

# SCHEDULE C - DIRECTIVES, GUIDELINES AND POLICIES

## COMMUNITY MENTAL HEALTH AND ADDICTIONS

2019-2020

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

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

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| <ul style="list-style-type: none"><li>• Addictions &amp; Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)</li></ul>   |
| <ul style="list-style-type: none"><li>• Addictions staged screening and assessment tools (2015)</li></ul>  |
| <ul style="list-style-type: none"><li>• Broader Public Sector Perquisites Directive August 2011</li></ul>  |
| <ul style="list-style-type: none"><li>• Broader Public Sector Procurement Directive July 2011</li></ul>  |
| <ul style="list-style-type: none"><li>• Community Capital Own Funds Directive, October 2016</li></ul>  |
| <ul style="list-style-type: none"><li>• Community Financial Policy, 2016</li></ul>   |
| <ul style="list-style-type: none"><li>• Community Health Capital Programs Policy, March 2017</li></ul>   |
| <ul style="list-style-type: none"><li>• Community Infrastructure Renewal Guidelines, 2018-2019</li></ul>   |
| <ul style="list-style-type: none"><li>• Crisis Response Service Standards for Mental Health Services and Supports (2005)</li></ul>   |
| <ul style="list-style-type: none"><li>• Early Psychosis Intervention Standards (March 2011)</li></ul>  |
| <ul style="list-style-type: none"><li>• Guide to Requirements and Obligations Relating to French Language Health Services, November 2017</li></ul>   |
| <ul style="list-style-type: none"><li>• Guideline for Community Health Service Providers Audits and Reviews, August 2012</li></ul>   |
| <ul style="list-style-type: none"><li>• Intensive Case Management Service Standards for Mental Health Services and Supports (2005)</li></ul>   |
| <ul style="list-style-type: none"><li>• Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)</li></ul>   |
| <ul style="list-style-type: none"><li>• Ontario Healthcare Reporting Standards – OHR/MIS - most current version available to applicable year</li></ul>   |
| <ul style="list-style-type: none"><li>• Ontario Program Standards for ACT Teams (2005)</li></ul>   |
| <ul style="list-style-type: none"><li>• Operating Manual for Community Mental Health and Addiction Services (2003)<br/>Chapter 1. Organizational Components<br/>1.2 Organizational Structure, Roles and Relationships<br/>1.3 Developing and Maintaining the HSP Organization Structure<br/>1.5 Dispute Resolution<br/>Chapter 2. Program &amp; Administrative Components<br/>2.4 Service Provision Requirements<br/>2.5 Client Records, Confidentiality and Disclosure<br/>2.6 Service Reporting Requirements<br/>2.8 Issues Management<br/>2.9 Service Evaluation/Quality Assurance<br/>2.10 Administrative Expectations<br/>Chapter 3. Financial Record Keeping and Reporting Requirements<br/>3.2 Personal Needs Allowance for Clients in Some Residential Addictions Programs<br/>3.6 Internal Financial Controls (except "Inventory of Assets")<br/>3.7 Human Resource Control</li></ul> |
| <ul style="list-style-type: none"><li>• Psychiatric Sessional Funding Guidelines (2004)</li></ul>  |
| <ul style="list-style-type: none"><li>• South Oaks Gambling Screen (SOGS)</li></ul>  |
| <ul style="list-style-type: none"><li>• Space Standards for Community Health Care Facilities, March 2018</li></ul>   |

**Schedule D1: Core Indicators**

2019-2020

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

Performance Indicators	2019-2020 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	18.0%	18.0% - 21.6%
**Percentage Total Margin	4.16%	>=0%
Service Activity by Functional Centre (Refer to Schedule D2a)		
Number of Individuals Served (by functional centre- Refer to Schedule D2a)		
<b>Explanatory Indicators</b>		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
Percentage of Alternate Level of Care (ALC) days (closed cases)		

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

\*\* No negative variance is accepted for Total Margin

# Schedule D2a: Clinical Activity - Detail

2019-2020

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

OHRS Description & Functional Centre	2019-2020 Target	2019-2020 Performance Standard
* These values are provided 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>		
¹Full-time equivalents (FTE)	7.50	n/a
Individuals Served by Functional Centre	132	106 - 158
Attendance Days Face-to-Face	11,000	10,450 - 11,550
¹Total Cost for Functional Centre	\$439,697	n/a
<b>Total Administration Expenses</b>		
<b>Administration and Support Services 72 1</b>		
¹Full-time equivalents (FTE)	0.70	n/a
¹Total Cost for Functional Centre	\$96,744	n/a
<b>ACTIVITY SUMMARY</b>		
Total Full-Time Equivalents for all F/C	8.20	
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	132	
Total Attendance Days for all F/C	11,000	
Total Group Sessions for all F/C	-	
Total Meals Delivered for all F/C	-	
Total Group Participants for all F/C	-	
Total Service Provider Interactions for all F/C	-	

# Schedule D2a: Clinical Activity- Detail

2019-2020

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

OHRS Description & Functional Centre	2019-2020 Target	2019-2020 Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.		
Total Service Provider Group Interactions for all F/C	-	
Total Mental Health Sessions for all F/C	-	
Total Cost for All F/C	\$536,441	

# Schedule D2c : CMH&A Sector Specific Indicators

2019-2020

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

Performance Indicators	2019-2020 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 D3a: LHIN Local Indicators and Obligations  
2019-2020**

**Coordinated Community and Primary Care Close to Home**

Participate in all aspects of the Health Links initiative, including identification of patients, coordinated care planning, participation in care planning activities with health system partners, information transfers, and electronic reporting and report generation.

