

Appendix A: 2014-18 MSAA Amending Agreement Template

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:

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Canadian Mental Health Association - Niagara Branch (the "HSP")

WHEREAS the LHIN and the HSP (together the "Parties") entered into a multi-sector service accountability agreement that took effect April 1, 2014 (the "MSAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the MSAA for a twelve month period to March 31, 2018;

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows.

1.0 Definitions. Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the MSAA. References in this Agreement to the MSAA mean the MSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The MSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(a) The following terms have the following meanings.

For the Funding Year beginning April 1, 2017, "**Schedule**" means any one, and "**Schedules**" means any two or more as the context requires, of the Schedules in effect for the Funding Year that began April 1, 2016 ("2016-17"), except that any Schedules in effect for the 2016-17 with the same name as Schedules listed below and appended to this Agreement are replaced by those Schedules listed below and appended to this Agreement.

Schedule B: Service Plan
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E: Performance

2.3 Term. This Agreement and the MSAA will terminate on March 31, 2018.

3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the MSAA shall remain in full force and effect.

- 4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

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

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK

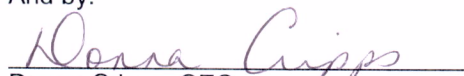
By:



Laurie Ryan Hill, Acting Board Chair

Janine Van den Heuvel,

And by:



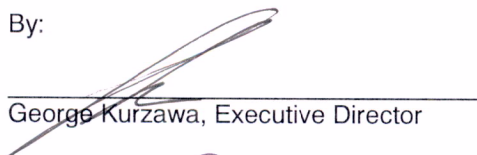
Donna Cripps, CEO

March 29 '17
Date

March 28, 2017
Date

Canadian Mental Health Association - Niagara Branch

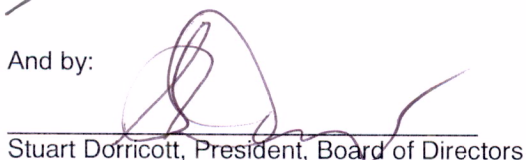
By:



George Kurzawa, Executive Director

March 24, 2017
Date

And by:



Stuart Dorricott, President, Board of Directors

March 23, 2017
Date

**Schedule B1: Total LHIN Funding
2017-2018**

Health Service Provider: Canadian Mental Health Association - Niagara Branch

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017-2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$5,834,989
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	\$5,834,989
Recoveries from External/Internal Sources	11	F 120*	\$55,000
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	\$55,000
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14
			\$5,889,989
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$4,186,956
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$852,100
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
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$579,014
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$10,000
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$261,919
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES	FUND TYPE 2	35	Sum of Rows 17 to 34
			\$5,889,989
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
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*	\$1,700,000
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$1,690,000
NET SURPLUS/(DEFICIT)	FUND TYPE 3	41	Row 39 minus Row 40
			\$10,000
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	\$7,589,989
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$7,579,989
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	47	Row 45 minus Row 46
			\$10,000
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$261,919
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$80,400
General Administration	52	72 1*	\$561,540
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$903,859
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	72 5 07	\$0
Total Admin & Undistributed Expenses	57	Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)	\$903,859

Schedule C: Reports

Community Mental Health and Addictions Services

2017-2018

Health Service Provider: Canadian Mental Health Association - Niagara Branch

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	<i>Not required 2014-15</i>
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	<i>Not required 2015-16</i>
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	<i>Not required 2016-17</i>
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	<i>Not required 2017-18</i>
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

2017-2018

Health Service Provider: Canadian Mental Health Association - Niagara Branch

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	

Schedule C: Reports

Community Mental Health and Addictions Services

2017-2018

Health Service Provider: Canadian Mental Health Association - Niagara Branch

	<ul style="list-style-type: none">• 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
ConnexOntario Health Services Information <ul style="list-style-type: none">• 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 <u>ConnexOntario Health Services Information's</u> annual validation of service details; provide service availability updates; and inform <u>ConnexOntario Health Services Information</u> 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

