

**SERVICE ACCOUNTABILITY AGREEMENT**

**THE AGREEMENT** effective as of the 1<sup>st</sup> day of April, 2009

**B E T W E E N:**

**CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)**

- and -

**BRAMALEA COMMUNITY HEALTH CENTRE (the “HSP”)**

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**THE AGREEMENT** effective as of the 1<sup>st</sup> day of April, 2009

**BETWEEN :**

**CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)**

- and -

**BRAMALEA COMMUNITY HEALTH CENTRE (the “HSP”)**

**Background:**

Prior to providing funding for the provision of services to its local health system, the *Local Health System Integration Act, 2006* requires that the LHIN and the HSP enter into a service accountability agreement.

The service accountability agreement is a multi-year agreement. It supports a collaborative relationship between the LHIN and the HSP to improve the health of Ontarians through better access to high quality health services, to co-ordinate health care in local health systems and to manage the health system at the local level effectively and efficiently.

In this context, the HSP and the LHIN agree that the provision of services to the local health system by the HSP will be funded as set out in this Agreement.

**ARTICLE 1- DEFINITIONS & INTERPRETATION**

1.1 **Definitions.** In the Agreement the following terms will have the following meanings:

“**Act**” means the *Local Health System Integration Act, 2006* as it may be amended from time to time;

“**Agreement**” means this agreement entered into between the LHIN and the HSP, the Schedules and any instrument amending the agreement or the Schedules;

“**Applicable Law**” means all federal, provincial or municipal laws or regulation or any orders, rules, by-laws, policies or standards of practice that are applicable to the HSP, the Services, this Agreement and the parties’ obligations under this Agreement during the term of this Agreement. Applicable law includes the documents identified in Schedule D.

“**Budget**” means the budget approved by the LHIN and appended to the Agreement as Schedule “B”.

“**CFMA**” means the *Commitment to the Future of Medicare Act, 2004*, as amended;

**“Confidential Information”** means information that is (i) marked or otherwise identified as confidential by the HSP at the time the information is provided to the LHIN; and (ii) eligible for exclusion from disclosure at a public board meeting in accordance with section 9 of the Act. Confidential Information does not include information that (a) was known to the LHIN prior to receiving the information from the HSP; (b) has become publicly known through no wrongful act of the LHIN; or (c) is required to be disclosed by law, provided that the LHIN provides timely notice of such requirement to the HSP, consults with the HSP on the proposed form and nature of the disclosure, and ensures that any disclosure is made in strict accordance with Applicable Law.

**Conflict of Interest** includes any situation or circumstance where: in relation to the performance of its obligations under this Agreement the HSP’s other commitments, relationships or financial interests (i) could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgement; or (ii) could or could be seen to compromise, impair or be incompatible with the effective performance of its obligations under this Agreement.

**“Days”** means calendar days.

**“Effective Date”** means April 1, 2009.

**“Funding”** means the amounts of money provided by the LHIN to the HSP pursuant to this Agreement;

**“Funding Year”** means in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following March 31, and in the case of Funding Years subsequent to the first Funding Year, the period commencing on the date that is April 1 following the end of the previous Funding Year and ending on the following March 31.

**“GST”** means goods and services tax pursuant to the *Excise Tax Act* (Canada).

**“Interest Income”** means interest earned on the Funding.

**“MOHLTC”** means the Minister or the Ministry of Health and Long Term Care, as is appropriate in the context.

**“Party”** means either of the LHIN or the HSP and **“Parties”** mean both of the LHIN and the HSP.

**“Project Funding Agreement”** means an agreement in the form of Schedule F that incorporates the terms of this Agreement.

**“Reports”** means the reports described in Schedule “C” as well as any other reports or information required to be provided under this Agreement.

**“Schedule”** means any one of, and **“Schedules”** mean any two or more, as the context requires, of the schedules appended to this Agreement including the following:

- Schedule A: Description of Services
- Schedule B: Service Plan
- Schedule C: Reports
- Schedule D: Directives; Guidelines and Policies
- Schedule E: Performance
- Schedule F: Template for Project Funding

“**Service Plan**” means the Operating Plan and Budget appended as Schedule B.

“**Services**” means the services and deliverables described in Schedule “A” and in any Project Funding Agreement executed pursuant to this Agreement.

