environment.
VISION

Leader in the treatment of addiction for women in Canada.
VALUES

RESPECT
Clients, Staff, and Volunteers are treated with respect, compassion, and dignity.

INTEGRITY
Conduct all business in an honest, ethical, confidential and accountable manner.

EXCELLENCE
Incorporating Safety and Best Practices in the delivery of Client centered programs and services.

TRANSPARENCY
Being open and honest about our actions
Incorporating curriculum materials by Dr. Stephanie Covington, Aventa provides concurrent capable, trauma informed, gender responsive addiction treatment programs to meet the unique needs of women. Understanding each woman's experience within the broader physical, emotional, social, cultural and gender framework, guides Aventa to provide a Client-centred approach to help women as they start on their journey to a healthy recovery. Aventa's programs and services help women to develop the insight and the life skills they need to create healthy lives for themselves so they can be reunited with their families and reintegrate into their communities. When women are healthy, families are healthy and communities are healthy.

Aventa's Board and Staff share a vision that is inclusive of all determinants of health; we continue to play a leadership role in the delivery of trauma informed practice while ensuring we continue to maintain high standards and a level of excellence in all area of our operations and delivery of our programs and services. Our planning and priorities for the future are clearly aligned with those of our funding partners and we are firmly rooted in a framework of evidence informed practice and accountability. As a centre of excellence, we strive to provide excellent care that is responsive to our Clients' ongoing and emerging needs.

It has been a very busy year at Aventa. The Aventa Board and Leadership Team, with input from Staff, Clients and their Family Members, as well as ongoing feedback from Funding Partners, and Community Partners, developed a new 5 year Strategic Plan 2017 – 2022 to guide the organization.

In November 2017 Aventa completed the 2nd Qmentum onsite visit with Accreditation Canada. The visit was the culmination of agency-wide hard work over the previous four years to meet the Required Organizational Practices (ROPs) and Standards. Aventa met 100% of the 405 criteria in the eight Quality Dimensions, 100% of the 390 criteria in the Standards and 100% of the major and minor tests of compliance for the Required Organizational Practices. After this process, Aventa was awarded Accredited with Exemplary Standing, which is the highest level of Accreditation. Our next onsite visit is fall 2021 and we’ve already started preparing as part of our journey of ongoing quality improvement!

During the past year, Aventa has continued to see high demand for our services. Aventa completed a total of 694 assessments and due to our limited bed capacity, a total of 448 Clients were successful in being admitted into our residential treatment programs. Occupancy rates were very high with an average of 93%.

Aventa offers on-site medical wrap around services. This past year we provided 451 Client sessions with Family Physician Dr. Kate Bisby. Many women accessed on-site nursing; a total of 1,358 visits were provided by our on-site our nursing Staff including 323 visits for Nicotine Replacement Therapy (NRT’s) which are provided free of charge to Aventa Clients. A total of 149 women accessed on-site dental services provided by the Smile Dental Bus on a bi-weekly basis. During the past year, a total of 886 family sessions and services were provided to women and their families at Aventa, and a total of 1,221 women accessed Aventa’s Aftercare and Continuing Care services.

Opiate use including Fentanyl are reported by 11% of our Client population. Aventa is responding to the Fentanyl crisis in a comprehensive manner, which includes accepting Clients for treatment who are on Methadone or Suboxone. Clients receive overdose prevention and Naloxone awareness education through Safeworks. Clients can access their own Naloxone kits at Aventa via Safeworks, Aventa Staff completed Naloxone training online via AHS.

During the past year 100% of Aventa women accessing our services shared that they experienced trauma at some point over their lifetime; 83% reported that trauma occurred within the past year while they were actively using.
Of the 474 Clients admitted, 32% identified they were homeless upon intake. A total of 84% of Clients reported a current or past mental health diagnosis, 43% reported one attempted suicide in their lifetime, while 37% reported a history of self-harm.

During the past year Aventa completed the renovation of “The Villa”. We have named the new facility “The Villa” in honor of our history. Aventa started out in 1970 as “The Riverside Villa”, our name was changed to Aventa in 2001. The acquisition of the Villa provides Aventa with approximately 5800 square feet of new space, the multipurpose room on the first floor has provided Aventa with the opportunity to offer onsite yoga, dance, and drumming for our Clients in a bright, comfortable, and conveniently located space next door to our residential facility. Aventa Alumnae meetings, Birthday celebrations, AA, NA, and ABA meetings are also now being held at the Villa. Located in the facility are our administration offices including assessments, Human Resources, Finance, Accounting and Communications.

The Aventa Board, Management Team, Staff, Community Stakeholders and Clients provided ideas and suggestions to change or improve our current program space and enhance our programs and services in the future; we took the valuable feedback into consideration as we developed the 2017 - 2022 Strategic Plan.

Thank you to all members of the Aventa Board for your support on the Villa purchase, a special thank you to Board Vice-Chair Jeff Holloway for going above and beyond in regards to “The Villa” renovations project, your professional experience, dedication, and generous gift of your time are greatly appreciated.

