

SERVICE ACCOUNTABILITY AGREEMENT

THE AGREEMENT effective as of the 1st day of April, 2009

B E T W E E N:

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

- and -

ST. JOSEPH'S CARE GROUP (the "HSP")

Table of Contents

Article 1 - Definitions & Interpretation	4
Article 2 - Term & Nature of the Agreement	6
Article 3 - Provision of Services	6
Article 4 - Funding	8
Article 5 - Repayment & Recovery of Funding	10
Article 6 - Planning & Integration	11
Article 7 - Performance Improvement Process	14
Article 8 - Reporting, Accounting & Review	15
Article 9 - Acknowledgement of LHIN Support	17
Article 10 - Representations, Warranties & Covenants	18
Article 11 - Limitation of Liability, Indemnity & Insurance	19
Article 12 - Termination of Agreement	21
Article 13 - Notice	23
Article 14 - Additional Provisions	24
Article 15 - Entire Agreement	26
Schedule A - Detailed Description of Services	27
Schedule B - Service Plan	29
Form 2b	37

Schedule C - Reports 38

Schedule D - Directives, Guidelines & Policies 40

Schedule E - Performance 42

Schedule F - Template for Project Funding 45

Appendix A - Deliverables 47

THE AGREEMENT effective as of the 1st day of April, 2009

BETWEEN:

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

- and -

ST. JOSEPH'S CARE GROUP (the "HSP")

Background:

Prior to providing funding for the provision of services to its local health system, the *Local Health System Integration Act, 2006* requires that the LHIN and the HSP enter into a service accountability agreement.

The service accountability agreement is a multi-year agreement. It supports a collaborative relationship between the LHIN and the HSP to improve the health of Ontarians through better access to high quality health services, to co-ordinate health care in local health systems and to manage the health system at the local level effectively and efficiently.

In this context, the HSP and the LHIN agree that the provision of services to the local health system by the HSP will be funded as set out in this Agreement.

ARTICLE 1 – DEFINITIONS & INTERPRETATION

1.1 **Definitions.** In the Agreement the following terms will have the following meanings:

"Act" means the *Local Health System Integration Act, 2006* as it may be amended from time to time;

"Agreement" means this agreement entered into between the LHIN and the HSP, the Schedules and any instrument amending the agreement or the Schedules;

"Applicable Law" means all federal, provincial or municipal laws or regulation or any orders, rules, by-laws, policies or standards of practice that are applicable to the HSP, the Services, this Agreement and the parties' obligations under this Agreement during the term of this Agreement. Applicable law includes the documents identified in Schedule D.

"Budget" means the budget approved by the LHIN and appended to the Agreement as Schedule "B".

"CFMA" means the *Commitment to the Future of Medicare Act, 2004*, as amended;

“Confidential Information” means information that is (i) marked or otherwise identified as confidential by the HSP at the time the information is provided to the LHIN; and (ii) eligible for exclusion from disclosure at a public board meeting in accordance with section 9 of the Act. Confidential Information does not include information that (a) was known to the LHIN prior to receiving the information from the HSP; (b) has become publicly known through no wrongful act of the LHIN; or (c) is required to be disclosed by law, provided that the LHIN provides timely notice of such requirement to the HSP, consults with the HSP on the proposed form and nature of the disclosure, and ensures that any disclosure is made in strict accordance with Applicable Law.

Conflict of Interest includes any situation or circumstance where: in relation to the performance of its obligations under this Agreement the HSP’s other commitments, relationships or financial interests (i) could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgement; or (ii) could or could be seen to compromise, impair or be incompatible with the effective performance of its obligations under this Agreement.

“Days” means calendar days.

“Effective Date” means April 1, 2009.

“Funding” means the amounts of money provided by the LHIN to the HSP pursuant to this Agreement;

“Funding Year” means in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following March 31, and in the case of Funding Years subsequent to the first Funding Year, the period commencing on the date that is April 1 following the end of the previous Funding Year and ending on the following March 31.

“GST” means goods and services tax pursuant to the *Excise Tax Act* (Canada).

“Interest Income” means interest earned on the Funding.

“MOHLTC” means the Minister or the Ministry of Health and Long Term Care, as is appropriate in the context.

“Party” means either of the LHIN or the HSP and **“Parties”** mean both of the LHIN and the HSP.

“Project Funding Agreement” means an agreement in the form of Schedule F that incorporates the terms of this Agreement.

“Reports” means the reports described in Schedule “C” as well as any other reports or information required to be provided under this Agreement.

“Schedule” means any one of, and **“Schedules”** mean any two or more, as the context requires, of the schedules appended to this Agreement including the following:

- Schedule A: Description of Services
- Schedule B: Service Plan
- Schedule C: Reports
- Schedule D: Directives; Guidelines and Policies
- Schedule E: Performance
- Schedule F: Template for Project Funding

“**Service Plan**” means the Operating Plan and Budget appended as Schedule B.

“**Services**” means the services and deliverables described in Schedule “A” and in any Project Funding Agreement executed pursuant to this Agreement.

- 1.2 **Interpretation.** Words in the singular include the plural and vice-versa. Words in one gender include both genders. The headings do not form part of the Agreement. They are for convenience of reference only and will not affect the interpretation of the Agreement.

ARTICLE 2 – TERM & NATURE OF THE AGREEMENT

- 2.1 **Term.** The term of the Agreement will commence on the Effective Date and will expire on March 31, 2011 unless terminated earlier or extended pursuant to its terms.
- 2.2 **A Service Accountability Agreement.** This Agreement is a service accountability agreement for the purposes of subsection 20(1) of the Act and Part III of the CFMA.

ARTICLE 3 – PROVISION OF SERVICES

- 3.1 **Provision of Services.**
- (a) The HSP will provide the Services in accordance with:
 - (i) the terms of the Agreement, including the Service Plan; and
 - (ii) Applicable Law;
 - (b) When providing the Services, the HSP will meet the Performance Standards and Conditions identified in Schedule E, if Schedule E is included in this Agreement;
 - (c) Unless otherwise provided in this Agreement, the HSP will not reduce, stop, start, expand, cease to provide or transfer the provision of the Services or change its Service Plan except with the prior written consent of the LHIN; and
 - (d) the HSP will not restrict or refuse the provision of Services to an individual, directly or indirectly, based on the geographic area in which the person resides in Ontario.

3.2 **Subcontracting for the Provision of Services.**

(a) Unless permitted in the Service Plan, the HSP agrees that the HSP will not subcontract the fulfillment of all or any part of the HSP's obligations under this Agreement without the prior written consent of the LHIN. Such consent will be in the sole discretion of the LHIN and may be subject to additional terms and conditions.

(b) If the HSP is permitted to subcontract the provision of the Services, the HSP will make reasonable efforts to include in its subcontract, (i) provisions that permit the LHIN and the Auditor General to audit the subcontractor to the same extent as set out in provisions 8.3 and 8.6 of this Agreement; (ii) other provisions necessary for the HSP to fulfill its obligations under this Agreement; (iii) a provision that enables the subcontract to be assigned in the event that this Agreement is terminated; and (iv) a provision that permits the LHIN to revoke approval of the subcontractor without legal liability to either the HSP or the subcontractor.

(c) If permitted to use subcontractors, the HSP will remain liable for obligations performed by a subcontractor to the same extent as if the HSP had performed such obligations. For the purpose of this Agreement work performed by the HSP's subcontractor will be deemed work performed by the HSP.

(d) Nothing contained in this Agreement or a subcontract will create a contractual relationship between any subcontractor or its directors, officers, employees, agents, partners, affiliates or volunteers and the LHIN.

3.3 **Conflict of Interest.** The HSP will (a) avoid any Conflict of Interest in the performance of its contractual obligations; (b) disclose to the LHIN without delay any actual or potential Conflict of Interest that arises during the performance of its contractual obligations; and (c) comply with any requirements prescribed by the LHIN to resolve any Conflict of Interest. In addition to all other contractual rights or rights available at law or in equity, the LHIN may immediately terminate the Contract upon giving notice to the HSP where: (a) the HSP fails to disclose an actual or potential Conflict of Interest; (b) the HSP fails to comply with any requirements prescribed by the LHIN to resolve a Conflict of Interest; or (c) the HSP Conflict of Interest cannot be resolved. This paragraph will survive any termination or expiry of the Agreement.

3.4 **E-health/Information Technology Compliance.** The HSP agrees to comply with any technical standard related to architecture, technology, privacy and security set for health service providers by the MOHLTC or the LHIN within the timeframes set by the MOHLTC or the LHIN as the case may be.

3.5 **Policies, Guidelines Directives and Standards.** Either the LHIN or the MOHLTC will give the HSP notice of any amendments to the manuals, guidelines or policies identified in Schedule D. Amendments will be effective on the first Day of April following the receipt of the notice or on such other date as may be advised. By signing a copy of this Agreement the HSP acknowledges that it has a copy of the manuals, guidelines or policies identified in Schedule D.

ARTICLE 4 – FUNDING

4.1 **Funding.** The LHIN:

- (i) will provide the funds identified in Schedule B to the HSP for the purpose of providing or ensuring the provision of the Services;
- (ii) may pro-rate the funds identified in Schedule B to the date on which the Agreement is signed, if that date is after April 1; and
- (iii) will deposit the funds in instalments twice monthly over the Term of the Agreement, into an account designated by the HSP provided that the account resides at a Canadian financial institution and is in the name of the HSP.

4.2 **Limitation on Payment of Funding.** Despite section 4.1, the LHIN:

- (i) will not provide any funds to the HSP until the Agreement is fully executed;
- (ii) will not provide any funds to the HSP until the HSP meets the insurance requirements described in section 11.4;
- (iii) will not be required to continue to provide funds in the event the HSP breaches any of its obligations under this Agreement, until the breach is remedied to the LHIN's satisfaction; and
- (iv) may adjust the amount of funds it provides to the HSP in any Funding Year based upon the LHIN's assessment of the information contained in the Reports.

4.3 **Appropriation.** Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the MOHLTC and funding of the LHIN by the MOHLTC pursuant to the Act. If the LHIN does not receive its anticipated funding the LHIN will not be obligated to make the payments required by this Agreement and the LHIN may terminate the Agreement in accordance with section 12.1(b).

