

MSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2017

BETWEEN:

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

HALIBURTON HIGHLANDS HEALTH SERVICES (the "HSP")

WHEREAS the LHIN and the HSP (together the "Parties") entered into a multi-sector service accountability agreement that took effect April 1, 2014 (the "MSAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the MSAA for a twelve month period to March 31, 2018;

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows.

1.0 Definitions. Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the MSAA. References in this Agreement to the MSAA mean the MSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The MSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(a) The following terms have the following meanings.

For the Funding Year beginning April 1, 2017, "**Schedule**" means any one, and "**Schedules**" means any two or more as the context requires, of the Schedules in effect for the Funding Year that began April 1, 2016 ("2016-17"), except that any Schedules in effect for the 2016-17 with the same name as Schedules listed below and appended to this Agreement are replaced by those Schedules listed below and appended to this Agreement.

Schedule A: Description of Services
Schedule B: Service Plan
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E: Performance
Schedule F: Project Funding Agreement Template
Schedule G: Compliance

- 2.3 **Term.** This Agreement and the MSAA will terminate on March 31, 2018.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the MSAA shall remain in full force and effect.
- 4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 **Counterparts.** This 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.
- 6.0 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK

Louis O'Brien, Chair

Date

Deborah Hammons, CEO

Haliburton Highlands Health

Dave Bonham, C'

Date

Carolyn Plummer, President & CEO

Date

SIGNATURES ON ORIGINAL DOCUMENT

Schedule A1: Description of Services
2017-2018

Health Service Provider: Haliburton Highlands Health Services

[illegible]

Schedule A2: Population and Geography

2017-2018

Health Service Provider: Haliburton Highlands Health Services

Client Population

The 2016 year round population of Haliburton County is 18,029. With the proportion of the County over 65 years of age at 31%, it equates to 5,589 seniors and 13.1% are over 75. By 2025, the total year round population of the County will rise to 19,575 and 2035 will reach 20,262. By 2025, those over the age of 65 will account for 36% of the total population and by 2035, that proportion will be 41% of the total County year round population.

Additional annual seasonal residents is approx. 40,000.

Supportive housing program provides services to frail or cognitively impaired elderly persons, physical disabilities, acquired brain injuries and HIV/Aids.

Mental Health program serves clients who suffer from mental health or related conditions, ages 16 & over - offering case management, housing, counselling/treatment, ages 14-35 associated with early intervention. Presenting issues are primarily associated with anxiety & depression and 80% with associated substance and/or alcohol dependency. Populace is not culturally diverse.

Geography Served

Programs serve the County of Haliburton, including the hamlets of Dorset, Cardiff and Kinmount. Supportive Housing Program provides services to residents of Haliburton County who live in the villages of Minden, Haliburton & Wilberforce. Clients must live within 5-10 km of staff office in order for the program to run as a cluster care model.

Mental Health serves Haliburton County as well as bordering communities that fall within Peterborough and CKL Counties - such as Kinmount, Norland & Fenelon Falls - with the main clusters being Minden, Haliburton & Wilberforce. Mobile Outreach is offered to those who are unable to access services due to severity of condition, finances or transportation. Housing sites are not clustered and are distributed strategically throughout the County - 1 unit remains in Fenelon Falls.

