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REVISION of Letter dated May 2, 2017

Via regular mail

May 11, 2017

RECEIVED MAY 5 2 2016
RECEIVED MAY 25 2016

Ms. Lori Marshall
President & Chief Executive Officer
Chatham-Kent Health Alliance
80 Grand Avenue, West
Chatham ON N7L 1B7

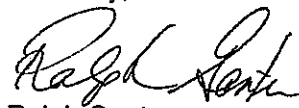
Dear Ms. Lori Marshall:

**Re: Return of Signed 2017-18 Multi-Service Sector Accountability Agreement (MSAA)
Extension to September 30, 2017**

Further to the letter dated May 2, 2017 providing a signed copy of the MSAA Amending Agreement Extension, please refer to the revisions within the cover letter that have been made to the date of the extension. In the cover letter, the extension date is revised from March 31, 2018 to September 30, 2017 to align with the attached agreement.

Please find enclosed herein an originally executed copy of the MSAA Amending Agreement, Extension to *September 30, 2017* between the Erie St. Clair Local Health Integration Network and Chatham-Kent Health Alliance for your records.

Sincerely,



Ralph Ganter
Chief Executive Officer

vad

Attach. – MSAA Amending Agreement Extension to *September 30, 2017*

MSAA AMENDING AGREEMENT

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

BETWEEN:

ERIE ST. CLAIR LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Chatham-Kent Health Alliance (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 six month period to September 30, 2017;

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 C: Reports
 Schedule D: Directives, Guidelines and Policies
 Schedule E: Performance, Schedule E3a Local: All
 Schedule G: Compliance

2.3 Term. This Agreement and the MSAA will terminate on September 30, 2017.

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.

ERIE ST. CLAIR LOCAL HEALTH INTEGRATION NETWORK

By:




Martin Girash, Board Chair

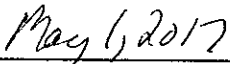


Date

And by:




Ralph Ganter,
Chief Executive Officer




Date

Chatham-Kent Health Alliance

By:




Board Chair

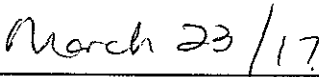


Date

And by:



Ms. Lori Marshall
President & Chief Executive Officer



Date

Schedule C: Reports

Community Mental Health and Addictions Services

2017-2018

Health Service Provider: Chatham-Kent Health Alliance (CKHA)

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: Chatham-Kent Health Alliance (CKHA)

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
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: Chatham-Kent Health Alliance (CKHA)

	<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
	<ul style="list-style-type: none"> • 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 	<p>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.</p>
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 Support Services

2017-2018

Health Service Provider: Chatham-Kent Health Alliance (CKHA)

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">• Personal Support Services Wage Enhancement Directive, 2014
<ul style="list-style-type: none">• 2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
<ul style="list-style-type: none">• 2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
<ul style="list-style-type: none">• 2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
<ul style="list-style-type: none">• Community Financial Policy, 2015
<ul style="list-style-type: none">• Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
<ul style="list-style-type: none">• Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
<ul style="list-style-type: none">• Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012
<ul style="list-style-type: none">• Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
<ul style="list-style-type: none">• Community Support Services Complaints Policy (2004)
<ul style="list-style-type: none">• Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
<ul style="list-style-type: none">• Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
<ul style="list-style-type: none">• Screening of Personal Support Workers (2003)
<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 D: Directives , Guidelines and Policies
Community Mental Health and Addictions Services
2017-2018
Health Service Provider: Chatham-Kent Health Alliance (CKHA)

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 – OHRIS/MIS - most current version available to applicable year	
• Guideline for Community Health Service Providers Audits and Reviews, August 2012	

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

Health Service Provider: Chatham-Kent Health Alliance (CKHA)

Language and Indigenous Identity Report

All HSPs will provide annually a report on the number of patients/clients by mother tongue, official language and Indigenous identity.