4.4 **Additional Funding.**

- (a) Unless the LHIN has agreed to do so in writing, the LHIN is not required to provide additional funds to the HSP for providing additional Services or for exceeding the requirements of Schedule E.
- (b) The HSP may request additional funding by submitting a proposal to amend its Service Plan. The HSP will abide by all decisions of the LHIN with respect to a proposal to amend the Service Plan and will make whatever changes are requested or approved by the LHIN. The Service Plan will be amended to include any approved additional funding.

4.5 Conditions of Funding

- (a) The HSP will:
 - (i) use the Funding only for the purpose of providing the Services in accordance with the terms of this Agreement;
 - (ii) spend the Funding only in accordance with the Service Plan; and
 - (iii) propose, achieve and maintain an Annual Balanced Budget.
- (b) "Annual Balanced Budget" means that, in each fiscal year of the term of this Agreement, the total expenses of the HSP are less than or equal to the total revenue, from all sources, of the HSP.
- (c) The LHIN may impose such additional terms or conditions on the use of the Funding which it considers appropriate for the proper expenditure and management of the Funding.

4.6 Interest.

- (a) Funding will be placed in an interest bearing account at a Canadian financial institution.
- (b) Interest Income must be used, within the fiscal year in which it is received, to provide the Services.
- (c) Interest Income will be reported to the LHIN and is subject to a year end reconciliation. In the event that some or all of the Interest Income is not used to provide the Services,
 - (i) the LHIN may deduct the amount equal to the unused Interest Income from any further Funding instalments under this or any other agreement with the HSP; and/or
 - (ii) the LHIN may require the HSP to pay an amount equal to the unused Interest Income to the Ministry of Finance.

4.7 GST. The HSP:

- (i) acknowledges that all GST rebates it anticipates receiving from the use of the Funding have been incorporated in its Budget;
- (ii) agrees that it will advise the LHIN if it receives any unanticipated GST rebates from the use of the Funding, or from the use of funding received from either the LHIN or the MOHLTC in years prior to this Agreement that was not recorded in the year of the related expenditure;
- (iii) agrees that all GST rebates referred to in (ii) will be considered Funding in the year that the rebates are received, regardless of the year to which the rebate relates.

- 4.8 **Procurement of Goods and Services.** The HSP will have a procurement policy in place that requires the acquisition of supplies, equipment or services valued at over \$25,000 through a competitive process that ensures the best value for funds expended. If the HSP acquires supplies, equipment or services with the Funding it will do so through a process that is consistent with this policy.
- 4.9 **Disposition.** The HSP will not, without the LHIN's prior written consent, sell, lease or otherwise dispose of any assets purchased with Funding, the cost of which exceeded \$25,000 at the time of purchase.

ARTICLE 5 – REPAYMENT & RECOVERY OF FUNDING

5.1 Repayment and Recovery.

- (a) **At the End of a Funding Year.** If, in any Funding Year, the HSP has not spent all of the Funding the LHIN will require the repayment of the unspent Funding.
- (b) **On Termination or Expiration of the Agreement.** Upon termination or expiry of the Agreement, the LHIN will require the repayment of any Funding remaining in the possession or under the control of the HSP and the payment of an amount equal to any Funding the HSP used for purposes not permitted by this Agreement.
- (c) **On Reconciliation and Settlement.** If the year end reconciliation and settlement process demonstrates that the HSP received Funding in excess of its entitlement, the LHIN will require the repayment of the excess Funding.
- (d) **As a Result of Performance Management or System Planning.** If Services are adjusted, as a result of the performance management or system planning processes, the LHIN may adjust the Funding to be paid under Schedule B, require the repayment of excess Funding and/or adjust the amount of any future funding installments accordingly.
- (e) **In the Event of Forecasted Surpluses.** If the HSP is forecasting a surplus the LHIN may adjust the amount of Funding to be paid under Schedule B, require the repayment of excess Funding and/or adjust the amount of any future funding installments accordingly.
- (f) **On the Request of the LHIN.** The HSP will, at the request of the LHIN, repay the whole or any part of the Funding, or an amount equal thereto if the HSP:
- (i) has provided false information to the LHIN knowing it to be false;
 - (ii) breaches a term or condition of this Agreement and does not, within 30 Days after receiving from the LHIN written notice of the breach take reasonable steps to remedy the breach; or
 - (iii) breaches any federal or provincial law or regulation that directly relates to the provision of, or ensuring the provision of, the Services.

- (g) Subsections 5.1(c) and (d) do not apply to Funding already expended properly in accordance with this Agreement. The LHIN will, at its sole discretion, and without liability or penalty, determine whether the Funding has been expended properly in accordance with this Agreement
- 5.2 **Provision for the Recovery of Funding.** The HSP will make reasonable and prudent provision for the recovery by the LHIN of any Funding for which the conditions of Funding set out in subsection 4.5 are not met and will hold this Funding in accordance with the provisions of subsection 4.6 until such time as reconciliation and settlement has occurred with the LHIN. Interest earned on Funding will be reported and recovered in accordance with subsection 4.6.
- 5.3 **Settlement and Recovery of Funding for Prior Years.**
- (a) The HSP acknowledges that settlement and recovery of Funding can occur up to seven years after the provision of Funding.
- (b) Recognizing the transition of responsibilities from the MOHLTC to the LHIN, the HSP agrees that if the parties are directed in writing to do so by the MOHLTC, the LHIN will settle and recover on behalf of the MOHLTC, and the HSP will enable the recovery of funding provided to the HSP by the MOHLTC in fiscal 2000/01 and every subsequent fiscal year up to and including 2006/07. All such settlements and recoveries will be subject to the terms applicable to the original provision of funding.
- 5.4 **Debt Due.**
- (a) If the LHIN requires the re-payment by the HSP of any Funding the amount required will be deemed to be a debt owing to the LHIN by the HSP. The LHIN may adjust future funding instalments to recover the amounts owed or may, at its discretion direct the HSP to will pay the amount owing to the LHIN
- (b) All amounts repayable to the LHIN will be paid by cheque payable to the "Ontario Minister of Finance" and mailed to the LHIN at the address provided in section 13.1.
- 5.5 **Interest Rate.** The LHIN may charge the HSP interest on any amount owing by the HSP at the then current interest rate charged by the Province of Ontario on accounts receivable.

ARTICLE 6 – PLANNING & INTEGRATION

- 6.1 **Planning for Future Years.**
- (a) **Advance Notice.** The LHIN will give at least sixty Days notice to the HSP of the date by which a Community Annual Planning Submission ("CAPS"), approved by the HSP's governing body, must be submitted to the LHIN.

(b) **Multi-Year Planning.** The CAPS will be in a form acceptable to the LHIN and will incorporate (i) prudent multi-year financial forecasts; (ii) plans for the achievement of performance targets; and (iii) realistic risk management strategies. It will be aligned with the LHIN's Integrated Health Service Plan and will reflect local LHIN priorities and initiatives. If the LHIN has provided multi-year planning targets for the HSP, the CAPS will reflect the planning targets.

(c) **Multi-year Planning Targets.** Schedule B may reflect an allocation for the first fiscal year of this Agreement as well as planning targets for up to two additional years, consistent with the Term of the Agreement. In such an event,

(i) the HSP acknowledges that if it is provided with planning targets, these targets are (A) targets only, (B) provided solely for the purposes of planning, (C) are subject to confirmation and (D) may be changed at the discretion of the LHIN. The HSP will proactively manage the risks associated with multi-year planning and the potential changes to the planning targets.

(i) the LHIN agrees that it will communicate any material changes to the planning targets as soon as reasonably possible.

(d) **Service Accountability Agreements.** The HSP acknowledges that if the LHIN and the HSP enter into negotiations for a subsequent service accountability agreement, funding may be interrupted if the subsequent accountability agreement is not executed on or before the expiration date of this Agreement.

6.2 Community Engagement & Integration Activities

(a) **Community Engagement.** The HSP will engage the community of diverse persons and entities in the area where it provides health services when setting priorities for the delivery of health services and when developing plans for submission to the LHIN including but not limited to CAPS and integration proposals.

(b) **Integration.** The HSP will, separately and in conjunction with the LHIN and other health service providers, identify opportunities to integrate the services available to the local health system to provide appropriate, co-coordinated, effective and efficient services.

(c) **Reporting.** The HSP will report on its community engagement and integration activities as requested by the LHIN, and in any event, in its year end report to the LHIN.

6.3 Planning and Integration Activity Pre-proposals

6.3.1 **General:** A pre-proposal process has been developed to (i) reduce the costs incurred by an HSP when proposing operational or service changes; (ii) facilitate the HSP to carry out its statutory obligations; and (iii) enable an effective and efficient response by the LHIN. Subject to specific direction from the LHIN, this pre-proposal process will be used in the following instances:

- (i) the HSP is considering an integration or an integration of services, as defined in the Act between the HSP and another person or entity; or
- (ii) the HSP is proposing to reduce, stop, start, expand or transfer the location of Services; or
- (iii) to identify opportunities to integrate the services of the local health system, other than those identified in (i) or (ii) above; or
- (iv) if requested by the LHIN.

6.3.2 LHIN Evaluation of the Pre-proposal: A pre proposal is not formal notice of a proposed integration under s. 27 of the Act. LHIN consent to develop the project concept outlined in a pre-proposal does not constitute approval to proceed with the project. Nor does LHIN consent presume the issuance of a favourable decision, should such a decision be required by section 25 or 27 of the Act. Following the LHIN's review and evaluation, the HSP may be invited to submit a detailed proposal and a business plan for further analysis. Guidelines for the development of a detailed proposal and business case will be provided by the LHIN.

6.4 Proposing Integration Activities in the Planning Submission. No integration activity described in subsection 6.3 may be proposed in a CAPS unless the LHIN has consented, in writing, to its inclusion pursuant to the process set out in 6.3.2

6.5 Definitions. In this section 6.0 the terms "integrate", "integration" and "services" have the same meanings attributed to them in subsection 2(1) and section 23 respectively of the Act. Specifically:

- (i) "integrate" includes,
 - (a) to co-ordinate services and interactions between different persons and entities,
 - (b) to partner with another person or entity in providing services or in operating,
 - (c) to transfer, merge or amalgamate services, operations, persons or entities,
 - (d) to start or cease providing services,
 - (e) to cease to operate or to dissolve or wind up the operations of a person or entity,

and "integration" has a similar meaning; and

- (ii) "service" includes,
 - (a) a service or program that is provided directly to people,
 - (b) a service or program, other than a service or program described in clause (a), that supports a service or program described in that clause, or
 - (c) a function that supports the operations of a person or entity that provides a service or program described in clause (a) or (b).