We would like to thank our Board of Directors, our volunteers, students, and community partners, your passion and commitment to make a difference in the lives of women who struggle with addictions, mental health and trauma, keeps Aventa vibrant, strong, and ensures that we are continuously moving forward and improving our programs and services.

We want to thank our very dedicated Staff for their commitment to the women and their families whose lives are positively impacted each day by our services. Our Staff and medical wrap around services, and community partners bring expertise, creativity, diversity, and, a sense of humour, that together helps us achieve our common goal of providing the best services possible to our Clients.

Thank you to the Ministry of Alberta Health, Alberta Health Services Addiction and Mental Health, Calgary Child and Family Services Authority, the Ministry of Human Services, Correctional Services Canada, the Government of the Northwest Territories and Nunavut, Corporate and Individual Donors, Public and Private Foundations and Service Clubs. We look forward to working with you in the future as we continue our efforts to work together to help build a coordinated and effective Addiction and Mental Health system in Alberta.

Sincerely,

Erin MacPherson  Kim Turgeon
Board Chair Executive Director
THANK YOU TO OUR FUNDING PARTNERS FOR THEIR GENEROUS CONTRIBUTIONS

2076578 Alberta Inc.
Alberta Health Services Addictions and Mental Health
Alberta Lottery Fund, Community Facility Enhancement Program (CFEP)
Alberta Lottery Fund, Community Initiatives Program (CIP)
Alberta Lottery Fund, Wild Rose Foundation
Alberta Real Estate Association
Alberta Royal Purple Lodges Association
Anonymous Donor
Association of Administrative Assistants
Bakery Cafe
Big Eagle Services
BKDI Architects
Black and McDonald
David Blair
Hillary Blair
Ken Blair
Sharon Blair
Blake Bily
Blankets for Canada Society
Burlington Resources
Burnett, Duckworth & Palmer LLP
B.A. Burrows
Cabinet Solutions
Calgary and Area Child and Family Services
Calgary Inter-Faith Food Bank Society
Calgary Foundation
Calgary Homeless Foundation
Calgary Rotary Club
Canadian Online Giving Foundation
Canadian Progress Club
Gabriella Carrelli
Colleen Cashion
Leslie Caskey
Cenovus Energy
Melinda Channon
John and Lyla Chipperfield
ConocoPhillips
Antonella Crisanti
F.W. Derbyshire
Devon Canada Corporation
Donna Downey
Judi Duncan
Steve Eicher
EnCana Corporation
Ron Feyer
Field Management Services
FirstEnergy Capital Corp
FK Morrow Foundation
The Fountains of Mission Retirement Residence
FYIdb Software Inc.
Mrs. Candice Gerard
Leslie Jean Gibbs
Alan T. Garner
Gibson’s Energy Ltd.
William Glanville
Sam Goresht  
Government of Alberta, Ministry of Children’s Services  

Government of Alberta, Ministry of Community and Social Services  

Government of Alberta, Ministry of Health  

Government of Alberta, Ministry of Infrastructure  

Government of Alberta, Ministry of Justice and Solicitor General  

Government of Canada National Homelessness Initiative  

Government of the Northwest Territories  

Government of Nunavut  

Patricia Halliday  

James and Joanne Halterman  

Kelly Harder  

Hillhurst Odd Fellow Lodge No. 46  

Yolanda M. Hoang  

Jeff Holloway  

Melody Hope  

Eric Hudson  

JBL Charitable Foundation  

Paul and Marylou Little  

Angela Loo  

Erin MacPherson  

Judy Martin  

Laura McCambley  

Diane McIlwain  

Ms. Oressa Meheriuk  

Patrick and Linda Moore  

NCE Management Services Inc.  

Laurie Neske  

Dr. Van Nguyen  

North American Resource Management Inc.  

Parlee McLaws LLP  

Tanya P aziuk  

Ronaele and Darrin Pound  

Darryl & Pat Raymaker  

RBC Financial Group through the RBC Foundation  

RGO Office Products  

Jodee Rogers  

Desiree Schedel  

Shoppers Drug Mart Life Foundation  

Sign Group Inc.  

Lucette Simpson  

Mary Sitar  

Soroptomist International Calgary  

St. Andrews United Church Women’s Group  

Talisman Energy  

TD Canada Trust  

TELUS Corporation  

Telus World of Science  

Julie Thomson  

Barbara Trobak  

Jean C van der Lee  

Vermilion Energy Trust  

Nadine Wagner  

Fiona Walker  

Anneliese Weber  

Jessica White  

Wild Rose Foundation
COMMUNITY PARTNERS

Aventa works closely with many different community partners to ensure that women access the appropriate programs and or services to meet their individual needs.