Schedule B1: Total LHIN Funding

2017-2018

Health Service Provider: Haliburton Highlands Health Services

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017-2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$3,565,650
HBAM Funding (CCAC only)	2	F 11005	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0
MOHLTC Base Allocation	4	F 11010	\$0
MOHLTC Other funding envelopes	5	F 11014	\$110,700
LHIN One Time	6	F 11008	\$0
MOHLTC One Time	7	F 11012	\$0
Paymaster Flow Through	8	F 11019	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$475,591
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$4,151,941
Recoveries from External/Internal Sources	11	F 120*	\$38,284
Donations	12	F 140*	\$30,000
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$39,886
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$108,170
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$4,260,111
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$2,649,593
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$688,953
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$0
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$0
Physiotherapist Compensation (Row 128)	23	F 350*	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0
Sessional Fees	26	F 39092	\$29,701
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$845,228
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$32,235
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$14,400
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$4,260,111
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	\$0
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 3	41	Row 39 minus Row 40	\$0
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	42	F 1*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	44	Row 42 minus Row 43	\$0
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$4,260,111
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$4,260,111
NET SURPLUS/(DEFICIT) ALL FUND TYPES	47	Row 45 minus Row 46	\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$14,400
Volunteer Services	50	72 1*	\$49,521
Information Systems Support	51	72 1*	\$2,500
General Administration	52	72 1*	\$336,038
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$402,459
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	72 5 07	\$29,701
Total Admin & Undistributed Expenses	57	Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)	\$432,160

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: Haliburton Highlands Health Services

Service Category 2017-2018 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits P2F, Tel, In-House, Conc. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Open/In-Resident Days	Individuals Served by Functioned Centre	Attendance Days Face-to-Face	Group Sessions (of group sessions - not individuals)	Meal Delivered - Combined	Group Participant Attendance (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
Case Management	72 5 09*	1.00	910	0	0	0	0	0	0	0	0	0	0	0
Primary Care- Clinics/Programs	72 5 10*	9.29	4,749	0	0	0	466	0	30	0	150	0	0	0
Health Promotion and Education	72 5 50	6.80	760	0	0	0	180	0	0	0	0	0	0	0
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	28.31	17,610	0	25,407	0	2,326	13,400	0	17,850	0	0	0	0

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: Haliburton Highlands Health Services

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

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

OHRS/MIS Trial Balance Submission (through OHFS)	
2014-2015	Due Dates (Must pass 3c Edits)
2014-15 Q1	<i>Not required 2014-15</i>
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
2015-16	Due Dates (Must pass 3c Edits)
2015-16 Q1	<i>Not required 2015-16</i>
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	Due Dates (Must pass 3c Edits)
2016-17 Q1	<i>Not required 2016-17</i>
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017
2017-18	Due Dates (Must pass 3c Edits)
2017-18 Q1	<i>Not required 2017-18</i>
2017-18 Q2	October 31, 2017
2017-18 Q3	January 31, 2018
2017-18 Q4	May 31, 2018

Supplementary Reporting - Quarterly Report (through SRI)	
2014-2015	Due five (5) business days following Trial Balance Submission Due Date
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
2015-2016	Due five (5) business days following Trial Balance Submission Due Date
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
2016-2017	Due five (5) business days following Trial Balance Submission Due Date
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
2017-18	Due five (5) business days following Trial Balance Submission Due Date
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: Haliburton Highlands Health Services

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

Fiscal Year	Due Date
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017
2017-18 ARR	June 30, 2018

Board Approved Audited Financial Statements *

(All HSPs must submit both paper copy Board Approved Audited Financial Statements, to the Ministry and the respective LHIN where funding is provided; soft copy to be uploaded to SRI)

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Declaration of Compliance

Fiscal Year	Due Date
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Community Support Services – Other Reporting Requirements

Requirement	Due Date
French Language Service Report	2014-15 - April 30, 2015
	2015-16 - April 30, 2016
	2016-17 - April 30, 2017
	2017-18 - April 30, 2018

Schedule C: Reports

Community Mental Health and Addictions Services 2017-2018

Health Service Provider: Haliburton Highlands Health 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 information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk "**".

