

Via email

March 28, 2016

Ms. Claudia den Boer Grima
Chief Executive Officer
Canadian Mental Health Association Windsor-Essex County Branch
1400 Windsor Avenue
Windsor, ON N8X 3L9

Dear Ms. Claudia den Boer Grima:

Re: 2014-17 Multi-Sector Service Accountability Agreement

When the Erie St. Clair Local Health Integration Network (the "LHIN") and the Canadian Mental Health Association, Windsor-Essex County Branch (the "HSP") entered into a service accountability agreement for a three-year term effective April 1, 2014 (the "MSAA"), the budgeted financial data, service activities and performance indicators for the second and third year of the agreement (fiscal years 2015/16 and 2016/17) were indicated as "To Be Determined (TBD)" (or replicated based on 2014/15 planning assumptions). The LHIN would now like to update the MSAA to include the required financial, service activity and performance expectations for 2016/17 fiscal year to Schedules B, C, D and E.

Subject to HSP's agreement, the MSAA will be amended with effect April 1, 2016, by adding the amended Schedules B, C, D and E (the "Schedules") that are included in Appendix 1 to this letter.


To the extent that there are any conflicts between the current MSAA and this amendment, the amendment will govern in respect of the Schedules. All other terms and conditions in the MSAA will remain the same.

Please indicate the HSP's acceptance of, and agreement to this amendment, by signing below and returning one copy of this letter to Victoria Dillon, 180 Riverview Drive, Chatham ON N7M 5Z8 by **March 30, 2016**. If you have any questions or concerns please contact Jean-Francois Gauthier, Performance and Finance Analyst at jeanfrancois.gauthier@lhins.on.ca.

The LHIN appreciates your and your team's collaboration and hard work during this 2016/17 MSAA refresh process. We look forward to maintaining a strong working relationship with you.

Sincerely,

Let's Make It Happen !


Gary Switzer
Chief Executive Officer


MOHLTC/vad

Encl.: Appendix 1 – Schedules B, C, D and E.

AGREED TO AND ACCEPTED BY:


Canadian Mental Health Association, Windsor-Essex County Branch

By:


Ms. Claudia den Boer Grima,
Chief Executive Officer
I have the authority to bind the HSP.

March 30, 2016
Date

And By:


Chair, I have the authority to bind the HSP.

3/30/16
Date

Schedule B1: Total LHIN Funding
2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 9.0	2016-2017 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$11,534,036
HBAM Funding (CCAC only)	2	F 11005	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0
MOHLTC Base Allocation	4	F 11010	\$1,046,592
MOHLTC Other funding envelopes	5	F 11014	\$10,062
LHIN One Time	6	F 11008	\$0
MOHLTC One Time	7	F 11012	\$0
Paymaster Flow Through	8	F 11019	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$77,500
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$12,668,190
Recoveries from External/Internal Sources	11	F 120*	\$536,247
Donations	12	F 140*	\$0
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$249,668
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$785,915
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$13,454,105
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$8,838,419
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$1,815,851
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$617,079
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$448,864
Physiotherapist Compensation (Row 128)	23	F 350*	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$27,150
Sessional Fees	26	F 39092	\$162,541
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$9,000
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$998,704
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$109,400
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$843,136
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$13,870,144
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	(\$416,039)
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	(\$416,039)
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	\$234,800
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$134,806
NET SURPLUS/(DEFICIT) FUND TYPE 3	41	Row 39 minus Row 40	\$100,194
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	42	F 1*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	44	Row 42 minus Row 43	\$100,194
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$13,688,905
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$14,004,750
NET SURPLUS/(DEFICIT) ALL FUND TYPES	47	Row 45 minus Row 46	(\$315,845)
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$398,748
Volunteer Services	50	72 1*	\$102,175
Information Systems Support	51	72 1*	\$421,587
General Administration	52	72 1*	\$1,636,675
Admin & Support Services	53	72 1*	\$2,559,185
Management Clinical Services	54	72 5 05	\$1,528,122
Medical Resources	55	72 5 07	\$645,509
Total Admin & Undistributed Expenses	56	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$4,732,816

Schedule B2: Clinical Activity- Summary
2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

