Toronto Central **LHIN**

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Toronto, ON M4W 3R4
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Toll Free: 1 866 383-5446
www.torontocentrallhin.on.ca

July 10, 2017

Ms. Axelle Janczur
Executive Director
Access Alliance Multicultural Health and Community Services
340 College Street
Suite 500
Toronto, ON M5T 3A9

Dear Ms. Janczur,

Please find enclosed the fully executed 2017-18 Multi Service Accountability Agreement (MSAA) Amending Agreement.

Thank you for your participation in the MSAA process. If you have any follow up questions please do not hesitate to contact your Performance Management Lead, Krista Cauz, at 416-969-3321 or Krista.Cauz@tc.lhins.on.ca.

Sincerely,

Performance Management Team
Toronto Central LHIN

Enc.

Ontario
Local Health Integration Network

RECEIVED
APR 24 2017
Toronto Central LHIN

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:

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

ACCESS ALLIANCE MULTICULTURAL HEALTH AND COMMUNITY SERVICES (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 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.

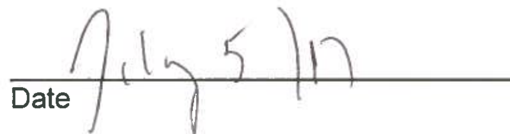
5.0 Counterparts. This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

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.

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK

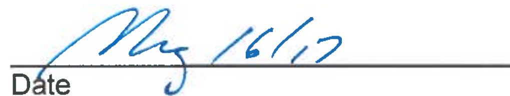
By:



Dr. Vivek Goel, Chair

Date

And by:

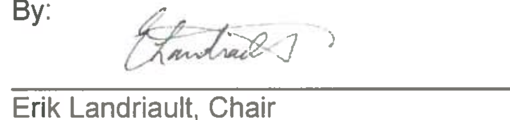


Susan Fitzpatrick, CEO

Date

ACCESS ALLIANCE MULTICULTURAL HEALTH AND COMMUNITY SERVICES

By:



April 12, 2017

Erik Landriault, Chair

Date

And by:

Axelle Janczur, Executive Director

Date

Schedule B1: Total LHIN Funding

Fiscal Year:2017/2018

Health Service Provider: Access Alliance Multicultural Health and Community Services

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS Version 9.0	2017/2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	$5,611,427
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**	**$5,611,427**
Recoveries from External/Internal Sources	11	F 120*	$40,000
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**	**$40,000**
TOTAL REVENUE FUND TYPE 2	**15**	**Sum of Rows 10 and 14**	**$5,651,427**
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	$1,311,417
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	$398,742
Employee Future Benefit Compensation	19	F 305*	$0
Physician Compensation	20	F 390*	$1,127,752
Physician Assistant Compensation	21	F 390*	$0
Nurse Practitioner Compensation	22	F 380*	$407,698
Physiotherapist Compensation	23	F 350*	$0
Chiropractor Compensation	24	F 390*	$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	$736,924
Sessional Fees	26	F 39092	$0
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	$45,000
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	$946,709
Community One Time Expense	29	F 69596	$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	$0
Amortization on Major Equip, Software License & Fees	31	F 750* , 780*	$0
Contracted Out Expense	32	F 8*	$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	$677,185
Building Amortization	34	F 9*	$0
TOTAL EXPENSES FUND TYPE 2	**35**	**Sum of Rows 17 to 34**	**$5,651,427**
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	**38**	**Sum of Rows 36 to 37**	**$0**
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	$4,317,075
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$4,317,075
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**	**$9,968,502**
Total Expenses (All Funds)	**46**	**Line 16 + line 40 + line 43**	**$9,968,502**
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*	$928,579
Volunteer Services	50	72 1*	$0
Information Systems Support	51	72 1*	$110,358
General Administration	52	72 1*	$210,427
Other Administrative Expense	53	72 1*	$0
Admin & Support Services	**54**	**72 1***	**$1,249,364**
Management Clinical Services	55	72 5 05	$529,064
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)**	**$1,778,428**

Schedule B2: Clinical Activity-Summary

2017/2018

Health Service Provider: Access Alliance Multicultural Health and Community Services

