

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:

Central Local Health Integration Network (the "LHIN")

AND

Yor-Sup-Net Support Services Network (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 A: Description of Services
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.

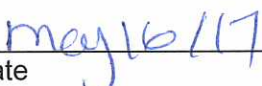
IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

Central Local Health Integration Network

By:



Warren Jestin, Chair

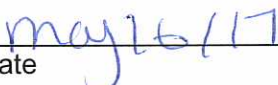


Date

And by:



Kim Baker, Chief Executive Officer



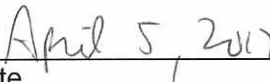
Date

Yor-Sup-Net Support Services Network

By:

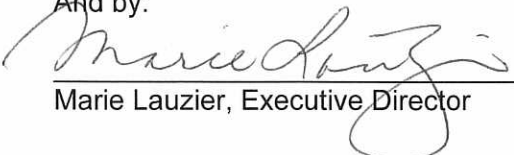


Penny Hubbert, Board Chair
Don Givens, Vice Chair




Date

And by:



Marie Lauzier, Executive Director



Date

Schedule A1: Description of Services
2017-2018

Health Service Provider: YOR-SUP-NET Support Services Network

Services Provided within LHIN Funding		Catchment Area Served													
Service		Within LHIN							Other LHIN Areas						
		North York Central	North York West	Northern York Region	Eastern York Region	Western York Region	South Simcoe	All	ES	SW	WW	HNHB	CW	MH	TC
72 5 08 COM CMH&A Centralized/Coordinated Access				X	X	X	X								
72 5 09 76 Case Management - Mental Health				X	X	X	X								
72 5 15 76 Crisis Intervention - Mental Health				X	X	X	X								
72 5 40 76 60 Res. Mental Health - Short Term Crisis Support Beds				X	X	X	X	X							
72 5 05 COM Clinical Management				X	X	X	X								
72 5 07 COM Medical Resources				X	X	X	X								

Schedule A2: Population and Geography

2017-2018

Health Service Provider: YOR-SUP-NET Support Services Network

Client Population	<ul style="list-style-type: none">- Adults 16+ years of age with serious mental illness or dual diagnosis, living in York Region or South Simcoe- Highly diverse community. Support offered in 20+ languages including: English, Spanish, Tamil, Cantonese, Mandarin, Hebrew, ASL, Italian, Polish, Macedonian, Malayan, Singalam, German, Hindi, Urdu, Punjabi, Gujarati, Swahili, Greek and Portuguese. Through collaboration with partners, we have access to language support in Russian, Bengali, Farsi, Filipino and Tagalog- French language messaging is offered at Streamlined Access and active offers for Francophone services are made for every referral. We are working with Entite 4 and the LHIN along with TNSS to provide more community outreach to this community- Supports offered to First Nations community on Georgian Island- Expected client outcomes: improved functioning, recovery and wellness, increased independence, lower rate of hospitalization, decreased crisis situations, improved linkages across Mental Health & Addictions agencies, more timely and responsive services
Geography Served	<ul style="list-style-type: none">- Services offered through two central office locations (Aurora and Markham), and a separate location for crisis services (including Crisis Beds) located in Newmarket. All of our services are provided within the community where they best meet client needs- Head office is located at 240 Edward St, Unit 3, Aurora; our Markham office is located at 50 McIntosh Dr, Ste 239, Markham; and our Crisis services are located at 43 Charles St, Newmarket- Case management supports are offered Monday thru Friday from 8:30 am to 4:30 pm, with after hours appointments available as needed and after hours back-up available through 310-COPE. Crisis services are available 24/7. Streamlined Access is available Monday thru Friday from 8:30 am to 4:30 pm, with after hours support for applications to Streamlined Access able to be provided through 310-COPE. As well, on-line application completion and submission for Streamlined Access is available through the YSSN website (yssn.ca)- Contracted out services are purchased from York Regional Police for the police member of the Mental Health Support Team (1 police officer and 1 crisis worker), which operates 12/7 and services YRP Districts 2, 4 and 5

Schedule B1: Total LHIN Funding
2017-2018

Health Service Provider: YOR-SUP-NET Support Services Network

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 10.0	2017-2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$6,255,003
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	\$6,255,003
Recoveries from External/Internal Sources	11	F 120*	\$163,949
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	\$163,949
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$6,418,952
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$4,539,535
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$916,988
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	\$44,280
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]	\$377,175
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$26,204
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$225,617
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$289,153
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$6,418,952
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*	\$20,319,478
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$20,319,478
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	\$26,738,430
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$26,738,430
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*	\$0
Plant Operations	49	72 1*	\$289,153
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$78,410
General Administration	52	72 1*	\$473,852
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$841,415
Management Clinical Services	55	72 5 05	\$181,239
Medical Resources	56	72 5 07	\$44,280
Total Admin & Undistributed Expenses	57	Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)	\$1,066,934

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: YOR-SUP-NET Support Services Network