Alberta Addiction Service Providers
Alberta Health Services Addictions and Mental Health
Alcove Addiction Recovery for Women
The Alex
Calgary Addictions Sector Agencies
  Calgary Alpha House
Calgary and Area Child and Family Services
Calgary Communities Against Sexual Abuse (CCASA)
Calgary Council for Addiction and Mental Health
Calgary Domestic Violence Collective
  Calgary Dream Centre
  Calgary Drop-In Centre
  Calgary Drug Court
Calgary Fetal Alcohol Network (CFAN)
Calgary Homeless Foundation
Calgary Inter-Faith Food Bank Society
Calgary Legal Guidance
Calgary Police Service
Calgary Sexual Health Centre
Calgary Urban Aboriginal Initiative (CUAI)
Calgary Urban Project Society (CUPS)
Cliff Bungalow Community Association
Correctional Service of Canada
Distress Centre Calgary
  Dr. Kate Bisby
  Dr. Stephanie Covington
  Dr. Beverly Frizzell
  Dr. Glenda MacQueen
Elizabeth Fry Society of Calgary
Foothills Addiction Centre
Fresh Start Recovery Centre
Government of Alberta, Ministry of Infrastructure
Government of Alberta, Ministry of Labour
Government of Alberta, Ministry of Service Alberta
Government of Alberta, Ministry of Status of Women
HIV Community Link
Inn from the Cold
Keys to Recovery
McMan Parent Child Assistance Program (PCAP)
Mission Medical Walk-in Clinic
Momentum
Oxford House Foundation of Canada
Prospect Human Services
Renfrew Recovery Services
Safeworks
Servants Anonymous Society
Sheldon M. Chumir Health Centre
Smile Dental Bus
Sunrise Native Addiction Services
University of Calgary, Faculty of Nursing
University of Calgary, Faculty of Medicine
University of Calgary, Faculty of Social Work
University of Lethbridge
  Women in Need
YWCA of Calgary
AREAS OF FOCUS

Gender Responsive Treatment
It has been researched and demonstrated that addictions in women exist for different reasons and manifest in different forms than addictions in men, underlining the need for gender-specific treatment. Due to women’s histories of violence and trauma, gender-specific treatment provides a safe opportunity for treatment and recovery. Dr. Stephanie Covington describes a gender-responsive program as one that creates an environment through site selection, staff selection, program development, content and material that reflects an understanding of the realities of the lives of women. Dr. Covington is a nationally recognized clinician, author and lecturer, and a pioneer in the field of women’s issues, addiction and recovery.

Trauma
The overwhelming majority of women who access addiction treatment services at Aventa report family violence and/or a history of trauma related to sexual and/or physical abuse or assault. Aventa provides a safe place for women to learn about the development and effects of addiction, engage in the treatment process and access a range of resources to address the underlying issues associated with their trauma and addiction. Aventa’s trauma-informed treatment programs are researched and written by Dr. Stephanie Covington.

Fetal Alcohol Spectrum Disorder FASD
Fetal Alcohol Spectrum Disorder (FASD) describes the range of disabilities caused by prenatal exposure to alcohol. Aventa has a comprehensive approach to FASD prevention which includes priority access to addiction treatment for pregnant women, specific programming for women with FASD, and comprehensive reproductive health education and access to birth control options and counselling.

Addiction and Homelessness
Mental illness and substance abuse are more prevalent among Canada’s homeless population than among the general public. Schizophrenia, depression, and illicit drug use, for example, are more common among the homeless. The Canadian Mental Health Association reports that one-third of all homeless people lives with mental illness. The relationship among mental illness, substance abuse, and homelessness is complex; causality cannot be clearly established. On one hand, mental illness and substance abuse can contribute to homelessness, often by influencing other determinants such as an individual’s ability to secure employment or housing. On the other hand, homelessness itself can contribute to problems such as mental illness and addiction, and can exacerbate existing health conditions. Aventa provides an opportunity for Clients to stabilize in the area of mental health and addiction and works with community partners to help Clients access safe housing options once they have completed treatment.

Harm Reduction
Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. (Harm Reduction International 2013).

Aventa supports a comprehensive, evidence-based approach to addressing addiction issues which includes prevention, treatment and harm reduction. Aventa utilizes the following harm reduction practices: acceptance of clients on methadone and suboxone for inpatient addiction treatment, overdose prevention awareness sessions for clients and staff, harm reduction information and counselling, onsite outreach staff from the Safeworks Harm Reduction Program, and provision of naloxone kits for clients. Aventa uses harm reduction strategies for smoking cessation including provision of NRTs, and harm reduction counselling.

Aventa is a member of the Calgary Coalition on Supervised Consumption, Calgary Fetal Alcohol Network and participates in other community initiatives to support access to harm reduction services.
Biography
Stephanie S. Covington, PhD., LCSW

Aventa’s Staff Team, trained by Dr. Stephanie Covington, uses her trauma-informed curriculum in our treatment programs.

Dr. Stephanie S. Covington is a nationally recognized clinician, author, organizational consultant, and lecturer. She is a pioneer in the field of women’s issues, addiction, and recovery. She has developed an innovative, gender-responsive, and trauma-informed approach to the treatment needs of women and girls that results in effective services in public, private, and institutional settings.

Her presentations, staff-development seminars, and technical assistance focus on systems change and the development of caring, compassionate, and empowering therapeutic environments. They provide professionals an opportunity to learn new skills for dealing with personal, institutional, and societal changes and are always in demand, both nationally and internationally.

