

**APPENDIX 1**

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# Schedule B1: Total LHIN Funding

2014-2017

Health Service Provider: Alternatives, East York Mental Health Counselling Services Agency

| LHIN Program Revenue & Expenses                      | Row #                 | Account: Financial (F) Reference<br>OHRIS Version 9.0  | 2014/2015<br>Plan Target     | 2015/2016<br>Plan Target | 2016/2017<br>Plan Target |
|--|-----------------------|--|------------------------------|--------------------------|--------------------------|
| <b>REVENUE</b>                                       |                       |  |                              |                          |                          |
| LHIN Global Base Allocation                          | 1                     | F 1100F  | \$667,319                    | \$667,285                |                          |
| HBAM Funding (CCAC only)                             | 2                     | F 11005  | \$0                          | \$0                      |                          |
| Quality-Based Procedures (CCAC only)                 | 3                     | F 11004  | \$0                          | \$0                      |                          |
| MOHLTC Base Allocation                               | 4                     | F 11010  | \$0                          | \$0                      |                          |
| MOHLTC Other funding envelopes                       | 5                     | F 11014  | \$0                          | \$0                      |                          |
| LHIN One Time  | 6                     | F 11008  | \$0                          | \$0                      |                          |
| MOHLTC One Time                                      | 7                     | F 11012  | \$0                          | \$0                      |                          |
| Paymaster Flow Through                               | 8                     | F 11019  | \$0                          | \$0                      |                          |
| Service Recipient Revenue                            | 9                     | F 11050 to 11090   | \$0                          | \$0                      |                          |
| <b>Subtotal Revenue LHIN/MOHLTC</b>                  | <b>10</b>             | <b>Sum of Rows 1 to 9</b>  | <b>\$667,319</b>             | <b>\$667,285</b>         |                          |
| Recoveries from External/Internal Sources            | 11                    | F 120*   | \$0                          | \$0                      |                          |
| Donations  | 12                    | F 140*   | \$0                          | \$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*] | \$60                         | \$0                      |                          |
| <b>Subtotal Other Revenues</b>                       | <b>14</b>             | <b>Sum of Rows 11 to 13</b>  | <b>\$60</b>                  | <b>\$0</b>               |                          |
| <b>TOTAL REVENUE</b>                                 | <b>FUND TYPE 2</b>    | <b>15</b>  | <b>Sum of Rows 10 and 14</b> | <b>\$667,379</b>         | <b>\$667,285</b>         |
| <b>EXPENSES</b>                                      |                       |  |                              |                          |                          |
| <b>Compensation</b>                                  |                       |  |                              |                          |                          |
| Salaries (Worked hours + Benefit hours cost)         | 17                    | F 31010, 31030, 31090, 35010, 35030, 35090   | \$437,314                    | \$431,733                |                          |
| Benefit Contributions                                | 18                    | F 31040 to 31085, 35040 to 35085   | \$96,306                     | \$104,220                |                          |
| Employee Future Benefit Compensation                 | 19                    | F 305*   | \$0                          | \$0                      |                          |
| Physician Compensation                               | 20                    | F 390*   | \$0                          | \$0                      |                          |
| Physician Assistant Compensation                     | 21                    | F 390*   | \$0                          | \$0                      |                          |
| Nurse Practitioner Compensation                      | 22                    | F 380*   | \$0                          | \$0                      |                          |
| Physiotherapist Compensation                         | 23                    | F 350*   |                              | \$0                      |                          |
| Chiropractor Compensation                            | 24                    | F 390*   |                              | \$0                      |                          |
| All Other Medical Staff Compensation                 | 25                    | F 390*, [excl. F 39092]  | \$0                          | \$0                      |                          |
| Sessional Fees                                       | 26                    | F 39092  | \$6,897                      | \$0                      |                          |
| <b>Service Costs</b>                                 |                       |  |                              |                          |                          |
| Med/Surgical Supplies & Drugs                        | 27                    | F 460*, 465*, 560*, 565*   | \$0                          | \$7,365                  |                          |