**Measure:** Demonstrated compliance with above

**Completion Date:** Q4

**Excellence in Specialized Care & Continuous Improvement**

**Community Support Services (CSS) ONLY:** Participate in the planning and implementation of regional palliative care quality improvement initiatives:

- Active participation in a range of palliative care initiatives such as, but not limited to, hospice redesign, and PCU analysis.

**Measure:** Demonstrated compliance with above

**Completion Date:** Q4

All serious incidents must be reported, as per Toronto Central LHIN protocol.

**Measure:** Demonstrated compliance with above

**Completion Date:** Q1-4

All LHIN funded Addiction Services Providers will work actively with Toronto Central LHIN and system partners to train (or certify, where appropriate) staff in the use of provincially adopted Staged Screening and Assessment Tools (SS&A), record/upload relevant data into Catalyst and the Integrated Assessment Record (IAR) in a timely manner, monitor program use, and review organizational results quarterly.

Specifically, by end of Q4, all HSPs will have:

1. Developed a written SS&A implementation plan with CAMH by end of FY;
2. Completed IAR onboarding for SS&A screener and assessment uploads;
3. Been using the SS&A tools to, at a minimum, screen all clients, and where certified, to create treatment plans and make referrals to any other addiction service; and
4. Ensured that from the date of IAR onboarding, 100% of SS&A screeners and assessments completed are uploaded to IAR. Although the LHIN expects 100% uploads, we understand and anticipate varied % of consent to view.

**Measure:** Included in the annual declaration of compliance submitted at Q4

**Completion Date:** Q4

## Schedule D3a: LHIN Local Indicators and Obligations

2019-2020

All Health Service Providers will:

- 1) Review and maintain Emergency Management and Business Continuity Plans to include processes for providing greater health system situational awareness, impact to operations and clear requests for assistance through official channels by June 2019
- 2) Complete a Hazard Identification and Risk Assessment (HIRA) Summary Report and proposed plan to mitigate risk and impacts to operations and confirmation of Emergency/Continuity of Operations Plan (with clarification of how to communicate and/or request assistance externally to health system partners)

**Measure:** Report and plan submitted

**Completion Date:** Q4

Health Service Providers will participate in the introduction of Rate Harmonization in the Toronto Central LHIN by:

- Engaging in discussions with the Toronto Central LHIN around Functional Centre definitions and units of service
- Reporting volumes in Schedule E2e for Functional Centres that have been further defined and transitioned into a rate x volume calculation.

*Note: 2019/20 is a shadow billing year and will not result in any financial gains or penalties to Health Service Providers.*

**Measure:** Submission of reports related to Schedule D2e (*Template for reporting will be provided*)

**Completion Date:** Q2-4

### Population Health & Equity

Continue to actively support Toronto Central LHIN Health Equity initiatives through supporting approaches to service planning and delivery that: identify health inequities, actively seek new opportunities to address health inequities, and reduce existing health inequities.

**Community Health Centres (CHCs) ONLY:** Collect demographic/equity data and report on the two LHIN specific indicators, as outlined in the CHC Equity Data Collection Technical Specifications:

- 1) CHC Equity Data Collection Participation Rate,
- 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. Submit demographic/equity data to ICES to link equity data and health outcomes with the aim to link data to other administrative databases.

**Measure:** Report submitted to LHIN and ICES

**Completion Date:** Q2

## Schedule D3a: LHIN Local Indicators and Obligations

2019-2020

Apply the Health Equity Impact Assessment (HEIA) tool and its supplement(s) in program and service planning

**Measure:** Demonstrated compliance with above

**Completion Date:** Q4

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

**Measure:** Demonstrated compliance with above

**Completion Date:** Q4

As part of the Indigenous Health strategy HSPs are expected to:

- Identify the Indigenous population as a priority in strategic / program plans,
- Ensure all health care spaces are welcoming, accessible and inclusive of Indigenous people.

**Measure:** Demonstrated compliance with above

Participate in French Language Service (FLS) planning:

- Identified HSPs are required to complete and submit their Readiness Assessment survey as well as their Plan towards Designation
- All funded HSPs are required to report their French Language Health Services activities into the Provincial Reporting Tool (Ozi)

**Measure:** Demonstrated compliance with above as seen through registration rosters, submitted plans, and reporting

**Completion Date:** Q4

### Integrated Health Care

Participate in TC LHIN integration opportunities such as, but not limited to: local collaborative, local advisory tables, neighbourhood care teams, service/program integrations, integrated community care, completion of the Integration Opportunity Screening Tool, etc.

**Measure:** Completion of survey and screening tool that will be distributed

**Completion Date:** Q4

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

- Successful implementation of the ConnectingOntario viewer according to the implementation schedule agreed to among eHealth Ontario, Toronto Central LHIN, and the delivery agent.

**Measure:** Confirmation from delivery partner as completed

**Completion Date:** Q4



## Schedule D3a: LHIN Local Indicators and Obligations

2019-20

- Data contribution to the Community Business Intelligence (CBI) solution in adherence to the specified requirements as defined within participatory and other applicable program agreements.

**Measure:** Report provided by data asset owner.

**Completion Date:** Q4

- Implementation of the electronic Coordinated Care Plan (eCCP) by the end fiscal, according to the implementation schedule agreed to between Toronto Central LHIN and participants. If unable to meet obligation, the HSP must notify Toronto Central LHIN in writing and provide a mitigation plan that confirms implementation within an agreed upon time.

**Measure:** Confirmation from delivery partner as completed

**Completion Date:** Q4

## 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.

**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]

**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 funding and is not to exceed [X].

# Schedule F: Declaration of Compliance

2019-2020

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

## DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2019

**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:** April 1, 9– March 31, 2022 (the "Applicable Period")

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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, 2019.

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 Officer 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*.

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[insert name of Chair], [insert title]

