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March 14, 2016

Ms. Monique Brisson  
Executive Director  
Serenity House Inc.  
536 Brunel Street  
Ottawa, ON K1K 2G6

Dear Ms. Brisson,

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

When the Champlain Local Health Integration Network (the “LHIN”) and Serenity House Inc. (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](mailto:ch.accountabilityteam@lhins.on.ca)

Please return a copy of the letter by March 24, 2016.

Serenity House Inc. re: Amendment of 2014-17 MSAA for 2016/17, March 10, 2016

If you have any questions or concerns, please contact Elizabeth Woodbury, Director of Health System Accountability at 613.747.3221 or send an email to [elizabeth.woodbury@lhins.on.ca](mailto:elizabeth.woodbury@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  
Elizabeth Woodbury, Director, Health System Accountability, LHIN

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

**AGREED TO AND ACCEPTED BY:**

Serenity House Inc.

**By:**

Monique Brisson

March 29, 2016

\_\_\_\_\_  
Monique Brisson, Executive Director  
I have the authority to bind  
Serenity House Inc.

\_\_\_\_\_  
Date

**And By:**

Brian Stanton

March 29, 2016

\_\_\_\_\_  
Brian Stanton, President  
I have the authority to bind  
Serenity House Inc.

\_\_\_\_\_  
Date

## **APPENDIX 1**

**Schedule B1: Total LHIN Funding**  
**2016-2017**

**Health Service Provider: Serenity House Inc.**

| LHIN Program Revenue & Expenses                               | Row #     | Account: Financial (F) Reference OHRS VERSION 9.0  | 2016-2017 Plan Target |
|---|-----------|--|-----------------------|
| <b>REVENUE</b>  |           |  |                       |
| LHIN Global Base Allocation                                   | 1         | F 11006  | \$727,930             |
| 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>\$727,930</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*] | \$32,000              |
| <b>Subtotal Other Revenues</b>                                | <b>14</b> | <b>Sum of Rows 11 to 13</b>  | <b>\$32,000</b>       |
| <b>TOTAL REVENUE FUND TYPE 2</b>                              | <b>15</b> | <b>Sum of Rows 10 and 14</b>   | <b>\$759,930</b>      |
| <b>EXPENSES</b>   |           |  |                       |
| <b>Compensation</b>   |           |  |                       |
| Salaries (Worked hours + Benefit hours cost)                  | 17        | F 31010, 31030, 31090, 35010, 35030, 35090   | \$534,356             |
| Benefit Contributions   | 18        | F 31040 to 31085, 35040 to 35085   | \$83,582              |
| 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 (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  | \$0                   |
| <b>Service Costs</b>  |           |  |                       |
| Med/Surgical Supplies & Drugs                                 | 27        | F 460*, 465*, 560*, 565*   | \$500                 |
| Supplies & Sundry Expenses                                    | 28        | F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]                         | \$97,480              |
| 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*   | \$2,300               |
| Contracted Out Expense  | 32        | F 8*   | \$0                   |
| Buildings & Grounds Expenses                                  | 33        | F 9*, [excl. F 950*]   | \$37,712              |
| Building Amortization   | 34        | F 9*   | \$4,000               |
| <b>TOTAL EXPENSES FUND TYPE 2</b>                             | <b>35</b> | <b>Sum of Rows 17 to 34</b>  | <b>\$759,930</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 Grants/Donations</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*   | \$0                   |
| Total Expenses (Type 3)                                       | 40        | F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*   | \$0                   |
| <b>NET SURPLUS/(DEFICIT) FUND TYPE 3</b>                      | <b>41</b> | <b>Row 39 minus Row 40</b>   | <b>\$0</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) FUND TYPE 1</b>                      | <b>44</b> | <b>Row 42 minus Row 43</b>   | <b>\$0</b>            |
| <b>ALL FUND TYPES</b>   |           |  |                       |
| Total Revenue (All Funds)                                     | 45        | Line 15 + line 39 + line 42  | \$759,930             |
| Total Expenses (All Funds)                                    | 46        | Line 16 + line 40 + line 43  | \$759,930             |
| <b>NET SURPLUS/(DEFICIT) ALL FUND TYPES</b>                   | <b>47</b> | <b>Row 45 minus Row 46</b>   | <b>\$0</b>            |
| <b>Total Admin Expenses Allocated to the TPBEs</b>            |           |  |                       |
| Undistributed Accounting Centres                              | 48        | 82*  | \$4,000               |
| Plant Operations  | 49        | 72 1*  | \$37,500              |
| Volunteer Services  | 50        | 72 1*  | \$0                   |
| Information Systems Support                                   | 51        | 72 1*  | \$0                   |
| General Administration  | 52        | 72 1*  | \$127,500             |
| <b>Admin &amp; Support Services</b>                           | <b>53</b> | <b>72 1*</b>   | <b>\$165,000</b>      |
| Management Clinical Services                                  | 54        | 72 5 05  | \$0                   |
| Medical Resources   | 55        | 72 5 07  | \$0                   |
| <b>Total Admin &amp; Undistributed Expenses</b>               | <b>56</b> | <b>Sum of Rows 46-50 (included in Fund Type 2 expenses above)</b>  | <b>\$169,000</b>      |