| Supplies & Sundry Expenses                           | 28                    | F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]                         | \$78,720                     | \$73,825                 |                          |
| Community One Time Expense                           | 29                    | F 69596  | \$0                          | \$0                      |                          |
| Equipment Expenses                                   | 30                    | F 7*, [excl. F 750*, 780*]   | \$0                          | \$0                      |                          |
| Amortization on Major Equip, Software License & Fees | 31                    | F 750*, 780*   | \$7,653                      | \$7,653                  |                          |
| Contracted Out Expense                               | 32                    | F 8*   | \$0                          | \$0                      |                          |
| Buildings & Grounds Expenses                         | 33                    | F 9*, [excl. F 950*]   | \$48,142                     | \$50,143                 |                          |
| Building Amortization                                | 34                    | F 9*   | \$4,243                      | \$4,243                  |                          |
| <b>TOTAL EXPENSES</b>                                | <b>FUND TYPE 2</b>    | <b>35</b>  | <b>Sum of Rows 17 to 34</b>  | <b>\$679,275</b>         | <b>\$679,182</b>         |
| <b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>         | <b>36</b>             | <b>Row 15 minus Row 35</b>   | <b>(\$11,896)</b>            | <b>(\$11,897)</b>        |                          |
| Amortization - Grants/Donations Revenue              | 37                    | F 131*, 141* & 151*  | \$11,896                     | \$11,897                 |                          |
| <b>SURPLUS/DEFICIT Incl. Amortization of</b>         | <b>38</b>             | <b>Sum of Rows 36 to 37</b>  | <b>\$0</b>                   | <b>\$0</b>               |                          |
| <b>FUND TYPE 3 - OTHER</b>                           |                       |  |                              |                          |                          |
| Total Revenue (Type 3)                               | 39                    | F 1*   | \$15,000                     | \$10,000                 |                          |
| Total Expenses (Type 3)                              | 40                    | F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*   | \$15,000                     | \$10,000                 |                          |
| <b>NET SURPLUS/(DEFICIT)</b>                         | <b>FUND TYPE 3</b>    | <b>41</b>  | <b>Row 39 minus Row 40</b>   | <b>\$0</b>               | <b>\$0</b>               |
| <b>FUND TYPE 1 - HOSPITAL</b>                        |                       |  |                              |                          |                          |
| Total Revenue (Type 1)                               | 42                    | F 1*   | \$0                          | \$0                      |                          |
| Total Expenses (Type 1)                              | 43                    | F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*   | \$0                          | \$0                      |                          |
| <b>NET SURPLUS/(DEFICIT)</b>                         | <b>FUND TYPE 1</b>    | <b>44</b>  | <b>Row 42 minus Row 43</b>   | <b>\$0</b>               | <b>\$0</b>               |
| <b>ALL FUND TYPES</b>                                |                       |  |                              |                          |                          |
| <b>Total Revenue (All Funds)</b>                     | <b>45</b>             | <b>Line 15 + line 39 + line 42</b>   | <b>\$682,379</b>             | <b>\$677,285</b>         |                          |
| <b>Total Expenses (All Funds)</b>                    | <b>46</b>             | <b>Line 16 + line 40 + line 43</b>   | <b>\$694,275</b>             | <b>\$689,182</b>         |                          |
| <b>NET SURPLUS/(DEFICIT)</b>                         | <b>ALL FUND TYPES</b> | <b>47</b>  | <b>Row 45 minus Row 46</b>   | <b>(\$11,896)</b>        | <b>(\$11,897)</b>        |
| <b>Total Admin Expenses - Allocated to the TPBEs</b> |                       |  |                              |                          |                          |
| Undistributed Accounting Centres                     | 48                    | 82*  | \$0                          | \$0                      |                          |
| Admin & Support Services                             | 49                    | 72 1*  | \$148,516                    | \$150,699                |                          |
| Management Clinical Services                         | 50                    | 72 5 05  | \$0                          | \$0                      |                          |
| Medical Resources                                    | 51                    | 72 5 07  | \$0                          | \$0                      |                          |
| <b>Total Admin &amp; Undistributed Expenses</b>      | <b>52</b>             | <b>Sum of Rows 48-51 (included in Fund Type 2 expenses above)</b>  | <b>\$148,516</b>             | <b>\$150,699</b>         |                          |



**SCHEDULE C – REPORTS  
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES**

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

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk "\*".

