

July 7, 2017

Mr. Richard Worr  
Executive Director  
Cross Toronto Community Development Corporation, Fresh Start  
3345 Dundas Street West  
Toronto, ON M6P 2A6

Dear Mr. Worr,

Please find enclosed the fully executed 2017-18 Multi Service Accountability Agreement (MSAA) Amending Agreement.

Thank you for your participation in the MSAA process. If you have any follow up questions please do not hesitate to contact your Performance Management Lead, Andrea Tsuji, at 416-969-3895 or [Andrea.Tsuji@tc.lhins.on.ca](mailto:Andrea.Tsuji@tc.lhins.on.ca).

Sincerely,

Performance Management Team  
Toronto Central LHIN

Enc.



## 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:

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

AND

CROSS TORONTO COMMUNITY DEVELOPMENT CORPORATION, FRESH START  
(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 B: Service Plan  
Schedule C: Reports  
Schedule D: Directives, Guidelines and Policies  
Schedule E: Performance

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.

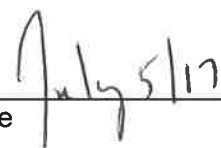
**5.0 Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

**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.

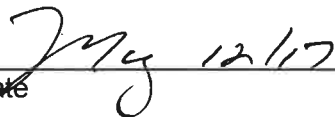
**IN WITNESS WHEREOF** the Parties have executed this Agreement on the dates set out below.

**TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK**


By:   
\_\_\_\_\_  
Dr. Vivek Goel, Chair

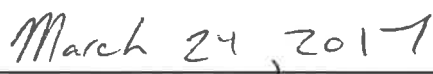
  
\_\_\_\_\_  
Date

And by:   
\_\_\_\_\_  
Susan Fitzpatrick, CEO

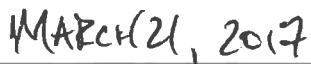
  
\_\_\_\_\_  
Date

**CROSS TORONTO COMMUNITY DEVELOPMENT CORPORATION, FRESH START**

By:   
\_\_\_\_\_  
Michael Gray, President and Chair  
ZACHARY GRANT ZG

  
\_\_\_\_\_  
Date

And by:   
\_\_\_\_\_  
Richard Worr, Executive Director

  
\_\_\_\_\_  
Date

# Schedule B1: Total LHIN Funding

Fiscal Year:2017/2018

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

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS Version 9.0	2017/2018 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$525,923
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>\$525,923</b>
Recoveries from External/Internal Sources	11	F 120*	\$0
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>\$0</b>
<b>TOTAL REVENUE</b>	<b>FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>
			<b>\$525,923</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$373,654
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	\$103,002
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	23	F 350*	\$0
Chiropractor Compensation	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0
Sessional Fees	26	F 39092	\$0
<b>Service Costs</b>			
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]	\$25,242
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780* ]	\$0
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*]	\$24,025
Building Amortization	34	F 9*	\$0
<b>TOTAL EXPENSES</b>	<b>FUND TYPE 2</b>	<b>35</b>	<b>Sum of Rows 17 to 34</b>
			<b>\$525,923</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</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*	\$624,000
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$589,880
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 3</b>	<b>41</b>	<b>Row 39 minus Row 40</b>
			<b>\$34,120</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)</b>	<b>FUND TYPE 1</b>	<b>44</b>	<b>Row 42 minus Row 43</b>
			<b>\$0</b>
<b>ALL FUND TYPES</b>			
<b>Total Revenue (All Funds)</b>	<b>45</b>	<b>Line 15 + line 39 + line 42</b>	<b>\$1,149,923</b>
<b>Total Expenses (All Funds)</b>	<b>46</b>	<b>Line 15 + line 40 + line 43</b>	<b>\$1,115,803</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>ALL FUND TYPES</b>	<b>47</b>	<b>Row 45 minus Row 46</b>
			<b>\$34,120</b>
<b>Total Admin Expenses Allocated to the TPBEs</b>			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$24,025
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$0
General Administration	52	72 1*	\$88,864
Other Administrative Expense	53	72 1*	\$0
<b>Admin &amp; Support Services</b>	<b>54</b>	<b>72 1*</b>	<b>\$112,889</b>
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	72 5 07	\$0
<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>\$112,889</b>

