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March 4, 2019

Electronic Delivery Only

Ms. Denise Hardenne
President and Chief Executive Officer
Halton Healthcare Services Corporation
3001 Hospital Gate
Oakville ON L6M 0L8

Dear Ms. Hardenne:

Re: 2019-2022 Multi-Sector Service Accountability Agreement with the Mississauga Halton Local Health Integration Network

The Mississauga Halton Local Health Integration Network (the “LHIN”) and Halton Healthcare Services Corporation (the “HSP”) entered into a Service Accountability Agreement for a one-year term effective April 1, 2018. The LHINs approved a new three-year Multi-Sector Service Accountability Agreement (the “MSAA”) template for the period April 1, 2019 to March 31, 2022 to replace the current 2018/19 MSAA template.

The MSAA Schedules A, B, C, D, E (intentionally removed, and replaced with Mississauga Halton LHIN Funding Letter Template) and F have been revised to reflect updated financial, service activity and performance expectations for the 2019/20 fiscal year. The CAPS Narrative submitted by the HSP will not be included as a Schedule of the MSAA but will be utilized by the LHIN for planning purposes.

Please indicate the HSP’s acceptance of the 2019-2022 Agreement and 2019/20 Schedules, by returning a signed copy of the agreement in PDF format, to the Mississauga Halton LHIN via email to Katie Halsall, Health System Performance Coordinator, Health System Performance, Funding and Contract Management at Katie.Halsall@lhins.on.ca by March 31, 2019.

In the event that the HSP is not be able to return a board-approved signed MSAA by the March 31, 2019 deadline, the HSP will need to provide the LHIN via email with a written declaration of its intent to sign, in

advance of the deadline date. In this instance, the 2018/19 MSAA will be extended until the first meeting of the HSP's Board of Directors, after April 1, 2019, whereby the HSP will seek the requisite approval of its Board to enable the execution of the new MSAA.

Should you have any questions or concerns, please contact Jeanny Lau, Lead, Health System Performance, Funding and Contract Management at 905-337-7131 extension 271 or via email at Jeanny.Lau@lhins.on.ca.

The LHIN appreciates your organization's collaboration and hard work during this 2019-2022 MSAA process. We look forward to maintaining a strong working relationship with you.

Sincerely,



Sharon Lee Smith
Interim Chief Executive Officer

Enclosed: 2019-2022 Multi-Sector Accountability Agreement with Schedules A, B, C, D and F

- c: John W. Nyholt, Board Chair, Halton Healthcare Services Corporation
- Mary Davies, Acting Board Chair, Mississauga Halton LHIN
- Dale McGregor, Chief Financial Officer & Vice President Finance, Performance & Corporate Services, Mississauga Halton LHIN
- Laura Salisbury, Director, Health System Performance, Funding and Contract Management, Mississauga Halton LHIN
- Jeanny Lau, Lead, Health System Performance, Funding and Contract Management, Mississauga Halton LHIN

The parties have executed this Agreement on the dates set out below.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK :

By :



Mary Davies
Acting Board Chair

March 4, 2019

Date :

And by :



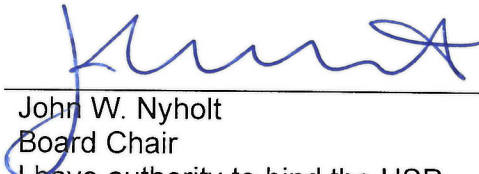
Sharon Lee Smith
Interim Chief Executive Officer

March 4, 2019

Date :

HALTON HEALTHCARE SERVICES CORPORATION:

By :



John W. Nyholt
Board Chair
I have authority to bind the HSP

APR 15, 2019

Date :

And by :



Denise Hardenne
President and Chief Executive
Officer
I have authority to bind the HSP

APRIL, 15, 2019

Date :