OHRS/MIS Trial Balance Submission (through OHFS)	
2014-15	Due Dates (Must pass 3c Edits)
2014-15 Q1	<i>Not required 2014-15</i>
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
2015-16	Due Dates (Must pass 3c Edits)
2015-16 Q1	<i>Not required 2015-16</i>
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	Due Dates (Must pass 3c Edits)
2016-17 Q1	<i>Not required 2016-17</i>
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017
2017-18	Due Dates (Must pass 3c Edits)
2017-18 Q1	<i>Not required 2017-18</i>
2017-18 Q2	October 31, 2017
2017-18 Q3	January 31, 2018
2017-18 Q4	May 31, 2018

Supplementary Reporting - Quarterly Report (through SRI)	
2014-2015	Due five (5) business days following Trial Balance Submission Due Date
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
2015-2016	Due five (5) business days following Trial Balance Submission Due Date
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
2016-17	Due five (5) business days following Trial Balance Submission Due Date
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
2017-2018	Due five (5) business days following Trial Balance Submission Due Date
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

Schedule C: Reports

Community Mental Health and Addictions Services

2017-2018

Health Service Provider: Haliburton Highlands Health Services

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

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

Fiscal Year	Due Date
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017
2017-18 ARR	June 30, 2018

Board Approved Audited Financial Statements *

(All HSPs must submit both paper copy Board Approved Audited Financial Statements, to the Ministry and the respective LHIN where funding is provided; soft copy to be uploaded to SRI)

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Declaration of Compliance

Fiscal Year	Due Date
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Community Mental Health and Addictions – Other Reporting Requirements

Requirement	Due Date
Common Data Set for Community Mental Health Services	Last day of one month following the close of trial balance reporting for Q2 and Q4 (Year-End)
	• 2014-15 Q2 November 28, 2014
	• 2014-15 Q4 June 30, 2015
	• 2015-16 Q2 November 30, 2015
	• 2015-16 Q4 June 30, 2016
	• 2016-17 Q2 November 30, 2016
	• 2016-17 Q4 June 30, 2017
	• 2017-18 Q2 November 30, 2017
	• 2017-18 Q4 June 30, 2018
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)
	• 2014-15 Q1 July 22, 2014
	• 2014-15 Q2 October 22, 2014
	• 2014-15 Q3 January 22, 2015
	• 2014-15 Q4 April 30, 2015
	• 2015-16 Q1 July 22, 2015
	• 2015-16 Q2 October 22, 2015
	• 2015-16 Q3 January 22, 2016

Schedule C: Reports

Community Mental Health and Addictions Services

2017-2018

Health Service Provider: Haliburton Highlands Health Services

	<ul style="list-style-type: none">• 2015-16 Q4 April 28, 2016• 2016-17 Q1 July 22, 2016• 2016-17 Q2 October 24, 2016• 2016-17 Q3 January 23, 2017• 2016-17 Q4 May 2, 2017												
	<ul style="list-style-type: none">• 2017-18 Q1 July 21, 2017• 2017-18 Q2 October 24, 2017• 2017-18 Q3 January 23, 2018• 2017-18 Q4 May 2, 2018												
ConnexOntario Health Services Information <ul style="list-style-type: none">• Drug and Alcohol Helpline• Ontario Problem Gambling Helpline (OPGH)• Mental Health Helpline	All HSPs that received funding to provide mental health and/or addictions services must participate in ConnexOntario Health Services Information's annual validation of service details; provide service availability updates; and inform ConnexOntario Health Services Information of any program/service changes as they occur.												
French language service report	<table><tr><td>2014-15</td><td>-</td><td>April 30, 2015</td></tr><tr><td>2015-16</td><td>-</td><td>April 30, 2016</td></tr><tr><td>2016-17</td><td>-</td><td>April 30, 2017</td></tr><tr><td>2017-18</td><td>-</td><td>April 30, 2018</td></tr></table>	2014-15	-	April 30, 2015	2015-16	-	April 30, 2016	2016-17	-	April 30, 2017	2017-18	-	April 30, 2018
2014-15	-	April 30, 2015											
2015-16	-	April 30, 2016											
2016-17	-	April 30, 2017											
2017-18	-	April 30, 2018											