Service Category 2017/2018 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Group Participant Attendances	Group Sessions	Individuals Served by Functional Centre	Not Uniquely Identified Service Recipient Interactions	Service Provider Group Interactions	Service Provider Interactions
Primary Care- Clinics/Programs	72 5 10*	20.92	1,118	124	3,700	300	109	16,750
Health Promotion and Education	72 5 50	10.51	5,128	242	1,086		400	3,000

SCHEDULE C – REPORTS
COMMUNITY HEALTH CENTRES

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	*Not required 2014-15*
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	*Not required 2015-16*
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	*Not required 2016-17*
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	*Not required 2017-18*
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
2016-2017	**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

SCHEDULE C – REPORTS
COMMUNITY HEALTH CENTRES

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

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 Health Centres – Other Reporting Requirements		
Requirement	**Due Date**	
French Language Service Report	2014-15	April 30, 2015
	2015-16	April 30, 2016
	2016-17	April 30, 2017
	2017-18	April 30, 2018
Quality Improvement Plan ***The HSP will submit annually a Quality Improvement Plan to Health Quality Ontario that is aligned with this Agreement and supports local health system***		

priorities. A copy of the QIP is to be provided to the LHIN at the time it is submitted to HQO.	
Planning Period	**Due Date**
April 1, 2016 – March 31, 2017	April 1, 2016
April 1, 2017 – March 31, 2018	April 1, 2017

Schedule E1: Core Indicators

2017/2018

Health Service Provider: Access Alliance Multicultural Health and Community Services

Performance Indicators	2017/2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	$0	>=0
Proportion of Budget Spent on Administration	22.1%	22.1% - 26.5%
**Percentage Total Margin	0.00%	>=0%
Variance Forecast to Actual Expenditures	$0	<5%
Variance Forecast to Actual Units of Service	0	<5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Percentage of Alternate Level of Care (ALC) days (closed cases)		
Alternate Level of Care (ALC) Rate		

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience

* Balance 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: Access Alliance Multicultural Health and Community Services

OHRS Description & Functional Centre [1]These values are provide for information purposes only. They are not Accountability Indicators.		2017-2018	
		Target	**Performance Standard**
Primary Care- Clinics/Programs 72 5 10*			
Clinics/Programs - General Clinic 72 5 10 20			
[1]Full-time equivalents (FTE)	72 5 10 20	**16.28**	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 10 20	**300**	240 - 360
Individuals Served by Functional Centre	72 5 10 20	**2,600**	2,340 - 2,860
[1]Total Cost for Functional Centre	72 5 10 20	**$2,444,027**	n/a
Service Provider Interactions	72 5 10 20	**13,000**	12,350 - 13,650
Clinics/Programs - Therapy Clinic 72 5 10 40			
Individuals Served by Functional Centre	72 5 10 40	**500**	425 - 575
Group Sessions	72 5 10 40	**50**	40 - 60
Group Participant Attendances	72 5 10 40	**400**	320 - 480
Service Provider Interactions	72 5 10 40	**2,000**	1,800 - 2,200
Clinics/Programs - Therapy Clinic - Nutrition			
[1]Full-time equivalents (FTE)	72 5 10 40 45	**1.86**	n/a
Individuals Served by Functional Centre	72 5 10 40 45	**300**	240 - 360
Group Sessions	72 5 10 40 45	**50**	40 - 60
[1]Total Cost for Functional Centre	72 5 10 40 45	**$218,183**	n/a
Group Participant Attendances	72 5 10 40 45	**550**	468 - 633
Service Provider Interactions	72 5 10 40 45	**550**	468 - 633
Service Provider Group Interactions	72 5 10 40 45	**85**	68 - 102
Clinics/Programs - Therapy Clinic - Counselling			
[1]Full-time equivalents (FTE)	72 5 10 40 60	**2.78**	n/a
Individuals Served by Functional Centre	72 5 10 40 60	**300**	240 - 360
Group Sessions	72 5 10 40 60	**24**	19 - 29
[1]Total Cost for Functional Centre	72 5 10 40 60	**$338,898**	n/a