Service Category 2017-2018 Budget		OHRS Framework Level 3	Full-time equivalents (FTE)	Visits F2F, Tel, In- House, Conf, Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In- House & Contracted Out	Inpatient/Resident Days	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
CMH&A Centralized/Coordinated Access		72 5 08	5.78	3,350	0	0	0	0	0	0	0	0	0	0
Case Management		72 5 09*	28.66	17,020	0	0	0	0	110	0	500	0	0	0
Crisis Intervention		72 5 15*	23.15	22,744	0	0	0	0	0	0	0	0	0	0
Residential Services		72 5 40 76*	4.21	0	0	0	968	0	0	0	0	0	0	0

Schedule C: Reports

Community Mental Health and Addictions Services 2017-2018

Health Service Provider: YOR-SUP-NET Support Services Network

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: YOR-SUP-NET Support Services Network

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
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: YOR-SUP-NET Support Services Network

	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 ConnexOntario Health Services Information's annual validation of service details; provide service availability updates; and inform ConnexOntario Health Services Information of any program/service changes as they occur.	
French Language Service Report	2014-15	April 30, 2015
	2015-16	April 30, 2016
	2016-17	April 30, 2017
	2017-18	April 30, 2018

Schedule D: Directives, Guidelines and Policies

Community Mental Health and Addictions Services

2017-2018

Health Service Provider: YOR-SUP-NET Support Services Network

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 (<i>except "Inventory of Assets"</i>)
	3.7 Human Resource Control
• Early Psychosis Intervention Standards (March 2011)	
• Ontario Program Standards for ACT Teams (2005)	
• Intensive Case Management Service Standards for Mental Health Services and Supports (2005)	
• Crisis Response Service Standards for Mental Health Services and Supports (2005)	
• Psychiatric Sessional Funding Guidelines (2004)	
• Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)	
• Addictions & Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)	
• Addictions staged screening and assessment tools (2015)	
• South Oaks Gambling Screen (SOGS)	
• Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year	
• Guideline for Community Health Service Providers Audits and Reviews, August 2012	

Schedule E1: Core Indicators

2017-2018

Health Service Provider: YOR-SUP-NET Support Services Network

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	Refer to Schedule E3a	-
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	TBD	-
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 E3a	-
Alternate Level of Care (ALC) Rate	TBD	-

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: YOR-SUP-NET Support Services Network

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*	4.10	n/a
Total Cost for Functional Centre	72 1	\$841,415	n/a
Clinical Management 72 5 05			
* Full-time equivalents (FTE)	72 5 05	2.15	n/a
*Total Cost for Functional Centre	72 5 05	\$181,239	n/a
Medical Resources 72 5 07			
*Total Cost for Functional Centre	72 5 07	\$44,280	n/a
Mental Health Sessions	72 5 07	82	66 - 98
CMH&A Centralized/Coordinated Access 72 5 08			
* Full-time equivalents (FTE)	72 5 08	5.78	n/a
Visits	72 5 08	3,350	3015 - 3685
*Total Cost for Functional Centre	72 5 08	\$470,216	n/a
Case Management/Supportive Counselling & Services - Mental Health 72 5 09 76			
* Full-time equivalents (FTE)	72 5 09 76	28.66	n/a
Visits	72 5 09 76	17,020	16169 - 17871
Group Sessions	72 5 09 76	110	88 - 132
*Total Cost for Functional Centre	72 5 09 76	\$2,307,927	n/a
Group Participant Attendances	72 5 09 76	500	425 - 575
Crisis Intervention - Mental Health 72 5 15 76			
* Full-time equivalents (FTE)	72 5 15 76	23.15	n/a
Visits	72 5 15 76	22,744	21607 - 23881
*Total Cost for Functional Centre	72 5 15 76	\$2,201,595	n/a
Res. Mental Health - Short Term Crisis Support Beds 72 5 40 76 60			
* Full-time equivalents (FTE)	72 5 40 76 60	4.21	n/a
Inpatient/Resident Days	72 5 40 76 60	968	823 - 1113
*Total Cost for Functional Centre	72 5 40 76 60	\$372,280	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		68.05	
Total Visits for all F/C		43,114	
Total Inpatient/Resident Days for all F/C		968	
Total Group Sessions for all F/C		110	
Total Group Participants for all F/C		500	
Total Mental Health Sessions for all F/C		82	
Total Cost for All F/C		6,418,952	

**Schedule E2c: CMH&A Sector Specific Indicators
2017-2018**

Health Service Provider: YOR-SUP-NET Support Services Network

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: YOR-SUP-NET Support Services Network

Performance Indicators	2017-2018 Target	Performance Standard
Proportion of Budget Spent on Administration ^{1,2}	9.27%	≤ 15%
Number of Individuals Served by Organization ³	7355	6987 - 7723

¹ Proportion of Budget Spent on Administration: (Total Admin and support Expenses - Program Rent) / (LHIN Base Allocation + Service Recipient Revenue)

² All Central LHIN HSPs are required to identify the cost related to Program Rent out of the total Administration and Support Expenses

³ Central LHIN HSPs are required to report Total Unique Individuals Served by Organization