Service Category 2016-2017 Budget	OWRS Framework Level 3	Fulltime equivalents (FTE)	Watts FSE, Tel, Ltr, Hours, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (if group sessions not individuals)	Meal Delivered Combined	Group Participant Attendance (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
Case Management	72 5 06*	49.76	32,000	0	0	0	1,200	0	130	0	1,400	34,000	225	301
Primary Care- Clinics/Programs	72 5 10*	37.69	28,825	150	0	0	3,630	0	695	0	1,730	32,860	695	0
Residential Services	72 5 40 76*	1.86	0	0	0	98,550	279	0	0	0	0	0	0	0
Health Promotion and Education	72 5 50	0.93	400	0	0	0	230	0	230	0	2,370	440	115	0

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Canadian Mental Health Association,
Windsor-Essex County Branch

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk "**".

OHRs/MIS Trial Balance Submission (through OHFS)	
2014-15	Due Dates (Must pass 3c Edits)
2014-15 Q1	<i>Not required 2014-15</i>
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
2015-16	Due Dates (Must pass 3c Edits)
2015-16 Q1	<i>Not required 2015-16</i>
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	Due Dates (Must pass 3c Edits)
2016-17 Q1	<i>Not required 2016-17</i>
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017

Supplementary Reporting - Quarterly Report (through SRI)	
2014-2015	Due five (5) business days following Trial Balance Submission Due Date
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary SRI Reporting Due
2015-2016	Due five (5) business days following Trial Balance Submission Due Date
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary SRI Reporting Due
2016-2017	Due five (5) business days following Trial Balance Submission Due Date
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary SRI Reporting Due

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Canadian Mental Health Association,
Windsor-Essex County Branch

Annual Reconciliation Report (ARR) through SRI and paper copy submission*

All HSPs must submit both a paper copy the Annual Revenue Reconciliation (ARR) submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Board Approved Audited Financial Statements *

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Declaration of Compliance

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Other Reporting Requirements

Requirement	Due Date
Common Data Set for Community Mental Health Services	Last day of one month following the close of trial balance reporting for Q2 and Q4 (Year-End)
	• 2014-15 Q2 November 28, 2014
	• 2014-15 Q4 June 30, 2015
	• 2015-16 Q2 November 30, 2015
	• 2015-16 Q4 June 30, 2016
	• 2016-17 Q2 November 30, 2016
DATIS (Drug & Alcohol Treatment Information System)	• 2016-17 Q4 June 30, 2017
	Fifteen (15) business days after end of Q1, Q2 and Q3 - Twenty (20) business days after Year-End (Q4)
	• 2014-15 Q1 July 22, 2014
	• 2014-15 Q2 October 22, 2014
	• 2014-15 Q3 January 22, 2015
	• 2014-15 Q4 April 30, 2015
	• 2015-16 Q1 July 22, 2015
	• 2015-16 Q2 October 22, 2015
	• 2015-16 Q3 January 22, 2016
	• 2015-16 Q4 April 28, 2016
	• 2016-17 Q1 July 22, 2016
	• 2016-17 Q2 October 24, 2016
	• 2016-17 Q3 January 23, 2017
	• 2016-17 Q4 May 2, 2017

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Canadian Mental Health Association,
Windsor-Essex County Branch

Other Reporting Requirements	
Requirement	Due Date
ConnexOntario Health Services Information <ul style="list-style-type: none">• Drug and Alcohol Helpline• Ontario Problem Gambling Helpline (OPGH)• Mental Health Helpline	All HSPs that receive funding to provide mental health and/or addictions services must participate in ConnexOntario Health Services Information's annual validation of service details; provide service availability updates; and inform ConnexOntario Health Services Information of any program/service changes as they occur.
French language service Report	2014-15 - April 30, 2015 2015-16 - April 30, 2016 2016-17 - April 30, 2017

Schedule D: Directives , Guidelines and Policies Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Canadian Mental Health Association,
Windsor-Essex County Branch