HSPs will develop a mechanism to track the language characteristics of their patients/clients to understand opportunities for culturally sensitive services, using the following questions:

1. Report on number of patients/clients by mother tongue and official language.

a) Mother Tongue:

- English
- French
- Other (specify what other language is)

b) Official Language (if mother tongue is not English or French):

- English
- French

2. Report on number of patients/clients that identify themselves as Indigenous:

- First Nation
- Inuit
- Metis
- Non-Status
- Urban

Annual reports are to be submitted no later than April 30, of each year and sent to: EC.performance@lhins.on.ca

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

Health Service Provider: Chatham-Kent Health Alliance (CKHA)

Health Equity

The Erie St. Clair LHIN is striving towards a culturally competent and safe health system that respectfully and adequately responds to inequities, diverse values and beliefs of all residents in the Erie St. Clair LHIN in order to improve their health outcomes and experience. As part of the service accountability agreement with the Erie St. Clair LHIN, all Health Service Providers will demonstrate action to positively impacting the health status of all residents, including consideration for social determinants of health and specific focus on Indigenous people, Francophones, newcomers/immigrants and vulnerable populations.

The Health Equity report is submitted annually by HSPs to the ESC LHIN, outlining results of planned strategic efforts to address area population needs and service gaps in the last fiscal year, as well as planned activities for the upcoming year. Annual reports are to be submitted no later than April 30, of each year and sent to: EC.performance@lhins.on.ca

**Schedule E3b Local: CHC Local Indicators
2017-2018**

Health Service Provider: Chatham-Kent Health Alliance (CKHA)

Diabetes Education Program (DEP) - (ADEPs and PDEPs)

The HSP will submit a Program Description and Proposed Annual Work Plan (Schedule A) by April 30th 2017 to the Erie St. Clair LHIN in Microsoft Word format. As part of the proposed annual work plan, the HSP is required to submit a signed copy of the proposed financial annual budget (Schedule B) and activity targets (Schedule C), as well as complete the Update Program Contact Information form. The HSP will provide the LHIN with quarterly status reports by completing Schedule A and Schedule B. It will also communicate any changes to the program and/or Program Contact Information. The quarterly reporting dates will follow and align with the Supplementary Reporting (SRI) dates found on Schedule C: Reports found in this MSAA. As such, the HSP is required to report on fiscal 2017/18 progress by the following dates: Q1 and Q2 update – report due to the LHIN on November 7th, 2017 Q3 update – report due to the LHIN on February 7th, 2018 Q4 update – report due to the LHIN on June 7th, 2018 YE update – report due to the LHIN on June 30th, 2018 The Annual Work Plan and Quarterly Status reports should be sent to the Erie St. Clair LHIN by way of electronic copy to ec.performance@lhins.on.ca.

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

Health Service Provider: Chatham-Kent Health Alliance (CKHA)

Mental Health

Implement the Ontario Perception of Care Quality Satisfaction Measure.

Addictions

Implement the Ontario Perception of Care Quality Satisfaction Measure. Dedicated assessment and referral services will use the GAINs and Inter RAI tools as per the Pilot.

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

Health Service Provider: Chatham-Kent Health Alliance (CKHA)

French Language Services

As a FLS provider partially designated under the French Language Services Act, the HSP is responsible to provide quality FLS to the Francophone population, and to continuously meet the designation criteria. As part of the revised designation process, the Office of Francophone Affairs now requires all designated providers to submit an evaluation plan every three years. To that end, the HSP will complete and submit an evaluation plan to the LHIN, using the prescribed template, by March 31, 2018.

**Schedule E3a Local: All
2017-2018
Health Service Provider: Chatham-Kent Health Alliance (CKHA)**

Patient / Client Complaints Policy and Procedure

All health service providers will provide an annual attestation that an internal patient and / or client complaints policy and procedure is in place, and followed. The attestation will be submitted at Q4, consistent with the time of reports contained in Schedule C – Reports, June 30th of each year to ec.performance@lhins.on.ca.

Schedule G: Declaration of Compliance
2017-2018

Health Service Provider: Chatham-Kent Health Alliance (CKHA)

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]