

## **MSAA AMENDING AGREEMENT**

**THIS AMENDING AGREEMENT** (the "Agreement") is made as of the 1<sup>st</sup> day of April, 2017

**B E T W E E N:**

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

**AND**

**SCARBOROUGH AND ROUGE HOSPITAL** (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**

By:

\_\_\_\_\_  
Louis O'Brien, Chair

\_\_\_\_\_  
Date

And by:

\_\_\_\_\_  
Deborah Hammons, CEO

\_\_\_\_\_  
Date

**Scarborough and Rouge Hospital**

By:

  
\_\_\_\_\_  
Maureen Adamson, Chair

\_\_\_\_\_  
Date

And by:

  
\_\_\_\_\_  
Andrée Robichaud, Interim President & CEO

\_\_\_\_\_  
Date



**Schedule A1: Description of Services**  
**2017-2018**

**Health Service Provider: Scarborough and Rouge Hospital**

[illegible]

## Schedule A2: Population and Geography 2017-2018

### Health Service Provider: Scarborough and Rouge Hospital

#### Client Population

The Scarborough and Rouge Hospital's Mental Health Services provides a wide range of care, to support individuals and families affected by mental illness. The program's community-based focus emphasizes the importance of helping our patients remain in the most appropriate environment (home or the community) to achieve their optimal level of wellbeing. The Psycho-geriatric Outreach Program provides services to Long Term Care Home residents over the age of 65 years. Pathways Clinic provides social and recreational program for adults with mental illness. Shoniker Clinic services youth (18 years and under) experiencing serious mental health problems. Early Intervention services clients aged 14 to 35 diagnosed with their first episode of psychosis. Phase 1 and 2 Housing - Adults with serious mental health problems who are at risk of being homeless.

South Durham Region and Scarborough represent the most densely populated areas in the CE LHIN with population growth predicted to be faster than the provincial average. Persons 65+ currently represent 6.9%. Scarborough represents a diverse cultural mix where 55% of residents are born outside of Canada and 41% have a first language other than English. Affordable housing remains a challenge for our mental health community clients.

Child Development Clinic provides assessments for children and maintains a level of 436 individuals served annually.

Cardiac Rehabilitation - clients are individuals who have established cardiovascular disease, have had an interventional cardiac procedure, or are at high risk of developing cardiovascular disease.

#### Geography Served

The following programs service all of Scarborough, with the exception of Mobile Crisis, which also services East York:

(1) Assertive Community Treatment Team (ACIT) - Location: 2425 Eglinton Avenue East, Suite 301. Hours/days of operation: 8:30 am to 7 pm Monday to Friday, 9 am to 5 pm Saturday, Sunday & Statutory Holidays. (2) Intensive Case Management program - Location: 2425 Eglinton Avenue East, Suite 301. Hours/days of operation: 8:30 am to 4:30 pm Monday to Friday. (3) The Justice and Mental Health program - Location: 2425 Eglinton Avenue East, Suite 301. Hours/days of operation: 8:30 am to 4:30 pm Monday, Wednesday, Thursday, Friday, and 8:30 am to 6 pm on Tuesday. (4) Crisis Programs: (A) Regional Crisis Program: 24/7 program at the Birchmount Campus and at the General Campus providing mental health crisis services to the ED. (B) Mobile Crisis Program: Telephone service available 24/7; community crisis visits offered 8:00 am to 8:00 pm 5 days every week. (C) Mobile Crisis Intervention Team: Located in the three Scarborough Toronto Police Divisions (41D, 42D, 43D). Hours of operation: 12pm to 11pm seven (7) days every week. (5) Psycho geriatric Outreach Program (POP). Location: Birchmount Campus. Staff assess and treat clients at the 12 designated nursing homes in the community. Hours/days of operation: Monday to Friday 9am to 5pm. (6) MH Child/Adolescent: Located at 2330 Midland Ave, Suite 226, Scarborough Ontario. Hours of operation are 9:00am to 5:00pm 3 days a week Monday, Wednesday and Thursday. (7) Pathways - Catchment area: Scarborough. Site Location: 25 Neilson Road. Hours/days of operation: 9 am to 5 pm, Monday to Friday. (8) Shoniker Clinic - Location: Centenary site. Hours/days of operation: 8 am to 7 pm, Monday-Friday. (9) Early Intervention in Psychosis - Catchment area: Scarborough. Location: Centenary site. Hours/days of operation: 9 am to 7 pm, Monday-Friday. (10) Phase 1 and 2 Housing - Catchment area: Scarborough. Locations: 25 Neilson Road and 50 Gatesview. Hours of operation: 24/7. (11) Cardiac Rehabilitation - Program has established locations throughout the LHIN.