MULTI-SECTOR SERVICE ACCOUNTABILITY AGREEMENT
April 1, 2019 to March 31, 2022

SERVICE ACCOUNTABILITY AGREEMENT

With

HALTON HEALTHCARE SERVICES CORPORATION

Effective Date: April 1, 2019

Index to Agreement

ARTICLE 1.0 — DEFINITIONS & INTERPRETATION
ARTICLE 2.0 — TERM AND NATURE OF THIS AGREEMENT
ARTICLE 3.0 — PROVISION OF SERVICES
ARTICLE 4.0 — FUNDING
ARTICLE 5.0 — REPAYMENT AND RECOVERY OF FUNDING
ARTICLE 6.0 — PLANNING & INTEGRATION
ARTICLE 7.0 — PERFORMANCE
ARTICLE 8.0 — REPORTING, ACCOUNTING AND REVIEW
ARTICLE 9.0 — ACKNOWLEDGEMENT OF LHIN SUPPORT
ARTICLE 10.0 — REPRESENTATIONS, WARRANTIES AND COVENANTS
ARTICLE 11.0 — LIMITATION OF LIABILITY, INDEMNITY & INSURANCE
ARTICLE 12.0 — TERMINATION AND EXPIRY OF AGREEMENT
ARTICLE 13.0 — NOTICE
ARTICLE 14.0 — ADDITIONAL PROVISIONS
ARTICLE 15.0 — ENTIRE AGREEMENT

Schedules

- A – Total LHIN Funding
- B – Reports
- C – Directives, Guidelines and Policies
- D – Performance
- E – Project Funding Agreement Template – Intentionally removed and replaced with Mississauga Halton LHIN Funding Letter Template
- F – Declaration of Compliance

Schedule A: Total LHIN Funding
2019-2020

Health Service Provider: Halton Healthcare Services Corporation

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.2	2019-2020 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$15,090,232
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	(\$3,087,138)
Service Recipient Revenue	9	F 11050 to 11090	\$0
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$12,003,094
Recoveries from External/Internal Sources	11	F 120*	\$440,000
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	\$440,000
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$12,443,094
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$7,857,242
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$2,179,446
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*	\$232,813
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]	\$123,778
Sessional Fees	26	F 39092	\$1,152,900
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$33,000
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$392,389
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$51,726
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$246,000
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$173,800
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$12,443,094
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*	\$0
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
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	\$12,443,094
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$12,443,094
NET SURPLUS/(DEFICIT) ALL FUND TYPES	47	Row 45 minus Row 46	\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	F 72 7*, F 72 8*, F 72 9*, F 82*	\$0
Plant Operations	49	F 72 1 5*, F 72 1 6*	\$0
Volunteer Services	50	F 72 1 40*	\$0
Information Systems Support	51	F 72 1 25*	\$0
General Administration	52	F 72 1 10*	\$0
Other Administrative Expenses	53	F 72 1 12*, F 72 1 15*, F 72 1 20*, F 72 1 22*, F 72 1 3*, F 72 1 45*, F 72 1 7*, F 72 1 8*, F 72 1 9*	\$0
Admin & Support Services	54	Sum of Rows 49-53	\$0
Management Clinical Services	55	F 72 5 05	\$0
Medical Resources	56	F 72 5 07	\$472,860
Total Admin & Undistributed Expenses	57	Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)	\$472,860

Schedule B: Reports

COMMUNITY SUPPORT SERVICES

2019-2020

Health Service Provider: Halton Healthcare Services Corporation

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 "**". When a reporting due date falls on a weekend, the report will be due on the next business day.