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

• Community Financial Policy, 2015	
• Operating Manual for Community Mental Health and Addiction Services (2003)	Chapter 1. Organizational Components 1.2 Organizational Structure, Roles and Relationships 1.3 Developing and Maintaining the HSP Organization / Structure 1.5 Dispute Resolution
	Chapter 2. Program & Administrative Components 2.3 Budget Allocations/ Problem Gambling Budget Allocations 2.4 Service Provision Requirements 2.5 Client Records, Confidentiality and Disclosure 2.6 Service Reporting Requirements 2.8 Issues Management 2.9 Service Evaluation/Quality Assurance 2.10 Administrative Expectations
	Chapter 3. Financial Record Keeping and Reporting Requirements 3.2 Personal Needs Allowance for Clients in Some Residential Addictions Programs 3.6 Internal Financial Controls (<i>except "Inventory of Assets"</i>) 3.7 Human Resource Control
• Early Psychosis Intervention Standards (Nov 2010)	
• Ontario Program Standards for ACT Teams (2005)	
• Intensive Case Management Service Standards for Mental Health Services and Supports (2005)	
• Crisis Response Service Standards for Mental Health Services and Supports (2005)	
Psychiatric Sessional Funding Guidelines (2004)	
• Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)	
• Addictions & Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)	

Schedule D: Directives , Guidlelines and Policies Community Mental Health and Addictions Services

2016-2017

**Health Service Provider: Canadian Mental Health Association,
Windsor-Essex County Branch**

- | |
|--|
| • Ontario Admission Discharge Criteria for Addiction Agencies (2000) |
| • Admission, Discharge and Assessment Tools for Ontario Addiction Agencies (2000) |
| • South Oaks Gambling Screen (SOGS) |
| • Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year |
| • Guideline for Community Health Service Providers Audits and Reviews, August 2012 |

Schedule E1: Core Indicators

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	(\$416,039)	>=0
Proportion of Budget Spent on Administration	34.1%	<=40.9%
**Percentage Total Margin	(2.26%)	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.41%
Variance Forecast to Actual Expenditures	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	12.70%	<13.97%

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience
Budget Spent on Administration- AS General Administration 72 1 10
Budget Spent on Administration- AS Information Systems Support 72 1 25
Budget Spent on Administration- AS Volunteer Services 72 1 40
Budget Spent on Administration- AS Plant Operation 72 1 55

* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget

** No negative variance is accepted for Total Margin

Schedule E2b: CHC Sector Specific Indicators

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

Performance Indicators	2016-2017 Target	Performance Standard
Cervical Cancer Screening Rate (PAP tests)	69.0%	> 55.0%
Colorectal Screening Rate	62.0%	49.6 - 74.4%
Inter-professional Diabetes Care Rate	93.0%	74.4 - 100%
Influenza Vaccination Rate	36.0%	28.8 - 43.2%
Breast Cancer Screening Rate	63.0%	50.4 - 75.6%
Periodic Health Exam Rate (Applicable to 2014-15 only)	N/A	-
Vacancy Rate (For NPs and Physicians- Replaced in 2015-16 with Retention Rate)	N/A	-
Retention Rate (For NPs and Physicians)	98.0%	>= 78.4%
Access to Primary Care	95.6%	90.87 - 100%

Explanatory Indicators

Emergency visits best managed elsewhere
Client Satisfaction – Access
Clinic support staff per primary care provider
Interpretation
Exam rooms per primary care provider
New grads/new staff
Non-Primary Care Activities
Number of Registered Clients
Number of New Patients
Specialized Care
Supervision of students
Third next available appointment
Non-Insured Clients

