

## Schedule E2c: CMH&A Sector Specific Indicators

2018-2019

Health Service Provider: Cross Toronto Community Development Corporation, Fresh Start

| Performance Indicators   | 2018-2019 Target | Performance Standard |
|--|------------------|----------------------|
| No Performance Indicators  | -                | -                    |
| <b>Explanatory Indicators</b>  |                  |                      |
| Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions          |                  |                      |
| Repeat Unplanned Emergency Visits within 30 days for Substance Abuse conditions        |                  |                      |
| Average Number of Days Waited from Referral/Application to Initial Assessment Complete |                  |                      |
| Average number of days waited from Initial Assessment Complete to Service Initiation   |                  |                      |

## Schedule E3a: LHIN Local Indicators and Obligations

2018-2019

Health Service Provider: Cross Toronto Community Development Corporation, Fresh Start

### Toronto Central LHIN'S Strategic Plan:

Support the implementation of Toronto Central LHIN's 2018-2022 Strategic Plan including a commitment to the specific initiatives outlined below:

**Toronto Central LHIN Sub Regions:** Participate in the Toronto Central LHIN Local Collaborative as outlined in the Collaboration Agreement(s) and advance the work of the Integrated Health Service Delivery Network (IHSDN) within each sub region.

**Integrated Community Care:** Actively participate in the implementation of the Integrated Community Care Strategy.

**Primary Care:** Continued support of the Toronto Central LHIN primary care strategy, including its associated projects within the following priority areas:

- Access, Attachment and Continuity;
- Access to Interprofessional Care Resources (including teams);
- Hospital Discharge and Readmissions Planning;
- Access to Specialists;
- Secure Communications; and
- Health Links / Care Coordination.

**Promoting Integration:** Actively participate in the Toronto Central LHIN Integration Strategy.

**Health Equity:** Continue to actively support Toronto Central LHIN Health Equity initiatives through:

- Supporting approaches to service planning and delivery that: a) identify health inequities, b) actively seek new opportunities to address health inequities, and c) reduce existing health inequities.
- For CHCs only - Collect and submit demographic/equity data with the goal of covering more than 75% of patients in the system by March 2019, as outlined in the CHC Equity Data Technical Specifications.
- Report data collection on the two LHIN specific indicators including:
  1. CHC Equity Data Collection Participation Rate; and
  2. Percent of Overall CHC Clients Seen and Equity Data Collected.
- The expectation is that this data is also used for CHC program planning, linked to clinical outcomes and is made available for clinical application by health care professionals.
- Apply the Health Equity Impact Assessment (HEIA) tool and its supplement(s) in program and service planning.
- Collect Health Card information on clients receiving LHIN funded services. Record the number of clients receiving LHIN funded services that do not have a Health Card.

Participation in appropriate TC LHIN Indigenous and Francophone Cultural Competency Initiatives.

## Schedule E3a: LHIN Local Indicators and Obligations

2018-2019

- As part of the Indigenous Health strategy, HSPs are expected to:
  - Identify the Indigenous population as a priority in strategic / program plans; and
  - Ensure all health care spaces are welcoming, accessible and inclusive of Indigenous people.
- Participate in French Language Service (FLS) planning:
  - For identified HSPs that provide services in French, develop a FLS plan and demonstrate yearly progress towards meeting designation criteria;
  - HSPs that are not identified for the provision of FLS, the expectation is to identify their French-speaking clients. This information is to be used by the HSP to help with the establishment of an environment where people's linguistic backgrounds are collected, linked with existing health services data and utilized in health services and health system planning to ensure services are culturally and linguistically sensitive; and
  - All funded HSPs to support ministry and LHIN initiatives to deploy the OZI tool designed to collect quantitative data regarding the active offer of French Language Health Services.

**Digital Health:** Adopt Digital Health and Information Management initiatives that encompass both provincial and local level priorities as identified by Toronto Central LHIN. This specifically includes, where applicable:

- Adherence to operational privacy and security policies related to the use of regional and provincial health technologies;
- Data contribution feeds to ConnectingOntario/GTA repositories according to the implementation schedule agreed to between the Toronto Central LHIN and the ConnectingOntario GTA Steering Committee;
- Implementation of the ConnectingOntario viewer and adoption by all Health Service Providers for viewing according to the implementation schedule agreed to between the Toronto Central LHIN and the Connecting Ontario GTA Steering Committee; and
- Data contribution to the Community Business Intelligence (CBI) solution in adherence to the specified requirements as defined within participatory and other applicable program agreements.