Dr. Covington’s clients include the Betty Ford Treatment Center, the Hanley Center, Pine Grove Women’s Center, the United Nations Office on Drugs and Crime, the Center for Substance Abuse Treatment in Washington, D.C., the California Department of Corrections and Rehabilitation, Aventa Addiction Treatment for Women and numerous other treatment and correctional settings. Dr. Covington was a workshop chair for the women’s treatment improvement protocol (TIP) and the trauma TIP (published by CSAT) and is the co-author of a three-year research project, Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders, for the National Institute of Corrections. This publication received the University of Cincinnati Award for its outstanding contribution to the field of corrections in the U.S. and Canada.

Educated at Columbia University and the Union Institute, Dr. Covington has served on the faculties of the University of Southern California, San Diego State University, and the California School of Professional Psychology, and she is a former chair of the Women’s Committee of the International Council on Alcoholism and Addiction. She is a board-certified Diplomate of the National Association of Social Workers, the American Board of Sexology, and the American Board of Medical Psychotherapists, and is a member of the American Association of Marriage and Family Therapy. She also serves on the Advisory Council for Women’s Services for the federal agency SAMHSA. She is the featured consultant and therapist on the Oprah Winfrey Network docu-reality show entitled Breaking Down the Bars.

Dr. Covington is based in La Jolla, California, where she is co-director of the Institute for Relational Development and the Center for Gender and Justice, which seeks to expand gender-responsive policies and practices for females who are under criminal justice supervision.

Among the many articles and books written by Dr. Covington are:

- Women and Addiction: A Gender-Responsive Approach
- A Woman’s Way through The Twelve Steps and its companion workbook
- Leaving the Enchanted Forest: The Path from Relationship Addiction to Intimacy

She also has program materials to help meet the needs of women and girls. The following curricula include training manuals for professionals and complementary materials for participants:

- Helping Women Recover: A Program for Treating Addiction (with a special edition for the criminal justice system)
- Beyond Trauma: A Healing Journey for Women
- Healing Trauma: Strategies for Abused Women (with Eileen Russo)
- Voices: A Program of Self-Discovery and Empowerment for Girls
- A Woman’s Way through The Twelve Steps
PROGRAM OVERVIEW

Incorporating curriculum materials written and researched by Dr. Stephanie Covington, Aventa provides concurrent capable, trauma informed, gender responsive addiction treatment programs to meet the unique needs of women.

There are four separate treatment programs offered at Aventa:

• **Phase I** offers priority admission for pregnant women or women at risk who require immediate support and stabilization.

• **Phase II** is a six week intensive residential program that provides therapeutic individual and group counselling. The program focuses on the following four key areas: sexual, spiritual, relationships and self.

• **Phase III** is a three month live-in program for women who have completed Aventa’s Phase II or Young Adult Treatment (YAT) Program and require additional treatment to support their recovery. This program offers individual and group counselling with a strong educational and skill building component.

• **Young Adult Treatment (YAT) Program** is a 90 day live-in program for women 18 – 24 years of age. It includes individual and group counselling, a life skills component, and a Family Counsellor for individual and family sessions. The program is a collaboration between Alberta Health Services (AHS) and Aventa. Clients must be referred by an AHS Addictions and Mental Health Counsellor via an AHS Addictions Services Office in their community.

Continuum of Services

Aventa provides on-site medical services including nursing staff five days per week. The nurses complete a health risk assessment, provide ongoing monitoring of medications, work with our physicians and follow up on any health issues. A Family Physician specializing in addiction medicine provides consultation with Aventa’s Clients. Aventa also works closely with a Psychiatrist who provides on-site assessments and mental health support. Aventa offers an FASD Transitions Program which provides additional one-on-one support to Clients throughout programming at Aventa, including pre and post-treatment. Clients also have access to the Smile Dental Bus which provides on-site dental services.

**The Smile Dental Bus** provides on-site dental services to Aventa's Phase II and YAT clients every two weeks.

**Safeworks** provides on-site services which includes: testing for HIV, Hepatitis, STI and STDs, safe sex supplies and information, condoms, overdose prevention and Naloxone kits, vaccinations as well as support and referrals.

**Guided Self-Relaxation** allows clients to learn about and experience meditation as a way of grounding, emotional regulation, reduces racing thoughts and chaotic thinking, as well as relaxation such as promoting good sleep. A trained meditation facilitator works with clients on a weekly basis.

**Aventa's Smoking Cessation Support Group** operates concurrently throughout Aventa programs for clients who are thinking about quitting, in the process of quitting or who have already quit and want to continue staying committed to their plan. Clients who are in the process of making changes with their tobacco use will connect with each other, gain greater awareness about their tobacco use, support one another and learn new and healthier ways of coping.

**Aventa's Gambling Treatment Program** is based on a 21-step process that helps women change their addictive thought patterns, conquer their gambling habits, and develop a support network to create permanent recovery.
Aventa’s Fitness and Recreation Program helps to promote positive lifestyle changes. Our fitness centre offers a range of equipment and yoga classes are also offered on-site two times per week.