Schedule B2: Clinical Activity- Summary  
2016-2017

Health Service Provider: Serenity House Inc.

| Service Category 2016-2017 Budget | QHRS 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 |
|-----------------------------------|------------------------|-----------------------------|--------------------------------------|--|---|-------------------------|---|------------------------------|---|-------------------------|---|-------------------------------|-------------------------------------|------------------------|
| Residential-Addictions            | 72 5 40 78*            | 10.21                       | 0                                    | 0  | 0                                       | 11,920                  | 167                                     | 0                            | 0   | 0                       | 0   | 0                             | 0                                   | 0                      |

## Schedule C: Reports

### Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Serenity House Inc.

*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>OHRs/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>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 SRI 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 SRI Reporting Due                                |
| <b>2016-2017</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 SRI Reporting Due                                |

## Schedule C: Reports

### Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Serenity House Inc.

#### 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  |
|--|---|
| <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  |
| <b>DATIS (Drug &amp; Alcohol Treatment Information System)</b> | • 2016-17 Q4 June 30, 2017  |
|  | 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: Serenity House Inc.

#### Other Reporting Requirements

| Requirement  | Due Date  |
|--|---|
| <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 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 <b>ConnexOntario</b> Health Services Information of any program/service changes as they occur. |
| <b>French language service Report</b>  | 2014-15 - April 30, 2015<br>2015-16 - April 30, 2016<br>2016-17 - April 30, 2017  |



# Schedule D: Directives , Guidlelines and Policies

## Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Serenity House Inc.

*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>Community Financial Policy, 2015</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>Operating Manual for Community Mental Health and Addiction Services (2003)</li> </ul>   | 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   |
|  | Chapter 2. Program & Administrative Components<br>2.3 Budget Allocations/ Problem Gambling Budget Allocations<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 |
|  | 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 ( <i>except "Inventory of Assets"</i> )<br>3.7 Human Resource Control  |
| <ul style="list-style-type: none"> <li>Early Psychosis Intervention Standards (Nov 2010)</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>Intensive Case Management Service Standards for Mental Health Services and Supports (2005)</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>Crisis Response Service Standards for Mental Health Services and Supports (2005)</li> </ul>   |  |
| Psychiatric Sessional Funding Guidelines (2004)  |  |
| <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>Addictions &amp; Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)</li> </ul>                                   |  |