2017-2018

Health Service Provider: Canadian Mental Health Association - Niagara Branch

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"> • Community Financial Policy, 2015 	
<ul style="list-style-type: none"> • 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 (<i>except "Inventory of Assets"</i>) 3.7 Human Resource Control
<ul style="list-style-type: none"> • Early Psychosis Intervention Standards (March 2011) 	
<ul style="list-style-type: none"> • Ontario Program Standards for ACT Teams (2005) 	
<ul style="list-style-type: none"> • Intensive Case Management Service Standards for Mental Health Services and Supports (2005) 	
<ul style="list-style-type: none"> • Crisis Response Service Standards for Mental Health Services and Supports (2005) 	
<ul style="list-style-type: none"> • Psychiatric Sessional Funding Guidelines (2004) 	
<ul style="list-style-type: none"> • Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008) 	
<ul style="list-style-type: none"> • Addictions & Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014) 	
<ul style="list-style-type: none"> • Addictions staged screening and assessment tools (2015) 	
<ul style="list-style-type: none"> • South Oaks Gambling Screen (SOGS) 	
<ul style="list-style-type: none"> • Ontario Healthcare Reporting Standards – OHRs/MIS - most current version available to applicable year 	
<ul style="list-style-type: none"> • Guideline for Community Health Service Providers Audits and Reviews, August 2012 	

Schedule E1: Core Indicators

2017-2018

Health Service Provider: Canadian Mental Health Association - Niagara Branch

Performance Indicators		2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2		\$0	>=0
Proportion of Budget Spent on Administration		15.3%	<=18.4%
**Percentage Total Margin		0.13%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)		9.46%	<10.41%
Variance Forecast to Actual Expenditures		0.0%	< 5%
Variance Forecast to Actual Units of Service		0.0%	< 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			

* 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

2017-2018

Health Service Provider: Canadian Mental Health Association - Niagara Branch

OHRS Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
Administration and Support Services 72 1*			
* Full-time equivalents (FTE)	72 1*	5.10	n/a
Total Cost for Functional Centre	72 1	\$903,859	n/a
CMH&A Centralized/Coordinated Access 72 5 08			
* Full-time equivalents (FTE)	72 5 08	6.27	n/a
Visits	72 5 08	8,000	7600 - 8400
Individuals Served by Functional Centre	72 5 08	4,000	3600 - 4400
*Total Cost for Functional Centre	72 5 08	\$343,554	n/a
Case Management/Supportive Counselling & Services - Mental Health 72 5 09 76			
* Full-time equivalents (FTE)	72 5 09 76	8.82	n/a
Visits	72 5 09 76	3,798	3418 - 4178
Individuals Served by Functional Centre	72 5 09 76	296	237 - 355
Group Sessions	72 5 09 76	10	8 - 12
*Total Cost for Functional Centre	72 5 09 76	\$670,692	n/a
Group Participant Attendances	72 5 09 76	40	32 - 48
Clinics/Programs - MH Counseling and Treatment 72 5 10 76 12			
* Full-time equivalents (FTE)	72 5 10 76 12	3.08	n/a
Visits	72 5 10 76 12	1,948	1753 - 2143
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 12	50	40 - 60
Individuals Served by Functional Centre	72 5 10 76 12	64	51 - 77
Group Sessions	72 5 10 76 12	120	96 - 144
*Total Cost for Functional Centre	72 5 10 76 12	\$229,531	n/a
Group Participant Attendances	72 5 10 76 12	1,090	981 - 1199
MH Diversion and Court Support 72 5 10 76 56			
* Full-time equivalents (FTE)	72 5 10 76 56	3.20	n/a
Visits	72 5 10 76 56	1,440	1296 - 1584
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 56	1,000	900 - 1100
Individuals Served by Functional Centre	72 5 10 76 56	60	48 - 72
*Total Cost for Functional Centre	72 5 10 76 56	\$279,568	n/a
Crisis Intervention - Hot Lines 72 5 15 10			
* Full-time equivalents (FTE)	72 5 15 10	1.07	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 15 10	2,580	2322 - 2838
*Total Cost for Functional Centre	72 5 15 10	\$65,097	n/a
Crisis Intervention - Mental Health 72 5 15 76			
* Full-time equivalents (FTE)	72 5 15 76	21.37	n/a
Visits	72 5 15 76	9,801	9311 - 10291
Not Uniquely Identified Service Recipient Interactions	72 5 15 76	480	384 - 576
Individuals Served by Functional Centre	72 5 15 76	3,747	3372 - 4122
*Total Cost for Functional Centre	72 5 15 76	\$1,732,984	n/a
Res. Mental Health - Support within Housing 72 5 40 76 30			
* Full-time equivalents (FTE)	72 5 40 76 30	7.85	n/a
Inpatient/Resident Days	72 5 40 76 30	31,828	30555 - 33101