OHRS/MIS Trial Balance Submission (through OHFS)*	
2019-2020	Due Date (Must pass 3c Edits)
2019-2020 Q2	October 31, 2019
2019-2020 Q3	January 31, 2020
2019-2020 Q4	May 31, 2020

Supplementary Reporting - Quarterly Report (through SRI)*	
2019-2020	Due Date
2019-2020 Q2	November 7, 2019
2019-2020 Q3	February 7, 2020
2019-2020 Q4	June 7, 2020

Annual Reconciliation Report (ARR) through SRI and paper copy submission*

(All HSPs must submit both paper copy of ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided, and soft copy to be provided through SRI)

Fiscal Year	Due Date
2019-2020	June 30, 2020

Schedule B: Reports
COMMUNITY SUPPORT SERVICES
2019-2020

Health Service Provider: Halton Healthcare Services Corporation

Board Approved Audited Financial Statements *	
(All HSPs must submit a paper copy of Board Approved Audited Financial Statements, duly signed, to the Ministry and the respective LHIN where funding is provided.)	
Fiscal Year	Due Date
2019-2020	June 30, 2020
Declaration of Compliance	
Fiscal Year	Due Date
2019-2020	June 30, 2020
Community Support Services – Other Reporting Requirements	
Requirement	Due Date
French Language Service Report	2019-2020 April 30, 2020
Community Engagement and Integration Activities Reporting	
Fiscal Year	Due Date
2019-2020	June 30, 2020

Schedule B: Reports

COMMUNITY MENTAL HEALTH AND ADDICTIONS

2019-2020

Health Service Provider: Halton Healthcare Services Corporation

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

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Fiscal Year	Due Date
2019-2020	June 30, 2020

Board Approved Audited Financial Statements *	
(All HSPs must submit a paper copy of Board Approved Audited Financial Statements, duly signed, to the Ministry and the respective LHIN where funding is provided.)	
Fiscal Year	Due Date
2019-2020	June 30, 2020

Schedule B: Reports

COMMUNITY MENTAL HEALTH AND ADDICTIONS

2019-2020

Health Service Provider: Halton Healthcare Services Corporation

Declaration of Compliance	
Fiscal Year	Due Date
2019-2020	June 30, 2020
Community Mental Health and Addictions – Other Reporting Requirements	
Requirement	Due Date
Common Data Set for Community Mental Health Services (CDS-MH)^[i]	See end note
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)
	2019-2020 Q1 July 22, 2019
	2019-2020 Q2 October 22, 2019
	2019-2020 Q3 January 22, 2020
	2019-2020 Q4 April 30, 2020
ConnexOntario Health Services Information	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.
• Drug and Alcohol Helpline	
• Ontario Problem Gambling Helpline (OPGH)	
• Mental Health Helpline	
French Language Service Report	2019-2020 April 30, 2020
Community Engagement and Integration Activities Reporting	
Fiscal Year	Due Date
2019-2020	June 30, 2020

i The ministry is reviewing existing data collection processes in the Mental Health and Addictions sector for opportunities to streamline and reduce burden on Health Service Providers. Accordingly, The ministry has deferred the submission of CDS-MH data starting in fiscal year 2018-19. The ministry is currently developing a Mental Health and Addictions Minimum Data Set (MHA-MDS), in order to enable consistent and comparable reporting of key mental health and addictions data and outcomes. The ministry is planning to replace the CDS-MH with the MHA-MDS in 2019-20.

SCHEDULE C – DIRECTIVES, GUIDELINES AND POLICIES COMMUNITY SUPPORT SERVICES

2019-2020

Health Service Provider: Halton Healthcare Services Corporation

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

• 2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• 2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• 2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
• Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
• Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
• Broader Public Sector Perquisites Directive August 2011
• Broader Public Sector Procurement Directive July 2011
• Community Financial Policy, 2016
• Community Support Services Complaints Policy (2004)
• Guide to Requirements and Obligations Relating to French Language Health Services, November 2017
• Guideline for Community Health Service Providers Audits and Reviews, August 2012
• Ontario Healthcare Reporting Standards – OHRS/MIS – most current version available to applicable year
• Personal Support Services Wage Enhancement Directive, 2014
• Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
• Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
• Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012
• Screening of Personal Support Workers (2003)