ARTICLE 7 – PERFORMANCE IMPROVEMENT PROCESS

- 7.1 **Performance.** The parties will strive to achieve on-going performance improvement. They will address performance improvement in a proactive, collaborative and responsive manner.
- 7.2 **Performance Factors.**
- (a) A “Performance Factor” is any matter that could, or will, significantly affect a party’s ability to fulfil its obligations under this Agreement;
 - (b) Each party will notify the other party of the existence of a Performance Factor, as soon as reasonably possible. The notice will:
 - (i) describe the Performance Factor and its actual or anticipated impact;
 - (ii) include a description of any action the party is undertaking, or plans to undertake, to remedy or mitigate the Performance Factor;
 - (iii) indicate whether the party is requesting a meeting to discuss the Performance Factor; and
 - (iv) address any other issue or matter the party wishes to raise with the other party.
 - (c) The recipient party will provide a written acknowledgment of receipt of the notice within seven Days of the date on which the notice was received (“Date of the Notice”).
 - (d) Where a meeting has been requested under 7.2(b) (iii), the parties agree to meet and discuss the Performance Factors within fourteen Days of the Date of the Notice, in accordance with the provisions of subsection 7.3
- 7.3 **Performance Meetings**
- During a meeting on performance, the parties will:
- (i) discuss the causes of a Performance Factor;
 - (ii) discuss the impact of a Performance Factor on the local health system and the risk resulting from non-performance; and
 - (iii) determine the steps to be taken to remedy or mitigate the impact of the Performance Factor (the “Performance Improvement Process”).
- 7.4 **The Performance Improvement Process.** The Performance Improvement Process will focus on the risks of non-performance and problem-solving. It may include:
- (i) a requirement that the HSP develop and implement an improvement plan acceptable to the LHIN and that maximizes overall performance while achieving a balanced budget over a fixed multi-year term;
 - (ii) a revision and amendment of the HSP’s obligations; and or
 - (iii) an in-year, or year end, adjustment to the Funding;
- among other possible means of responding to the Performance Factor or improving performance.

ARTICLE 8 – REPORTING, ACCOUNTING & REVIEW

8.1 Reporting

(a) **Generally.** The LHIN's ability to enable its local health system to provide appropriate, coordinated, effective and efficient health services as contemplated by the Act, is heavily dependant on the timely collection and analysis of accurate information. The HSP acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control.

(b) **Specific Obligations.** The HSP

- (i) will provide to the LHIN, or to such other entity as the LHIN may direct, in the form and within the time specified by the LHIN, the plans, reports, financial statements and other information, other than personal health information as defined in subsection 31 (5) of the *CFMA*, that (i) the LHIN requires for the purposes of exercising its powers and duties under this Agreement, the Act or for the purposes that are prescribed under the Act, or (ii) may be requested under the *CFMA*.
- (ii) will fulfil the specific reporting requirements set out in Schedule C.
- (iii) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory by the LHIN; and
- (iv) agrees that all information submitted to the LHIN by or on behalf of the HSP, will be deemed to have been authorized by the HSP for submission.

(c) **French Language Services.** If the HSP is required to provide services to the public in French under the provisions of the *French Language Services Act*, the HSP will be required to submit a French language implementation report to the LHIN. If the HSP is not required to provide services to the public in French under the provisions of the *French Language Service Act*, it will be required to provide a report to the LHIN that outlines how the HSP addresses the needs of its local Francophone community.

(d) **Financial Reductions.** Notwithstanding any other provision of this Agreement, and at the discretion of the LHIN, the HSP may be subject to a financial reduction in any of the following circumstances:

- (i) its CAPS is received after the due date;
- (ii) its CAPS is incomplete;
- (iii) the quarterly performance reports are not provided when due; or
- (iv) financial and/or clinical data requirements are late, incomplete or inaccurate,

where the errors or delay were not as a result of LHIN actions or inaction. If assessed, the financial reduction will be as follows:

- (v) if received within 7 days after the due date, incomplete or inaccurate, the financial penalty will be the greater of (i) a reduction of 0.02 percent (0.02%) of the funding identified on Schedule B; or (ii) two hundred and fifty dollars (\$250.00); and
- (vi) for every full or partial week of non-compliance thereafter, the rate will be one half of the initial reduction.

8.2 Inspections and Audit.

(a) During the term of this Agreement and for seven (7) years after the term of this Agreement, the HSP agrees that the LHIN or its authorized representatives may conduct a financial or operational audit, investigation or other form of review of the HSP to confirm the HSP's fulfillment of its obligations under this Agreement, and for these purposes the LHIN or its authorized representatives may:

- (i) inspect and copy any financial records, invoices and other financially-related documents in the possession or under the control of the HSP which relate to the Funding or otherwise to the Services;
- (ii) inspect and copy non-financial records in the possession or under the control of the HSP which relate to the Funding, the Services or otherwise to the performance of the HSP under this Agreement.

upon no less than twenty-four hours Notice to the HSP and during normal business hours, enter the HSP's premises to review the HSP's fulfillment of any one or more of its obligations under this Agreement,

(b) The cost of a financial audit, review or investigation will be borne by the HSP. The cost of any other form of audit review or investigation will be borne by the HSP if the audit review or investigation determines that the HSP has not fulfilled its obligations under this Agreement.

(c) HSP's obligations under this paragraph will survive any termination or expiration of the Agreement.

8.3 Document Retention and Record Maintenance. The HSP agrees

- (i) that it will retain all records (as that term is defined in the *Freedom of Information and the Protection of Privacy Act*) related to the HSP's performance of its obligations under this Agreement for seven (7) years after the termination or expiration of the term of the Agreement. The HSP's obligations under this paragraph will survive any termination or expiry of the Agreement;
- (ii) all financial records, invoices and other financially-related documents relating to the Funding or otherwise to the Services will be kept in a manner consistent with generally accepted accounting principles and clerical practices; and

- (iii) all non-financial documents and records relating to the Funding or otherwise to the Services will be kept in a manner consistent with all Applicable Law.
- 8.4 **Disclosure of Information.** The LHIN will treat Confidential Information as confidential and will not disclose Confidential Information except with the consent of the HSP or under the Freedom of Information and Protection of Privacy Act, which the HSP acknowledges applied to the LHIN. Notwithstanding the foregoing, the LHIN may disclose information that it collects under this Agreement in accordance with the Act, the CFMA, the *Freedom of Information and Protection of Privacy Act*, court order, subpoena or other Applicable Law.
- 8.5. **Transparency.** The HSP will post a copy of this Agreement in a conspicuous public place at its sites of operations to which this Agreement applies and on its public website, if the HSP operates a website.
- 8.6 **Auditor General.** For greater certainty the LHIN's rights under this article are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act (Ontario)*.

ARTICLE 9 – ACKNOWLEDGEMENT OF LHIN SUPPORT

- 9.1 **Publication.** For the purposes of this Article 9, the term “publication” means any material on or concerning the Services that the HSP makes available to the public, regardless of whether the material is available electronically or in hard copy. Examples include a web-site, an advertisement, a brochure, promotional documents and a report. Materials that are prepared by the HSP in order to fulfil its reporting obligations under this Agreement are not included in the term “publication”.
- 9.2 **Acknowledgment of Funding Support.** The HSP agrees all publications will include
 - (i) an acknowledgment of the Funding provided by the LHIN and the Government of Ontario. Prior to including an acknowledgement in any publication, the HSP will obtain the LHIN's approval of the form of acknowledgement. The LHIN may, at its discretion, decide that an acknowledgement isn't necessary; and
 - (ii) a statement indicating that the views expressed in the publication are the views of the HSP and do not necessarily reflect those of the LHIN or the Government of Ontario.

ARTICLE 10 – REPRESENTATIONS, WARRANTIES & COVENANTS

10.1 **General.** The HSP represents, warrants and covenants that:

- (i) it is, and will continue for the term of the Agreement to be, a validly existing legal entity with full power to fulfill its obligations under the Agreement;
- (ii) it has the experience and expertise necessary to carry out the Services;
- (iii) it holds all permits, licences, consents intellectual property rights and authorities necessary to perform its obligations under this Agreement;
- (iv) all information (including information relating to any eligibility requirements for Funding) that the HSP provided to the LHIN in support of its request for Funding was true and complete at the time the HSP provided it, and will continue to be true and complete for the term of the Agreement; and
- (v) it does, and will continue for the term of the Agreement to, operate in compliance with all applicable law, including observing where applicable, the requirements of the Corporations Act and the HSP's by-laws in respect of, but not limited to, the holding of board meetings, the requirements of quorum for decision-making, the maintenance of minutes for all board and committee meetings and the holding of members' meetings.

10.2 **Execution of Agreement.** The HSP represents and warrants that:

- (i) it has the full power and authority to enter into the Agreement; and
- (ii) it has taken all necessary actions to authorize the execution of the Agreement, including if the HSP is:
 - (a) an Indian Band, as defined under the *Indian Act*, passing a Band Council Resolution;
 - (b) a Municipality passing a municipal by-law or resolution; or
 - (c) a corporation passing a board resolution;

authorizing the HSP to enter into the Agreement with the LHIN.

10.3 **Governance.** The HSP represents warrants and covenants that it has established, and will maintain for the period during which the Agreement is in effect, policies and procedures:

- (i) for effective and appropriate decision-making;
- (ii) for effective and prudent risk-management, including the identification and management of real and perceived conflicts of interest;
- (iii) for the prudent and effective management of the Funding;
- (iv) to monitor and ensure the accurate and timely fulfillment of the HSP's obligations under this Agreement;

- (v) to enable the preparation, approval and delivery of all Reports required pursuant to Article 8; and
 - (vi) to address complaints about the provision of Services, the management or governance of the HSP.
- 10.4 **Services.** The HSP represents warrants and covenants that the Services are and will continue to be provided:
- (i) by persons with the expertise, professional qualifications, licensing and skills necessary to complete their respective tasks; and
 - (ii) in compliance with Applicable Law.
- 10.5 **Supporting Documentation.** Upon request, the HSP will provide the LHIN with proof of the matters referred to in this Article.