Schedule E2a: Clinical Activity- Detail
2017-2018

Health Service Provider: Canadian Mental Health Association - Niagara Branch

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
Individuals Served by Functional Centre	72 5 40 76 30	118	94 - 142
*Total Cost for Functional Centre	72 5 40 76 30	\$607,708	n/a
Res. Mental Health - Short Term Crisis Support Beds 72 5 40 76 60			
* Full-time equivalents (FTE)	72 5 40 76 60	12.91	n/a
Inpatient/Resident Days	72 5 40 76 60	2,000	1800 - 2200
Individuals Served by Functional Centre	72 5 40 76 60	220	176 - 264
Attendance Days Face-to-Face	72 5 40 76 60	2,000	1800 - 2200
*Total Cost for Functional Centre	72 5 40 76 60	\$844,316	n/a
Consumer Survivor Initiatives - Family Initiatives 72 5 51 76 20			
* Full-time equivalents (FTE)	72 5 51 76 20	0.50	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 51 76 20	3,155	2840 - 3471
Group Sessions	72 5 51 76 20	83	66 - 100
*Total Cost for Functional Centre	72 5 51 76 20	\$25,515	n/a
Group Participant Attendances	72 5 51 76 20	2,455	2210 - 2701
Information and Referral Service - General 72 5 70 10			
* Full-time equivalents (FTE)	72 5 70 10	2.45	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 70 10	1,000	900 - 1100
*Total Cost for Functional Centre	72 5 70 10	\$187,165	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		72.62	n/a
Total Visits for all F/C		24,987	23738 - 26236
Total Not Uniquely Identified Service Recipient Interactions for all F/C		8,265	7852 - 8678
Total Inpatient/Resident Days for all F/C		33,828	32475 - 35181
Total Individuals Served by Functional Centre for all F/C		8,505	8080 - 8930
Total Attendance Days for all F/C		2,000	1800 - 2200
Total Group Sessions for all F/C		213	170 - 256
Total Group Participants for all F/C		3,585	3227 - 3944
Total Cost for All F/C		5,889,989	n/a

Schedule E2c: CMH&A Sector Specific Indicators

2017-2018

Health Service Provider: Canadian Mental Health Association - Niagara Branch

Performance Indicators	2017-2018 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
2017-2018**

Health Service Provider: Canadian Mental Health Association - Niagara Branch

Develop a quality improvement plan for 2017-18 and submit a copy of the plan to the HNHB LHIN by June 1, 2017. It is strongly recommended that organizations utilize Health Quality Ontario's template as the framework.

Patient/client reported feedback is an important component of measuring and improving the patient/client experience. Health Service Providers (HSPs) are required to report patient experience indicators for fiscal year 2017-18 by March 31, 2018. Reporting will reflect two elements of the patient/client reported experience: overall patient/client satisfaction and the involvement in decisions about care. HSPs should report on the questions that are most similar to the following:

- a. Overall satisfaction: "Overall, how would you rate the care and services you received?"
- b. Involvement in decisions about care: "Were you involved in decisions about your care as much as you wanted to be?"

**Schedule E3a Local: All
2017-2018**

Health Service Provider: Canadian Mental Health Association - Niagara Branch

Participate in applicable initiatives or strategies related to the health system transformation agenda of the Patients First Act, 2016, including the development of sub-regions, support of Health Links, and the HNHB LHIN Strategic Health System Plan.

Actively strive to meet the targets for health system performance indicators. Engage in activities that include LHIN-wide initiatives, which result in the demonstrated improving performance trends on relevant system-level indicators.