- 1.2 **Interpretation.** Words in the singular include the plural and vice-versa. Words in one gender include both genders. The headings do not form part of the Agreement. They are for convenience of reference only and will not affect the interpretation of the Agreement.

## **ARTICLE 2 - TERM AND NATURE OF THE AGREEMENT**

- 2.1 **Term.** The term of the Agreement will commence on the Effective Date and will expire on March 31, 2011 unless terminated earlier or extended pursuant to its terms.
- 2.2 **A Service Accountability Agreement.** This Agreement is a service accountability agreement for the purposes of subsection 20(1) of the Act and Part III of the CFMA.

## **ARTICLE 3 - PROVISION OF SERVICES**

- 3.1 **Provision of Services.**
- (a) The HSP will provide the Services in accordance with:
    - (i) the terms of the Agreement, including the Service Plan; and
    - (ii) Applicable Law;
  - (b) When providing the Services, the HSP will meet the Performance Standards and Conditions identified in Schedule E, if Schedule E is included in this Agreement;
  - (c) Unless otherwise provided in this Agreement, the HSP will not reduce, stop, start, expand, cease to provide or transfer the provision of the Services or change its Service Plan except with the prior written consent of the LHIN; and
  - (d) the HSP will not restrict or refuse the provision of Services to an individual, directly or indirectly, based on the geographic area in which the person resides in Ontario.

### 3.2 **Subcontracting for the Provision of Services.**

(a) Unless permitted in the Service Plan, the HSP agrees that the HSP will not subcontract the fulfillment of all or any part of the HSP's obligations under this Agreement without the prior written consent of the LHIN. Such consent will be in the sole discretion of the LHIN and may be subject to additional terms and conditions.

(b) If the HSP is permitted to subcontract the provision of the Services, the HSP will make reasonable efforts to include in its subcontract (i) provisions that permit the LHIN and the Auditor General to audit the subcontractor to the same extent as set out in provisions 8.3 and 8.6 of this Agreement; (ii) other provisions necessary for the HSP to fulfill its obligations under this Agreement; (iii) a provision that enables the subcontract to be assigned in the event that this Agreement is terminated; and (iv) a provision that permits the LHIN to revoke approval of the subcontractor without legal liability to either the HSP or the subcontractor.

(c) If permitted to use subcontractors, the HSP will remain liable for obligations performed by a subcontractor to the same extent as if the HSP had performed such obligations. For the purpose of this Agreement work performed by the HSP's subcontractor will be deemed work performed by the HSP.

(d) Nothing contained in this Agreement or a subcontract will create a contractual relationship between any subcontractor or its directors, officers, employees, agents, partners, affiliates or volunteers and the LHIN.

3.3 **Conflict of Interest.** The HSP will (a) avoid any Conflict of Interest in the performance of its contractual obligations; (b) disclose to the LHIN without delay any actual or potential Conflict of Interest that arises during the performance of its contractual obligations; and (c) comply with any requirements prescribed by the LHIN to resolve any Conflict of Interest. In addition to all other contractual rights or rights available at law or in equity, the LHIN may immediately terminate the Contract upon giving notice to the HSP where: (a) the HSP fails to disclose an actual or potential Conflict of Interest; (b) the HSP fails to comply with any requirements prescribed by the LHIN to resolve a Conflict of Interest; or (c) the HSP Conflict of Interest cannot be resolved. This paragraph will survive any termination or expiry of the Agreement.

3.4 **E-health/Information Technology Compliance.** The HSP agrees to comply with any technical standard related to architecture, technology, privacy and security set for health service providers by the MOHLTC or the LHIN within the timeframes set by the MOHLTC or the LHIN as the case may be.

3.5 **Policies, Guidelines Directives and Standards.** Either the LHIN or the MOHLTC will give the HSP notice of any amendments to the manuals, guidelines or policies identified in Schedule D. Amendments will be effective on the first Day of April following the receipt of the notice or on such other date as may be advised. By signing a copy of this Agreement the HSP acknowledges that it has a copy of the manuals, guidelines or policies identified in Schedule D.

## ARTICLE 4 - FUNDING

### 4.1 **Funding.** The LHIN:

- (i) will provide the funds identified in Schedule B to the HSP for the purpose of providing or ensuring the provision of the Services;
- (ii) may pro-rate the funds identified in Schedule B to the date on which the Agreement is signed, if that date is after April 1; and
- (iii) will deposit the funds in instalments [once/twice] monthly over the Term of the Agreement, into an account designated by the HSP provided that the account resides at a Canadian financial institution and is in the name of the HSP.