Schedule E2a: Clinical Activity- Detail

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

OHRS Description & Functional Centre		2016-2017	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
Administration and Support Services 72 1*			
Full-time equivalents (FTE)	72 1*	15.16	n/a
Total Cost for Functional Centre	72 1*	\$2,559,185	n/a
Clinical Management 72 5 05			
Full-time equivalents (FTE)	72 5 05	19.59	n/a
Total Cost for Functional Centre	72 5 05	\$1,528,122	n/a
Medical Resources 72 5 07			
Full-time equivalents (FTE)	72 5 07	0.23	n/a
Individuals Served by Functional Centre	72 5 07	20	16 - 24
Total Cost for Functional Centre	72 5 07	\$28,430	n/a
Case Management/Supportive Counselling & Services - Mental Health 72 5 09 76			
Full-time equivalents (FTE)	72 5 09 76	49.76	n/a
Visits	72 5 09 76	32,000	30400 - 33600
Individuals Served by Functional Centre	72 5 09 76	1,200	1080 - 1320
Group Sessions	72 5 09 76	130	104 - 156
Total Cost for Functional Centre	72 5 09 76	\$4,785,706	n/a
Group Participant Attendances	72 5 09 76	1,400	1260 - 1540
Service Provider Interactions	72 5 09 76	34,000	32300 - 35700
Service Provider Group Interactions	72 5 09 76	225	180 - 270
Mental Health Sessions	72 5 09 76	301	241 - 361
Clinics/Programs - General Clinic 72 5 10 20			
Full-time equivalents (FTE)	72 5 10 20	8.37	n/a
Visits	72 5 10 20	11,300	10735 - 11865
Individuals Served by Functional Centre	72 5 10 20	1,600	1440 - 1760
Total Cost for Functional Centre	72 5 10 20	\$1,387,543	n/a
Service Provider Interactions	72 5 10 20	11,500	10925 - 12075
Clinics/Programs - Therapy Clinic - Foot Care 72 5 10 40 20			
Full-time equivalents (FTE)	72 5 10 40 20	0.69	n/a
Visits	72 5 10 40 20	600	510 - 690
Individuals Served by Functional Centre	72 5 10 40 20	310	248 - 372
Total Cost for Functional Centre	72 5 10 40 20	\$36,933	n/a
Service Provider Interactions	72 5 10 40 20	600	510 - 690
Clinics/Programs - Therapy Clinic - Nutrition 72 5 10 40 45			
Full-time equivalents (FTE)	72 5 10 40 45	0.93	n/a
Visits	72 5 10 40 45	400	320 - 480
Individuals Served by Functional Centre	72 5 10 40 45	260	208 - 312
Group Sessions	72 5 10 40 45	45	36 - 54
Total Cost for Functional Centre	72 5 10 40 45	\$89,208	n/a
Group Participant Attendances	72 5 10 40 45	700	595 - 805
Service Provider Interactions	72 5 10 40 45	400	320 - 480
Service Provider Group Interactions	72 5 10 40 45	45	36 - 54
Clinics/Programs - Therapy Clinic - Counselling 72 5 10 40 60			

Schedule E2a: Clinical Activity- Detail

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

OHRs Description & Functional Centre		2016-2017	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
Full-time equivalents (FTE)	72 5 10 40 60	2.61	n/a
Visits	72 5 10 40 60	1,075	968 - 1183
Individuals Served by Functional Centre	72 5 10 40 60	350	280 - 420
Group Sessions	72 5 10 40 60	62	50 - 74
Total Cost for Functional Centre	72 5 10 40 60	\$224,720	n/a
Service Provider Interactions	72 5 10 40 60	1,090	981 - 1199
Service Provider Group Interactions	72 5 10 40 60	62	50 - 74
Clinics/Programs - MH Counseling and Treatment 72 5 10 76 12			
Full-time equivalents (FTE)	72 5 10 76 12	2.42	n/a
Visits	72 5 10 76 12	1,100	990 - 1210
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 12	150	120 - 180
Individuals Served by Functional Centre	72 5 10 76 12	450	360 - 540
Group Sessions	72 5 10 76 12	60	48 - 72
Total Cost for Functional Centre	72 5 10 76 12	\$226,001	n/a
Group Participant Attendances	72 5 10 76 12	500	425 - 575
Service Provider Interactions	72 5 10 76 12	1,150	1035 - 1265
Service Provider Group Interactions	72 5 10 76 12	60	48 - 72
MH Vocational/Employment 72 5 10 76 40			
Full-time equivalents (FTE)	72 5 10 76 40	4.65	n/a
Visits	72 5 10 76 40	2,300	2070 - 2530
Individuals Served by Functional Centre	72 5 10 76 40	160	128 - 192
Group Sessions	72 5 10 76 40	528	449 - 607
Total Cost for Functional Centre	72 5 10 76 40	\$337,026	n/a
Group Participant Attendances	72 5 10 76 40	530	451 - 610
Service Provider Interactions	72 5 10 76 40	4,000	3600 - 4400
Service Provider Group Interactions	72 5 10 76 40	528	449 - 607
MH Early Intervention 72 5 10 76 51			
Full-time equivalents (FTE)	72 5 10 76 51	7.51	n/a
Visits	72 5 10 76 51	5,000	4750 - 5250
Individuals Served by Functional Centre	72 5 10 76 51	100	80 - 120
Total Cost for Functional Centre	72 5 10 76 51	\$679,870	n/a
Service Provider Interactions	72 5 10 76 51	6,650	6318 - 6983
MH Diversion and Court Support 72 5 10 76 56			
Full-time equivalents (FTE)	72 5 10 76 56	9.77	n/a
Visits	72 5 10 76 56	6,500	6175 - 6825
Individuals Served by Functional Centre	72 5 10 76 56	375	300 - 450
Total Cost for Functional Centre	72 5 10 76 56	\$896,834	n/a
Service Provider Interactions	72 5 10 76 56	6,920	6574 - 7266
MH Psycho-geriatric 72 5 10 76 96			
Full-time equivalents (FTE)	72 5 10 76 96	0.74	n/a
Visits	72 5 10 76 96	550	468 - 633