**Schedule B1: Total LHIN Funding  
2017-2018**

**Health Service Provider: Scarborough and Rouge Hospital**

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 10.0	2017-2018 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$9,868,890
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	\$0
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	\$0
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$9,868,890</b>
Recoveries from External/Internal Sources	11	F 120*	\$77,450
Donations	12	F 140*	\$0
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$0
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$77,450</b>
<b>TOTAL REVENUE FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>	<b>\$9,946,340</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$5,939,082
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$1,256,246
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$221,210
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$200,000
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]	\$23,000
Sessional Fees	26	F 39092	\$1,610,228
<b>Service Costs</b>			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$4,621
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$604,656
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$18,030
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*]	\$69,267
Building Amortization	34	F 9*	\$0
<b>TOTAL EXPENSES FUND TYPE 2</b>	<b>35</b>	<b>Sum of Rows 17 to 34</b>	<b>\$9,946,340</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>\$0</b>
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
<b>SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations</b>	<b>38</b>	<b>Sum of Rows 36 to 37</b>	<b>\$0</b>
<b>FUND TYPE 3 - OTHER</b>			
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
<b>NET SURPLUS/(DEFICIT) FUND TYPE 3</b>	<b>41</b>	<b>Row 39 minus Row 40</b>	<b>\$0</b>
<b>FUND TYPE 1 - HOSPITAL</b>			
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
<b>NET SURPLUS/(DEFICIT) FUND TYPE 1</b>	<b>44</b>	<b>Row 42 minus Row 43</b>	<b>\$0</b>
<b>ALL FUND TYPES</b>			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$9,946,340
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$9,946,340
<b>NET SURPLUS/(DEFICIT) ALL FUND TYPES</b>	<b>47</b>	<b>Row 45 minus Row 46</b>	<b>\$0</b>
<b>Total Admin Expenses Allocated to the TPBEs</b>			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$0
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$0
General Administration	52	72 1*	\$0
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$0
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	72 5 07	\$1,443,906
<b>Total Admin &amp; Undistributed Expenses</b>	<b>57</b>	<b>Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)</b>	<b>\$1,443,906</b>

**Schedule B2: Clinical Activity- Summary**  
**2017-2018**

**Health Service Provider: Scarborough and Rouge Hospital**

Service Category 2017-2018 Budget	CHSR Framework Level 2	Full time equivalents (FTE)	Total FTE (incl. In House Contract)	Net Uniquely Modified Services Resourced	Hours of Care to House & Home Care Unit	Inpatient/Resident Days	Bed-Minute Service for Residential Care	Allocated Days Per Patient/Per	Group Sessions (Per group/individual)	Medication Management	Group Participant Attendance (Per Session)	Service Provider In services	Service Provider Group Interventions	Health Status
Case Management	72.5 08*	2.00	4,166	0	0	0	36	0	0	0	0	0	0	0
Primary Care- Clinics/Programs	72.5 10*	32.97	31,095	1,910	2,000	0	2,639	173	100	0	0	1,008	0	308
Crisis Intervention	72.5 15*	27.16	21,863	2,127	0	0	5,866	0	0	0	0	0	0	0
Residential Services	72.5 40 78*	6.65	0	0	0	12,530	0	0	0	0	0	0	0	0
Health Promotion and Education	72.5 50	0.00	0	0	0	0	1,236	16,800	0	0	0	0	0	0



## Schedule C: Reports

### Community Mental Health and Addictions Services

2017-2018

Health Service Provider: Scarborough and Rouge Hospital

**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 "\*".

<b>OHRIS/MIS Trial Balance Submission (through OHFS)</b>	
<b>2014-15</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2015-16</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2016-17</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2017-18</b>	<b>Due Dates (Must pass 3c Edits)</b>
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

<b>Supplementary Reporting - Quarterly Report (through SRI)</b>	
<b>2014-2015</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
<b>2015-2016</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
<b>2016-17</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
<b>2017-2018</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
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: Scarborough and Rouge Hospital