Momentum Financial Literacy Program is a six session program to help clients address their financial situation by looking at their assets, budgets, credit and consumerism.

Family and Friends is a three part information series for all family members, significant others and supportive friends of current and previous clients, as well as those who did not graduate or are on the waitlist to attend treatment.

Parenting in Recovery allows clients to share and relate about parenting and addiction. This program is offered to pregnant women or those who are parenting and currently participating in Aventa’s programs and services. Topics include Roles, Boundaries, Communication, Anger, Guilt and Forgiveness.

Continuing Care is a closed, weekly counsellor led support group focused on issues affecting the well-being of women and maintenance of their recovery. All Aventa Alumnae can attend these meetings once they have registered for the group.

Alumnae Birthday Celebrations are monthly celebrations open to Aventa Alumnae who want to share their success and celebrate their sobriety birthday.
Born in Calgary to British Immigrants, Dr. Kate Bisby has called many places in Canada and the United Kingdom home. Having completed a Bachelor’s of Science at McGill University in Montreal, and part way through her nursing degree at the University of British Columbia, she returned to Calgary to enter the Cumming School of Medicine in 2005. During both her nursing and medical education, she encountered patients with substance abuse issues who were almost universally treated poorly by their hospital care teams. The community care these individuals received was little better, and their primary care providers frequently struggled to help them obtain healthier lives. As someone committed to the principle of universal health care and with the recognition of addiction as a medical illness rather than a character flaw or moral failing, Dr. Bisby recognized a gap that needed filling with few physicians willing to fill it. While completing her Family Medicine Residency at the University of Saskatchewan in Saskatoon, she was able to focus on addictions care within marginalized populations. Once in practice, Dr. Bisby partnered with the Alex Community Health Bus serving a number of Calgary shelters and treatment programs, followed by her partnership with Aventa Centre of Excellence for Women with Addictions in 2013. She continues to learn and develop her addictions practice, recently completing her Opioid Dependency Treatment certificate through the Centre for Addictions and Mental Health and the University of Toronto.

Almost 15 years have passed since those first experiences with addiction issues in nursing school and thankfully Addictions Medicine is now a more robust and recognized discipline, with far more services and supports to offer, a vibrant research community, and much stronger support through public opinion and public policy. However, as Aventa has always emphasized, the respect and recognition of the individual and their lived experiences of trauma and mental illness still play an essential role in recovery. Aventa’s willingness to adapt to evidence-based best practice as the landscape of substance abuse changes has made and continues to make it a national leader in the safe and effective addictions treatment. It is that focus on the importance of trauma recovery and evidence-based mental-health enhanced treatment services that makes Aventa Centre of Excellence for Women with Addictions an organization with whom Dr. Bisby is proud to be partnered.
Aventa Treatment Foundation for Women

Financial Statements
March 31, 2018
June 18, 2018

Independent Auditor’s Report

To the Board of Directors of
Aventa Treatment Foundation for Women

We have audited the accompanying financial statements of Aventa Treatment Foundation for Women, which comprise the statement of financial position as at March 31, 2018, and the statements of operations, changes in fund balances and cash flows for the year then ended, and the related notes, which comprise a summary of significant accounting policies and other explanatory information.

Management’s responsibility for the financial statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Accounting Standards for Not-for-Profit Organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors’ judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements 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 entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

PricewaterhouseCoopers LLP
111 5 Avenue SW, Suite 3100, Calgary, Alberta, Canada T2P 5L3
T: +1 403 509 7500, F: +1 403 781 1825

*PwC* refers to PricewaterhouseCoopers LLP, an Ontario limited liability partnership.
Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Aventa Treatment Foundation for Women as at March 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

Other matters
The financial statements of Aventa Treatment Foundation for Women for the year ended March 31, 2017 were audited by another auditor who expressed an unmodified opinion on those financial statements on June 19, 2017.

PricewaterhouseCoopers LLP
Chartered Professional Accountants
Aventa Treatment Foundation for Women
Statement of Financial Position
As at March 31, 2018

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<tr>
<td><strong>Commitments</strong> (note 9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approved by the Board of Directors

Director
Director

The accompanying notes are an integral part of these financial statements.
Aventa Treatment Foundation for Women
Statement of Operations
For the year ended March 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>Operating Fund</th>
<th>Capital Fund</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alberta Health Services</td>
<td>1,484,825</td>
<td>-</td>
<td>1,484,825</td>
<td>1,475,655</td>
</tr>
<tr>
<td>Safe Communities</td>
<td>1,200,152</td>
<td>-</td>
<td>1,200,152</td>
<td>1,180,089</td>
</tr>
<tr>
<td>Residential program fees</td>
<td>1,104,410</td>
<td>-</td>
<td>1,104,410</td>
<td>1,037,043</td>
</tr>
<tr>
<td>Calgary and Area Child and Family Services</td>
<td>355,980</td>
<td>-</td>
<td>355,980</td>
<td>355,980</td>
</tr>
<tr>
<td>Calgary Fetal Alcohol Network Grant</td>
<td>222,223</td>
<td>-</td>
<td>222,223</td>
<td>148,000</td>
</tr>
<tr>
<td>Federal contracts</td>
<td>219,273</td>
<td>-</td>
<td>219,273</td>
<td>199,315</td>
</tr>
<tr>
<td>Community Facility Enhancement Program Grant</td>
<td>125,000</td>
<td>-</td>
<td>125,000</td>
<td>-</td>
</tr>
<tr>
<td>Donations</td>
<td>68,833</td>
<td>-</td>
<td>68,833</td>
<td>15,723</td>
</tr>
<tr>
<td>Interest</td>
<td>15,363</td>
<td>3,152</td>
<td>18,515</td>
<td>16,545</td>
</tr>
<tr>
<td>Assessment fees</td>
<td>8,150</td>
<td>-</td>
<td>8,150</td>
<td>8,280</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,804,209</td>
<td>3,152</td>
<td>4,807,361</td>
<td>4,436,630</td>
</tr>
</tbody>
</table>