| <b>OHRs/MIS Trial Balance Submission (through OHFS)</b> |                                       |
|---|---------------------------------------|
| <b>2014-15</b>  | <b>Due Dates (Must pass 3c Edits)</b> |
| 2014-15 Q1  | <i>Not required 2014-15</i>           |
| 2014-15 Q2  | October 31, 2014                      |
| 2014-15 Q3  | January 31, 2015                      |
| 2014-15 Q4  | May 30, 2015                          |
| <b>2015-16</b>  | <b>Due Dates (Must pass 3c Edits)</b> |
| 2015-16 Q1  | <i>Not required 2015-16</i>           |
| 2015-16 Q2  | October 31, 2015                      |
| 2015-16 Q3  | January 31, 2016                      |
| 2015-16 Q4  | May 31, 2016                          |
| <b>2016-17</b>  | <b>Due Dates (Must pass 3c Edits)</b> |
| 2016-17 Q1  | <i>Not required 2016-17</i>           |
| 2016-17 Q2  | October 31, 2016                      |
| 2016-17 Q3  | January 31, 2017                      |
| 2016-17 Q4  | May 31, 2017                          |

| <b>Supplementary Reporting - Quarterly Report (through SRI)</b> |   |
|---|---|
| <b>2014-2015</b>  | <b>Due five (5) business days following Trial Balance Submission Due Date</b> |
| 2014-15 Q2  | November 7, 2014  |
| 2014-15 Q3  | February 7, 2015  |
| 2014-15 Q4  | June 7, 2015 – Supplementary Reporting Due                                    |
| <b>2015-2016</b>  | <b>Due five (5) business days following Trial Balance Submission Due Date</b> |
| 2015-16 Q2  | November 7, 2015  |
| 2015-16 Q3  | February 7, 2016  |
| 2015-16 Q4  | June 7, 2016 – Supplementary Reporting Due                                    |
| <b>2016-17</b>  | <b>Due five (5) business days following Trial Balance Submission Due Date</b> |
| 2016-17 Q2  | November 7, 2016  |
| 2016-17 Q3  | February 7, 2017  |
| 2016-17 Q4  | June 7, 2017 – Supplementary Reporting Due                                    |

**SCHEDULE C – REPORTS  
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES**

| <b>Annual Reconciliation Report (ARR) through SRI and paper copy submission*</b>   |                 |
|--|-----------------|
| <b>(All HSPs must submit both paper copy ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI)</b> |                 |
| <b>Fiscal Year</b>   | <b>Due Date</b> |
| 2014-15 ARR  | June 30, 2015   |
| 2015-16 ARR  | June 30, 2016   |
| 2016-17 ARR  | June 30, 2017   |

| <b>Board Approved Audited Financial Statements *</b> |                 |
|--|-----------------|
| <b>Fiscal Year</b>                                   | <b>Due Date</b> |
| 2014-15  | June 30, 2015   |
| 2015-16  | June 30, 2016   |
| 2016-17  | June 30, 2017   |

| <b>Declaration of Compliance</b> |                 |
|----------------------------------|-----------------|
| <b>Fiscal Year</b>               | <b>Due Date</b> |
| 2013-14                          | June 30, 2014   |
| 2014-15                          | June 30, 2015   |
| 2015-16                          | June 30, 2016   |
| 2016-17                          | June 30, 2017   |

| <b>Community Mental Health and Addictions – Other Reporting Requirements</b> |   |
|--|---|
| <b>Requirement</b>   | <b>Due Date</b>   |
| <b>Common Data Set for Community Mental Health Services</b>                  | Last day of one month following the close of trial balance reporting for Q2 and Q4 (Year-End)         |
|  | • 2014-15 Q2      November 28, 2014   |
|  | • 2014-15 Q4      June 30, 2015   |
|  | • 2015-16 Q2      November 30, 2015   |
|  | • 2015-16 Q4      June 30, 2016   |
|  | • 2016-17 Q2      November 30, 2016   |
| • 2016-17 Q4      June 30, 2017  |   |
| <b>DATIS (Drug &amp; Alcohol Treatment Information System)</b>               | Fifteen (15) business days after end of Q1, Q2 and Q3 - Twenty (20) business days after Year-End (Q4) |
|  | • 2014-15 Q1      July 22, 2014   |
|  | • 2014-15 Q2      October 22, 2014  |
|  | • 2014-15 Q3      January 22, 2015  |
|  | • 2014-15 Q4      April 30, 2015  |
|  | • 2015-16 Q1      July 22, 2015   |
|  | • 2015-16 Q2      October 22, 2015  |
|  | • 2015-16 Q3      January 22, 2016  |
|  | • 2015-16 Q4      April 28, 2016  |
| • 2016-17 Q1      July 22, 2016  |   |
| • 2016-17 Q2      October 24, 2016   |   |
| • 2016-17 Q3      January 23, 2017   |   |
| • 2016-17 Q4      May 2, 2017  |   |