ARTICLE 11 – LIMITATION OF LIABILITY, INDEMNITY & INSURANCE

- 11.1 **Limitation of Liability.** The LHIN, its officers, employees, directors, independent contractors, subcontracts, agents and assigns and her Majesty the Queen in Right of Ontario and her Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns will not be liable to the HSP or any of the HSP's personnel for costs, losses, claims, liabilities and damages howsoever caused (including any incidental, indirect, special or consequential damages, injury or any loss of use or profit of the HSP) arising out of or in any way related to the Services or otherwise in connection with the Agreement, unless caused by the gross negligence or wilful act of the LHIN's officers, employees and agents.
- 11.2 **Ibid.** For greater certainty and without limiting subsection 11.1, the LHIN is not liable for how the HSP and its personnel carry out the Services and is therefore not responsible to the HSP for such Services. Moreover the LHIN is not contracting with or employing people for the HSP to carry out the terms of this Agreement. As such, it is not liable for contracting with, employing or terminating a contract or the employment of any personnel of the HSP required to carry out this Agreement, nor for the withholding, collection or payment of any taxes, premiums, contributions or any other remittances due to government for the personnel required by the HSP to carry out this Agreement.
- 11.3 **Indemnification.**
- (a) **“Indemnified Parties”** means the LHIN and its officers, employees, directors, independent contractors, subcontractors, agents and assigns and her Majesty the Queen in Right of Ontario and her Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns.
 - (b) The HSP hereby agrees to indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages and expenses (including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits or other proceedings, (collectively “Claims”), by whomever

made, sustained, brought or prosecuted, including for third party bodily injury (including death), personal injury and property damage, in any way based upon, occasioned by or attributable to anything done or omitted to be done by the HSP, its subcontractors or their respective directors, officers, agents, employees or independent contractors in the course of performance of the HSP's obligations under, or otherwise in connection with, the Agreement. The HSP further agrees to indemnify and hold harmless the Indemnified Parties for any incidental, indirect, special or consequential damages, or any loss of use, revenue or profit, by any person, entity or organization, including without limitation the LHIN, claimed or resulting from such Claims.

11.4 **Commercial General Liability Insurance.**

(a) **Required Insurance.** The HSP will put into effect and maintain, with insurers acceptable to the LHIN, for the period during which the Agreement is in effect, at its own expense Commercial General Liability Insurance, for third party bodily injury, personal injury and property damage to an inclusive limit of not less than two million dollars per occurrence and not less than two million dollars products and completed operations aggregate. The policy will include the following clauses:

- (i) The LHIN and Her Majesty the Queen in Right of Ontario, her Ministers, appointees and employees as additional insureds;
- (ii) Contractual Liability;
- (iii) Products and Completed Operations Liability;
- (iv) A valid WSIB Clearance Certificate, or Employers Liability and Voluntary Compensation, whichever applies;
- (v) Tenants Legal Liability; *(for premises/building leases only)*;
- (vi) Non-Owned automobile coverage with blanket contractual and physical damage coverage for hired automobiles; and,
- (vii) A thirty Day written notice of cancellation.

(b) **Certificates of Insurance.** The HSP will provide the LHIN with proof of the insurance required by the Agreement in the form of a valid certificate of insurance that references the Agreement and confirms the required coverage, on or before the commencement of the Agreement, and renewal replacements on or before the expiry of any such insurance.

ARTICLE 12 – TERMINATION OF AGREEMENT

12.1 Termination by the LHIN.

- (a) **Without Cause.** The LHIN may terminate the Agreement at any time, for any reason, upon giving at least sixty Days Notice to the HSP.
- (b) **Where No Appropriation.** If, as provided for in section 4.3, the LHIN does not receive the necessary funding from the MOHLTC, the LHIN may terminate the Agreement immediately by giving Notice to the HSP.
- (c) **For Cause.** The LHIN may terminate the Agreement immediately upon giving Notice to the HSP if:
- (i) in the opinion of the LHIN:
 - A. the HSP has knowingly provided false or misleading information regarding its funding request or in any other communication with the LHIN;
 - B. the HSP breaches any material provision of the Agreement;
 - C. the HSP is unable to complete or has discontinued the Services; or
 - D. it is not reasonable for the HSP to continue to provide the Services;
 - (ii) the nature of the HSP's business, or its corporate status, changes so that it no longer meets the applicable eligibility requirements of the program under which the LHIN provides the Funding;
 - (iii) the HSP makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or is petitioned into bankruptcy, or files for the appointment of a receiver; or
 - (iv) the HSP ceases to carry on business.
- (d) **Transition Plan.** In the event of termination by the LHIN pursuant to this subsection, the LHIN and the HSP will develop a transition plan, acceptable to the LHIN that indicates how the needs of the HSP's clients will be met following the termination and how the transition of the clients to new service providers will be effected in a timely manner.

12.2 Termination by the HSP.

- (a) The HSP may terminate the Agreement at any time, for any reason, upon giving 6 months notice to the LHIN provided that the notice is accompanied by
- (i) satisfactory evidence that the HSP has taken all necessary actions to authorize the termination of the Agreement, including if the HSP is:

- A. an Indian Band, as defined under the *Indian Act*, passing a Band Council Resolution;
- B. a Municipality passing a municipal by-law or resolution; or
- C. a corporation passing a board resolution;

authorizing the HSP to terminate the Agreement with the LHIN; and

- (ii) a transition plan, acceptable to the LHIN that indicates how the needs of the HSP's clients will be met following the termination and how the transition of the clients to new service providers will be effected within the six month notice period.

(b) In the event that the HSP fails to provide an acceptable transition plan, the LHIN may reduce Funding payable to the HSP prior to termination of the Agreement to compensate the LHIN for transition costs.

12.3 Opportunity to Remedy.

(a) Opportunity to Remedy. If the LHIN considers that it is appropriate to allow the HSP an opportunity to remedy a breach of the Agreement, the LHIN may give the HSP an opportunity to remedy the breach by giving the HSP Notice of the particulars of the breach and of the period of time within which the HSP is required to remedy the breach. The Notice will also advise the HSP that the LHIN will terminate the Agreement

- (i) at the end of the notice period provided for in the Notice if the HSP fails to remedy the breach within the time specified in the Notice; or
- (ii) prior to the end of the notice period provided for in the Notice if it becomes apparent to the LHIN that the HSP cannot completely remedy the breach within that time or such further period of time as the LHIN considers reasonable, or the HSP is not proceeding to remedy the breach in a way that is satisfactory to the LHIN.

(b) Failure to Remedy. If the LHIN has provided the HSP with an opportunity to remedy the breach, and:

- (i) the HSP does not remedy the breach within the time period specified in the Notice;
- (ii) it becomes apparent to the LHIN that the HSP cannot completely remedy the breach within the time specified in the Notice or such further period of time as the LHIN considers reasonable; or
- (iii) the HSP is not proceeding to remedy the breach in a way that is satisfactory to the LHIN,

then the LHIN may immediately terminate the Agreement by giving Notice of termination to the HSP.

12.4 Consequences of Termination.

(a) If the Agreement is terminated pursuant to this Article, the LHIN may:

- (i) cancel all further Funding instalments;
- (ii) demand the repayment of any Funding remaining in the possession or under the control of the HSP;
- (iii) determine the HSP's reasonable costs to wind down the Services; and
- (iv) permit the HSP to offset the costs determined pursuant to subsection (iii), against the amount owing pursuant to subsection (ii).

(b) Despite (a), if the cost determined pursuant to section 12.4(a) (iii) exceeds the Funding remaining in the possession or under the control of the HSP the LHIN will not provide additional monies to the HSP to wind down the Services.

12.5 Effective Date. The effective date of any termination under this Article will be the last Day of the notice period, the last Day of any subsequent notice period or immediately, which ever applies.

12.6 Corrective Action. Despite its right to terminate the Agreement pursuant to this Article, the LHIN may choose not to terminate the Agreement and may take what ever corrective action it considers necessary and appropriate, including suspending Funding for such period as the LHIN determines, to ensure the successful completion of the Services in accordance with the terms of the Agreement.

ARTICLE 13 – NOTICE

13.1 Notice. A Notice will be in writing; delivered personally or by pre-paid courier, or sent by facsimile; and, addressed to the other Party as provided below or as either Party will later designate to the other in writing:

To the LHIN:

North West LHIN
201 – 975 Alloy Drive
Thunder Bay, ON P7B 5Z8

Attention: Chief Executive Officer

Fax: (807) 684-9533
Telephone: (807) 684-9425

To the HSP:

St. Joseph's Care Group
35 Algoma Street North
PO Box 3251
Thunder Bay, ON P7B 5G7

Attention: President and Chief
Executive Officer

Fax: (807) 345-4994
Telephone: (807) 343-2431

13.2 Notices Effective From. A Notice will be effective at the time the delivery is made if the Notice is delivered personally, by pre-paid courier or by facsimile.

