

## MSAA AMENDING AGREEMENT

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

**B E T W E E N:**

**CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")**

**AND**

**Pembroke Regional Hospital Inc. (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  
Schedule G: Compliance

**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.

**CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK**

By:  \_\_\_\_\_ Date May 2/2017

Jean-Pierre Boisclair, Chair

And by:  \_\_\_\_\_ Date April 12, 2017

Chantale LeClerc, CEO

**Pembroke Regional Hospital Inc.**

By:  \_\_\_\_\_ Date March 29, 2017

Wayne TerMarsch, Chair

And by:  \_\_\_\_\_ Date March 29, 2017

Pierre Noel, CEO

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

**Health Service Provider: Pembroke Regional Hospital**

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017-2018 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$7,169,113
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	\$81,120
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>\$7,250,233</b>
Recoveries from External/Internal Sources	11	F 120*	\$47,821
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*]	\$7,000
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$54,821</b>
<b>TOTAL REVENUE</b>	<b>FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>
			<b>\$7,305,054</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$4,776,675
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$1,094,060
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	\$193,862
<b>Service Costs</b>			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$400
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$780,164
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$22,997
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$27,709
Contracted Out Expense	32	F 8*	\$164,192
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$272,704
Building Amortization	34	F 9*	\$0
<b>TOTAL EXPENSES</b>	<b>FUND TYPE 2</b>	<b>35</b>	<b>Sum of Rows 17 to 34</b>
			<b>\$7,332,763</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>(\$27,709)</b>
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$27,709
<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*	\$747,251
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$747,251
<b>NET SURPLUS/(DEFICIT)</b>	<b>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)</b>	<b>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	\$8,080,014
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$8,080,014
<b>NET SURPLUS/(DEFICIT)</b>	<b>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*	\$0
Plant Operations	49	72 1*	\$282,218
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$186,487
General Administration	52	72 1*	\$591,126
Other Administrative Expenses	53	72 1*	\$0
<b>Admin &amp; Support Services</b>	<b>54</b>	<b>72 1*</b>	<b>\$1,059,831</b>
Management Clinical Services	55	72 5 05	\$309,046
Medical Resources	56	72 5 07	\$0
<b>Total Admin &amp; Undistributed Expenses</b>	<b>57</b>	<b>Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)</b>	<b>\$1,368,877</b>

**Schedule B2: Clinical Activity- Summary**

2017-2018

**Health Service Provider: Pembroke Regional Hospital**

<b>Service Category 2017-2018 Budget</b>	<b>OHR'S Framework Level 3</b>	<b>Full-time equivalents (FTE)</b>	<b>Visits F2F, Tel, In-House, Cont. Out</b>	<b>Not Uniquely Identified Service Recipient Interactions</b>	<b>Hours of Care In-House &amp; Contracted Out</b>	<b>Inpatient/Resident Days</b>	<b>Individuals Served by Functional Centre</b>	<b>Attendance Days Face-to-Face</b>	<b>Group Sessions (if group sessions not individuals)</b>	<b>Meal Delivered-Combined</b>	<b>Group Participant Attendances (Reg &amp; Non-Reg)</b>	<b>Service Provider Interactions</b>	<b>Service Provider Group Interactions</b>	<b>Mental Health Sessions</b>
CMH&A Centralized/Coordinated Access	72 5 08	1.00	1,126	0	0	0	214	0	0	0	0	1,400	0	0
Case Management	72 5 09*	28.42	14,894	2	0	0	734	0	64	0	800	18,474	135	121
Primary Care- Clinics/Programs	72 5 10*	26.82	22,230	10	0	0	1,383	8,000	97	0	516	21,202	72	48
Crisis Intervention	72 5 15*	5.13	3,800	35	0	0	1,000	0	0	0	0	5,200	0	0
Residential Services	72 5 40 76*	0.00	0	0	0	500	25	160	0	0	0	200	0	0
Consumer/Survivor/Family Initiatives	72 5 51 76*	3.90	6,835	315	0	0	483	7,150	400	0	2,316	0	0	0