| **Expenses**           |                |              |       |       |
| Salaries and benefits  | 3,371,994      | -            | 3,371,994 | 3,144,888 |
| Rent, maintenance and utilities | 568,061 | - | 568,061 | 359,732 |
| Amortization           | 235,776        | -            | 235,776 | 213,165 |
| Food and small wares   | 204,252        | -            | 204,252 | 193,262 |
| General client costs   | 201,537        | -            | 201,537 | 248,373 |
| Office                 | 64,066         | -            | 64,066 | 91,776 |
| Equipment rental       | 46,618         | -            | 46,618 | 38,819 |
| Promotion and fundraising | 38,380 | - | 38,380 | 41,412 |
| Insurance              | 25,365         | -            | 25,365 | 23,095 |
| Professional fees      | 22,046         | -            | 22,046 | 21,561 |
| Staff development      | 12,945         | -            | 12,945 | 13,558 |
| Bank charges and interest | 7,712      | -            | 7,712 | 8,214 |
| Laundry                | 7,195          | -            | 7,195 | 17,573 |
| Travel                 | 6,149          | -            | 6,149 | 4,239 |
| Bad debts              | 5,000          | -            | 5,000 | 5,000 |
| **Total**              | 4,817,096      | -            | 4,817,096 | 4,424,667 |

(Deficiency) excess of revenue over expenses  (12,887)  3,152  (9,735)  11,963

The accompanying notes are an integral part of these financial statements.
Aventa Treatment Foundation for Women

Statement of Changes in Fund Balances
For the year ended March 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>Operating Fund</th>
<th>Capital Fund</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted $</td>
<td>Internally restricted $</td>
<td>2018 $</td>
</tr>
<tr>
<td></td>
<td>(note 11)</td>
<td>(capital assets $)</td>
<td>2017 $</td>
</tr>
<tr>
<td>Balance – Beginning of year</td>
<td>166,039</td>
<td>4,565,926</td>
<td>5,195,460</td>
</tr>
<tr>
<td></td>
<td>111,178</td>
<td>352,317</td>
<td>5,193,497</td>
</tr>
<tr>
<td>(Deficiency) excess of revenue</td>
<td>(12,887)</td>
<td></td>
<td>(9,735)</td>
</tr>
<tr>
<td>over expenses</td>
<td></td>
<td></td>
<td>11,963</td>
</tr>
<tr>
<td>Interfund transfers (note 10)</td>
<td>235,779</td>
<td>(235,776)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Balance – End of year</td>
<td>388,928</td>
<td>4,330,150</td>
<td>5,185,725</td>
</tr>
<tr>
<td></td>
<td>111,178</td>
<td>355,469</td>
<td>5,195,460</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements.
Aventa Treatment Foundation for Women
Statement of Cash Flows
For the year ended March 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cash provided by (used in)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Deficiency) excess of revenue over expenses</td>
<td>(9,735)</td>
<td>11,963</td>
</tr>
<tr>
<td>Item not affecting cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>235,776</td>
<td>213,165</td>
</tr>
<tr>
<td></td>
<td>226,041</td>
<td>225,128</td>
</tr>
<tr>
<td>Changes in non-cash working capital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>(23,750)</td>
<td>10,167</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>7,964</td>
<td>(11,184)</td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>(13,947)</td>
<td>93,453</td>
</tr>
<tr>
<td>Deferred contributions</td>
<td>(5,950)</td>
<td>(6,500)</td>
</tr>
<tr>
<td></td>
<td>(35,683)</td>
<td>85,936</td>
</tr>
<tr>
<td></td>
<td>190,358</td>
<td>311,064</td>
</tr>
<tr>
<td>Investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds on maturity of short-term investments</td>
<td>-</td>
<td>1,248,209</td>
</tr>
<tr>
<td>Acquisition of short-term investments</td>
<td>(350,000)</td>
<td>-</td>
</tr>
<tr>
<td>Acquisition of capital assets</td>
<td>-</td>
<td>(1,929,407)</td>
</tr>
<tr>
<td></td>
<td>(350,000)</td>
<td>(681,198)</td>
</tr>
<tr>
<td>Decrease in cash and cash equivalents during the year</td>
<td>(159,642)</td>
<td>(370,134)</td>
</tr>
<tr>
<td>Cash and cash equivalents – Beginning of year</td>
<td>719,517</td>
<td>1,089,651</td>
</tr>
<tr>
<td>Cash and cash equivalents – End of year</td>
<td>559,875</td>
<td>719,517</td>
</tr>
<tr>
<td>Cash and cash equivalents is comprised of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money market funds</td>
<td>274,072</td>
<td>568,793</td>
</tr>
<tr>
<td>Cash</td>
<td>285,803</td>
<td>150,724</td>
</tr>
<tr>
<td></td>
<td>559,875</td>
<td>719,517</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements.
Aventa Treatment Foundation for Women
Notes to Financial Statements
March 31, 2018