ARTICLE 14 – ADDITIONAL PROVISIONS

- 14.1 **Interpretation.** In the event of a conflict or inconsistency in any provision of this Agreement, the main body of this Agreement will govern over the Schedules.
- 14.2 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of the Agreement will not affect the validity or enforceability of any other provision of the Agreement and any invalid or unenforceable provision will be deemed to be severed.
- 14.3 **Terms and Conditions on Any Consent.** The LHIN may impose any terms and conditions on any consent or approval that the LHIN may grant under this Agreement.
- 14.4 **Waiver.** A Party may only rely on a waiver of the Party's failure to comply with any term of the Agreement if the other party has provided a written and signed Notice of waiver. Any waiver must refer to a specific failure to comply and will not have the effect of waiving any subsequent failures to comply.
- 14.5 **Parties Independent.** The Parties are and will at all times remain independent of each other and are not and will not represent themselves to be the agent, joint venturer, partner or employee of the other. No representations will be made or acts taken by either Party which could establish or imply any apparent relationship of agency, joint venture, partnership or employment and neither Party will be bound in any manner whatsoever by any agreements, warranties or representations made by the other Party to any other person or entity, nor with respect to any other action of the other Party.
- 14.6 **LHIN is an Agent of the Crown.** The parties acknowledge that the LHIN is an agent of the Crown and may only act as an agent of the Crown in accordance with the provisions of the Act. Notwithstanding anything else in this Agreement, any express or implied reference to the LHIN providing an indemnity or any other form of indebtedness or contingent liability that would directly or indirectly increase the indebtedness or contingent liabilities of the LHIN or Government of Ontario, whether at the time of execution of the Agreement or at any time during the term of the Agreement, will be void and of no legal effect.
- 14.7. **Express Rights and Remedies Not Limited.** The express rights and remedies of the LHIN are in addition to and will not limit any other rights and remedies available to the LHIN at law or in equity. For further certainty, the LHIN has not waived any provision of any applicable statute, including the Act and the CFMA, nor the right to exercise its right under these statutes at any time.
- 14.8 **No Assignment.** The HSP will not assign the Agreement or the Funding or any part thereof without the prior written consent of the LHIN. The LHIN may assign this Agreement or any of its rights and obligations under this Agreement to any one or more of the LHINs or to the MOHLTC.

- 14.9 **Governing Law.** The Agreement and the rights, obligations and relations of the Parties hereto will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein. Any litigation or arbitration arising in connection with the Agreement will be conducted in Ontario unless the Parties agree in writing otherwise.
- 14.10 **Survival.** The provisions in 1.0, 4.9, 5.1, 5.2, 6.0, 7.4, 8.0, 9.0, 11.0, 13.0, 14.1, 14.6, 14.7 and 14.9. will continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement.
- 14.11 **Further Assurances.** The Parties agree to do or cause to be done all acts or things necessary to implement and carry into effect the Agreement to its full extent.
- 14.12 **Amendment of Agreement.** The Agreement may only be amended by a written agreement duly executed by the Parties.
- 14.13 **Counterparts.** The Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

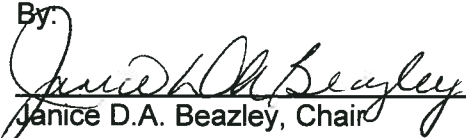
ARTICLE 15 – ENTIRE AGREEMENT

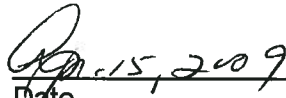
15.1 **Entire Agreement.** The Agreement together with the appended Schedules constitutes the entire Agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

The Parties have executed the Agreement on the dates set out below.


NORTH WEST LOCAL HEALTH INTEGRATION NETWORK

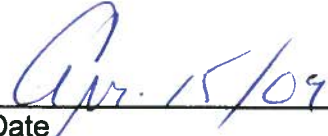
By:


Janice D.A. Beazley, Chair


Date


And by:


per Gwen DuBois-Wing, Chief Executive Officer


Date


ST. JOSEPH'S CARE GROUP


By:


Robert Chambers, Chair
I have authority to bind the HSP


Date

And by:


Tracy Buckler,
President and Chief Executive Officer
I have authority to bind the HSP


Date

SCHEDULE A - DETAILED DESCRIPTION OF SERVICES

A. Services Provided

- Medical Resources
- Case Management Mental Health (Service Enhancement and Health Accord)
- Case Management Addictions
- PC – MH Eating Disorders (currently included in Program 2062 Psycho Geriatric)
- PC-MH Psycho-geriatric
- PC- Addictions Treatment – Substance Abuse
- PC – Addictions Treatment – Problem Gambling
- PC- Initial Assessment and Treatment
- Crisis Intervention – Mental Health
- Health Promotion and Education (Eating Disorders, Problem Gambling and Psycho Geriatric)
- Res. Mental Health – Support within Housing
- Residential Addiction – Treatment Services – Substance Abuse
- Residential Addiction – Treatment Services – Problem Gambling
- Residential Addiction - Treatment Services – Withdrawal Management Centres
- (MSK) Marketed Services (DWI Remedial Measures)
- CSS-Social & Congregate Dining
- CSS-Transportation-Client
- CSS-Day Services
- CSS-Assisted Living Services
- CSS-Caregiver Support

B. Client Population

Addiction/Substance Abuse Services: Adults, youth and family members whose lives have been impacted by substance abuse.

Problem Gambling Services: Adults, youth and family members whose lives have been impacted by problem gambling. Promotional awareness programs provided for community groups, general public and allied service sectors.

Eating Disorders Services: Children, youth, adults and family members whose lives have been impacted by disordered eating. Promotion and awareness programs provided for health care providers, community groups, general public and allied service sectors.

Case Management Services Mental Health: Ages 16+ and family members whose lives have been impacted by concurrent or co-occurring mental health and addiction issues.

Case Management Services Forensic: Ages 16+ and family members whose lives have been impacted by mental health and/or addiction issues and who are at risk of involvement with the criminal justice system.

PC-MH Psycho-geriatric: Seniors 65 years and over with age related mental health challenges who experience emotional, cognitive and/or responsive behaviours that interfere with functional abilities.

Crisis Intervention-Mental Health: Seniors 65 years and over and their family members who experience mental health crisis and require crisis support.

Psychogeriatric Resource Consultant: Provides education, training and clinical consultation for staff of mental health agencies and long term care facilities throughout the District of Thunder Bay.

Caregiver Support: Seniors living within P.R. Cook Apartments. Clients could have multiple disabilities/diagnoses, chronic diseases and care need requirements up to and including the need for all services listed above.

Mix of all cultures, religions and races which does not infringe on any service provided
Average age 85.

CSS – Alzheimer Day: Clients with a diagnosis of Alzheimer's Disease or related Dementia.

Mental health and addiction programs that serve the District of Thunder Bay and the Region have been identified to meet the criteria of the French Language Services Act. Efforts are made to recruit French speaking staff in key clinical positions. Interpreting services and French written material are available when required.

C. Geography Served

- Addiction/Substance Abuse and Problem Gambling Services: City of Thunder Bay, NW Region, Province of Ontario
- Eating Disorders Regional Outreach Program: NW Region (Member of provincial network of regional eating disorders outreach programs).
- Case Management Mental Health: City of Thunder Bay
- Case Management Forensics: City of Thunder Bay
- PC-MH Psycho-geriatric: City of Thunder Bay and Northwest Region.
- Crisis Intervention-Mental Health: City of Thunder Bay.
- Psychogeriatric Resource Consultant: Thunder Bay and District.
- Caregiver Support - Thunder Bay
- Alzheimer Day – Thunder Bay and District

SCHEDULE B – SERVICE PLAN

A. Overview

Mental Health, Addiction and Problem Gambling Services

St. Joseph's Care Group provides a full range of community mental health, addiction and problem gambling services, which are aligned and integrated with core funded programs and services within the Mental Health and Addictions Division of the Care Group.

Services are also integrated with the local, regional and provincial system of mental health, addiction and problem gambling service providers, providing a full continuum of care and support services as close to home as possible. St. Joseph's Care Group is an active member of regional and provincial networks of Addiction and Mental Health service providers.

St. Joseph's Care Group has been involved in a number of initiatives and projects aligned with mental health reform and in response to directives of the Health Services Restructuring Commission.

- In 2007/ 2008, a number of outpatient and outreach services were transferred from Lakehead Psychiatric Hospital to St. Joseph's Health Centre located in Victoriaville.
- The Capital Project for the new Sister Margaret Smith Centre is proceeding on time and on budget with program transfer expected during the fall of 2009.
- Capital Project planning continues for the new mental health rehabilitation wing to be located at St. Joseph's Hospital (expected completion 2011).
- Planning for the Centre of Excellence for Integrated Seniors' Services is ongoing.

In 2007, St. Joseph's Care Group established a three year Strategic Plan and a Corporate Balanced Score Card. Work continues to develop and report on outcome indicators across all services and clinical divisions.

Goals for 2009/2010

- a. In collaboration with community and regional partners, continue to improve accessibility to services and reduce wait times through the development and implementation of coordinated access mechanisms.
- b. Continue to work with community partners to establish a mental health and addiction service system that is welcoming, accessible, coordinated, comprehensive, integrated and based on best practices.
- c. Work with Thunder Bay Regional Health Sciences Centre and community partners to reduce wait times in the Emergency Department.
- d. Reduce inappropriate use of mental health inpatient resources, e.g. reduce ALC numbers.
- e. Complete Sister Margaret Smith Centre on time and on budget.
- f. Facilitate a smooth transfer of all clients, programs and staff to the new Sister Margaret Smith Centre.
- g. Implement a Communication Plan regarding the closure of the Sister Margaret Smith Centre and opening of the new site.
- h. Continue to work with the provincial network of Eating Disorders Regional Outreach Services to develop a priority setting framework for specialized intensive treatment services.

Goals for 2010/2011

1. Continue work with community and regional partners to improve service system access, comprehensiveness and resource utilization.
2. Develop community treatment programs in collaboration with community partners designed to respond to special needs of clients living with complex post traumatic stress and personality disorders and design a community treatment program for men and women living with trauma and addictions.
3. Develop, with partners and stakeholders, knowledge transfer strategies with the goal to improve overall system capacity.
4. Enhance outreach mental health services to the Northwest Region.
5. Reduce wait times in the Emergency Department in collaboration with community partners and key stakeholders.
6. Continue to address ALC issues.
7. Evaluate the Youth Intensive Residential Addiction Treatment program.
8. Through collaboration with partners and stakeholders, establish processes to streamline access to the most appropriate care provider, thereby improving system navigation for consumers, family members and clients.
9. Facilitate transitional care from hospital mental health care to the home or long term care setting.