Schedule E2a: Clinical Activity- Detail

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

OHRS Description & Functional Centre		2016-2017	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
Individuals Served by Functional Centre	72 5 10 76 96	25	20 - 30
Total Cost for Functional Centre	72 5 10 76 96	\$73,604	n/a
Service Provider Interactions	72 5 10 76 96	550	468 - 633
Res. Mental Health - Housing Bricks & Mortar 72 5 40 76 40			
Total Cost for Functional Centre	72 5 40 76 40	\$57,720	n/a
Res. Mental Health - Rent Supplement Program 72 5 40 76 50			
Full-time equivalents (FTE)	72 5 40 76 50	1.86	n/a
Inpatient/Resident Days	72 5 40 76 50	98,550	93623 - 103478
Individuals Served by Functional Centre	72 5 40 76 50	279	223 - 335
Total Cost for Functional Centre	72 5 40 76 50	\$879,268	n/a
Health Prom/Educ. & Com. Dev.- Chronic Disease Education, Awareness and Prevention-General 72 5 50 35 10			
Full-time equivalents (FTE)	72 5 50 35 10	0.93	n/a
Visits	72 5 50 35 10	400	320 - 480
Individuals Served by Functional Centre	72 5 50 35 10	230	184 - 276
Group Sessions	72 5 50 35 10	230	184 - 276
Total Cost for Functional Centre	72 5 50 35 10	\$79,975	n/a
Group Participant Attendances	72 5 50 35 10	2,370	2133 - 2607
Service Provider Interactions	72 5 50 35 10	440	352 - 528
Service Provider Group Interactions	72 5 50 35 10	115	92 - 138
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		125.22	n/a
Total Visits for all F/C		61,225	58164 - 64286
Total Not Uniquely Identified Service Recipient Interactions for all F/C		150	120 - 180
Total Inpatient/Resident Days for all F/C		98,550	93623 - 103478
Total Individuals Served by Functional Centre for all F/C		5,359	5091 - 5627
Total Group Sessions for all F/C		1,055	950 - 1161
Total Group Participants for all F/C		5,500	n/a
Total Service Provider Interactions for all F/C		67,300	63935 - 70665
Total Service Provider Group Interactions for all F/C		1,035	932 - 1139
Total Mental Health Sessions for all F/C		301	241 - 361
Total Cost for All F/C		\$13,870,145	n/a

Schedule E2c: CMH&A Sector Specific Indicators

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

Performance Indicators		2016-2017 Target	Performance Standard
No Performance Indicators		-	-
Explanatory Indicators			
Repeat Unplanned Emergency Visits within 30 days for Mental Health conditions			
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse conditions			
Average Number of Days Waited from Referral/Application to Initial Assessment Complete			
Average number of days waited from Initial Assessment Complete to Service Initiation			

**Schedule E3a Local: All
2016-2017**

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

All HSPs will provide annually a report on the number of patients/clients by mother tongue, official language and Indigenous identity.