#### 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
<b>Common Data Set for Community Mental Health Services</b>	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
<b>DATIS (Drug &amp; Alcohol Treatment Information System)</b>	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: Scarborough and Rouge Hospital

	<ul style="list-style-type: none"><li>• 2015-16 Q4 April 28, 2016</li><li>• 2016-17 Q1 July 22, 2016</li><li>• 2016-17 Q2 October 24, 2016</li><li>• 2016-17 Q3 January 23, 2017</li><li>• 2016-17 Q4 May 2, 2017</li></ul>												
	<ul style="list-style-type: none"><li>• 2017-18 Q1 July 21, 2017</li><li>• 2017-18 Q2 October 24, 2017</li><li>• 2017-18 Q3 January 23, 2018</li><li>• 2017-18 Q4 May 2, 2018</li></ul>												
<b>ConnexOntario Health Services Information</b> <ul style="list-style-type: none"><li>• Drug and Alcohol Helpline</li><li>• Ontario Problem Gambling Helpline (OPGH)</li><li>• Mental Health Helpline</li></ul>	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.												
<b>French language service report</b>	<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 Mental Health and Addictions Services

2017-2018

Health Service Provider: Scarborough and Rouge Hospital

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

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

## Schedule E1: Core Indicators

2017-2018

Health Service Provider: Scarborough and Rouge Hospital

Performance Indicators		2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2		\$0	>=0
Proportion of Budget Spent on Administration		0.0%	<=0%
**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			
<p>* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget</p> <p>** No negative variance is accepted for Total Margin</p>			



**Schedule E2a: Clinical Activity- Detail**  
**2017-2018**

**Health Service Provider: Scarborough and Rouge Hospital**

OHRS Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
<b>Medical Resources 72 5 07</b>			
*Total Cost for Functional Centre	72 5 07	\$1,443,906	n/a
Mental Health Sessions	72 5 07	2,674	2407 - 2941
<b>Case Management/Supportive Counselling &amp; Services - Mental Health 72 5 09 76</b>			
* Full-time equivalents (FTE)	72 5 09 76	2.00	n/a
Visits	72 5 09 76	4,168	3751 - 4585
Individuals Served by Functional Centre	72 5 09 76	36	29 - 43
*Total Cost for Functional Centre	72 5 09 76	\$166,369	n/a
<b>MH Assertive Community Treatment Teams 72 5 10 76 20</b>			
* Full-time equivalents (FTE)	72 5 10 76 20	14.02	n/a
Visits	72 5 10 76 20	17,174	16315 - 18033
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 20	644	547 - 741
Individuals Served by Functional Centre	72 5 10 76 20	110	88 - 132
*Total Cost for Functional Centre	72 5 10 76 20	\$1,499,594	n/a
<b>MH Community Clinic 72 5 10 76 30</b>			
* Full-time equivalents (FTE)	72 5 10 76 30	2.40	n/a
Visits	72 5 10 76 30	3,000	2700 - 3300
Individuals Served by Functional Centre	72 5 10 76 30	200	160 - 240
*Total Cost for Functional Centre	72 5 10 76 30	\$371,807	n/a
Mental Health Sessions	72 5 10 76 30	68	54 - 82
<b>MH Child/Adolescent 72 5 10 76 50</b>			
* Full-time equivalents (FTE)	72 5 10 76 50	3.45	n/a
Visits	72 5 10 76 50	2,423	2181 - 2665
Hours of Care	72 5 10 76 50	2,000	1800 - 2200
Individuals Served by Functional Centre	72 5 10 76 50	1,376	1238 - 1514
Attendance Days Face-to-Face	72 5 10 76 50	173	138 - 208
*Total Cost for Functional Centre	72 5 10 76 50	\$597,091	n/a
Service Provider Interactions	72 5 10 76 50	1,008	907 - 1109
Mental Health Sessions	72 5 10 76 50	240	192 - 288
<b>MH Early Intervention 72 5 10 76 51</b>			
* Full-time equivalents (FTE)	72 5 10 76 51	7.50	n/a
Visits	72 5 10 76 51	2,000	1800 - 2200
Individuals Served by Functional Centre	72 5 10 76 51	194	155 - 233
Group Sessions	72 5 10 76 51	100	80 - 120
*Total Cost for Functional Centre	72 5 10 76 51	\$728,664	n/a
<b>MH Forensic 72 5 10 76 55</b>			
* Full-time equivalents (FTE)	72 5 10 76 55	3.60	n/a
Visits	72 5 10 76 55	3,484	3136 - 3832
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 55	1,104	994 - 1214
Individuals Served by Functional Centre	72 5 10 76 55	384	307 - 461
*Total Cost for Functional Centre	72 5 10 76 55	\$339,560	n/a
<b>MH Psycho-geriatric 72 5 10 76 96</b>			

