MSAA AMENDING AGREEMENT

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

B E T W E E N:

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

AND

APPLAUSE COMMUNITY DEVELOPMENT CORPORATION (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 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:

Original signed by July 5, 2017
Dr. Vivek Goel, Chair

And by:

Original signed by May 12, 2017
Susan Fitzpatrick, CEO

APPLAUSE COMMUNITY DEVELOPMENT CORPORATION

By:

Original signed by April 5, 2017
Jackie Rankine, Chair

And by:

Original signed by March 31, 2017
Meredith Cochrane, Executive Director

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 "*****".

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

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

SCHEDULE C – REPORTS
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES

Annual Reconciliation Report (ARR) through SRI and paper copy submission* **(All HSPs must submit both paper copy ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI)**	
Fiscal Year	**Due Date**
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017
2017-18 ARR	June 30, 2018

Board Approved Audited Financial Statements * **(All HSPs must submit both paper copy Board Approved Audited Financial Statements, to the Ministry and the respective LHIN where funding is provided; soft copy to be uploaded to SRI)**	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

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

Community Mental Health and Addictions – Other Reporting Requirements		
Requirement	**Due Date**	
Common Data Set for Community Mental Health Services	Last day of one month following the close of trial balance reporting for Q2 and Q4 (Year-End)	
	2014-15 Q2	November 28, 2014
	2014-15 Q4	June 30, 2015
	2015-16 Q2	November 30, 2015
	2015-16 Q4	June 30, 2016
	2016-17 Q2	November 30, 2016
	2016-17 Q4	June 30, 2017
	2017-18 Q2	November 30, 2017
	2017-18 Q4	June 30, 2018
DATIS (Drug & Alcohol Treatment Information System)	Fifteen (15) business days after end of Q1, Q2 and Q3 - Twenty (20) business days after Year-End (Q4)	
	2014-15 Q1	July 22, 2014
	2014-15 Q2	October 22, 2014
	2014-15 Q3	January 22, 2015
	2014-15 Q4	April 30, 2015
	2015-16 Q1	July 22, 2015
	2015-16 Q2	October 22, 2015
	2015-16 Q3	January 22, 2016

	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
Connex*Ontario* Health Services Information • Drug and Alcohol Helpline • Ontario Problem Gambling Helpline (OPGH) • Mental Health Helpline	All HSPs that received funding to provide mental health and/or addictions services must participate in ConnexOntario Health Services Information's annual validation of service details; provide service availability updates; and inform ConnexOntario Health Services Information of any program/service changes as they occur.	
French Language Service Report	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.

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

Schedule E3a: LHIN Local Indicators and Obligations
2017-2018

Health Service Provider: Applause Community Development Corporation

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.

- 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).