HSPs will develop a mechanism to track the language characteristics of their patients/clients to understand opportunities for culturally sensitive services, using the following questions:

1. Report on number of patients/clients by mother tongue and official language.

a) Mother Tongue:

- English
- French
- Other (specify what other language is)

b) Official Language (if mother tongue is not English or French):

- English
- French

2. Report on number of patients/clients that identify themselves as Indigenous:

- First Nation
- Inuit
- Metis
- Non-Status
- Urban

The Ministry of Health and Long-Term Care (MOHLTC) has identified equity as a key component of quality care, including the reduction of avoidable health disparities between population groups. The Erie St. Clair LHIN is currently developing a health equity strategy, whereas we would expect each provider to meaningfully engage in this process. We are striving towards a culturally competent and safe health system that respectfully and adequately responds to inequities, diverse values and beliefs of the residents in the Erie St. Clair LHIN in order to improve their health outcomes and patient experience.

As part of the service accountability agreement with the Erie St. Clair LHIN, all HSPs need to take specific action to positively impact the health status of all residents by giving consideration to the determinants of health, with focus on Indigenous people, Francophones, newcomers/immigrants and vulnerable populations.

Therefore, health program/service providers are required to detail their planned efforts to address area population needs and service gaps by providing an annual summary on the following questions:

1. What specific processes or intentional steps has your organization taken this year to address health equity and the determinants of health to improve health outcomes of the residents you serve?
2. What specific outcomes has your organization achieved in improving access and/or effectiveness of your programs/services through attention to health equity and the determinants of health?
3. What are your policies and procedures related to self-identification for the vulnerable populations, Francophone and Indigenous residents you serve?
4. What plans does your organization have to address health equity and the determinants of health in the delivery of programs/services in the coming year?

Annual reports to be submitted on or before June 30th of each year and sent to:

EC.performance@lhins.on.ca

**Schedule E3c Local: CMH&A Local Indicators
2016-2017**

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

CMHA Windsor-Essex

Mental Health

1. Provide and maintain updated service description and wait-time information to Connex Ontario
2. Actively participate in coordinated access mechanisms implemented by the ESC LHIN including provision of clinical services through electronic bookings (FACE).
3. Actively participate in the review and refinement of appropriate cost centres and reporting requirements. Future reporting is subject to change as per the ESC LHIN Data Quality Improvement Plan.
4. Early intervention, first episode, psychosis program:
 - a. Zero wait-time for Early Intervention clients

CHC City Centre

Mental Health

1. Provide and maintain updated service description and wait-time information to Connex Ontario
2. Actively participate in coordinated access mechanisms implemented by the ESC LHIN including provision of clinical services through electronic bookings (FACE).
3. Actively participate in the review and refinement of appropriate cost centres and reporting requirements. Future reporting is subject to change as per the ESC LHIN Data Quality Improvement Plan.

Schedule E3 FLS Local: Identified Organizations 2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

Responsiveness to Francophone community needs

As an HSP identified or designated to provide services in French to serve the Francophone population, you will continue to actively participate in activities designed to support the implementation and delivery of services in French. You will complete the work undertaken in the first two years of the current agreement, that is:

The HSP is responsible for implementing and delivering its services in French. To that end, the HSP will work with the Erie St. Clair LHIN to achieve designation under the French Language Services Act by the end of Q2 2015.

The HSP will work with the Erie St. Clair LHIN FLS Coordinator and/or the French Language Health Planning Entity to meet its French language obligations and to develop its designation plan. The HSP will:

- initiate contact with the FLS Coordinator to understand purpose, process and requirements of FLS by Q1 2014;
- set up a FLS working group, with participation from the FLS Coordinator by Q1 2014;
- develop a workplan to include actions required to develop designation plan by Q2 2014;
- submit annually a progress report in Q4;
- submit its designation plan to the LHIN by Q2 2015;
- complete annually the FLS report in SRI (date to be determined).

The HSP will also achieve the following actions:

- implement or update key elements of an active offer of FLS, in particular:
 - bilingual greetings (switchboard/reception and automated greeting) by Q2 2014;
 - identification of bilingual staff by Q2 2014;
 - written material by Q3 2014;
 - identification of French-speaking patients/clients by Q2 2014;
- develop or update policies regarding French language services, and integrate where possible into existing organizational policies by Q4 2015;
- develop or update the Human Resource Plan, which includes the designation of positions requiring proficiency in French by Q4 2015.