### 4.2 **Limitation on Payment of Funding.** Despite section 4.1, the LHIN:

- (i) will not provide any funds to the HSP until the Agreement is fully executed;
- (ii) will not provide any funds to the HSP until the HSP meets the insurance requirements described in section 11.4;
- (iii) will not be required to continue to provide funds in the event the HSP breaches any of its obligations under this Agreement, until the breach is remedied to the LHIN's satisfaction; and
- (iv) may adjust the amount of funds it provides to the HSP in any Funding Year based upon the LHIN's assessment of the information contained in the Reports.

### 4.3 **Appropriation.** Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the MOHLTC and funding of the LHIN by the MOHLTC pursuant to the Act. If the LHIN does not receive its anticipated funding the LHIN will not be obligated to make the payments required by this Agreement and the LHIN may terminate the Agreement in accordance with section 12.1(b).

### 4.4 **Additional Funding.**

- (a) Unless the LHIN has agreed to do so in writing, the LHIN is not required to provide additional funds to the HSP for providing additional Services or for exceeding the requirements of Schedule E.
- (b) The HSP may request additional funding by submitting a proposal to amend its Service Plan. The HSP will abide by all decisions of the LHIN with respect to a proposal to amend the Service Plan and will make whatever changes are requested or approved by the LHIN. The Service Plan will be amended to include any approved additional funding.

#### 4.5 **Conditions of Funding**

- (a) The HSP will:
  - (i) use the Funding only for the purpose of providing the Services in accordance with the terms of this Agreement;
  - (ii) spend the Funding only in accordance with the Service Plan; and
  - (iii) propose, achieve and maintain an Annual Balanced Budget.
- (b) “Annual Balanced Budget” means that, in each fiscal year of the term of this Agreement, the total expenses of the HSP are less than or equal to the total revenue, from all sources, of the HSP.
- (c) The LHIN may impose such additional terms or conditions on the use of the Funding which it considers appropriate for the proper expenditure and management of the Funding.

#### 4.6 **Interest.**

- (a) Funding will be placed in an interest bearing account at a Canadian financial institution.
- (b) Interest Income must be used, within the fiscal year in which it is received, to provide the Services.
- (c) Interest Income will be reported to the LHIN and is subject to a year end reconciliation. In the event that some or all of the Interest Income is not used to provide the Services,
  - (i) the LHIN may deduct the amount equal to the unused Interest Income from any further Funding instalments under this or any other agreement with the HSP; and/or
  - (ii) the LHIN may require the HSP to pay an amount equal to the unused Interest Income to the Ministry of Finance.

#### 4.7 **GST.** The HSP:

- (i) acknowledges that all GST rebates it anticipates receiving from the use of the Funding have been incorporated in its Budget;
- (ii) agrees that it will advise the LHIN if it receives any unanticipated GST rebates from the use of the Funding, or from the use of funding received from either the LHIN or the MOHLTC in years prior to this Agreement that was not recorded in the year of the related expenditure;
- (iii) agrees that all GST rebates referred to in (ii) will be considered Funding in the year that the rebates are received, regardless of the year to which the rebate relates.

- 4.8 **Procurement of Goods and Services.** The HSP will have a procurement policy in place that requires the acquisition of supplies, equipment or services valued at over \$25,000 through a competitive process that ensures the best value for funds expended. If the HSP acquires supplies, equipment or services with the Funding it will do so through a process that is consistent with this policy.
- 4.9 **Disposition.** The HSP will not, without the LHIN's prior written consent, sell, lease or otherwise dispose of any assets purchased with Funding, the cost of which exceeded \$25,000 at the time of purchase.