## Schedule C: Reports

### Community Mental Health and Addictions Services

2017-2018

### Health Service Provider: Pembroke Regional Hospital

**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>2017-18</b>	<b>Due Dates (Must pass 3c Edits)</b>
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

<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 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 Reporting Due
<b>2016-17</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 Reporting Due
<b>2017-2018</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

<b>Annual Reconciliation Report (ARR) through SRI and paper copy submission*</b>	
<b>(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)</b>	
<b>Fiscal Year</b>	<b>Due Date</b>
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017
2017-18 ARR	June 30, 2018

## Schedule C: Reports

### Community Mental Health and Addictions Services

2017-2018

Health Service Provider: **Pembroke Regional Hospital**

<b>Board Approved Audited Financial Statements *</b>		
<b>(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)</b>		
<b>Fiscal Year</b>	<b>Due Date</b>	
2014-15	June 30, 2015	
2015-16	June 30, 2016	
2016-17	June 30, 2017	
2017-18	June 30, 2018	
<b>Declaration of Compliance</b>		
<b>Fiscal Year</b>	<b>Due Date</b>	
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	
<b>Community Mental Health and Addictions – Other Reporting Requirements</b>		
<b>Requirement</b>	<b>Due Date</b>	
<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
	2016-17 Q4	June 30, 2017
	2017-18 Q2	November 30, 2017
2017-18 Q4	June 30, 2018	
<b>DATIS (Drug &amp; Alcohol Treatment Information System)</b>	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	
<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 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.	
<b>French Language Service Report</b>	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: **Pembroke Regional Hospital**

**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>• <b>Community Financial Policy, 2015</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Operating Manual for Community Mental Health and Addiction Services (2003)</b></li> </ul>	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"> <li>• <b>Early Psychosis Intervention Standards (March 2011)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Ontario Program Standards for ACT Teams (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Intensive Case Management Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Crisis Response Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Psychiatric Sessional Funding Guidelines (2004)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Addictions &amp; Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Addictions staged screening and assessment tools (2015)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>South Oaks Gambling Screen (SOGS)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Guideline for Community Health Service Providers Audits and Reviews, August 2012</b></li> </ul>	

## Schedule E1: Core Indicators

2017-2018

Health Service Provider: **Pembroke Regional Hospital**

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	14.5%	<=17.3%
**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	0.0%	< 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: Pembroke Regional Hospital

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
<b>Administration and Support Services 72 1*</b>			
* Full-time equivalents (FTE)	72 1*	2.92	n/a
*Total Cost for Functional Centre	72 1*	\$1,059,831	n/a
<b>Clinical Management 72 5 05</b>			
* Full-time equivalents (FTE)	72 5 05	3.00	n/a
*Total Cost for Functional Centre	72 5 05	\$309,046	n/a
<b>CMH&amp;A Centralized/Coordinated Access 72 5 08</b>			
* Full-time equivalents (FTE)	72 5 08	1.00	n/a
Visits	72 5 08	1,126	1013 - 1239
Individuals Served by Functional Centre	72 5 08	214	171 - 257
*Total Cost for Functional Centre	72 5 08	\$90,000	n/a
Service Provider Interactions	72 5 08	1,400	1260 - 1540
<b>Case Management/Supportive Counselling &amp; Services - Mental Health 72 5 09 76</b>			
* Full-time equivalents (FTE)	72 5 09 76	28.42	n/a
Visits	72 5 09 76	14,894	14149 - 15639
Not Uniquely Identified Service Recipient Interactions	72 5 09 76	2	2 - 2
Individuals Served by Functional Centre	72 5 09 76	734	624 - 844
Group Sessions	72 5 09 76	64	51 - 77
*Total Cost for Functional Centre	72 5 09 76	\$2,543,912	n/a
Group Participant Attendances	72 5 09 76	800	680 - 920
Service Provider Interactions	72 5 09 76	18,474	17550 - 19398
Service Provider Group Interactions	72 5 09 76	135	108 - 162
Mental Health Sessions	72 5 09 76	121	97 - 145
<b>MH Assertive Community Treatment Teams 72 5 10 76 20</b>			
* Full-time equivalents (FTE)	72 5 10 76 20	10.60	n/a
Visits	72 5 10 76 20	6,700	6365 - 7035
Individuals Served by Functional Centre	72 5 10 76 20	70	56 - 84
Group Sessions	72 5 10 76 20	45	36 - 54
*Total Cost for Functional Centre	72 5 10 76 20	\$975,932	n/a
Group Participant Attendances	72 5 10 76 20	80	64 - 96
Service Provider Interactions	72 5 10 76 20	9,000	8550 - 9450
Service Provider Group Interactions	72 5 10 76 20	20	16 - 24
Mental Health Sessions	72 5 10 76 20	48	38 - 58
<b>MH Early Intervention 72 5 10 76 51</b>			
* Full-time equivalents (FTE)	72 5 10 76 51	0.40	n/a
Visits	72 5 10 76 51	200	160 - 240
Individuals Served by Functional Centre	72 5 10 76 51	12	10 - 14
*Total Cost for Functional Centre	72 5 10 76 51	\$44,672	n/a
Service Provider Interactions	72 5 10 76 51	288	230 - 346
<b>MH Diversion and Court Support 72 5 10 76 56</b>			
* Full-time equivalents (FTE)	72 5 10 76 56	1.50	n/a