Schedule D: Directives , Guidelines and Policies

Community Support Services

2017-2018

Health Service Provider: Haliburton Highlands Health Services

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

▪ Personal Support Services Wage Enhancement Directive, 2014
▪ 2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
▪ 2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
▪ 2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
▪ Community Financial Policy, 2015
▪ Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
▪ Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
▪ Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012
▪ Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
▪ Community Support Services Complaints Policy (2004)
▪ Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
▪ Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
▪ Screening of Personal Support Workers (2003)
▪ Ontario Healthcare Reporting Standards – OHRIS/MIS – most current version available to applicable year
▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012

Schedule D: Directives , Guidelines and Policies
Community Mental Health and Addictions Services
2017-2018

Health Service Provider: Haliburton Highlands Health Services

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

▪ Community Financial Policy, 2015	
▪ Operating Manual for Community Mental Health and Addiction Services (2003)	Chapter 1. Organizational Components
	1.2 Organizational Structure, Roles and Relationships
	1.3 Developing and Maintaining the HSP Organization / Structure
	1.5 Dispute Resolution
	Chapter 2. Program & Administrative Components
	2.3 Budget Allocations/ Problem Gambling Budget Allocations
	2.4 Service Provision Requirements
	2.5 Client Records, Confidentiality and Disclosure
	2.6 Service Reporting Requirements
	2.8 Issues Management
	2.9 Service Evaluation/Quality Assurance
	2.10 Administrative Expectations
	Chapter 3. Financial Record Keeping and Reporting Requirements
▪ Early Psychosis Intervention Standards (March 2011)	
▪ Ontario Program Standards for ACT Teams (2005)	
▪ Intensive Case Management Service Standards for Mental Health Services and Supports (2005)	
▪ Crisis Response Service Standards for Mental Health Services and Supports (2005)	
Psychiatric Sessional Funding Guidelines (2004)	
▪ Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)	
▪ Addictions & Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)	
▪ Addictions staged screening and assessment tools (2015)	
▪ South Oaks Gambling Screen (SOGS)	
▪ Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year	
▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012	

Schedule E1: Core Indicators

2017-2018

Health Service Provider: Haliburton Highlands Health Services

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	9.4%	<=11.3%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.45%
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	12.7%	<13.97%

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience

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

** No negative variance is accepted for Total Margin

Schedule E2a: Clinical Activity- Detail
2017-2018

Health Service Provider: Haliburton Highlands Health Services

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
Administration and Support Services 72 1*			
* Full-time equivalents (FTE)	72 1*	3.55	n/a
Total Cost for Functional Centre	72 1	\$402,459	n/a
Medical Resources 72 5 07			
*Total Cost for Functional Centre	72 5 07	\$29,701	n/a
Case Management/Supportive Counselling & Services - Mental Health 72 5 09 76			
* Full-time equivalents (FTE)	72 5 09 76	1.00	n/a
Visits	72 5 09 76	910	774 - 1047
*Total Cost for Functional Centre	72 5 09 76	\$91,000	n/a
Clinics/Programs - MH Counseling and Treatment 72 5 10 76 12			
* Full-time equivalents (FTE)	72 5 10 76 12	8.09	n/a
Visits	72 5 10 76 12	3,309	2978 - 3640
Individuals Served by Functional Centre	72 5 10 76 12	400	320 - 480
*Total Cost for Functional Centre	72 5 10 76 12	\$889,353	n/a
MH Early Intervention 72 5 10 76 51			
* Full-time equivalents (FTE)	72 5 10 76 51	1.20	n/a
Visits	72 5 10 76 51	1,440	1296 - 1584
Individuals Served by Functional Centre	72 5 10 76 51	66	53 - 79
Group Sessions	72 5 10 76 51	30	24 - 36
*Total Cost for Functional Centre	72 5 10 76 51	\$117,992	n/a
Group Participant Attendances	72 5 10 76 51	150	120 - 180
Health Prom/Educ & Dev - General Geriatric 72 5 50 96 10			
* Full-time equivalents (FTE)	72 5 50 96 10	6.80	n/a
Visits	72 5 50 96 10	750	638 - 863
Individuals Served by Functional Centre	72 5 50 96 10	180	144 - 216
*Total Cost for Functional Centre	72 5 50 96 10	\$600,000	n/a
CSS IH - Service Arrangement/Coordination 72 5 82 05			
* Full-time equivalents (FTE)	72 5 82 05	0.09	n/a
Visits	72 5 82 05	210	168 - 252
Individuals Served by Functional Centre	72 5 82 05	145	116 - 174
*Total Cost for Functional Centre	72 5 82 05	\$5,479	n/a
CSS IH - Case Management 72 5 82 09			
* Full-time equivalents (FTE)	72 5 82 09	0.79	n/a
Visits	72 5 82 09	250	200 - 300
Individuals Served by Functional Centre	72 5 82 09	175	140 - 210
*Total Cost for Functional Centre	72 5 82 09	\$56,089	n/a
CSS IH - Meals Delivery 72 5 82 10			
* Full-time equivalents (FTE)	72 5 82 10	1.07	n/a
Individuals Served by Functional Centre	72 5 82 10	285	228 - 342
Meal Delivered-Combined	72 5 82 10	17,850	16958 - 18743
*Total Cost for Functional Centre	72 5 82 10	\$97,492	n/a
CSS IH - Social and Congregate Dining 72 5 82 12			