## ARTICLE 5 - REPAYMENT AND RECOVERY OF FUNDING

### 5.1 Repayment and Recovery.

- (a) **At the End of a Funding Year.** If, in any Funding Year, the HSP has not spent all of the Funding the LHIN will require the repayment of the unspent Funding.
- (b) **On Termination or Expiration of the Agreement.** Upon termination or expiry of the Agreement, the LHIN will require the repayment of any Funding remaining in the possession or under the control of the HSP and the payment of an amount equal to any Funding the HSP used for purposes not permitted by this Agreement.
- (c) **On Reconciliation and Settlement.** If the year end reconciliation and settlement process demonstrates that the HSP received Funding in excess of its entitlement, the LHIN will require the repayment of the excess Funding.
- (d) **As a Result of Performance Management or System Planning.** If Services are adjusted, as a result of the performance management or system planning processes, the LHIN may adjust the Funding to be paid under Schedule B, require the repayment of excess Funding and/or adjust the amount of any future funding installments accordingly.
- (e) **In the Event of Forecasted Surpluses.** If the HSP is forecasting a surplus the LHIN may adjust the amount of Funding to be paid under Schedule B, require the repayment of excess Funding and/or adjust the amount of any future funding installments accordingly.
- (f) **On the Request of the LHIN.** The HSP will, at the request of the LHIN, repay the whole or any part of the Funding, or an amount equal thereto if the HSP:
- (i) has provided false information to the LHIN knowing it to be false;
  - (ii) breaches a term or condition of this Agreement and does not, within 30 Days after receiving from the LHIN written notice of the breach take reasonable steps to remedy the breach; or
  - (iii) breaches any federal or provincial law or regulation that directly relates to the provision of, or ensuring the provision of, the

Services.

- (g) Subsections 5.1(c) and (d) do not apply to Funding already expended properly in accordance with this Agreement. The LHIN will, at its sole discretion, and without liability or penalty, determine whether the Funding has been expended properly in accordance with this Agreement
- 5.2 **Provision for the Recovery of Funding.** The HSP will make reasonable and prudent provision for the recovery by the LHIN of any Funding for which the conditions of Funding set out in subsection 4.5 are not met and will hold this Funding in accordance with the provisions of subsection 4.6 until such time as reconciliation and settlement has occurred with the LHIN. Interest earned on Funding will be reported and recovered in accordance with subsection 4.6.
- 5.3 **Settlement and Recovery of Funding for Prior Years.**
  - (a) The HSP acknowledges that settlement and recovery of Funding can occur up to seven years after the provision of Funding.
  - (b) Recognizing the transition of responsibilities from the MOHLTC to the LHIN, the HSP agrees that if the parties are directed in writing to do so by the MOHLTC, the LHIN will settle and recover on behalf of the MOHLTC, and the HSP will enable the recovery of funding provided to the HSP by the MOHLTC in fiscal 2000/01 and every subsequent fiscal year up to and including 2006/07. All such settlements and recoveries will be subject to the terms applicable to the original provision of funding.
- 5.4 **Debt Due.**
  - (a) If the LHIN requires the re-payment by the HSP of any Funding the amount required will be deemed to be a debt owing to the LHIN by the HSP. The LHIN may adjust future funding instalments to recover the amounts owed or may, at its discretion direct the HSP to repay the amount owing to the LHIN
  - (b) All amounts repayable to the LHIN will be paid by cheque payable to the "Ontario Minister of Finance" and mailed to the LHIN at the address provided in section 13.1.
- 5.5 **Interest Rate.** The LHIN may charge the HSP interest on any amount owing by the HSP at the then current interest rate charged by the Province of Ontario on accounts receivable.

## ARTICLE 6.0 - PLANNING & INTEGRATION

### 6.1 Planning for Future Years.

(a) **Advance Notice.** The LHIN will give at least sixty Days notice to the HSP of the date by which a Community Annual Planning Submission (“CAPS”), approved by the HSP’s governing body, must be submitted to the LHIN.

(b) **Multi-Year Planning.** The CAPS will be in a form acceptable to the LHIN and will incorporate (i) prudent multi-year financial forecasts; (ii) plans for the achievement of performance targets; and (iii) realistic risk management strategies. It will be aligned with the LHIN’s Integrated Health Service Plan and will reflect local LHIN priorities and initiatives. If the LHIN has provided multi-year planning targets for the HSP, the CAPS will reflect the planning targets.

(c) **Multi-year Planning Targets.** Schedule B may reflect an allocation for the first fiscal year of this Agreement as well as planning targets for up to two additional years, consistent with the Term of the Agreement. In such an event,

(i) the HSP acknowledges that if it is provided with planning targets, these targets are (A) targets only, (B) provided solely for the purposes of planning, (C) are subject to confirmation and (D) may be changed at the discretion of the LHIN. The HSP will proactively manage the risks associated with multi-year planning and the potential changes to the planning targets.