1 Purpose of the organization

Aventa Treatment Foundation for Women (the "Foundation") is a not-for-profit organization formed under the Alberta Societies Act, funded primarily by Alberta Health Services ("AHS"). The mission of the Foundation is to provide counselling and rehabilitation treatment for women who are dealing with drug, alcohol, gambling and nicotine addictions.

The Foundation is a registered charity exempt from income tax under Section 149(1)(f) of the Income Tax Act (Canada). The Foundation is also registered under the Charitable Fundraising Act of Alberta and has considered all required disclosures under Section 7(2) of the Act in preparing these financial statements.

2 Summary of significant accounting policies

a) Basis of presentation

The financial statements were prepared in accordance with Canadian Accounting Standards for Not-for-Profit Organizations and include the following significant accounting policies:

b) Fund accounting

The Operating Fund accounts for the Foundation's program delivery and administrative activities, including fund development.

The Capital Fund reports the assets, liabilities, revenue and purchases related to the betterment of the Foundation's capital assets.

c) Revenue recognition

The Foundation follows the restricted fund method of accounting for contributions. Restricted contributions where there is no related restricted fund are deferred and recognized as revenue of the Operating Fund in the year in which the related expenditures are incurred. Unrestricted contributions are recognized as revenue of the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to capital assets are recognized as revenue of the Capital Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Treatment and assessment fees are recognized as revenue of the Operating Fund when the services have been provided and collection is reasonably assured.

Restricted investment is recognized as revenue of the Capital Fund. Unrestricted investment income is recognized as revenue of the Operating Fund when earned.
Aventa Treatment Foundation for Women
Notes to Financial Statements
March 31, 2018

d) Cash and cash equivalents

Cash and cash equivalents include cash and money market funds that are highly liquid and readily convertible to known amounts of cash and are subject to insignificant risk of change in value. Money market funds are redeemable at any time.

e) Short-term investments

Short-term investments consist of a guaranteed investment certificate, which matures in May 2018 bearing interest of 1.21% per annum.

f) Capital assets

Purchased capital assets are recorded in the Capital Fund at cost. Donated capital assets are recorded in the Capital Fund at their fair value at the date of contribution to the extent that fair value can be reasonably estimated.

Amortization is recorded in the Operating Fund in accordance with the straight-line method at rates designed to amortize the cost of depreciable assets over their estimated useful lives as follows:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Useful Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building</td>
<td>25 years</td>
</tr>
<tr>
<td>Computer hardware</td>
<td>4 years</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>10 years</td>
</tr>
<tr>
<td>Vehicles</td>
<td>10 years</td>
</tr>
</tbody>
</table>

Artwork is not amortized and is recorded at the lower of cost and net realizable value.

Leasehold improvements are amortized on a straight-line basis over the term of the lease.

Capital assets are evaluated for impairment when events or circumstances indicate its carrying value may not be recoverable. Any impairment is measured by comparing the carrying value of the assets to the residual value, based on the present value of future cash flows expected to be generated from the assets. When a capital asset no longer has any long-term service potential to the Foundation, the excess of its net carrying amount over any residual value will be recognized as an expense in the statement of operations. A write-down will not be reversed.
g) **Donated goods and services**

Donated goods are recognized in the financial statements at their estimated fair value if reasonably determinable and if they would normally be purchased by the Foundation. Donated services are not recognized in the financial statements due to the difficulty in determining the fair value of such services.

h) **Financial instruments**

The Foundation initially measures its financial assets and liabilities at fair value.

The Foundation subsequently measures all its financial assets and financial liabilities at amortized cost.

Financial assets measured at amortized cost include cash and cash equivalents, short-term investments and accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Financial assets measured at amortized cost are assessed for impairment, at the end of each year, to determine whether there are indicators that the asset may be impaired. The amount of the write-down, if any, is recognized in the statement of operations.

3 **Measurement uncertainty**

The preparation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosures of contingent assets and liabilities, at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from these estimates, and differences could be material. Significant estimates include the estimated useful lives of capital assets and the collectability of accounts receivable.