# Schedule E2a: Clinical Activity- Detail

2017-2018

## Health Service Provider: Pembroke Regional Hospital

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
Visits	72 5 10 76 56	700	595 - 805
Individuals Served by Functional Centre	72 5 10 76 56	60	48 - 72
<b>*Total Cost for Functional Centre</b>	72 5 10 76 56	<b>\$138,794</b>	n/a
Service Provider Interactions	72 5 10 76 56	1,000	900 - 1100
<b>MH Abuse Services 72 5 10 76 60</b>			
<b>* Full-time equivalents (FTE)</b>	72 5 10 76 60	<b>0.84</b>	n/a
Visits	72 5 10 76 60	330	264 - 396
Individuals Served by Functional Centre	72 5 10 76 60	95	76 - 114
Group Sessions	72 5 10 76 60	12	10 - 14
<b>*Total Cost for Functional Centre</b>	72 5 10 76 60	<b>\$78,948</b>	n/a
Group Participant Attendances	72 5 10 76 60	36	29 - 43
Service Provider Interactions	72 5 10 76 60	214	171 - 257
Service Provider Group Interactions	72 5 10 76 60	12	10 - 14
<b>MH Social Rehab./Recreation 72 5 10 76 81</b>			
<b>* Full-time equivalents (FTE)</b>	72 5 10 76 81	<b>6.58</b>	n/a
Visits	72 5 10 76 81	11,500	10925 - 12075
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 81	10	8 - 12
Individuals Served by Functional Centre	72 5 10 76 81	300	240 - 360
Attendance Days Face-to-Face	72 5 10 76 81	8,000	7600 - 8400
Group Sessions	72 5 10 76 81	40	32 - 48
<b>*Total Cost for Functional Centre</b>	72 5 10 76 81	<b>\$500,032</b>	n/a
Group Participant Attendances	72 5 10 76 81	400	320 - 480
Service Provider Interactions	72 5 10 76 81	8,300	7885 - 8715
Service Provider Group Interactions	72 5 10 76 81	40	32 - 48
<b>MH Psycho-geriatric 72 5 10 76 96</b>			
<b>* Full-time equivalents (FTE)</b>	72 5 10 76 96	<b>6.90</b>	n/a
Visits	72 5 10 76 96	2,800	2520 - 3080
Individuals Served by Functional Centre	72 5 10 76 96	846	719 - 973
<b>*Total Cost for Functional Centre</b>	72 5 10 76 96	<b>\$741,866</b>	n/a
Service Provider Interactions	72 5 10 76 96	2,400	2160 - 2640
<b>Crisis Intervention - Mental Health 72 5 15 76</b>			
<b>* Full-time equivalents (FTE)</b>	72 5 15 76	<b>5.13</b>	n/a
Visits	72 5 15 76	3,800	3420 - 4180
Not Uniquely Identified Service Recipient Interactions	72 5 15 76	35	28 - 42
Individuals Served by Functional Centre	72 5 15 76	1,000	900 - 1100
<b>*Total Cost for Functional Centre</b>	72 5 15 76	<b>\$619,327</b>	n/a
Service Provider Interactions	72 5 15 76	5,200	4940 - 5460
<b>Res. Mental Health - Short Term Crisis Support Beds 72 5 40 76 60</b>			
Inpatient/Resident Days	72 5 40 76 60	500	425 - 575
Individuals Served by Functional Centre	72 5 40 76 60	25	20 - 30
Attendance Days Face-to-Face	72 5 40 76 60	160	128 - 192