(i) the LHIN agrees that it will communicate any material changes to the planning targets as soon as reasonably possible.

(d) **Service Accountability Agreements.** The HSP acknowledges that if the LHIN and the HSP enter into negotiations for a subsequent service accountability agreement, funding may be interrupted if the subsequent accountability agreement is not executed on or before the expiration date of this Agreement.

### 6.2 Community Engagement & Integration Activities

(a) **Community Engagement.** The HSP will engage the community of diverse persons and entities in the area where it provides health services when setting priorities for the delivery of health services and when developing plans for submission to the LHIN including but not limited to CAPS and integration proposals.

(b) **Integration.** The HSP will, separately and in conjunction with the LHIN and other health service providers, identify opportunities to integrate the services available to the local health system to provide appropriate, co-coordinated, effective and efficient services.

(c) **Reporting.** The HSP will report on its community engagement and integration activities as requested by the LHIN, and in any event, in its year end report to the LHIN.

### 6.3 Planning and Integration Activity Pre-proposals

6.3.1 **General:** A pre-proposal process has been developed to (i) reduce the costs incurred by an HSP when proposing operational or service changes; (ii) facilitate the HSP to carry out its statutory obligations; and (iii) enable an effective and efficient response by the LHIN. Subject to specific direction from the LHIN, this pre-proposal process will be used in the following instances:

- (i) the HSP is considering an integration or an integration of services, as defined in the Act between the HSP and another person or entity; or
- (ii) the HSP is proposing to reduce, stop, start, expand or transfer the location of Services;
- (iii) to identify opportunities to integrate the services of the local health system, other than those identified in (i) or (ii) above; or
- (iv) if requested by the LHIN.

6.3.2 **LHIN Evaluation of the Pre-proposal:** A pre proposal is not formal notice of a proposed integration under s. 27 of the Act. LHIN consent to develop the project concept outlined in a pre-proposal does not constitute approval to proceed with the project. Nor does LHIN consent presume the issuance of a favourable decision, should such a decision be required by section 25 or 27 of the Act. Following the LHIN's review and evaluation, the HSP may be invited to submit a detailed proposal and a business plan for further analysis. Guidelines for the development of a detailed proposal and business case will be provided by the LHIN.

6.4 **Proposing Integration Activities in the Planning Submission.** No integration activity described in subsection 6.3 may be proposed in a CAPS unless the LHIN has consented, in writing, to its inclusion pursuant to the process set out in 6.3.2

6.5 **Definitions.** In this section 6.0 the terms “integrate”, “integration” and “services” have the same meanings attributed to them in subsection 2(1) and section 23 respectively of the Act. Specifically:

- (i) “integrate” includes,
  - (a) to co-ordinate services and interactions between different persons and entities,
  - (b) to partner with another person or entity in providing services or in operating,
  - (c) to transfer, merge or amalgamate services, operations, persons or entities,
  - (d) to start or cease providing services,
  - (e) to cease to operate or to dissolve or wind up the operations of a person or entity,

and “integration” has a similar meaning; and

- (ii) “service” includes,
  - (a) a service or program that is provided directly to people,
  - (b) a service or program, other than a service or program described in clause (a), that supports a service or program described in that clause, or
  - (c) a function that supports the operations of a person or entity that provides a service or program described in clause (a) or (b).

## **ARTICLE 7.0 – PERFORMANCE IMPROVEMENT PROCESS**

**7.1 Performance.** The parties will strive to achieve on-going performance improvement. They will address performance improvement in a proactive, collaborative and responsive manner.

**7.2 Performance Factors.**

- (a) A “Performance Factor” is any matter that could, or will, significantly affect a party’s ability to fulfil its obligations under this Agreement;
- (b) Each party will notify the other party of the existence of a Performance Factor, as soon as reasonably possible. The notice will:
  - (i) describe the Performance Factor and its actual or anticipated impact;
  - (ii) include a description of any action the party is undertaking, or plans to undertake, to remedy or mitigate the Performance Factor;
  - (iii) indicate whether the party is requesting a meeting to discuss the Performance Factor; and
  - (iv) address any other issue or matter the party wishes to raise with the other party.
- (c) The recipient party will provide a written acknowledgment of receipt of the notice within seven Days of the date on which the notice was received (“Date of the Notice”).
- (d) Where a meeting has been requested under 7.2(b) (iii), the parties agree to meet and discuss the Performance Factors within fourteen Days of the Date of the Notice, in accordance with the provisions of subsection 7.3

**7.3 Performance Meetings**

- (a) During a meeting on performance, the parties will:
  - (i) discuss the causes of a Performance Factor;
  - (ii) discuss the impact of a Performance Factor on the local health system and the risk resulting from non-performance; and
  - (iii) determine the steps to be taken to remedy or mitigate the impact of the Performance Factor (the “Performance Improvement Process”).