**Opioid:** All HSPs will have Problematic Substance Use, and specifically Opioid related Overdose policies, protocols and procedures in place by Q2 of 2018/2019 fiscal year. Compliance with this obligation will be included in the annual declaration of compliance submitted at Q4 (consistent with the time of reports contained in Schedule C – Reports).

### **System Level & Quality Improvement**

- HSPs will participate in the work of the Toronto Central LHIN Regional Quality Table.
- HSPs will participate in the planning and implementation of regional palliative care quality improvement initiatives as endorsed by Toronto Central Palliative Care Network (TCPCN) and the Toronto Central LHIN.

## Schedule E3a: LHIN Local Indicators and Obligations 2018-2019

- HSPs will work towards implementing Health Quality Ontario's quality standards to applicable programs.

These standards **include but are not limited to:**

- Schizophrenia
  - Major Depression
  - Palliative Care
  - Dementia
  - Opioid Prescribing for Chronic Pain
- Active Participation/Staff training towards implementation of Staged Screening and Assessment Tools (GAINS) by LHIN funded Addiction Services Providers.

### **Ministry/LHIN Accountability Agreement Performance (MLAA):**

Toronto Central LHIN is developing a system-wide plan to improve performance on its MLAA indicators including embedding performance targets in the Service Accountability Agreements. HSPs will be expected to contribute to the achievement of the Toronto Central LHIN MLAA Performance Indicators through the following specific initiative:

- **High Needs Clients:** All Community Support Services HSPs will register and monitor high needs clients receiving LHIN funded services using the RAI Tool or Health Links criteria to the Community Agency Notification. Services include eADP, Attendant Outreach programs, Supportive Housing services, Assisted Living Services for High Risk Seniors and Right Place of Care program.

**Emergency Management:** It is expected that HSPs review and maintain their Emergency Management and Business Continuity Plans. HSPs should:

- Maintain regulated standards; and
- Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall.

**Patient Complaints:** All health service providers will have an internal patient and / or client complaints policy and procedure in place, and followed. Compliance with this obligation will be included in the annual declaration of compliance submitted at Q4 (consistent with the time of reports contained in Schedule C – Reports).

**Financial Reporting:** HSPs are to ensure accuracy and completeness of the financial data reported in SRI:

- Q4 submission should match with the audited financial statement as well as the Annual Reconciliation Report (ARR)
- Q2 & 3 SRI report should be the same submission to the Finance & Audit Committee/Board
- Explanations are required where:
  - % Variance between Year-to-Date Budget and Actual is greater than 5%; and
  - % Variance between Full-year Budget and Full-year Forecast is greater than 5%.

## SCHEDULE F – PROJECT FUNDING AGREEMENT TEMPLATE

### 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”) 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 Service shall be as specified in Appendix A to this PFA.

**SCHEDULE F – 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 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 MSAA effective April 1, 2014

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

**From:** **The Board of Directors** (the "Board") of the Cross-Toronto Community Development Corporation operating as Fresh Start Cleaning and Maintenance (the "HSP")

**Date:** June 21<sup>st</sup>, 2018

**Re:** April 1, 2017 – March 31, 2018 (the "Applicable Period")

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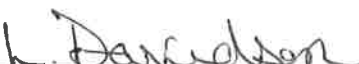
Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated June 21<sup>st</sup>, 2018, to declare to you as follows:

After making inquiries of the Executive Director, Richard Worr 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 "MSAA") in effect during the Applicable Period.

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

- (i) Article 4.8 of the MSAA 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*.

  
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Lisa Davidson, President, Board of Directors



**SCHEDULE G – FORM OF COMPLIANCE DECLARATION**

**Schedule G – Form of Compliance Declaration Cont'd.**

**Appendix 1 - Exceptions**

[Please identify each obligation under the MSAA 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.]

n/a