Manor House Day Program

- Service for people suffering from Alzheimer's disease or related dementia; the program also provides support to clients' caregivers/family members who reside in Thunder Bay and surrounding area.
- We believe clients should be treated with respect and dignity.
- We work with a team of staff, families, volunteers and students dedicated to achieving excellence in our delivery of service.
- Clients serviced range from those in the very early stage of the disease process to individuals that are well into the latter part of the second stage; this requires flexibility and creativity in program planning and delivery.
- Clients are referred by Community Care Access Centre (CCAC).
- The Manor House Adult Day Program continues to promote the program through public service announcements, radio and TV, regular dialogue with CCAC case coordinators and the Alzheimer's Society.
- Statistical data is kept monthly and year-to-date on the following: referrals, admissions, discharges, client days and hours, number of people on our waiting list, meetings attended, transportation time, home visits, support meetings, documentation time, hours and numbers of volunteers and students.
- The continuous quality improvement program consists of the following:
 - Bi-annual evaluations of the Day Program by caregivers of clients
 - Bi-annual evaluations of support groups by participants
 - Post-discharge evaluation of Day Program by caregivers
 - The Thunder Bay District Health Unit performs an inspection of the unit yearly
 - Staff hold weekly case conferences and regular monthly meetings to discuss clients, caregivers and other issues
 - Students and student supervisors evaluate the program following their placements
 - Volunteers evaluate the program yearly.

- Information on clients served:
 - Age range: 38 to 98 years
 - Gender: 66% female, 33% male
 - Languages: Mainly English, some Finnish, Italian, Polish, Ukrainian, French
 - Ethno cultural and racial community: A variety of ethnic groups are served

Support Services Program

- The Long-Term Care Support Services Program started in January 1993 at the P. R. Cook Apartments, with 27 clients. As tenants living in the apartments aged, there was an increased need for support services. The Long-Term Care Support Services Program's present enrolment is 96 clients, with a goal of servicing 115 clients by year end.
- The Long-Term Care Support Services Program provides services to clients which enable them to continue to live independently in their own apartments. The services offered respect the beliefs and dignity of each client and treat each person as a unique individual.
- Goal is 80% of clients reporting increased choices in meeting care needs and overall satisfaction with program.
- Goal to increase the number of clients on the program in order to delay admission to long-term care homes.
- Goal to provide increased socialization, counseling; opportunity to increase awareness of client issues, difficulties and health status and case management of clients' support needs.
- Satisfaction survey has been developed, and each client on program will be given time on a one-to-one basis to complete, discuss and suggest choices to meet care needs.
- Assessment of all clients using RAI-CHA tool planned so as to identify client service needs and case mix.
- A dining program has been initiated to enhance socialization and care opportunities.

B. Advancement of the Integrated Health Services Plan (IHSP)

Mental Health and Addiction Services

St. Joseph's Care Group (community programs and hospital funded programs), in partnership with community and regional agencies/hospitals, is developing/establishing processes to address issues identified in the NWLHIN Integrated Health Services Plan related to access to mental health and addiction services, inappropriate use of the Emergency Department, alternate level of care issues, access to primary care and chronic disease management.

These strategies are being developed to improve the planning, coordination and delivery of mental health and addiction services within the Care Group and with our community partners:

- Continue system development work (Minkoff and Cline) to establish a mental health and addiction service system that is welcoming, accessible, comprehensive, integrated, coordinated and based on best practices.

- Further develop partnerships with community agencies and TBRHSC to reduce utilization of the Emergency Department and Mental Health beds, including reduced lengths of stay in ED for people not requiring hospital admission and reduced lengths of inpatient stay.
- Establish processes to achieve streamlined access to mental health and addiction services, including one point of contact/no wrong door principles.
- Ensure the needs of people with complex, co-occurring mental health, addiction, ABI, developmental disorders and/or criminal justice involvement are addressed appropriately.
- Further develop the implementation of self management principles of care for specific target groups based on the chronic disease management program.
- Facilitate, with participation of community partners, the provision of primary care services at Balmoral Centre to ensure access to necessary health services to this compromised target group.
- Provide education and clinical support for staff of LTC facilities to facilitate the transition to LTC from LPH and address crisis situations.
- Facilitate the establishment of supportive housing to reduce the number of ALC clients in mental health inpatient care.
- Continue the collaborative initiative with TBRHSC which supports one vice-president for mental health and addiction services for both corporations.

These strategic priorities and supporting initiatives of the Care Group also support the IHSP of the NWLHIN related specifically to mental health and addiction services

- Identify proactive opportunities to improve planning, coordination and delivery of mental health and addiction services.
- Initiate a meaningful process of listening to and understanding Aboriginal people and their health care needs.
- Respond to the unique health care needs of specific populations.

An Advisory Committee for Mental Health and Addiction Services for SJCG, Children's Centre Thunder Bay and Thunder Bay Counselling Centre, provides advice and recommendations regarding service delivery needs to the Boards of the three corporations. Advisory Committee membership includes representatives from mental health, addiction, social service, education and criminal justice organizations as well as consumers and family members.

A public education plan, based on the work of the Mental Health Implementation Task Force, is underway. The focus is stigma reduction, community awareness and ongoing communication of plans related to mental health reform.

Manor House Day Program

- Staff serve as consultants and educators in the community, working closely with the Caregiver Support Committee, Hospice Palliative Care Network Northwest, the Community Elder Abuse Committee and the Dementia Network
- The program provides placements and learning opportunities for secondary school, college and university students and NOSM students
- Volunteers are a valuable component of the program

The Advisory Committee for Alzheimer Services consists of the following

- representatives: Community (3), caregiver/family members (3), Alzheimer Society of Thunder Bay Board of Directors (1), Wesway Board of Director (1) community health professional (1), Board of Directors of St. Joseph's Care Group (1), staff (2), who are responsible :
 - To act in an advocacy role on behalf of the clients in the Manor House Adult Day Program;
 - To make recommendations to the Board of Directors regarding policy issues related to the programs;
 - To assist with the development and maintenance of cooperative relationships with other agencies providing health care services in the community;
 - To participate in the development and ongoing evaluation of the programs and make recommendations for the achievement of the program objectives
- The Family/Client Support Facilitator offers individual support sessions and a monthly education/support session for caregivers/family members of individuals with Alzheimer's disease or related dementias and acts as an advocate on their behalf.
- The Early Stage Support Group is co-facilitated by the Alzheimer Society of Thunder Bay.

Support Services Program

- Through identification of client needs and care level requirements, possible delays in admission to long-term care homes.
- Through increasing numbers of clients served, ability to keep seniors in their own homes (apartments) for longer period of time by meeting care requirements, both ADL and IADL.
- Through increased education and connection to community supports, decreases in hospital admissions and or emergency visits.
- Through partnering with the Manor House Adult Day Program, ability to maintain clients with increased cognitive issues in their own homes (apartments) longer.

C. Situation Analysis

Mental Health and Addiction Services

Business Assumptions and Rationale

It is assumed that:

- Salaries and benefit costs will increase based on negotiated union rates for all staff.
- Demand for clinical services will continue to increase.
- Service volumes will stay constant, but strategies will be established to improve "flow" through the system.

Significant Budgetary and Operational Risks

- Additional operating expenses are required to manage the new SMSC as a stand alone facility on a new site (security, housekeeping, maintenance and utilities).
- Staff salaries are now exceeding the initial funding allocation in many programs resulting in the need to achieve savings by delaying recruitment processes to fill vacant positions or reduce FTEs thereby impacting client care.

Manor House Day Program

- Many persons with Alzheimer's disease and other dementias have been prematurely admitted to long-term care homes because of caregiver burnout. These same clients could have remained in the community had there been more supportive housing available to them. Staff have been strong advocates for supportive housing. Over the last year, several of the program's clients have moved into bed-sitter apartments in the P. R. Cook Apartments, and this has worked very well for these clients. They are able to live safely and comfortable with the help of the Long-Term Care Support Services Program and the integration of these services.
- Due to the nature of the population we serve, client attendance is sometimes unpredictable; average absenteeism has been 18.3% this year, with one month as high as 33.5%. The client fees are down slightly from what was budgeted for this year, however changes to billing practices regarding absenteeism will rectify this problem.
- There is consistently a waiting list for services throughout the year.
- Statistical data is kept monthly and year-to-date.
- Monthly operating statements and staffing budget sheets are issued and reviewed to ensure the program is working within the budget; we are currently on budget with an anticipated year-end balance.
- New clients are admitted in a timely fashion to fill empty spaces.
- Client numbers are up as a result of additional marketing strategies.
- Currently at maximum capacity for registered clients on a daily basis.
- Currently meeting target budgetary and operational objectives.
- Strategy to maintain client numbers includes increased advocacy and communication with community partners.

Support Services Program

- Due to the clients' increased demand for support services, our program has been expanding to accept more clients and making daily adjustments to meet individual clients' changing needs.
- Changes implemented including daily staffing rotations, revision of workload, increased efficiencies, promoting wellness program and social activities, etc.
- With enhanced funding, the number of clients on the Long-Term Care Support Program will be increased by an additional 19 clients, by year end.
- Operational risk of accepting too many clients into program and not being able to provide the number of hours of service which are required.
- Case mix or level-of-care services will have to be closely monitored and a maximum number of clients maintained.

D. Evaluation of Prior Year Performance

Mental Health and Addiction Services

Program and service goals and objectives identified in the previous submission were achieved. Primary challenges include the increasing complexity of issues presented by the people we serve, including lack of access to primary health care. In addition, annual funding from the LHIN does not match operating expenses that include inflationary increases. Staff reduction strategies are implemented to balance the budget.

The number of clients served and the units of service, based on 3rd quarter reports, achieve and/or exceed the established targets in all areas.

Manor House Day Program

- Overcoming the stigma associated with Alzheimer's Disease is a challenge; the Alzheimer Day Program continues to promote the program through public service announcements, radio and TV, dialogue with CCAC case coordinators and the Alzheimer Society of Thunder Bay.
- In addition, the official program name was changed effective June 2008 to Manor House Adult Day Program; this has helped to increase interest in the program for those associating the stigma attached to the word 'Alzheimer's'.
- An assertive marketing campaign has increased attendance significantly.
- The program has been able to respond quickly when a family is in crisis, as well as assist them to make modifications in the home and link them with other supports to help the client remain at home.
- With the modification of admission criteria, the scope of the client population served has expanded, making the program available to clients with challenging behaviours.
- Individual choice and respect for each individual's uniqueness is a cornerstone of the Manor House Adult Day Program.
- The program meets goals and objectives as evidenced by client, and family feedback.
- Meeting planned results in numbers of clients served, total revenues and expenditures.