**7.4 The Performance Improvement Process.** The Performance Improvement Process will focus on the risks of non-performance and problem-solving. It may include:

- (i) a requirement that the HSP develop and implement an improvement plan acceptable to the LHIN and that maximizes overall performance while achieving a balanced budget over a fixed multi-year term;
- (ii) a revision and amendment of the HSP's obligations; and or
- (iii) an in-year, or year end, adjustment to the Funding;

among other possible means of responding to the Performance Factor or improving performance.

## **ARTICLE 8 - REPORTING, ACCOUNTING AND REVIEW**

### **8.1 Reporting**

(a) **Generally.** The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services as contemplated by the Act, is heavily dependant on the timely collection and analysis of accurate information. The HSP acknowledges that the timely provision of accurate information related to the HSP is under the HSP's control.

(b) **Specific Obligations.** The HSP

- (i) will provide to the LHIN, or to such other entity as the LHIN may direct, in the form and within the time specified by the LHIN, the plans, reports, financial statements and other information, other than personal health information as defined in subsection 31 (5) of the *CFMA*, that (i) the LHIN requires for the purposes of exercising its powers and duties under this Agreement, the Act or for the purposes that are prescribed under the Act, or (ii) that may be requested under the *CFMA*.
- (ii) will fulfil the specific reporting requirements set out in Schedule C.
- (iii) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory by the LHIN; and
- (iv) agrees that all information submitted to the LHIN by or on behalf of the HSP, will be deemed to have been authorized by the HSP for submission.

(c) **French Language Services.** If the HSP is required to provide services to the public in French under the provisions of the *French Language Services Act*, the HSP will be required to submit a French language implementation report to the LHIN. If the HSP is not required to provide services to the public in French under the provisions of the *French Language Service Act*, it will be required to provide a report to the LHIN that outlines how the HSP addresses the needs of its local Francophone community.

(d) **Financial Reductions.** Notwithstanding any other provision of this Agreement, and at the discretion of the LHIN, the HSP may be subject to a financial reduction in any of the following circumstances:

- (i) its CAPS is received after the due date;
- (ii) its CAPS is incomplete;
- (iii) the quarterly performance reports are not provided when due; or
- (iv) financial and/or clinical data requirements are late, incomplete or inaccurate,

where the errors or delay were not as a result of LHIN actions or inaction. If assessed, the financial reduction will be as follows:

- (v) if received within 7 days after the due date, incomplete or inaccurate, the financial penalty will be the greater of (i) a reduction of 0.02 percent (0.02%) of the funding identified on Schedule B; or (ii) two hundred and fifty dollars (\$250.00); and
- (vi) for every full or partial week of non-compliance thereafter, the rate will be one half of the initial reduction.

## 8.2 **Inspections and Audit.**

(a) During the term of this Agreement and for seven (7) years after the term of this Agreement, the HSP agrees that the LHIN or its authorized representatives may conduct a financial or operational audit, investigation or other form of review of the HSP to confirm the HSP's fulfillment of its obligations under this Agreement, and for these purposes the LHIN or its authorized representatives may:

- (i) inspect and copy any financial records, invoices and other financially-related documents in the possession or under the control of the HSP which relate to the Funding or otherwise to the Services;
- (ii) inspect and copy non-financial records in the possession or under the control of the HSP which relate to the Funding, the Services or otherwise to the performance of the HSP under this Agreement.

upon no less than twenty-four hours Notice to the HSP and during normal business hours, enter the HSP's premises to review the HSP's fulfillment of any one or more of its obligations under this Agreement,

(b) The cost of a financial audit, review or investigation will be borne by the HSP. The cost of any other form of audit review or investigation will be borne by the HSP if the audit review or investigation determines that the HSP has not fulfilled its obligations under this Agreement.

