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March 15, 2016

Mr. George Weber
President & Chief Executive Officer
Royal Ottawa Health Care Group
1145 Carling Avenue
Ottawa, ON K1Z 7K4

Dear Mr. Weber,

Re: Amendment of 2014-17 MSAA for 2016/17

When the Champlain Local Health Integration Network (the "LHIN") and the Royal Ottawa Health Care Group (the "HSP") entered into a service accountability agreement for a three-year term effective April 1, 2014 (the "MSAA"), the budgeted financial data, service activities and performance indicators for the second and third year of the agreement (fiscal years 2015/16 and 2016/17) were indicated as "To Be Determined (TBD)". The LHIN would now like to update the MSAA to include the required financial, service activity and performance expectations for 2016/17 fiscal year to Schedules B, C, D and E.

Subject to HSP's agreement, the MSAA will be amended with effect April 1, 2016, by adding the amended Schedules B, C, D and E (the "Schedules") that are included in Appendix 1 to this letter.

To the extent that there are any conflicts between the current MSAA and this amendment, the amendment will govern in respect of the Schedules. All other terms and conditions in the MSAA will remain the same.

Please indicate the HSP's acceptance of, and agreement to this amendment, by signing below and returning one copy of this letter to the LHIN attention:

Mr. Eric Partington
Senior Director – Health System Performance
Email: ch.accountabilityteam@lhins.on.ca

Please return a copy of the letter by **March 28, 2016.**

If you have any questions or concerns, please contact Paul Caines, Senior Accountability Specialist at 613-747-3231 or send an email to Paul.Caines@lhins.on.ca.

The LHIN appreciates your and your team's collaboration and hard work during this 2016/17 MSAA refresh process. We look forward to maintaining a strong working relationship with you.

Sincerely,

Chantale LeClerc, RN, MSc
Chief Executive Officer

.cc Eric Partington, Senior Director, Health System Performance, LHIN
Paul Caines, Senior Accountability Specialist, LHIN

encl.: Appendix 1 – Schedules B, C, D and E.

AGREED TO AND ACCEPTED BY:

Royal Ottawa Health Care Group

By:

George Weber — March 31, 2016

George Weber, President & Chief Executive Officer — Date
I have the authority to bind
Royal Ottawa Health Care Group

And By:

Scott McLean — March 31, 2016

Scott McLean, Chair of the Board — Date
I have the authority to bind
Royal Ottawa Health Care Group

APPENDIX 1

Schedule B1: Total LHIN Funding

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 9.0	2016-2017 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	$11,021,664
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
Subtotal Revenue LHIN/MOHLTC	**10**	**Sum of Rows 1 to 9**	**$11,021,664**
Recoveries from External/Internal Sources	11	F 120*	$12,696
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
Subtotal Other Revenues	**14**	**Sum of Rows 11 to 13**	**$12,696**
TOTAL REVENUE FUND TYPE 2	**15**	**Sum of Rows 10 and 14**	**$11,034,360**
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	$5,411,954
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	$1,727,867
Employee Future Benefit Compensation	19	F 305*	$0
Physician Compensation	20	F 390*	$1,554,325
Physician Assistant Compensation	21	F 390*	$0
Nurse Practitioner Compensation	22	F 380*	$0
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]	$0
Sessional Fees	26	F 39092	$590,319
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	$10,649
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	$630,523
Community One Time Expense	29	F 69596	$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	$102,738
Amortization on Major Equip, Software License & Fees	31	F 750* , 780*	$14,544
Contracted Out Expense	32	F 8*	$665,795
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	$337,670
Building Amortization	34	F 9*	$1,868
TOTAL EXPENSES FUND TYPE 2	**35**	**Sum of Rows 17 to 34**	**$11,048,252**
NET SURPLUS/(DEFICIT) FROM OPERATIONS	**36**	**Row 15 minus Row 35**	**($13,892)**
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	$13,892
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	**38**	**Sum of Rows 36 to 37**	**$0**
FUND TYPE 3 - OTHER			
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
NET SURPLUS/(DEFICIT) FUND TYPE 3	**41**	**Row 39 minus Row 40**	**$0**
FUND TYPE 1 - HOSPITAL			
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
NET SURPLUS/(DEFICIT) FUND TYPE 1	**44**	**Row 42 minus Row 43**	**$0**
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	$11,048,252
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	$11,048,252
NET SURPLUS/(DEFICIT) ALL FUND TYPES	**47**	**Row 45 minus Row 46**	**$0**
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	$1,868
Plant Operations	49	72 1*	$337,668
Volunteer Services	50	72 1*	$0
Information Systems Support	51	72 1*	$0
General Administration	52	72 1*	$0
Admin & Support Services	53	72 1*	**$337,668**
Management Clinical Services	54	72 5 05	$0
Medical Resources	55	72 5 07	$0
Total Admin & Undistributed Expenses	**56**	**Sum of Rows 46-50 (included in Fund Type 2 expenses above)**	**$339,536**