# Schedule E2a: Clinical Activity- Detail

2017-2018

## Health Service Provider: Pembroke Regional Hospital

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
*These values are provided for information purposes only. They are not Accountability Indicators.			
<b>*Total Cost for Functional Centre</b>	72 5 40 76 60	<b>\$36,750</b>	n/a
Service Provider Interactions	72 5 40 76 60	<b>200</b>	160 - 240
<b>Consumer Survivor Initiatives - Peer/Self Help 72 5 51 76 11</b>			
<b>* Full-time equivalents (FTE)</b>	72 5 51 76 11	<b>2.70</b>	n/a
Visits	72 5 51 76 11	<b>5,700</b>	5415 - 5985
Individuals Served by Functional Centre	72 5 51 76 11	<b>448</b>	358 - 538
Attendance Days Face-to-Face	72 5 51 76 11	<b>5,700</b>	5415 - 5985
Group Sessions	72 5 51 76 11	<b>392</b>	314 - 470
<b>*Total Cost for Functional Centre</b>	72 5 51 76 11	<b>\$145,652</b>	n/a
Group Participant Attendances	72 5 51 76 11	<b>2,300</b>	2070 - 2530
<b>Consumer Survivor Initiatives - Alternative Businesses 72 5 51 76 12</b>			
<b>* Full-time equivalents (FTE)</b>	72 5 51 76 12	<b>1.00</b>	n/a
Visits	72 5 51 76 12	<b>1,025</b>	923 - 1128
Not Uniquely Identified Service Recipient Interactions	72 5 51 76 12	<b>65</b>	52 - 78
Individuals Served by Functional Centre	72 5 51 76 12	<b>15</b>	12 - 18
Attendance Days Face-to-Face	72 5 51 76 12	<b>1,200</b>	1080 - 1320
<b>*Total Cost for Functional Centre</b>	72 5 51 76 12	<b>\$38,171</b>	n/a
<b>Consumer Survivor Initiatives - Family Initiatives 72 5 51 76 20</b>			
<b>* Full-time equivalents (FTE)</b>	72 5 51 76 20	<b>0.20</b>	n/a
Visits	72 5 51 76 20	<b>110</b>	88 - 132
Not Uniquely Identified Service Recipient Interactions	72 5 51 76 20	<b>250</b>	200 - 300
Individuals Served by Functional Centre	72 5 51 76 20	<b>20</b>	16 - 24
Attendance Days Face-to-Face	72 5 51 76 20	<b>250</b>	200 - 300
Group Sessions	72 5 51 76 20	<b>8</b>	6 - 10
<b>*Total Cost for Functional Centre</b>	72 5 51 76 20	<b>\$9,829</b>	n/a
Group Participant Attendances	72 5 51 76 20	<b>16</b>	13 - 19
<b>ACTIVITY SUMMARY</b>			
<b>Total Full-Time Equivalents for all F/C</b>		<b>71.19</b>	n/a
<b>Total Visits for all F/C</b>		<b>48,885</b>	47418 - 50352
<b>Total Not Uniquely Identified Service Recipient Interactions for all F/C</b>		<b>362</b>	290 - 434
<b>Total Inpatient/Resident Days for all F/C</b>		<b>500</b>	425 - 575
<b>Total Individuals Served by Functional Centre for all F/C</b>		<b>3,839</b>	3455 - 4223
<b>Total Attendance Days for all F/C</b>		<b>15,310</b>	14545 - 16076
<b>Total Group Sessions for all F/C</b>		<b>561</b>	477 - 645
<b>Total Group Participants for all F/C</b>		<b>3,632</b>	3269 - 3995
<b>Total Service Provider Interactions for all F/C</b>		<b>46,476</b>	45082 - 47870
<b>Total Service Provider Group Interactions for all F/C</b>		<b>207</b>	166 - 248
<b>Total Mental Health Sessions for all F/C</b>		<b>169</b>	135 - 203
<b>Total Cost for All F/C</b>		<b>7,332,762</b>	n/a