(c) HSP's obligations under this paragraph will survive any termination or expiration of the Agreement.

- 8.3 **Document Retention and Record Maintenance.** The HSP agrees
- (i) that it will retain all records (as that term is defined in the *Freedom of Information and the Protection of Privacy Act*) related to the HSP's performance of its obligations under this Agreement for seven (7) years after the termination or expiration of the term of the Agreement. The HSP's obligations under this paragraph will survive any termination or expiry of the Agreement;
  - (ii) all financial records, invoices and other financially-related documents relating to the Funding or otherwise to the Services will be kept in a manner consistent with generally accepted accounting principles and clerical practices; and
  - (iii) all non-financial documents and records relating to the Funding or otherwise to the Services will be kept in a manner consistent with all Applicable Law.
- 8.4 **Disclosure of Information.** The LHIN will treat Confidential Information as confidential and will not disclose Confidential Information except with the consent of the HSP or under the Freedom of Information and Protection of Privacy Act, which the HSP acknowledges applied to the LHIN. Notwithstanding the foregoing, the LHIN may disclose information that it collects under this Agreement in accordance with the Act, the CFMA, the *Freedom of Information and Protection of Privacy Act*, court order, subpoena or other Applicable Law.
- 8.5. **Transparency.** The HSP will post a copy of this Agreement in a conspicuous public place at its sites of operations to which this Agreement applies and on its public website, if the HSP operates a website.
- 8.6 **Auditor General.** For greater certainty the LHIN's rights under this article are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act* (Ontario).

## ARTICLE 9 - ACKNOWLEDGEMENT OF LHIN SUPPORT

- 9.1 **Publication.** For the purposes of this Article 9, the term "publication" means any material on or concerning the Services that the HSP makes available to the public, regardless of whether the material is available electronically or in hard copy. Examples include a web-site, an advertisement, a brochure, promotional documents and a report. Materials that are prepared by the HSP in order to fulfil its reporting obligations under this Agreement are not included in the term "publication".

9.2 **Acknowledgment of Funding Support.** The HSP agrees all publications will include

- (i) an acknowledgment of the Funding provided by the LHIN and the Government of Ontario. Prior to including an acknowledgement in any publication, the HSP will obtain the LHIN's approval of the form of acknowledgement. The LHIN may, at its discretion, decide that an acknowledgement isn't necessary; and
- (ii) a statement indicating that the views expressed in the publication are the views of the HSP and do not necessarily reflect those of the LHIN or the Government of Ontario.

## **ARTICLE 10 – REPRESENTATIONS, WARRANTIES AND COVENANTS**

10.1 **General.** The HSP represents, warrants and covenants that:

- (i) it is, and will continue for the term of the Agreement to be, a validly existing legal entity with full power to fulfill its obligations under the Agreement;
- (ii) it has the experience and expertise necessary to carry out the Services;
- (iii) it holds all permits, licences, consents intellectual property rights and authorities necessary to perform its obligations under this Agreement;
- (iv) all information (including information relating to any eligibility requirements for Funding) that the HSP provided to the LHIN in support of its request for Funding was true and complete at the time the HSP provided it, and will continue to be true and complete for the term of the Agreement; and
- (v) it does, and will continue for the term of the Agreement, to operate in compliance with all applicable law, including observing where applicable, the requirements of the Corporations Act and the HSP's by-laws in respect of, but not limited to, the holding of board meetings, the requirements of quorum for decision-making, the maintenance of minutes for all board and committee meetings and the holding of members' meetings.

10.2 **Execution of Agreement.** The HSP represents and warrants that:

- (i) it has the full power and authority to enter into the Agreement; and
- (ii) it has taken all necessary actions to authorize the execution of the Agreement, including if the HSP is:
  - (a) an Indian Band, as defined under the *Indian Act*, passing a Band Council Resolution;
  - (b) a Municipality passing a municipal by-law or resolution; or
  - (c) a corporation passing a board resolution;

authorizing the HSP to enter into the Agreement with the LHIN.