Support Services Program

- During the past year, the enrollment in the program was quite high with client needs at higher levels than has previously been the case.
- This program is a much more cost-effective alternative to institutionalization and allows for clients to remain in their own homes (apartments) longer.
- Services are effective, and we are meeting our goal of enabling clients to stay safely and securely in their own home. Research conducted on the program shows that compared with home care clients in the community, Long-Term Care Support Services clients are older, need more help with activities of daily living and have a lower risk of institutionalization. Clients of the program have a lower level of acute care hospitalization.
- Services are monitored on an informal, ongoing, 'open-door' basis and by being responsive to individual clients. If a client makes a complaint or asks for services to change to meet their changing needs, the requests are managed immediately.
- Statistics for the last budget year show that 85 clients were sent to hospital (a 31% increase from the year before) and of these, 57 clients (a 36% increase) were admitted for an average of 9.5 days (21% fewer days than the year before). These are interesting statistics as they show a frailer clients population but less time in the hospital. This demonstrated that our Long-Term Care Support Services Program can meet the needs of the clients when they come home from hospital. Service packages can be changed at short notice to meet clients' changing needs.

E. Changes to Operations Summary (Optional)

Mental Health and Addiction Services

The new Sister Margaret Smith Centre will open in the Fall, 2009. All clinical programs and services, currently located at the SMSC, will be relocated to the new facility. A disruption in client services will occur during the transfer period and may impact program outputs.

The new mental health wing of St. Joseph's Hospital will open in 2011. The psychogeriatric resource consultant, psycho-geriatric mental health and crisis intervention mental health resources will be relocated to the new site from the Manor House of the Care Group.

Support Services Program

- The distribution of homemaking hours in the most cost-effective way will be an objective for the coming year. We carefully assess clients to see what their needs are. Personal care time will be maintained, but housekeeping time is kept to the minimum necessary.
- To further develop our life enrichment/wellness program which are important to clients and create a community atmosphere in the neighborhood. Offering activities that concentrate on people's strengths can actually reduce the need for other services.
- Group life enrichment activities are a cost-effective way to promote socialization and wellness; one staff person works with up to 40 clients in a group situation.
- To develop a client counselor role to work with clients closely to identify needs, provide advice and connect clients to the most appropriate care agencies as necessary.
- Another objective is to work more closely with hospitals to ensure that clients are discharged appropriately and with the proper services set up before client return to their homes (apartments). We have developed a close working relationship with St. Joseph's Hospital and TBRHSC staff, and this facilitates good communication about the needs of clients.
- Continue to work closely with CCAC to ensure that when clients are discharged from hospital, appropriate other professional care supports, i.e., physiotherapy, OT, nursing, etc., are set up prior to their return home.
- The key objective for the Long-Term Care Support Services Program in the coming year will be to utilize resources to increase the number of clients served, as well as to meet, as best we can, the changing and increasing care needs of clients. This will be done by careful assessment of clients and by careful evaluation of the services offered to clients. The assessments will be done by the Manager, Team Leader, and Client Counselor, and also by the front-line staff who interact with clients every day.
- Work closely with NWLHIN and CCAC in the implementation of RAI-CHA; measurement tool outcomes will provide the program with data to better plan services for our clients, matching their care level needs.

Form 2b - Summary of Revenue and Expenses - LHIN Summary

(This form is a roll up of TPBE worksheets-W1a, W2a, W3a and W4a)

Category	Line No	Account: Financial (F) Reference OHRs VERSION 6.2	(1) 2007/2008 ACTUAL YEAR END	(2) 2007/2008 APPROVED FISCAL BUDGET	(3) 2008/09 APPROVED BUDGET	(4) 2009/2010 BUDGET REQUEST	(5) % VARIANCE Col. (4-3)	(6) 2009/10 LHIN Approved Fiscal Budget	(7) 2010/2011 BUDGET TARGET
FUND TYPE 2									
REVENUE									
Funding - Local Health Integrated Networks (LHIN) (Allocation)	1	F 11006	\$6,875,984	\$6,799,081	\$7,099,814	\$7,266,364	2.20%	\$7,256,354	\$9,000,418
Funding - Provincial MOHLTC (Allocation)	2	F 11010	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - MOHLTC Other funding envelopes	3	F 11014	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - LHINs One Time	4	F 11008	\$30,646	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - One Time Payments	5	F 11012	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - Paymaster / Flow Through	6	F 11019	(\$44,000)	(\$45,023)	(\$45,023)	(\$45,023)	0.00%	(\$45,023)	(\$46,023)
Service Recipient Revenue	7	F 11050 to 11090	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Subtotal Revenue LHIN/MOHLTC	8	Sum of lines 1 to 7	\$6,862,630	\$6,754,058	\$7,064,791	\$7,211,331	2.22%	\$7,211,331	\$8,956,395
Recoveries from External/Internal Sources	9	F 120*	\$402,706	\$322,826	\$325,931	\$371,843	14.09%	\$371,843	\$688,800
Donations	10	F 140*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Amortization - Grants/Donations Revenue	11	F 131*, 141* & 151*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Other Funding Sources and Other Revenue	12	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$4,617	\$0	\$0	\$51,212	0.00%	\$51,212	\$192,116
Subtotal Other Revenues	13	Sum of lines 9 to 12	\$407,323	\$322,826	\$325,931	\$423,056	29.80%	\$423,056	\$1,081,916
TOTAL REVENUE	14	Sum of line 8 and line 13	\$7,269,953	\$7,076,884	\$7,390,722	\$7,634,386	3.44%	\$7,634,386	\$10,037,310
EXPENSES									
Compensation									
Salaries and Wages (Worked + Benefit + Purchased)	15	F 31010, 31030, 31090, 35010, 35030, 35090	\$4,699,955	\$4,746,063	\$4,992,980	\$5,206,439	4.26%	\$5,205,439	\$6,683,888
Benefit Contributions	16	F 31040 to 31085, 35040 to 35085	\$1,143,590	\$1,166,036	\$1,215,394	\$1,287,691	6.89%	\$1,287,691	\$1,736,899
Employee Future Benefit Compensation	17	F 305*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Nurse Practitioner Remuneration	18	F 380*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Medical Staff Remuneration	19	F 390*, [excl. F 39092]	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Sessional Fees	20	F 39092	\$173,008	\$142,362	\$145,565	\$142,362	-2.20%	\$142,362	\$142,362
Service Costs									
Med/Surgical Supplies and Drugs	21	F 480*, 465*, 560*, 565*	\$1,228	\$0	\$850	\$1,950	129.41%	\$1,950	\$1,950
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	22	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$1,073,406	\$976,562	\$975,133	\$865,811	-11.21%	\$865,811	\$1,340,980
Community One Time Expense (For budget use only)	23	F 69596	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Equipment Expenses	24	F 7*, [excl. F 750*, 780*]	\$117,051	\$45,861	\$50,800	\$29,160	-42.62%	\$29,150	\$29,260
Amortization on Major Equip and Software License and Fees	25	F 750*, 780*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Contracted Out Expense	26	F 8*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Buildings and Grounds Expenses	27	F 9*, [excl. F 950*]	\$247	\$0	\$0	\$101,983	0.00%	\$101,983	\$101,983
Building Amortization	28	F 9*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
TOTAL EXPENSES	29	Sum of lines 16 to 28	\$7,208,468	\$7,076,884	\$7,380,722	\$7,634,386	3.44%	\$7,634,386	\$10,037,310
NET SURPLUS/(DEFICIT) FROM OPERATIONS	30	Line 14 minus line 29	\$61,485	\$0	\$0	\$0	0.00%	\$0	\$0
HSPs must enter the revenue and expenses for Fund Type 3 and Fund Type 1									
FUND TYPE 3 - OTHER									
Total Revenue	31	F 1*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Total Expenses	32	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 3	33	Line 31 minus line 32	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
FUND TYPE 1 - HOSPITAL									
Total Revenue	34	F 1*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Total Expenses	35	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	36	Line 34 minus line 35	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
ALL FUND TYPES									
Total Revenue	37	Line 14 + line 31 + line 34	\$7,269,953	\$7,076,884	\$7,380,722	\$7,634,386	3.44%	\$7,634,386	\$10,037,310
Total Expenses	38	Line 29 + line 32 + line 35	\$7,208,485	\$7,076,884	\$7,380,722	\$7,634,386	3.44%	\$7,634,386	\$10,037,310
NET SURPLUS/(DEFICIT)	39	Line 37 minus line 38	\$61,468	\$0	\$0	\$0	0.00%	\$0	\$0
Total Administration Expenses Allocated to the TPBEs in all worksheets									
Undistributed Accounting Centres	40	82*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Administration and Support Services	41	72 1*	\$559,083	\$529,712	\$576,956	\$683,660	18.49%	\$683,660	\$776,728
Management Clinical Services	42	72 5 05	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Medical Resources	43	72 5 07	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Total Administrative & Undistributed Expenses (included in fund type 2 expenses above)	44	Sum of line 40 to 43 (included in Fund Type 2 expenses above)	\$669,083	\$629,712	\$676,956	\$683,660	18.49%	\$683,660	\$776,728
Notes									

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES &
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES**

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 the required information on 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)	
2009-2010	Due Dates (Must pass 3c Edits)
2009-10 Q1	<i>Not required 2009-2010</i>
2009-10 Q2	October 30, 2009
2009-10 Q3	January 29, 2010
2009-10 Q4	May 31, 2010
2010-2011	Due Dates (Must pass 3c Edits)
2010-11 Q1	<i>Not required 2010-2011</i>
2010-11 Q2	October 29, 2010
2010-11 Q3	January 31, 2011
2010-11 Q4	May 31, 2011

OHRs/MIS Supplementary Reporting - Quarterly Report (through WERS) and Annual Reconciliation Report (ARR – submitted with Q4 Report)	
2009-2010	Due five (5) business days following Trial Balance Submission Due Date
2009-10 Q1	<i>Not required 2009-2010</i>
2009-10 Q2	November 6, 2009
2009-10 Q3	February 5, 2010
2009-10 Q4 and ARR	June 7, 2010
2010-2011	Due five (5) business days following Trial Balance Submission Due Date
2010-11 Q1	<i>Not required 2010-2011</i>
2010-11 Q2	November 5, 2010
2010-11 Q3	February 7, 2011
2010-11 Q4 and ARR	June 7, 2011