**SCHEDULE C – REPORTS  
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES**

|   |   |
|---|---|
| <p><b>ConnexOntario Health Services Information</b></p> <ul style="list-style-type: none"><li>• Drug and Alcohol Helpline</li><li>• Ontario Problem Gambling Helpline (OPGH)</li><li>• Mental Health Helpline</li></ul> | <p>All HSPs that received funding to provide mental health and/or addictions services must sign an Organization Reporting Agreement with <b>ConnexOntario Health Services Information</b>, which sets out the reporting requirements.</p> |
| <p><b>French language service report through SRI</b></p>  | <p>2014-15 - April 30, 2015<br/>2015-16 - April 30, 2016<br/>2016-17 - April 30, 2017</p>   |

**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES  
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES**

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

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ <b>Community Financial Policy, 2015</b></li> </ul>   |  |
| <ul style="list-style-type: none"> <li>▪ <b>Operating Manual for Community Mental Health and Addiction Services (2003)</b></li> </ul>   | <p>Chapter 1. Organizational Components</p> <ul style="list-style-type: none"> <li>1.2 Organizational Structure, Roles and Relationships</li> <li>1.3 Developing and Maintaining the HSP Organization / Structure</li> <li>1.5 Dispute Resolution</li> </ul>   |
|   | <p>Chapter 2. Program &amp; Administrative Components</p> <ul style="list-style-type: none"> <li>2.3 Budget Allocations/ Problem Gambling Budget Allocations</li> <li>2.4 Service Provision Requirements</li> <li>2.5 Client Records, Confidentiality and Disclosure</li> <li>2.6 Service Reporting Requirements</li> <li>2.8 Issues Management</li> <li>2.9 Service Evaluation/Quality Assurance</li> <li>2.10 Administrative Expectations</li> </ul> |
|   | <p>Chapter 3. Financial Record Keeping and Reporting Requirements</p> <ul style="list-style-type: none"> <li>3.2 Personal Needs Allowance for Clients in Some Residential Addictions Programs</li> <li>3.6 Internal Financial Controls (<i>except "Inventory of Assets"</i>)</li> <li>3.7 Human Resource Control</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ <b>Early Psychosis Intervention Standards (Nov 2010)</b></li> </ul>  |  |
| <ul style="list-style-type: none"> <li>▪ <b>Ontario Program Standards for ACT Teams (2005)</b></li> </ul>   |  |
| <ul style="list-style-type: none"> <li>▪ <b>Intensive Case Management Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>   |  |
| <ul style="list-style-type: none"> <li>▪ <b>Crisis Response Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>   |  |
| <ul style="list-style-type: none"> <li>▪ <b>Psychiatric Sessional Funding Guidelines (2004)</b></li> </ul>  |  |
| <ul style="list-style-type: none"> <li>▪ <b>Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)</b></li> </ul> |  |
| <ul style="list-style-type: none"> <li>▪ <b>Addictions &amp; Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)</b></li> </ul>                                   |  |
| <ul style="list-style-type: none"> <li>▪ <b>Ontario Admission Discharge Criteria for Addiction Agencies (2000)</b></li> </ul>   |  |
| <ul style="list-style-type: none"> <li>▪ <b>Admission, Discharge and Assessment Tools for Ontario Addiction Agencies (2000)</b></li> </ul>  |  |
| <ul style="list-style-type: none"> <li>▪ <b>South Oaks Gambling Screen (SOGS)</b></li> </ul>  |  |