OHRS Description & Functional Centre [1]These values are provide for information purposes only. They are not Accountability Indicators.		2017-2018	
		Target	**Performance Standard**
Group Participant Attendances	72 5 10 40 60	**168**	134 - 202
Service Provider Interactions	72 5 10 40 60	**1,200**	1,080 - 1,320
Service Provider Group Interactions	72 5 10 40 60	**24**	19 - 29
Health Promotion and Education 72 5 50			
COM Health Prom/Educ. & Com.Dev. – Community Engagement and Capacity Building 72 5 50 14			
[1]Full-time equivalents (FTE)	72 5 50 14	**5.86**	n/a
[1]Total Cost for Functional Centre	72 5 50 14	**$514,416**	n/a
Health Prom/Educ.& Com. Dev – Personal Health and Wellness 72 5 50 45			
[1]Full-time equivalents (FTE)	72 5 50 45	**4.65**	n/a
Individuals Served by Functional Centre	72 5 50 45	**1,086**	977 - 1,195
Group Sessions	72 5 50 45	**242**	194 - 290
[1]Total Cost for Functional Centre	72 5 50 45	**$357,475**	n/a
Group Participant Attendances	72 5 50 45	**5,128**	4,872 - 5,384
Service Provider Interactions	72 5 50 45	**3,000**	2,700 - 3,300
Service Provider Group Interactions	72 5 50 45	**400**	320 - 480
Total Administration Expenses			
Administration and Support Services 72 1*			
[1]Full-time equivalents (FTE)	72 1*	**4.84**	n/a
[1]Total Cost for Functional Centre	72 1*	**$1,249,364**	n/a
COM Clinical Management 72 5 05			
[1]Total Cost for Functional Centre	72 5 05	**$529,064**	n/a
Total Full-Time Equivalents for All F/C		**36.27**	
Total Visits for all F/C		**-**	
Total Not Uniquely Identified Service Recipient Interactions for All F/C		**300**	
Total Hours of Care for all F/C		**-**	
Total Inpatient/Resident Days for all F/C		**-**	
Total Individuals Served by Functional Centre for all F/C		**4,786**	
Total Attendance Days for all F/C		**-**	
Total Group Sessions for All F/C		**366**	

Total Meal Delivered-Combined for All F/C	**-**	
Total Cost for All F/C	**$5,651,427**	
Total Group Participant Attendances for All F/C	**6,246**	
Total Service Provider Interactions for All F/C	**19,750**	
Total Mental Health Sessions for All F/C	**-**	
Total Service Provider Group Interactions for All F/C	**509**	

Schedule E2b: CHC Sector Specific Indicators

2017-2018

Health Service Provider: Access Alliance Multicultural Health and Community Services

Performance Indicators	2017-2018 Target	Performance Standard
Cervical Cancer Screening Rate (PAP Tests)	73%	> 58%
Colorectal Cancer Screening Rate	65%	52% - 78%
Inter-professional Diabetes Care Rate	93%	74%-100%
Influenza Vaccination Rate	40%	32% - 48%
Breast Cancer Screening Rate	70%	56% - 84%
Periodic Health Exam Rate (Applicable to 2014-15 only)	-	-
Vacancy Rate (For NPs and Physicians - Replaced in 2015-16 with Retention Rate)	-	-
Access to Primary Care	82%	74% - 90%
Retention Rate (For NPs and Physicians)	95%	> 76%

Explanatory Indicators
Non-Insured Clients
Interpretation
Number of New Patients

Schedule E3a: LHIN Local Indicators and Obligations

2017-2018

Health Service Provider: Access Alliance Multicultural Health and Community Services

<u>**Toronto Central LHIN'S Strategic Plan:**</u>

Support the implementation of Toronto Central LHIN's 2015-2018 Strategic Plan. In addition to the multiple initiatives underway related to the Strategic Plan, Toronto Central LHIN looks to its Health Service Providers (HSPs) for a commitment to the specific initiatives outlined below:

Toronto Central LHIN Sub Regions: Participate in the Toronto Central LHIN Local Collaboratives and in applicable endorsed initiatives, including the development of regional quality improvement activities and Quality Improvement Plans.