SCHEDULE C – DIRECTIVES, GUIDELINES AND POLICIES COMMUNITY MENTAL HEALTH AND ADDICTIONS

2019-2020

Health Service Provider: Halton Healthcare Services Corporation

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

• Addictions & Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)
• Addictions staged screening and assessment tools (2015)
• Broader Public Sector Perquisites Directive August 2011
• Broader Public Sector Procurement Directive July 2011
• Community Capital Own Funds Directive, October 2016
• Community Financial Policy, 2016
• Community Health Capital Programs Policy, March 2017
• Community Infrastructure Renewal Guidelines, 2018-2019
• Crisis Response Service Standards for Mental Health Services and Supports (2005)
• Early Psychosis Intervention Standards (March 2011)
• Guide to Requirements and Obligations Relating to French Language Health Services, November 2017
• Guideline for Community Health Service Providers Audits and Reviews, August 2012
• Intensive Case Management Service Standards for Mental Health Services and Supports (2005)
• Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)
• Ontario Healthcare Reporting Standards – OHRs/MIS - most current version available to applicable year
• Ontario Program Standards for ACT Teams (2005)
• 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 2.4 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 (except "Inventory of Assets") 3.7 Human Resource Control
• Psychiatric Sessional Funding Guidelines (2004)
• South Oaks Gambling Screen (SOGS)
• Space Standards for Community Health Care Facilities, March 2018

Schedule D1: Core Indicators
2019-2020
Health Service Provider: Halton Healthcare Services Corporation

Performance Indicators	2019-2020 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	0.0%	<=0%
**Percentage Total Margin	0.00%	>= 0%
Service Activity by Functional Centre (Refer to Schedule D2a)		
Number of Individuals Served (by functional centre- Refer to Schedule D2a)		
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
Percentage of Alternate Level of Care (ALC) days (closed cases)		

* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget
 ** No negative variance is accepted for Total Margin

Schedule D2a: Clinical Activity- Detail

2019-2020

Health Service Provider: Halton Healthcare Services Corporation

OHRS Description & Functional Centre		2019-2020 Target	2019-2020 Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
Medical Resources 72 5 07			
Total Cost for Functional Centre	72 5 07	\$961,564	n/a
Case Management/Supportive Counselling & Services - Mental Health 72 5 09 76			
Full-time equivalents (FTE)	72 5 09 76	15.23	n/a
Visits	72 5 09 76	14,515	13789 - 15241
Individuals Served by Functional Centre	72 5 09 76	4,986	4487 - 5485
Total Cost for Functional Centre	72 5 09 76	\$1,965,772	n/a
Clinics/Programs - Therapy Clinic - Physiotherapy 72 5 10 40 50			
Full-time equivalents (FTE)	72 5 10 40 50	2.50	n/a
Individuals Served by Functional Centre	72 5 10 40 50	1,514	1363 - 1665
Attendance Days Face-to-Face	72 5 10 40 50	1,514	1363 - 1665
Total Cost for Functional Centre	72 5 10 40 50	\$289,162	n/a
Clinics/Programs - MH Counseling and Treatment 72 5 10 76 12			
Full-time equivalents (FTE)	72 5 10 76 12	18.39	n/a
Visits	72 5 10 76 12	13,630	12949 - 14312
Individuals Served by Functional Centre	72 5 10 76 12	2,472	2225 - 2719
Total Cost for Functional Centre	72 5 10 76 12	\$2,286,626	n/a
MH Child/Adolescent 72 5 10 76 50			
Full-time equivalents (FTE)	72 5 10 76 50	3.20	n/a
Visits	72 5 10 76 50	3,030	2727 - 3333
Individuals Served by Functional Centre	72 5 10 76 50	78	62 - 94
Total Cost for Functional Centre	72 5 10 76 50	\$394,445	n/a
MH Early Intervention 72 5 10 76 51			
Full-time equivalents (FTE)	72 5 10 76 51	8.21	n/a
Visits	72 5 10 76 51	4,058	3652 - 4464
Individuals Served by Functional Centre	72 5 10 76 51	126	101 - 151
Total Cost for Functional Centre	72 5 10 76 51	\$1,066,763	n/a
MH Eating Disorders 72 5 10 76 70			
Full-time equivalents (FTE)	72 5 10 76 70	6.12	n/a
Visits	72 5 10 76 70	2,200	1980 - 2420
Individuals Served by Functional Centre	72 5 10 76 70	190	152 - 228
Total Cost for Functional Centre	72 5 10 76 70	\$761,921	n/a
Addictions Treatment-Substance Abuse 72 5 10 78 11			
Full-time equivalents (FTE)	72 5 10 78 11	1.00	n/a
Visits	72 5 10 78 11	1,260	1134 - 1386
Individuals Served by Functional Centre	72 5 10 78 11	55	44 - 66
Group Sessions	72 5 10 78 11	42	34 - 50
Total Cost for Functional Centre	72 5 10 78 11	\$120,000	n/a
Res. Mental Health - Rent Supplement Program 72 5 40 76 50			
Full-time equivalents (FTE)	72 5 40 76 50	3.14	n/a
Visits	72 5 40 76 50	1,623	1461 - 1785