Board Approved Audited Financial Statement*	
Fiscal Year	Due Date
2009-10	June 30, 2010
2010-11	June 30, 2011

Community Support Services & Community Mental Health & Addictions – Other Reporting Requirements	
Requirement	Due Date
French Language Services Implementation and Accountability Report	2009-10 - April 30, 2010 2010-11 - April 29, 2011 <i>(For HSPs that have been designated under the “French Language Services Act” or have been identified by the LHIN or the former HSRC or DHC to complete the report.)</i>

Community Mental Health and Addictions – Other Reporting Requirements	
Requirement	Due Date
Common Data Set for Community Mental Health Services (2007)	Last day of the month following the end of Q2 and Q4 (Year-End) reporting periods
	• 2009-10 Q2 October 30, 2009
	• 2009-10 Q4 April 30, 2010
	• 2010-11 Q2 October 29, 2010
	• 2010-11 Q4 April 29, 2011
DATIS (Drug & Alcohol Treatment Information System)	Fifteen (15) business days after end of Q1, Q2 and Q3 - Twenty (20) business days after Year-End (Q4)
	• 2009-10 Q1 July 22, 2009
	• 2009-10 Q2 October 22, 2009
	• 2009-10 Q3 January 22, 2010
	• 2009-10 Q4 April 29, 2010
	• 2010-11 Q1 July 22, 2010
	• 2010-11 Q2 October 22, 2010
	• 2010-11 Q3 January 24, 2011
• 2010-11 Q4 April 29, 2011	
ConnexOntario Health Services Information	<ul style="list-style-type: none"> • DART (Drug and Alcohol registry of Treatment) • OPGH (Ontario Problem Gambling Hotline) • Mental Health Services Information All HSPs that received funding to provide mental health and/or addictions services must sign an Organization Reporting Agreement with ConnexOntario Health Services Information, which sets out the reporting requirements.

**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY SUPPORT SERVICES &
COMMUNITY MENTAL HEALTH & ADDICTIONS**

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

Community Support Services

<ul style="list-style-type: none"> ▪ Community Support Services Complaints Policy (2004)
<ul style="list-style-type: none"> ▪ Supportive Housing Policy and Implementation Guidelines (1994)
<ul style="list-style-type: none"> ▪ Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
<ul style="list-style-type: none"> ▪ Screening of Personal Support Workers (2003)
<ul style="list-style-type: none"> ▪ Ontario Healthcare Reporting Standards – OHRIS/MIS
<ul style="list-style-type: none"> ▪ Community Financial Policy (2009)
<ul style="list-style-type: none"> ▪ Transition Plan Guidelines (2009)

Community Mental Health and Addictions

<ul style="list-style-type: none"> ▪ Operating Manual for Community Mental Health and Addiction Services (2003) 	<p>Chapter 1. Organizational Components</p> <ul style="list-style-type: none"> 1.2 Organizational Structure, Roles and Relationships 1.3 Developing and Maintaining the HSP Organization / Structure 1.5 Dispute Resolution
	<p>Chapter 2. Program & Administrative Components</p> <ul style="list-style-type: none"> 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
	<p>Chapter 3. Financial Record Keeping and Reporting Requirements</p> <ul style="list-style-type: none"> 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 Controls

• 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 Ontario Withdrawal Management Standards (2004)
• Addictions Ontario Admission Discharge Criteria (2000)
• Admission, Discharge and Assessment Tools for Ontario Addiction Agencies (2000)
• South Oaks Gambling Screen (SOGS)
• Ontario Healthcare Reporting Standards – OHRs/MIS
• Community Financial Policy (2009)
• Transition Plan Guidelines (2009)

SCHEDULE E – PERFORMANCE

1.0 PERFORMANCE INDICATORS

Performance Indicators

Schedule E 2009/11

Indicators	ST. JOSEPH'S CARE GROUP, THUNDER BAY				
	Baseline	2009/10 Performance Target	2009/10 Performance Standard	2010/11 Performance Target	2010/11 Performance Standard
Balanced Budget		0.00%	>0.00%	0.00%	>0.00%
Variance Forecast to Actual Expenditures		0	<0 >	0	<0 >
Proportion of Budget Spent on Administration		8.96%	10.75%	7.76%	9.31%
Cost per individual served		N/A	N/A	TBD	TBD
Vacancy Rate		N/A	N/A	TBD	TBD
Turnover Rate		N/A	N/A	TBD	TBD
Wait times:	N/A				
1a. From Referral date to Assessment date (90th percentile referrals from community)	N/A				
1b. From Referral date to Assessment date (90th percentile referrals from hospital)	N/A				
2. Assessment to service initiation					

1. No negative variance is accepted for total margin
 Proportion of Budget Spent on Administration will be Direct Care / Service for 2010-11
 N/A - not a performance indicator in 2009-10
 TBD - target will be set by 3/31/10 for 2010-11
 Baseline is 2007-08

Performance Indicators

Schedule E 2009/11

HSP ST. JOSEPH'S CARE GROUP, THUNDER BAY

2010/11

HSP	OHRS FC*	Health Service Activity	2009/10		2010/11		Perf Target	Perf Std	Perf Target	Perf Std	Perf Target	Perf Std
			Service Units	Individuals Served	Service Units	Individuals Served						
TPBE	72 5 82 12	OHRS Description CSS IH COM - Social and Congregate Dining	23000	70	21850 - 24150	53 - 88	47000	45590 - 48410	140	119-161		
CSS	72 5 82 50	CSS IH COM - Caregiver Support	3000	250	2700 - 3300	213-288	3000	2700 - 3300	250	213-288		
CSS	72 5 82 14	CSS IH COM - Transportation - Client	1008	50	907 - 1109	38 - 63	1675	1508 - 1843	75	56 - 94		
CSS	72 5 82 20	CSS IH COM - Day Services	4000	110	3600 - 4400	94-127	4000	3600 - 4400	110	94-127		
SH	72 5 82 45	CSS IH COM - Assisted Living Services	41975	115	40716 - 43234	98-132	90155	87450 - 92890	247	210-284		
MH	72 5 09 76	COM Case Management - Mental Health	2869	595	2582 - 3156	536-655	2869	2582 - 3156	595	536-655		
SA	72 5 09 78 11	COM Case Management - Addictions	2550	630	2295 - 2805	567-693	2550	2295 - 2805	630	567-693		
MH	72 5 40 76 30	COM Res. Mental Health - Support within Housing	1095	3	986 - 1205	2 - 4	1095	986 - 1205	3	2 - 4		
IMH	72 5 10 76 70	COM Primary Care - MH Eating Disorders	400	117	300 - 500	99-135	400	300 - 500	117	99-135		
IMH	72 5 10 76 96	COM Primary Care - MH Psycho-geriatric	2003	610	1803 - 2203	549-671	2108	1895 - 2317	644	580-708		
SA	72 5 10 78 11	COM Primary Care - Addictions Treatment - Substance Abuse	1830	500	1647 - 2013	450-550	1830	1647 - 2013	500	450-550		
PG	72 5 10 78 12	COM Primary Care - Addictions Treatment-Problem Gambling	1130	590	1017 - 1243	531-649	1130	1017 - 1243	590	531-649		
SA	72 5 10 78 30	COM Primary Care - Initial Assessment and Treatment Planning	450	290	338 - 563	247-334	450	338 - 563	290	247-334		
SA	72 5 40 78 11	COM Residential Addiction - Treatment Services-Substance Abuse	6108	231	5803 - 6413	196-266	6108	5803 - 6413	231	196-266		
SA	72 5 40 78 45	COM Residential Addiction - Treatment Services-Withdrawl Management Centres	4900	1555	4410 - 5390	1477-1633	4900	4410 - 5390	1555	1477-1633		
IMH	72 5 15 76	COM Crisis Intervention - Mental Health	1454	1000	1309 - 1599	900-1100	1434	1291 - 1577	984	886-1082		
PG	72 5 40 78 12	COM Residential Addiction - Treatment Services-Problem	360	20	270 - 450	15 - 25	360	270 - 450	20	15 - 25		
PG	72 5 50 78 20	COM Health Prom./Educ Addictions - Problem Gambling Awareness	1000	N/A	900 - 1100	N/A	1000	900 - 1100	N/A	N/A		
MH	72 5 50 76 10	COM Health Prom./Education MH - Awareness	400	N/A	300 - 500	N/A	400	300 - 500	N/A	N/A		

FC: functional centre
Performance Standard™ Corridor associated with required variance reporting

SCHEDULE F – TEMPLATE FOR PROJECT FUNDING

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

XXX 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 the PFA, capitalised words and phrases will have the meaning set out in the SAA. When used in the SAA, the following words and phrases have the following meanings:
- “**Deliverable**” means one of, and “**Deliverables**” mean more than one of, the services and deliverables provided by the HSP pursuant to the terms of this SAA and set out in Appendix A to this SAA;
- “**Rates**” means the applicable price for the Deliverables and set out in Appendix A to this SAA; 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 the PFA.** This PFA is made subject to and hereby incorporates the terms of the SAA. On execution the PFA will be appended to the SAA as a Schedule.
- 3.0 The Deliverables.** The HSP agrees to provide the Deliverables on the terms and conditions of this PFA including all Appendices and schedules thereto.
- 4.0 Rates and Payment Process.** Subject to the SAA, the Rates for the provision of the Deliverables will be as specified in Appendix A to this PFA.
- 5.0 Representatives for PFA.**
- (a) The HSP’s Representative for purposes of this PFA will 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 will 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 the PFA, the PFA will 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]

[XX] Local Health Integration Network

By:

[insert name and title.]

APPENDIX A - DELIVERABLES

- 1. DESCRIPTION OF PROJECT**
- 2. DESCRIPTION OF DELIVERABLES**
- 3. OUT OF SCOPE**
- 4. DUE DATES**
- 5. PERFORMANCE STANDARDS**
- 6. REPORTING**
- 7. PROJECT ASSUMPTIONS**
- 8. RATES**

8.1 The Rates for completion of this PFA are as follows:

8.2 Regardless of any other provision of this PFA, the Rates payable for the completion of the Deliverables under this PFA are not to exceed [X].