# Schedule B2: Clinical Activity-Summary

2017/2018

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

Service Category 2017/2018 Budget	OHRS Framework Level 3	Attendance Days	Full-time equivalents (FTE)	Individuals Served by Functional Centre
Consumer/Survivor/Family Initiatives	72 5 51 76*	10,000	7.40	120

**SCHEDULE C – REPORTS  
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 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>OHRM/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**

<b>Annual Reconciliation Report (ARR) through SRI and paper copy submission*</b>	
<b>(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)</b>	
<b>Fiscal Year</b>	<b>Due Date</b>
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017
2017-18 ARR	June 30, 2018

<b>Board Approved Audited Financial Statements *</b>	
<b>(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)</b>	
<b>Fiscal Year</b>	<b>Due Date</b>
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

<b>Declaration of Compliance</b>	
<b>Fiscal Year</b>	<b>Due Date</b>
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

<b>Community Mental Health and Addictions – Other Reporting Requirements</b>		
<b>Requirement</b>	<b>Due Date</b>	
<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
<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**

	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
	2017-18 Q1	July 21, 2017
	2017-18 Q2	October 24, 2017
	2017-18 Q3	January 23, 2018
	2017-18 Q4	May 2, 2018
<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>	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**

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

<ul style="list-style-type: none"> <li>▪ <b>Community Financial Policy, 2015</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Operating Manual for Community Mental Health and Addiction Services (2003)</b></li> </ul>	<ul style="list-style-type: none"> <li>Chapter 1. Organizational Components                             <ul style="list-style-type: none"> <li>1.2 Organizational Structure, Roles and Relationships</li> <li>1.3 Developing and Maintaining the HSP Organization / Structure</li> <li>1.5 Dispute Resolution</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Chapter 2. Program &amp; Administrative Components                             <ul style="list-style-type: none"> <li>2.3 Budget Allocations/ Problem Gambling Budget Allocations</li> <li>2.4 Service Provision Requirements</li> <li>2.5 Client Records, Confidentiality and Disclosure</li> <li>2.6 Service Reporting Requirements</li> <li>2.8 Issues Management</li> <li>2.9 Service Evaluation/Quality Assurance</li> <li>2.10 Administrative Expectations</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Chapter 3. Financial Record Keeping and Reporting Requirements                             <ul style="list-style-type: none"> <li>3.2 Personal Needs Allowance for Clients in Some Residential Addictions Programs</li> <li>3.6 Internal Financial Controls (<i>except "Inventory of Assets"</i>)</li> <li>3.7 Human Resource Control</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Early Psychosis Intervention Standards (March 2011)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Ontario Program Standards for ACT Teams (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Intensive Case Management Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Crisis Response Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Psychiatric Sessional Funding Guidelines (2004)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Addictions &amp; Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Addictions staged screening and assessment tools (2015)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>South Oaks Gambling Screen (SOGS)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Guideline for Community Health Service Providers Audits and Reviews, August 2012</b></li> </ul>	

# Schedule E1: Core Indicators

2017/2018

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

Performance Indicators	2017/2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	21.5%	21.5% - 25.8%
**Percentage Total Margin	2.97%	>=0%
Variance Forecast to Actual Expenditures	\$0	<5%
Variance Forecast to Actual Units of Service	0	<5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Percentage of Alternate Level of Care (ALC) days (closed cases)		
Alternate Level of Care (ALC) Rate		
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
* Balance 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: Cross Toronto Community Development Corporation, Fresh Start