# Schedule E2a: Clinical Activity- Detail

## 2017-2018

Health Service Provider: Scarborough and Rouge Hospital

OHRs Description & Functional Centre		2017-2018	
* These values are provided for information purposes only. They are not Accountability Indicators.		Target	Performance Standard
* Full-time equivalents (FTE)	72 5 10 76 96	2.00	n/a
Visits	72 5 10 76 96	3,014	2713 - 3315
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 96	162	130 - 194
Individuals Served by Functional Centre	72 5 10 76 96	575	489 - 661
*Total Cost for Functional Centre	72 5 10 76 96	\$259,007	n/a
Crisis Intervention - Mental Health 72 5 15 76			
* Full-time equivalents (FTE)	72 5 15 76	27.16	n/a
Visits	72 5 15 76	21,653	20570 - 22736
Not Uniquely Identified Service Recipient Interactions	72 5 15 76	2,127	1914 - 2340
Individuals Served by Functional Centre	72 5 15 76	5,855	5562 - 6148
*Total Cost for Functional Centre	72 5 15 76	\$2,907,161	n/a
Res. Mental Health - Support within Housing 72 5 40 76 30			
* Full-time equivalents (FTE)	72 5 40 76 30	6.65	n/a
Inpatient/Resident Days	72 5 40 76 30	12,530	11904 - 13157
*Total Cost for Functional Centre	72 5 40 76 30	\$595,306	n/a
Health Prom/Educ & Dev - General 72 5 50 10			
Individuals Served by Functional Centre	72 5 50 10	1,238	1114 - 1362
Attendance Days Face-to-Face	72 5 50 10	16,800	15960 - 17640
*Total Cost for Functional Centre	72 5 50 10	\$1,037,875	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		68.78	n/a
Total Visits for all F/C		56,916	55209 - 58623
Total Not Uniquely Identified Service Recipient Interactions for all F/C		4,037	3633 - 4441
Total Hours of Care for all F/C		2,000	1800 - 2200
Total Inpatient/Resident Days for all F/C		12,530	11904 - 13157
Total Individuals Served by Functional Centre for all F/C		9,968	9470 - 10466
Total Attendance Days for all F/C		16,973	16124 - 17822
Total Group Sessions for all F/C		100	80 - 120
Total Service Provider Interactions for all F/C		1,008	907 - 1109
Total Mental Health Sessions for all F/C		2,982	2684 - 3280
Total Cost for All F/C		9,946,340	n/a

**Schedule E2c: CMH&A Sector Specific Indicators****2017-2018****Health Service Provider: Scarborough and Rouge Hospital**

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: Scarborough and Rouge Hospital**

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: Scarborough and Rouge Hospital**

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	<p>Each HSP must be a signatory of the "Health Link Letter of Commitment" as provided by the Central East LHIN.</p> <p>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:</p> <ol style="list-style-type: none"><li>1. HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and Central East LHIN Health Links program).</li><li>2. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that:<ol style="list-style-type: none"><li>a. Is developed with the patient and caregiver;</li><li>b. Involves two or more health care professionals - at least one of which is from outside the organization and;</li><li>c. Contains an action plan for one or more of patient and/or caregiver identified health concerns.</li></ol></li></ol>
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: Scarborough and Rouge Hospital

### 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: Scarborough and Rouge Hospital**

**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: Scarborough and Rouge Hospital**

**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: Declaration of Compliance

2017-2018

Health Service Provider: Scarborough and Rouge Hospital

### DECLARATION OF COMPLIANCE Issued pursuant to the M-SAA effective April 1, 2014

**To:** The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the "LHIN"). Attn: Board Chair.  
**From:** The Board of Directors (the "Board") of the [insert name of HSP] (the "HSP")  
**Date:** [insert date]  
**Re:** [insert date range - April 1, 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, by resolution dated [insert date], to declare to you as follows:

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

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

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

\_\_\_\_\_  
[insert name of Chair], [insert title]