**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES  
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES**

▪ **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 E1: Core Indicators

2014-2017

Health Service Provider: Alternatives, East York Mental Health Counselling Services Agency

| Performance Indicators   |  | 2014/2015 Target      | Performance Standard | 2015/2016 Target      | Performance Standard | 2016/2017 Target | Performance Standard |
|--|--|-----------------------|----------------------|-----------------------|----------------------|------------------|----------------------|
| *Balanced Budget - Fund Type 2   |  | \$0                   | >=0                  | \$0                   | >=0                  |                  |                      |
| Proportion of Budget Spent on Administration                           |  | 21.9%                 | 21.9% - 26.3%        | 22.2%                 | 22.2% - 26.6%        |                  |                      |
| **Percentage Total Margin  |  | 0.00%                 | >=0%                 | 0.00%                 | >=0%                 |                  |                      |
| Variance Forecast to Actual Expenditures                               |  | \$0                   | <5%                  | \$0                   | <5%                  |                  |                      |
| Variance Forecast to Actual Units of Service                           |  | 0                     | <5%                  | 0                     | <5%                  |                  |                      |
| Service Activity by Functional Centre                                  |  | Refer to Schedule E2a | -                    | Refer to Schedule E2a | -                    |                  |                      |
| Number of Individuals Served   |  | Refer to Schedule E2a | -                    | Refer to Schedule E2a | -                    |                  |                      |
| <b>Explanatory Indicators</b>  |  |                       |                      |                       |                      |                  |                      |
| Cost per Unit Service (by Functional Centre)                           |  |                       |                      |                       |                      |                  |                      |
| Cost per Individual Served (by Program/Service/Functional Centre)      |  |                       |                      |                       |                      |                  |                      |
| Percentage of Acute Alternate Level of Care (ALC) days (Closed Cases)  |  |                       |                      |                       |                      |                  |                      |
| Client Experience  |  |                       |                      |                       |                      |                  |                      |
| Budget Spent on Administration - AS General Administration 72 1 10     |  |                       |                      |                       |                      |                  |                      |
| Budget Spent on Administration - AS Information System Support 72 1 25 |  |                       |                      |                       |                      |                  |                      |
| Budget Spent on Administration - AS Volunteer Services 72 1 40         |  |                       |                      |                       |                      |                  |                      |
| Budget Spent on Administration - AS Plant Operation 72 1 55            |  |                       |                      |                       |                      |                  |                      |
|  |  |                       |                      |                       |                      |                  |                      |
|  |  |                       |                      |                       |                      |                  |                      |

\* 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

2014-2017

Health Service Provider: Alternatives, East York Mental Health Counselling Services Agency

| OHRs Description & Functional Centre<br><small>†These values are provided for information purposes only. They are not Accountability Indicators.</small> | 2014-2015 |                      | 2015-2016 |                      | 2016-2017 |                      |
|--|-----------|----------------------|-----------|----------------------|-----------|----------------------|
|  | Target    | Performance Standard | Target    | Performance Standard | Target    | Performance Standard |
| <b>Case Management 72 5 09 *</b>   |           |                      |           |                      |           |                      |
| <b>Case Management/Supportive Counselling &amp; Services - Mental Health 72 5 09 76</b>  |           |                      |           |                      |           |                      |
| †Full-time equivalents (FTE)   | 6.00      | n/a                  | 6.00      | n/a                  |           |                      |
| Visits   | 5,200     | 4,940 - 5,460        | 5,200     | 4,940 - 5,460        |           |                      |
| Not Uniquely Identified Service Recipient Interactions   | 50        | 40 - 60              | 50        | 40 - 60              |           |                      |
| Individuals Served by Functional Centre  | 100       | 80 - 120             | 100       | 80 - 120             |           |                      |
| Group Sessions   | 40        | 32 - 48              | 80        | 64 - 96              |           |                      |
| †Total Cost for Functional Centre  | \$460,395 | n/a                  | \$460,860 | n/a                  |           |                      |
| Group Participant Attendances  | 350       | 280 - 420            | 500       | 425 - 575            |           |                      |
| Service Provider Interactions  |           |                      | 5,200     | 4,940 - 5,460        |           |                      |
| Service Provider Group Interactions  |           |                      | 500       | 425 - 575            |           |                      |
| <b>Health Promotion and Education 72 5 50</b>  |           |                      |           |                      |           |                      |
| <b>Health Promo. /Education MH - Community Development 72 5 50 76 40</b>   |           |                      |           |                      |           |                      |
| †Full-time equivalents (FTE)   | 1.00      | n/a                  | 1.00      | n/a                  |           |                      |
| Visits   | 360       | 288 - 432            |           |                      |           |                      |
| Individuals Served by Functional Centre  | 47        | 38 - 56              |           |                      |           |                      |
| Group Sessions   | 45        | 36 - 54              | 45        | 36 - 54              |           |                      |
| †Total Cost for Functional Centre  | \$70,364  | n/a                  | \$67,623  | n/a                  |           |                      |
| Group Participant Attendances  | 600       | 510 - 690            | 600       | 510 - 690            |           |                      |
| Service Provider Interactions  |           |                      | 360       | 288 - 432            |           |                      |
| Service Provider Group Interactions  |           |                      | 600       | 510 - 690            |           |                      |
| <b>CCAC- Community Care Access Centre Education</b>  |           |                      |           |                      |           |                      |
| <b>Education-In Service (CCAC Only) 72 8 40</b>  |           |                      |           |                      |           |                      |
| Mental Health Sessions   | 72 8 40   |                      | 50        | 40 - 60              |           |                      |