Schedule D2a: Clinical Activity- Detail

2019-2020

Health Service Provider: Halton Healthcare Services Corporation

OHRs Description & Functional Centre		2019-2020 Target	2019-2020 Performance Standard
<i>* These values are provided for information purposes only. They are not Accountability Indicators.</i>			
Individuals Served by Functional Centre	72 5 40 76 50	84	67 - 101
Total Cost for Functional Centre	72 5 40 76 50	\$371,539	n/a
Health Prom/Educ. & Com. Dev.- Chronic Disease Education, Awareness and Prevention- Diabetes 72 5 50 35 20			
Full-time equivalents (FTE)	72 5 50 35 20	19.93	n/a
Visits	72 5 50 35 20	15,500	14725 - 16275
Individuals Served by Functional Centre	72 5 50 35 20	5,033	4781 - 5285
Total Cost for Functional Centre	72 5 50 35 20	\$2,142,906	n/a
Consumer Survivor Initiatives - Peer/Self Help 72 5 51 76 11			
Full-time equivalents (FTE)	72 5 51 76 11	4.80	n/a
Individuals Served by Functional Centre	72 5 51 76 11	1,520	1368 - 1672
Attendance Days Face-to-Face	72 5 51 76 11	3,930	3537 - 4323
Group Sessions	72 5 51 76 11	50	40 - 60
Total Cost for Functional Centre	72 5 51 76 11	\$345,000	n/a
Information and Referral Service - General 72 5 70 10			
Full-time equivalents (FTE)	72 5 70 10	3.25	n/a
Total Cost for Functional Centre	72 5 70 10	\$280,524	n/a
CSS IH - Case Management 72 5 82 09			
Full-time equivalents (FTE)	72 5 82 09	6.45	n/a
Total Cost for Functional Centre	72 5 82 09	\$546,284	n/a
CSS IH - Assisted Living Services 72 5 82 45			
Full-time equivalents (FTE)	72 5 82 45	2.16	n/a
Inpatient/Resident Days	72 5 82 45	11,600	11020 - 12180
Individuals Served by Functional Centre	72 5 82 45	63	50 - 76
Total Cost for Functional Centre	72 5 82 45	\$460,671	n/a
CSS IH - Foot Care Services 72 5 82 70			
Full-time equivalents (FTE)	72 5 82 70	4.80	n/a
Visits	72 5 82 70	7,182	6823 - 7541
Individuals Served by Functional Centre	72 5 82 70	1,197	1077 - 1317
Total Cost for Functional Centre	72 5 82 70	\$449,916	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		99.18	n/a
Total Visits for all F/C		62,998	61108 - 64888
Total Inpatient/Resident Days for all F/C		11,600	11020 - 12180
Total Individuals Served by Functional Centre for all F/C		17,318	16452 - 18184
Total Attendance Days for all F/C		5,444	5172 - 5716
Total Group Sessions for all F/C		92	74 - 110
Total Cost for All F/C		12,443,093	n/a