Schedule E2a: Clinical Activity- Detail
2017-2018

Health Service Provider: Haliburton Highlands Health Services

OHRS Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
* Full-time equivalents (FTE)	72 5 82 12	0.23	n/a
Individuals Served by Functional Centre	72 5 82 12	495	396 - 594
Attendance Days Face-to-Face	72 5 82 12	11,450	10878 - 12023
*Total Cost for Functional Centre	72 5 82 12	\$16,208	n/a
CSS IH - Transportation - Client 72 5 82 14			
* Full-time equivalents (FTE)	72 5 82 14	2.02	n/a
Visits	72 5 82 14	11,025	10474 - 11576
Individuals Served by Functional Centre	72 5 82 14	456	365 - 547
*Total Cost for Functional Centre	72 5 82 14	\$444,499	n/a
CSS IH - Day Services 72 5 82 20			
* Full-time equivalents (FTE)	72 5 82 20	4.35	n/a
Hours of Care	72 5 82 20	1,728	1555 - 1901
Individuals Served by Functional Centre	72 5 82 20	55	44 - 66
Attendance Days Face-to-Face	72 5 82 20	1,950	1755 - 2145
*Total Cost for Functional Centre	72 5 82 20	\$210,212	n/a
CSS IH - Assisted Living Services 72 5 82 45			
* Full-time equivalents (FTE)	72 5 82 45	15.94	n/a
Hours of Care	72 5 82 45	23,679	22495 - 24863
Individuals Served by Functional Centre	72 5 82 45	67	54 - 80
*Total Cost for Functional Centre	72 5 82 45	\$912,885	n/a
CSS IH - Emergency Response Support Services 72 5 82 55			
* Full-time equivalents (FTE)	72 5 82 55	0.70	n/a
Visits	72 5 82 55	625	531 - 719
Individuals Served by Functional Centre	72 5 82 55	220	176 - 264
*Total Cost for Functional Centre	72 5 82 55	\$67,797	n/a
CSS IH - Visiting - Social and Safety 72 5 82 60			
* Full-time equivalents (FTE)	72 5 82 60	0.09	n/a
Visits	72 5 82 60	3,200	2880 - 3520
Individuals Served by Functional Centre	72 5 82 60	38	30 - 46
*Total Cost for Functional Centre	72 5 82 60	\$5,479	n/a
CSS IH - Visiting - Hospice Services 72 5 82 65			
* Full-time equivalents (FTE)	72 5 82 65	2.75	n/a
Visits	72 5 82 65	2,100	1890 - 2310
Individuals Served by Functional Centre	72 5 82 65	345	276 - 414
*Total Cost for Functional Centre	72 5 82 65	\$297,193	n/a
CSS IH - Foot Care Services 72 5 82 70			
* Full-time equivalents (FTE)	72 5 82 70	0.28	n/a
Visits	72 5 82 70	200	160 - 240
Individuals Served by Functional Centre	72 5 82 70	45	36 - 54
*Total Cost for Functional Centre	72 5 82 70	\$16,273	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		48.95	n/a