Schedule B2: Clinical Activity- Summary
2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Service Category 2016-2017 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits F2F, Tel.,In-House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
Case Management	72 5 09*	0.77	720	0	0	0	24	0	25	0	0	0	0	0
Primary Care- Clinics/Programs	72 5 10*	53.85	40,483	250	0	0	2,320	0	711	0	0	0	0	654
Residential-Addictions	72 5 40 78*	9.67	0	0	0	4,100	360	0	0	0	0	0	0	0
Health Promotion and Education	72 5 50	2.00	0	6,560	0	0	0	0	0	0	0	0	0	0
Consumer/Survivor/Family Initiatives	72 5 51 76*	0.00	600	0	0	0	200	0	0	0	600	0	0	0

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

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

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 SRI 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 SRI Reporting Due
2016-2017	**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 SRI Reporting Due

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Annual Reconciliation Report (ARR) through SRI and paper copy submission* *All HSPs must submit both a paper copy the Annual Revenue Reconciliation (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	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
Board Approved Audited Financial Statements *	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
Declaration of Compliance	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

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
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

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Other Reporting Requirements	
Requirement	**Due Date**
Connex*Ontario* Health Services Information ▪ Drug and Alcohol Helpline ▪ Ontario Problem Gambling Helpline (OPGH) ▪ Mental Health Helpline	All HSPs that receive 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 **Connex**Ontario 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

Schedule D: Directives , Guidlelines and Policies
Community Mental Health and Addictions Services
2016-2017
Health Service Provider: Royal Ottawa Health Care Group

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 (Nov 2010)**	
▪ **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)**	

Schedule D: Directives , Guidlelines and Policies
Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

▪ Ontario Admission Discharge Criteria for Addiction Agencies (2000)
▪ Admission, Discharge and Assessment Tools for Ontario Addiction Agencies (2000)
▪ 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 E1: Core Indicators

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	$0	>=0
Proportion of Budget Spent on Administration	3.1%	<=3.7%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.41%
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	-
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
Budget Spent on Administration- AS General Administration 72 1 10
Budget Spent on Administration- AS Information Systems Support 72 1 25
Budget Spent on Administration- AS Volunteer Services 72 1 40
Budget Spent on Administration- AS Plant Operation 72 1 55