Please note that for reporting purpose, you will submit a progress report to the LHIN FLS Coordinator by September 30, 2016. All other FLS reports are eliminated for 2016-2017.

Schedule F: Project Funding

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

Project Funding Agreement Template

Note: This project template is intended to be used to fund one-off projects or for the provision of services not ordinarily provided by the HSP. Whether or not the HSP provides the services directly or subcontracts the provision of the services to another provider, the HSP remains accountable for the funding that is provided by the LHIN.

THIS PROJECT FUNDING AGREEMENT ("PFA") is effective as of [insert date] (the "Effective Date") between:

ERIE ST. CLAIR LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

- and -

[Legal Name of the Health Service Provider] (the "HSP")

WHEREAS the LHIN and the HSP entered into a service accountability agreement dated [insert date] (the "SAA") for the provision of Services and now wish to set out the terms of pursuant to which the LHIN will fund the HSP for [insert brief description of project] (the "Project");

NOW THEREFORE in consideration of their respective agreements set out below and subject to the terms of the SAA, the parties covenant and agree as follows:

1.0 Definitions. Unless otherwise specified in this PFA, capitalized words and phrases shall have the meaning set out in the SAA. When used in this PFA, the following words and phrases have the following meanings:

"Project Funding" means the funding for the Services;

"Services" mean the services described in Appendix A to this PFA; and

"Term" means the period of time from the Effective Date up to and including [insert project end date].

2.0 Relationship between the SAA and this PFA. This PFA is made subject to and hereby incorporates the terms of the SAA. On execution this PFA will be appended to the SAA as a Schedule.

3.0 The Services. The HSP agrees to provide the Services on the terms and conditions of this PFA including all of its Appendices and schedules.

4.0 Rates and Payment Process. Subject to the SAA, the Project Funding for the provision of the Services shall be as specified in Appendix A to this PFA.

Schedule F: Project Funding

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

Project Funding Agreement Template

5.0

Representatives for PFA.

- (a) The HSP's Representative for purposes of this PFA shall be [insert name, telephone number, fax number and e-mail address.] The HSP agrees that the HSP's Representative has authority to legally bind the HSP.
- (b) The LHIN's Representative for purposes of this PFA shall be: [insert name, telephone number, fax number and e-mail address.]

6.0

Additional Terms and Conditions. The following additional terms and conditions are applicable to this PFA.

- (a) Notwithstanding any other provision in the SAA or this PFA, in the event the SAA is terminated or expires prior to the expiration or termination of this PFA, this PFA shall continue until it expires or is terminated in accordance with its terms.
- (b) [insert any additional terms and conditions that are applicable to the Project]

IN WITNESS WHEREOF the parties hereto have executed this PFA as of the date first above written.

[insert name of HSP]

By:

[insert name and title]

Erie St. Clair Local Health Integration Network

By:

[insert name and title.]

Schedule F: Project Funding

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

Project Funding Agreement Template

5.0 APPENDIX A: SERVICES

- 1. DESCRIPTION OF PROJECT**
- 2. DESCRIPTION OF SERVICES**
- 3. OUT OF SCOPE**
- 4. DUE DATES**
- 5. PERFORMANCE TARGETS**
- 6. REPORTING**
- 7. PROJECT ASSUMPTIONS**
- 8. PROJECT FUNDING**

8.1 The Project Funding for completion of this PFA is as follows:

8.2 Regardless of any other provision of this PFA, the Project Funding payable for the completion of the Services under this PFA is one-time finding and is not to exceed [X].

Schedule G: Declaration of Compliance

2016-2017

Health Service Provider: Canadian Mental Health Association, Windsor-Essex County Branch

DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2014

To: The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of the [insert name of HSP] (the "HSP")

Date: [insert date]

Re: [insert date range - April 1, 201X –March 31, 201x] (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the HSP on a day to day basis, e.g. the Chief Executive Office or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

[insert name of Chair], [insert title]