**OHRS Description & Functional Centre**

\*These values are provided for information purposes only. They are not Accountability Indicators.

|  |       | 2014-2015 |                      | 2015-2016 |                      | 2016-2017 |                      |
|--|-------|-----------|----------------------|-----------|----------------------|-----------|----------------------|
|  |       | Target    | Performance Standard | Target    | Performance Standard | Target    | Performance Standard |
| <b>Total Administration Expenses</b>             |       |           |                      |           |                      |           |                      |
| <b>Administration and Support Services 72.1*</b> |       |           |                      |           |                      |           |                      |
| †Full-time equivalents (FTE)                     | 72.1* | 1.00      | n/a                  | 1.00      | n/a                  |           |                      |
| †Total Cost for Functional Centre                | 72.1* | \$148,516 | n/a                  | \$150,699 | n/a                  |           |                      |
| <b>Total Full-Time Equivalents for All F/C</b>   |       |           |                      |           |                      |           |                      |
|  |       | 8.00      |                      | 8.00      |                      |           |                      |
| <b>Total Cost for All F/C</b>                    |       | \$679,275 |                      | \$679,182 |                      |           |                      |

**Schedule E3a LHIN Local Indicators and Obligations  
2015-2016**

**Health Service Provider: Alternatives, East York Mental Health Counselling Services Agency**

- Participate in applicable initiatives endorsed by the Sector Table and approved by TC LHIN.
- Adopt eHealth and Information Management initiatives that encompass both provincial and local level priorities as identified by TC LHIN.
  - TC LHIN Priorities include: Continued implementation of the Standardized Discharge Summary, submission of data to Integrated Decision Support tool (IDS), and participation in Community Business Intelligence, and all Resource Matching and Referral initiatives.
  - Provincial Priority Projects: Implementation of Provincial Referral Standards, Emergency Management Communications Tool.
- Participate in the TC LHIN Quality Table initiatives, including compliance with reporting requirements and participating in sector specific quality improvement efforts. In support of the TC LHIN quality indicator of measuring patient experience, all HSPs shall:
  - Measure patient, client, resident, and family experience at a minimum annually.
  - Measure patient experience in a comparable manner to peers, as applicable.
  - Where possible and applicable, measure patient experience along the nine domains articulated in the TC LHIN Patient Experience Measurement Report.
  - Report on patient experience results to clients and/or to the public.
- Participate in TC LHIN initiatives related to the development and implementation of both local and regional Health Link initiatives.
- Continue to actively support the TC LHIN Health Equity Priorities by:
  - Supporting the implementation of the Health Equity Impact Assessment tool.
  - Participating in cultural competency initiatives such as Aboriginal Cultural Competency Initiative and the cultural competency eLearning modules developed through Children and Youth Advisory Table.
- 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.
- Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall, including those guided by the TC LHIN Emergency Management Implementation Committee.