Schedule D2c: CMH&A Sector Specific Indicators
2019-2020
Health Service Provider: Halton Healthcare Services Corporation

Performance Indicators	2019-2020 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 D2d: CSS Sector Specific Indicators
2019-2020
Health Service Provider: Halton Healthcare Services Corporation

Performance Indicators	2019-2020 Target	Performance Standard
No Performance Indicators	-	-
Explanatory Indicators		
Number of persons waiting for service (by functional centre)		

Schedule D3a MSAA 2019/20 LHIN-Specific Performance Obligations	
Governance: Training	Health Service Provider (HSP) Board is to ensure that as part of their on-going comprehensive recruitment, orientation and development process for board members that they incorporate governance training utilizing current best practice knowledge. The HSP is to provide sign off for year-end compliance reporting that the activity is in place.
Governance: Guidelines	HSP Board is required to complete the Mississauga Halton LHIN's "Governance Guidelines for Community Health Service Providers" on an annual basis. The HSP Board Chair is to provide sign-off for year-end compliance reporting that this activity has been completed for the fiscal year and that the Board is working to address any identified gaps.
Governance: Board Evaluation	HSP Board is required to complete a Board self-assessment on an annual basis. The HSP Board Chair is to provide sign-off for year-end compliance reporting that this activity has been completed for the fiscal year.
Accreditation	HSP is required to maintain on-going accreditation status both for their organization and their Governance, and to inform the LHIN each time accreditation is awarded.
Communications: News Release	Prior to distribution, HSP is required to provide a copy of any news release to LHIN communications.
Client Experience Survey	<p>HSPs to provide an annual summary report on Client Experience Survey results related to the 2019/20 MSAA Core Indicator (Explanatory), <i>Client Experience</i>. Survey response rates will be included in the summary report. The Client Experience Survey will include three questions measuring the client's care experience. The questions will be substantially similar to:</p> <ol style="list-style-type: none"> 1. Overall care received; 2. Enough say about care treatment; and 3. Treated you with dignity and respect. <p>The Client Experience Survey must use a rating scale of:</p> <ol style="list-style-type: none"> a) Completely dissatisfied b) Dissatisfied c) Neither satisfied or dissatisfied d) Satisfied e) Very satisfied
Multi-LHIN Service Providers	HSPs that provide LHIN funded programs/services in more than one LHIN with one MSAA who plans changes that will impact service levels, volumes and/or scope of services must discuss the proposed changes with their lead LHIN for approval. The lead LHIN will collaborate with the affected LHIN(s) and may involve them in discussions with the HSP.
Management Letter	HSPs are required to submit their management letter from their auditors along with their audited financial statements and Annual Reconciliation Report (ARR) by June 30 in each fiscal year.
Health Equity	<p>At year end, HSPs will complete and submit a survey to demonstrate how the Health Equity Impact Assessment (HEIA) has been used to incorporate a health equity lens into at least one policy, program or service delivery area.</p> <p>To continue capacity-building through knowledge transfer, education, and training about health equity within the Mississauga Halton LHIN, participation in two of the following Mississauga Halton LHIN Health Equity initiatives is required:</p> <ol style="list-style-type: none"> i. Annual Health Equity Symposium; ii. Mississauga Halton LHIN Health Equity Community of Practice; iii. Health Equity education at the Mississauga Halton LHIN's Regional Learning Centre iv. HEIA Community of Interest Webinars
Quality Improvement Plan (QIP)	The HSP, within its QIP Narrative or Indicator selection, will demonstrate alignment with the Mississauga Halton LHIN Integrated Regional QIP. The QIP will be available to the LHIN upon request. It is understood that QIPs are Board-approved and available by April 1 st of each year.
Sub-Region Planning	All Health Service Providers are required to participate in local sub-region planning as applicable.