Schedule E2a: Clinical Activity- Detail
2017-2018

Health Service Provider: Haliburton Highlands Health Services

OHRS Description & Functional Centre	2017-2018	
	Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.		
Total Visits for all F/C	24,019	22818 - 25220
Total Hours of Care for all F/C	25,407	24391 - 26423
Total Individuals Served by Functional Centre for all F/C	2,972	2675 - 3269
Total Attendance Days for all F/C	13,400	12730 - 14070
Total Group Sessions for all F/C	30	24 - 36
Total Meals Delivered for all F/C	17,850	16958 - 18743
Total Group Participants for all F/C	150	120 - 180
Total Cost for All F/C	4,260,111	n/a

Schedule E2c: CMH&A Sector Specific Indicators

2017-2018

Health Service Provider: Haliburton Highlands Health Services

Performance Indicators		2017-2018 Target	Performance Standard
No Performance Indicators		-	-

Explanatory Indicators	
Repeat Unplanned Emergency Visits within 30 days for Mental Health conditions	
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse conditions	
Average Number of Days Waited from Referral/Application to Initial Assessment Complete	
Average number of days waited from Initial Assessment Complete to Service Initiation	

Schedule E2d: CSS Sector Specific Indicators

2017-2018

Health Service Provider: Haliburton Highlands Health Services

Performance Indicators		2017-2018 Target	Performance Standard
No Performance Indicators		-	-
Explanatory Indicators			
# Persons waiting for service (by functional centre)			

**Schedule E3a Local: All
2017-2018**

Health Service Provider: Haliburton Highlands Health Services

Cultural Sensitivity Obligation

To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.

LHIN Sub-Region (Health Link Communities) Obligation

Each HSP must be a signatory of the "Health Link Letter of Commitment" as provided by the Central East LHIN.

In addition, the following two explanatory obligations regarding the identification of complex vulnerable patients and the process for developing Coordinated Care Plans will be added and monitored:

1. HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and Central East LHIN Health Links program).
2. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that:
 - a. Is developed with the patient and caregiver;
 - b. Involves two or more health care professionals - at least one of which is from outside the organization and;
 - c. Contains an action plan for one or more of patient and/or caregiver identified health concerns.

Ontario Perception of Care (OPOC) and Ontario Common Assessment of Need (OCAN) tools.

The HSP must follow all Ministry of Health and Long-Term Care Policies and direction with respect to OPOC and OCAN tools.

Schedule F: Project Funding
2017-2018
Health Service Provider: Haliburton Highlands Health Services

Project Funding Agreement Template

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

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

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

"Project Funding" means the funding for the Services;

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

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

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

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

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

Schedule F: Project Funding
2017-2018

Health Service Provider: Haliburton Highlands Health Services

Project Funding Agreement Template

5.0

Representatives for PFA.

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

6.0

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

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

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

[insert name of HSP]

By:

[insert name and title]

[XX] Local Health Integration Network

By:

[insert name and title]

Schedule F: Project Funding

2017-2018

Health Service Provider: Haliburton Highlands Health Services

Project Funding Agreement Template

APPENDIX A: SERVICES

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

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

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

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

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

To: The Board of Directors of the Central East LHIN Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of Haliburton Highlands Health Services (the "HSP")

Date: March 15, 2017

Re: April 1, 2016 – March 31, 2017 (the "Applicable Period")

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

The Board has authorized me to declare to you as follows:

After making inquiries of the President and Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

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

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


Dave Bonham, Board Chair

Schedule G – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

[Please identify each obligation under the M-SAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

No exceptions identified.