Integrated Community Care: Actively participate in the implementation of the Integrated Community Care model across the LHIN, including the development of local community networks.

Primary Care: Continued support of the Toronto Central LHIN primary care strategy, including its associated priority projects:

- Attachment, Access and Continuity with Primary Care;
- Access to Interprofessional Teams;
- Quality and Timeliness of Discharge Plans;
- Access to Specialists;
- Secured Communications; and
- Health Links.

Promoting Integration: All HSPs will annually complete the Strategic Options Assessment Tool contained in the Advancing the Integration Conversation Reference Document. Results will be reported to Toronto Central LHIN by end of each fiscal year.

Palliative Care: Implementation of regional palliative care quality improvement initiatives as endorsed by Toronto Central Palliative Care Network and the Toronto Central LHIN.

Health Equity: Continue to actively support Toronto Central LHIN Health Equity initiatives:

- Support approaches to service planning and delivery that: a) identify health inequities, b) actively seek new opportunities to address health inequities, and c) reduce existing health inequities.
- <u>For CHCs only</u> - Collect and submit demographic/equity data with the goal of covering more than 75% of patients in the system by March -2018. The expectation is that this data is linked to clinical outcomes and is made available for clinical application by health care professionals.
- Collect Health Card information on clients receiving LHIN funded services. Record the number of clients receiving LHIN funded services that do not have a Health Card.
- Participation in appropriate Toronto Central LHIN Indigenous and Francophone Cultural Competency Initiatives.

Participate in French Language Service (FLS) planning:

- For identified HSPs that provide services in French, develop a FLS plan and demonstrate yearly progress towards meeting designation criteria.

Schedule E3a: LHIN Local Indicators and Obligations
2017-2018

- For HSPs that are not identified for the provision of FLS, the expectation is to identify their French-speaking clients. This information is to be used by the HSP to help with the establishment of an environment where people's linguistic backgrounds are collected, linked with existing health services data and utilized in health services and health system planning to ensure services are culturally and linguistically sensitive.

Digital Health: Adopt Digital Health and Information Management initiatives that encompass both provincial and local level priorities as identified by Toronto Central LHIN. This specifically includes, where applicable:

- Adherence to operational privacy and security policies related to the use of regional and provincial health technologies (e.g. Resource Matching and Referral (RM&R)).
- Submission of data to Community Business Intelligence (CBI).
- Participation and continued phased implementation (by 2019) of Staged Screening and Assessment Tools (GAINS) by LHIN funded Addiction Services Providers.

Ministry/LHIN Accountability Agreement Performance (MLAA):

Toronto Central LHIN is developing a system-wide plan to improve performance on its MLAA indicators including embedding performance targets in the Service Accountability Agreements. In addition, HSPs will contribute to the achievement of the Toronto Central LHIN MLAA Performance Indicators through the following specific initiatives:

- Case Management: All HSPs approved to deliver Case Management services will continue to collect the following information and report the results to the Toronto Central LHIN:
  - Record the number of client visits to hospital emergency departments, and admission to hospital;
  - Record the number of repeat client visits and re-admissions to hospital that occur within 30 days of a previous visit or admission; and
  - Provide a report at Q4 consistent with the timing of reports contained in Schedule C - Reports.
- High Needs Clients: All Community Support Services HSPs will register and monitor high needs clients receiving LHIN funded services using the RAI Tool or Health Links criteria to the Community Agency Notification. Services include eADP, Attendant Outreach programs, Supportive Housing services, Assisted Living Services for High Risk Seniors and Right Place of Care program.

Emergency Management: It is expected that HSPs review and maintain their Emergency Management and Business Continuity Plans. HSPs should:

- Maintain regulated standards; and
- Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall.

Patient Complaints: All health service providers will have an internal patient and / or client complaints policy and procedure in place, and followed. Compliance with this obligation will be included in the annual declaration of compliance submitted at Q4 (consistent with the timing of reports contained in Schedule C – Reports).