## **Schedule D: Directives , Guidlelignes and Policies**

### **Community Mental Health and Addictions Services**

**2016-2017**

**Health Service Provider: Serenity House Inc.**

- |  |
|--|
| ▪ <b>Ontario Admission Discharge Criteria for Addiction Agencies (2000)</b>                                    |
| ▪ <b>Admission, Discharge and Assessment Tools for Ontario Addiction Agencies (2000)</b>                       |
| ▪ <b>South Oaks Gambling Screen (SOGS)</b>   |
| ▪ <b>Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year</b> |
| ▪ <b>Guideline for Community Health Service Providers Audits and Reviews, August 2012</b>                      |

**Schedule E1: Core Indicators****2016-2017****Health Service Provider: Serenity House Inc.**

| Performance Indicators  | 2016-2017 Target      | Performance Standard |
|---|-----------------------|----------------------|
| *Balanced Budget - Fund Type 2                                  | \$0                   | >=0                  |
| Proportion of Budget Spent on Administration                    | 22.2%                 | <=26.7%              |
| **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: Serenity House Inc.

| OHRs Description & Functional Centre  |               | 2016-2017 |                      |
|---|---------------|-----------|----------------------|
|   |               | Target    | Performance Standard |
| <sup>1</sup> These values are provided for information purposes only. They are not Accountability Indicators. |               |           |                      |
| Undistributed Accounting Centres 82*  |               |           |                      |
| Total Cost for Functional Centre  | 82*           | \$4,000   | n/a                  |
| Administration and Support Services 72 1*   |               |           |                      |
| Full-time equivalents (FTE)   | 72 1*         | 1.28      | n/a                  |
| Total Cost for Functional Centre  | 72 1*         | \$165,000 | n/a                  |
| COM Residential Addiction - Treatment Services-Substance Abuse 72 5 40 78 11                                  |               |           |                      |
| Full-time equivalents (FTE)   | 72 5 40 78 11 | 7.71      | n/a                  |
| Inpatient/Resident Days   | 72 5 40 78 11 | 4,420     | 3978 - 4862          |
| Individuals Served by Functional Centre   | 72 5 40 78 11 | 100       | 80 - 120             |
| Total Cost for Functional Centre  | 72 5 40 78 11 | \$448,196 | n/a                  |
| COM Residential Addiction - Supportive Treatment 72 5 40 78 30  |               |           |                      |
| Full-time equivalents (FTE)   | 72 5 40 78 30 | 2.50      | n/a                  |
| Inpatient/Resident Days   | 72 5 40 78 30 | 7,500     | 6750 - 8250          |
| Individuals Served by Functional Centre   | 72 5 40 78 30 | 67        | 54 - 80              |
| Total Cost for Functional Centre  | 72 5 40 78 30 | \$142,734 | n/a                  |
| ACTIVITY SUMMARY  |               |           |                      |
| Total Full-Time Equivalents for all F/C   |               | 11.49     | n/a                  |
| Total Inpatient/Resident Days for all F/C   |               | 11,920    | 10728 - 13112        |
| Total Individuals Served by Functional Centre for all F/C   |               | 167       | 134 - 200            |
| Total Cost for All F/C  |               | \$759,930 | n/a                  |

## Schedule E2c: CMH&A Sector Specific Indicators

2016-2017

Health Service Provider: Serenity House Inc.

| Performance Indicators    |  | 2016-2017<br>Target | Performance<br>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: Serenity House Inc.**

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](mailto: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: Serenity House Inc.**

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: Serenity House Inc.**

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: Serenity House Inc.**

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 HRSR 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.

Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions: The Health Service Provider will achieve a target of 22.4%; performance standard is 22.5% to 27.5%

## Schedule F: Project Funding

2016-2017

Health Service Provider: Serenity House Inc.

### 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.

## Schedule F: Project Funding

2016-2017

Health Service Provider: Serenity House Inc.

### 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**

**2016-2017**

**Health Service Provider: Serenity House Inc.**

**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: Serenity House Inc.

### 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*.

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[insert name of Chair], [insert title]