* Balanced 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
2016-2017

Health Service Provider: Royal Ottawa Health Care Group

OHRS Description & Functional Centre		2016-2017	
[1]These values are provided for information purposes only. They are not Accountability Indicators.		Target	Performance Standard
Administration and Support Services 72 1*			
Total Cost for Functional Centre	72 1*	**$339,536**	n/a
Case Management/Supportive Counselling & Services - Mental Health 72 5 09 76			
Full-time equivalents (FTE)	72 5 09 76	**0.77**	n/a
Visits	72 5 09 76	**720**	612 - 828
Individuals Served by Functional Centre	72 5 09 76	**24**	19 - 29
Group Sessions	72 5 09 76	**25**	20 - 30
Total Cost for Functional Centre	72 5 09 76	**$91,749**	n/a
Clinics/Programs - MH Counseling and Treatment 72 5 10 76 12			
Full-time equivalents (FTE)	72 5 10 76 12	**13.42**	n/a
Visits	72 5 10 76 12	**7,683**	6915 - 8451
Individuals Served by Functional Centre	72 5 10 76 12	**865**	735 - 995
Group Sessions	72 5 10 76 12	**70**	56 - 84
Total Cost for Functional Centre	72 5 10 76 12	**$2,210,039**	n/a
Mental Health Sessions	72 5 10 76 12	**310**	248 - 372
MH Assertive Community Treatment Teams 72 5 10 76 20			
Full-time equivalents (FTE)	72 5 10 76 20	**26.33**	n/a
Visits	72 5 10 76 20	**20,715**	18644 - 22787
Individuals Served by Functional Centre	72 5 10 76 20	**260**	208 - 312
Group Sessions	72 5 10 76 20	**66**	53 - 79
Total Cost for Functional Centre	72 5 10 76 20	**$3,964,843**	n/a
Mental Health Sessions	72 5 10 76 20	**344**	275 - 413
MH Psycho-geriatric 72 5 10 76 96			
Full-time equivalents (FTE)	72 5 10 76 96	**4.50**	n/a
Visits	72 5 10 76 96	**4,750**	4275 - 5225
Individuals Served by Functional Centre	72 5 10 76 96	**225**	180 - 270
Total Cost for Functional Centre	72 5 10 76 96	**$1,294,211**	n/a
Addictions Treatment-Substance Abuse 72 5 10 78 11			
Full-time equivalents (FTE)	72 5 10 78 11	**9.60**	n/a
Visits	72 5 10 78 11	**7,335**	6602 - 8069
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 11	**250**	200 - 300
Individuals Served by Functional Centre	72 5 10 78 11	**970**	825 - 1116
Group Sessions	72 5 10 78 11	**575**	489 - 661
Total Cost for Functional Centre	72 5 10 78 11	**$1,248,244**	n/a
COM Residential Addiction - Treatment Services-Substance Abuse 72 5 40 78 11			
Full-time equivalents (FTE)	72 5 40 78 11	**9.67**	n/a
Inpatient/Resident Days	72 5 40 78 11	**4,100**	3690 - 4510
Individuals Served by Functional Centre	72 5 40 78 11	**360**	288 - 432
Total Cost for Functional Centre	72 5 40 78 11	**$979,118**	n/a
Health Promo. /Education MH - Community Development 72 5 50 76 40			
Full-time equivalents (FTE)	72 5 50 76 40	**1.00**	n/a
Total Cost for Functional Centre	72 5 50 76 40	**$138,561**	n/a

Schedule E2a: Clinical Activity- Detail

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

OHRS Description & Functional Centre		2016-2017	
[1]These values are provided for information purposes only. They are not Accountability Indicators.		Target	Performance Standard
Health Prom/Educ & Dev - Psycho-Geriatric 72 5 50 96 76			
Full-time equivalents (FTE)	72 5 50 96 76	**1.00**	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 96 76	**6,560**	5904 - 7216
Total Cost for Functional Centre	72 5 50 96 76	**$433,951**	n/a
Consumer Survivor Initiatives - Family Initiatives 72 5 51 76 20			
Visits	72 5 51 76 20	**600**	510 - 690
Individuals Served by Functional Centre	72 5 51 76 20	**200**	160 - 240
Total Cost for Functional Centre	72 5 51 76 20	**$348,000**	n/a
Group Participant Attendances	72 5 51 76 20	**600**	510 - 690
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		**66.29**	n/a
Total Visits for all F/C		**41,803**	39713 - 43893
Total Not Uniquely Identified Service Recipient Interactions for all F/C		**6,810**	6129 - 7491
Total Inpatient/Resident Days for all F/C		**4,100**	3690 - 4510
Total Individuals Served by Functional Centre for all F/C		**2,904**	2614 - 3194
Total Group Sessions for all F/C		**736**	626 - 846
Total Group Participants for all F/C		**600**	n/a
Total Mental Health Sessions for all F/C		**654**	556 - 752
Total Cost for All F/C		**$11,048,252**	n/a

Schedule E2c: CMH&A Sector Specific Indicators

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Performance Indicators	2016-2017 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 E3a Local: All
2016-2017

Health Service Provider: Royal Ottawa Health Care Group

LHIN Performance: The Health Service Provider will take actions to contribute to the LHIN's performance and will monitor its contribution to the region's overall performance on the indicators within the LHIN Performance Report.

Indigenous Cultural Awareness: The Health Service Provider will report on the activities it has undertaken during the fiscal year to increase the indigenous cultural awareness and sensitivity of its staff, physicians and volunteers throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The Indigenous Cultural Awareness Report, using a template to be provided by the LHIN, is due to the LHIN by April 30, 2017 and should be submitted using the subject line: 2016-17 Indigenous Cultural Awareness Report to ch.accountabilityteam@lhins.on.ca . HSPs that have multiple accountability agreements with the LHIN should provide one aggregated report for the corporation.