4 **Funds held in trust**

The Foundation is the custodian over funds from Alberta Addiction Service Providers (AASP). The Foundation is not entitled to any of the funding, and there is no benefit to the Foundation for this cash. The funds total $28,952 (2017 – $nil) and are included within the cash and cash equivalents balance, with a corresponding liability within accounts payable and accrued liabilities until the funds are disbursed.
Aventa Treatment Foundation for Women

Notes to Financial Statements
March 31, 2018

5 Capital assets

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Accumulated amortization</td>
</tr>
<tr>
<td>Land</td>
<td>1,384,150</td>
<td>-</td>
</tr>
<tr>
<td>Buildings</td>
<td>5,000,478</td>
<td>2,115,198</td>
</tr>
<tr>
<td>Computer hardware</td>
<td>49,465</td>
<td>49,465</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>558,711</td>
<td>509,556</td>
</tr>
<tr>
<td>Artwork</td>
<td>10,966</td>
<td>-</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>31,545</td>
<td>30,946</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,035,315</strong></td>
<td><strong>2,705,165</strong></td>
</tr>
</tbody>
</table>

6 Operating line of credit

The Foundation has a credit facility agreement to borrow by means of a demand operating line of credit to a maximum of $2,500,000. The operating loan is due on demand and bears interest at a Canadian Chartered Bank’s prime rate plus 0.5% per annum which was 3.2% as at March 31, 2018 (2017 – 3.2%). Security for the facility includes all present and future assets of the Foundation, and by a collateral mortgage on one of the Foundation’s building. The facility is subject to certain financial based covenants. As at March 31, 2018, the facility has not been drawn upon and the Foundation is in compliance with its financial covenants.

7 Government remittances

Accounts payable and accrued liabilities includes payroll remittances of $6,940 (2017 – $6,674).

8 Deferred contributions

Deferred contributions represent externally restricted amounts for various programs that have not been spent:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance – Beginning of year</td>
<td>6,850</td>
<td>13,350</td>
</tr>
<tr>
<td>Amount received during the year</td>
<td>3,449,010</td>
<td>3,234,524</td>
</tr>
<tr>
<td>Amount recognized as revenue during the year</td>
<td>(3,454,960)</td>
<td>(3,241,024)</td>
</tr>
<tr>
<td>Balance – End of year</td>
<td>900</td>
<td>6,850</td>
</tr>
</tbody>
</table>
9 Lease commitments

The Foundation is committed under an operating lease on equipment for future minimum rental payments as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>5,687</td>
</tr>
<tr>
<td>2020</td>
<td>7,582</td>
</tr>
<tr>
<td></td>
<td><strong>13,269</strong></td>
</tr>
</tbody>
</table>

Currently, the Foundation is committed under another operating lease for $1 per annum for one of its premises that is used in operations. The lease on premises at the current nominal rate is also contingent on the ongoing relationship with AHS. Should the AHS contract for funding not be renewed for any reason, the lease will terminate when the funding ceases.

10 Interfund transfers

During the year, $235,776 (2017 – $213,165) was transferred from the Capital Fund to the Operating Fund as a result of amortization recorded in the Operating Fund.

During the year, $nil (2017 – $350,000) was transferred from the Operating Fund to the Capital Fund to be used towards capital asset purchases.

11 Internally restricted

The internally restricted fund balances in the Operating Fund are amounts that were restricted by resolution of the Board of Directors for the purpose of establishing an operating reserve for future years.

The internally restricted fund balances of the Capital Fund are amounts that were restricted by resolution of the Board of Directors for the purpose of future capital expenditures.

12 Related party transaction

During the year ended March 31, 2017, the Foundation entered into an agreement with an immediate family member of management to provide facility construction and maintenance services. During the year ended March 31, 2018, $67,000 (2017 – $33,000) was paid to this individual and is included in salaries and benefits.

This transaction is in the normal course of operations and is measured at the exchange amount which is the amount of consideration established and agreed to by the related parties.
13 Financial instruments

The Foundation is exposed to the following significant financial risks:

a) Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Foundation has credit risk with respect to its cash and cash equivalents, and accounts receivable. The Foundation mitigates its exposure to credit loss by placing its cash and cash equivalents with a major financial institution and through credit monitoring and collection procedures on its accounts receivable.

b) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Foundation is exposed to interest rate cash flow risk to the extent that its operating line of credit bears interest at a variable rate.

c) Liquidity risk

Liquidity risk is the risk that the Foundation will encounter difficulty in meeting obligations associated with financial liabilities. The financial liabilities on its balance sheet consist of accounts payable and accrued liabilities. Management closely monitors cash flow requirements to ensure that it has sufficient cash on demand to meet operational and financial obligations.

14 Additional information

As required under Section 7(2) of the Alberta Charitable Fundraising Regulation, the following amounts are disclosed:

<table>
<thead>
<tr>
<th>Amounts paid during the year as remuneration to employees whose principal duties involve fundraising</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$33,400</td>
<td>$31,800</td>
</tr>
</tbody>
</table>
AVENTA BOARD OF DIRECTORS
2017 - 2018

Chair: Erin MacPherson
Vice Chair: Jeff Holloway
Secretary: Diane McIlwain
Director: Dr. Van Nguyen
Director: Nadine Wagner
Director: Barb Wilkinson
Director: Dea Napen