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
<sup>1</sup> These values are provide for information purposes only. They are not Accountability Indicators.			
<b>Consumer/Survivor/Family Initiatives 72 5 51 76*</b>			
<b>Consumer Survivor Initiatives - Alternative Businesses 72 5 51 76 12</b>			
<sup>1</sup> Full-time equivalents (FTE)	72 5 51 76 12	7.40	n/a
Individuals Served by Functional Centre	72 5 51 76 12	120	96 - 144
Attendance Days Face-to-Face	72 5 51 76 12	10,000	9,500 - 10,500
<sup>1</sup> Total Cost for Functional Centre	72 5 51 76 12	\$413,034	n/a
<b>Total Administration Expenses</b>			
<b>Administration and Support Services 72 1*</b>			
<sup>1</sup> Full-time equivalents (FTE)	72 1*	0.80	n/a
<sup>1</sup> Total Cost for Functional Centre	72 1*	\$112,889	n/a
<b>Total Full-Time Equivalents for All F/C</b>			
Total Visits for all F/C		-	
Total Not Uniquely Identified Service Recipient Interactions for All F/C		-	
Total Hours of Care for all F/C		-	
Total Inpatient/Resident Days for all F/C		-	
Total Individuals Served by Functional Centre for all F/C		120	
Total Attendance Days for all F/C		10,000	
Total Group Sessions for All F/C		-	
Total Meal Delivered-Combined for All F/C		-	
Total Cost for All F/C		\$525,923	
Total Group Participant Attendances for All F/C		-	
Total Service Provider Interactions for All F/C		-	
Total Mental Health Sessions for All F/C		-	
Total Service Provider Group Interactions for All F/C		-	

## Schedule E2c: CMH&A Sector Specific Indicators

2017-2018

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

Performance Indicators	2017-2018 Target	Performance Standard	2018-2019 Target	Performance Standard	2019-2020 Target	Performance Standard
<b>Explanatory Indicators</b>						
No Performance Indicators	-	-	-	-	-	-
Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions						
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse conditions						
Average Number of Days Waited from Referral/Application to Initial Assessment Complete						
Average number of days waited from Initial Assessment Complete to Service Initiation						

## Schedule E3a: LHIN Local Indicators and Obligations

2017-2018

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

### Toronto Central LHIN'S Strategic Plan:

Support the implementation of Toronto Central LHIN's 2015-2018 Strategic Plan. In addition to the multiple initiatives underway related to the Strategic Plan, Toronto Central LHIN looks to its Health Service Providers (HSPs) for a commitment to the specific initiatives outlined below:

**Toronto Central LHIN Sub Regions:** Participate in the Toronto Central LHIN Local Collaboratives and in applicable endorsed initiatives, including the development of regional quality improvement activities and Quality Improvement Plans.

**Integrated Community Care:** Actively participate in the implementation of the Integrated Community Care model across the LHIN, including the development of local community networks.

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

- Attachment, Access and Continuity with Primary Care;
- Access to Interprofessional Teams;
- Quality and Timeliness of Discharge Plans;
- Access to Specialists;
- Secured Communications; and
- Health Links.

**Promoting Integration:** All HSPs will annually complete the Strategic Options Assessment Tool contained in the Advancing the Integration Conversation Reference Document. Results will be reported to Toronto Central LHIN by end of each fiscal year.

**Palliative Care:** Implementation of regional palliative care quality improvement initiatives as endorsed by Toronto Central Palliative Care Network and the Toronto Central LHIN.

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

- Support 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 -2018. The expectation is that this data is linked to clinical outcomes and is made available for clinical application by health care professionals.
- 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 Toronto Central LHIN Indigenous and Francophone Cultural Competency Initiatives.

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.

## Schedule E3a: LHIN Local Indicators and Obligations

2017-2018

- For 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.

**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 (e.g. Resource Matching and Referral (RM&R)).
- Submission of data to Community Business Intelligence (CBI).
- Participation and continued phased implementation (by 2019) 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. In addition, HSPs will contribute to the achievement of the Toronto Central LHIN MLAA Performance Indicators through the following specific initiatives:

- **Case Management:** All HSPs approved to deliver Case Management services will continue to collect the following information and report the results to the Toronto Central LHIN:
  - Record the number of client visits to hospital emergency departments, and admission to hospital;
  - Record the number of repeat client visits and re-admissions to hospital that occur within 30 days of a previous visit or admission; and
  - Provide a report at Q4 consistent with the timing of reports contained in Schedule C - Reports.
- **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 timing of reports contained in Schedule C – Reports).