Schedule E3a Local: All
2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Executive Succession: The Health Service Provider must inform the LHIN prior to undertaking a recruitment process or appointment for a CEO or Executive Director.

Health Links: The Health Service Provider will be expected to collaborate in the implementation of Health Links across Champlain region

Schedule E3c Local: CMH&A Local Indicators
2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Client Evaluation - Mental Health and Addictions: The Health Service Provider (HSP) will adopt the Ontario Perception of Care tool (OPOC) as a standard feedback and evaluation tool for all clients, including family members. This will apply to all new and existing/active clients. The HSP will work with the LHIN and the Centre for Addictions and Mental Health (CAMH) to develop a reporting mechanism. Reporting may include, but not be limited to, a breakdown of the following by age and gender: total number of clients in service; total number of clients completing an OPOC.

Screening and assessment tools - Mental Health and Addictions: To help build a more integrated system, Community Mental Health and Addictions Health Service Providers (HSPs) will use the Staged Screening and Assessment Tools, all new screening and assessment tools supported by the Ministry of Health and Long-Term Care and the Centre for Addiction and Mental Health, as follows:

Tools Existing MSAA Obligations

Stage 1 Screener: Global Appraisal of Individual Need (GAIN) Short Screener (SS) (Addictions, Concurrent Disorders, Mental Health)

Stage 2 Screener for 18+: Modified Mini Screener (MMS) (Addictions, Concurrent Disorders, Mental Health (Optional))

Stage 2 Screener for under 17: Problem Oriented Screening Instrument for Teenagers (POSIT) (Addictions, Concurrent Disorders, Mental Health (Optional))

Stage 1 Assessment: GAIN Q3 MI ONT (with substance use grids from GAIN-I) (Addictions, Concurrent Disorders, Mental Health (Optional))

The HSP will work with the LHIN and CAMH to develop a reporting mechanism. Reporting may include a breakdown of the following by age and gender: total number of clients in service; total number of clients completing each tool; total number of clients referred to Ottawa Addictions Access and Referral System (OAARS) to complete screening and assessment tools (not OPOC). HSPs will submit their screening and assessment results into the corresponding data system (e.g. Catalyst, DATIS, CLHIN Sharepoint).

Schedule E3c Local: CMH&A Local Indicators
2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Workforce Development and Capacity Building: Mental Health and Addictions: All Community Mental Health and Addictions Health Service Providers (HSPs) will integrate all components of the Champlain Mental Health and Addictions Competency model and related tools with their organizational workforce for purposes of recruitment, professional development, and performance management. Components include the following competency based tools: 1. Competency based Job profiles, 2. Competency based job descriptions, 3. Interview questions, 4. Technical and behavioural competencies (both), 5. Performance management tools. The Champlain model incorporates the competency research and tools developed by the Canadian Centre on Substance Abuse (2014). The HRSG tool, CompetencyCore, will be used as one of the reporting tools to monitor adherence to this obligation. HSPs preferring to use alternative sector-specific, evidence-based Competency models and tools must submit their request to the LHIN for approval.

Mental Health Assessment: To help build a more integrated system, mental health and concurrent disorder service providers will use the Ontario Common Assessment of Need (OCAN) tool with all present and future clients, and submit this data in the corresponding database.

Schedule E3c Local: CMH&A Local Indicators
2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions: The Health Service Provider will achieve a target of 16.3%; performance standard is 15.4% to 18.8%

As a Health Link lead organisation the HSP will be required to submit updated partnership lists and letters of cooperation, annually to the LHIN as part of their ongoing accountability for the program.

Schedule E3 FLS Local: Partially Designated Organizations
2016-2017

Health Service Provider: Royal Ottawa Health Care Group

Using the template to be provided by the LHIN, the HSP will submit a Human Resources plan to the LHIN, by June 30, 2017.

Using the template to be provided by the LHIN, the HSP will submit an evaluation of the existing designation plan to the LHIN, by June 30, 2017.

Schedule F: Project Funding

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

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.

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.

Project Funding Agreement Template

5.0 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

8.1The 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

2016-2017

Health Service Provider: Royal Ottawa Health Care Group

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, 201X –March 31, 201x] (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]