**Schedule E2c: CMH&A Sector Specific Indicators**

**2017-2018**

**Health Service Provider: Pembroke Regional Hospital**

<b>Performance Indicators</b>	<b>2017-2018 Target</b>	<b>Performance Standard</b>
No Performance Indicators	-	-
<b>Explanatory Indicators</b>		
Repeat Unplanned Emergency Visits within 30 days for Mental Health conditions		
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse conditions		
Average Number of Days Waited from Referral/Application to Initial Assessment Complete		
Average number of days waited from Initial Assessment Complete to Service Initiation		

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

**Health Service Provider: Pembroke Regional Hospital**

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, 2018 and should be submitted using the subject line: 2017-18 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.

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, in collaboration with the Health Link lead and partners, will contribute to the scaling and sustainability of Health Links care coordination with patients/clients with complex needs, including the identification of clients, and as appropriate, delivery of coordinated care to achieve the 2017-18 target number of coordinated care plans.

Sub-region Planning: The Champlain LHIN has established five sub-regions in order to improve patient and client health outcomes through population health planning and integrated service delivery. HSPs are expected to collaborate in the development of sub-region planning, and to contribute to more coordinated care for sub-regional populations across the continuum of primary, home, community, and long-term care and to improve transitions from hospital to community care. This will require close collaboration and partnership with primary care providers in each sub-region in meeting the needs of their patients.

**Schedule E3c Local: CMH&A Local Indicators  
2017-2018**

**Health Service Provider: Pembroke Regional Hospital**

Client Evaluation - Mental Health and Addictions: The HSP will use the Ontario Perception of Care tool (OPOC) as the standard evaluation tool for all registered and non-registered clients, including family members. The HSP will upload their OPOCs to the OPOC data base. HSPs will provide an annual report to the LHIN (within 60 days of fiscal year end) on their OPOC results by program, and their proposed quality improvement initiatives to respond to OPOC results. HSPs preferring to use other sector-specific, client perception of care tools must submit their request to the LHIN for approval.

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 GAIN suite of Staged Screening and Assessment Tools as mandated by the Ministry of Health and Long-Term Care and the LHIN, as follows:

- 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 train (and certify, where appropriate) staff in the use of these tools, record/upload relevant data into Catalyst (or CLHIN SharePoint site for MH providers) in a timely manner, monitor program use, and review organizational results quarterly
- The HSP will submit a Catalyst report to the LHIN within 30 days of the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarters of each year summarizing their use of the GAIN-SS and GAIN Q3 ONT MI tools.
- The HSP will collaborate with the Champlain SSA Implementation Steering Committee and the Ottawa Addictions Access and Referral Service (OAARS) to develop an organizational implementation and sustainability action plan.

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**

**2017-2018**

**Health Service Provider: Pembroke Regional Hospital**

Workforce Development and Capacity Building: Mental Health and Addictions: All Community Mental Health and Addictions Health Service Providers (HSPs) will integrate the Champlain Mental Health and Addictions Competency model and related tools for purposes of recruitment, professional development, and performance management. HSPs will use the Competency Core software tool for these purposes. 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 Mental Health Conditions: The Health Service Provider will achieve a target of 16.3%

**Schedule E3 FLS Local: Identified Organizations  
2017-2018**

**Health Service Provider: Pembroke Regional Hospital**

French Language Services – Identified: Using the template to be provided by the LHIN, the HSP will submit a Human Resources plan to the LHIN, by April 30, 2018.



**Schedule G: Declaration of Compliance**

**2017-2018**

**Health Service Provider: Pembroke Regional Hospital**

**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, 2016 –March 31, 2017] (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]