- 10.3 **Governance.** The HSP represents warrants and covenants that it has established, and will maintain for the period during which the Agreement is in effect, policies and procedures:
- (i) for effective and appropriate decision-making;
  - (ii) for effective and prudent risk-management, including the identification and management of real and perceived conflicts of interest;
  - (iii) for the prudent and effective management of the Funding;
  - (iv) to monitor and ensure the accurate and timely fulfillment of the HSP's obligations under this Agreement;
  - (v) to enable the preparation, approval and delivery of all Reports required pursuant to Article 8; and
  - (vi) to address complaints about the provision of Services, the management or governance of the HSP.
- 10.4 **Services.** The HSP represents warrants and covenants that the Services are and will continue to be provided:
- (i) by persons with the expertise, professional qualifications, licensing and skills necessary to complete their respective tasks; and
  - (ii) in compliance with Applicable Law.
- 10.5 **Supporting Documentation.** Upon request, the HSP will provide the LHIN with proof of the matters referred to in this Article.

## **ARTICLE 11 - LIMITATION OF LIABILITY, INDEMNITY & INSURANCE**

- 11.1 **Limitation of Liability.** The LHIN, its officers, employees, directors, independent contractors, subcontracts, agents and assigns and her Majesty the Queen in Right of Ontario and her Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns will not be liable to the HSP or any of the HSP's personnel for costs, losses, claims, liabilities and damages howsoever caused (including any incidental, indirect, special or consequential damages, injury or any loss of use or profit of the HSP) arising out of or in any way related to the Services or otherwise in connection with the Agreement, unless caused by the gross negligence or wilful act of the LHIN's officers, employees and agents.
- 11.2 **Ibid.** For greater certainty and without limiting subsection 11.1, the LHIN is not liable for how the HSP and its personnel carry out the Services and is therefore not responsible to the HSP for such Services. Moreover the LHIN is not contracting with or employing people for the HSP to carry out the terms of this Agreement. As such, it is not liable for contracting with, employing or terminating a contract or the employment of any personnel of the HSP required to carry out this Agreement, nor

for the withholding, collection or payment of any taxes, premiums, contributions or any other remittances due to government for the personnel required by the HSP to carry out this Agreement.

### 11.3 Indemnification.

(a) “**Indemnified Parties**” means the LHIN and its officers, employees, directors, independent contractors, subcontracts, agents and assigns and her Majesty the Queen in Right of Ontario and her Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns.

(b) The HSP hereby agrees to indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages and expenses (including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits or other proceedings, (collectively “Claims”), by whomever made, sustained, brought or prosecuted, including for third party bodily injury (including death), personal injury and property damage, in any way based upon, occasioned by or attributable to anything done or omitted to be done by the HSP, its subcontractors or their respective directors, officers, agents, employees or independent contractors in the course of performance of the HSP’s obligations under, or otherwise in connection with, the Agreement. The HSP further agrees to indemnify and hold harmless the Indemnified Parties for any incidental, indirect, special or consequential damages, or any loss of use, revenue or profit, by any person, entity or organization, including without limitation the LHIN, claimed or resulting from such Claims.

### 11.4 Commercial General Liability Insurance.

(a) **Required Insurance.** The HSP will put into effect and maintain, with insurers acceptable to the LHIN, for the period during which the Agreement is in effect, at its own expense Commercial General Liability Insurance, for third party bodily injury, personal injury and property damage to an inclusive limit of not less than two million dollars per occurrence and not less than two million dollars products and completed operations aggregate. The policy will include the following clauses:

- (i) The LHIN and Her Majesty the Queen in Right of Ontario, her Ministers, appointees and employees as additional insureds;
- (ii) Contractual Liability;
- (iii) Products and Completed Operations Liability;
- (iv) A valid WSIB Clearance Certificate, or Employers Liability and Voluntary Compensation, which ever applies;
- (v) Tenants Legal Liability; (*for premises/building leases only*);
- (vi) Non-Owned automobile coverage with blanket contractual and physical damage coverage for hired automobiles; and,

(vii) A thirty Day written notice of cancellation.

(b) **Certificates of Insurance.** The HSP will provide the LHIN with proof of the insurance required by the Agreement in the form of a valid certificate of insurance that references the Agreement and confirms the required coverage, on or before the commencement of the Agreement, and renewal replacements on or before the expiry of any such insurance.

## ARTICLE 12 - TERMINATION OF AGREEMENT

### 12.1 Termination by the LHIN.

(a) **Without Cause.** The LHIN may terminate the Agreement at any time, for any reason, upon giving at least sixty Days Notice to the HSP.

(b) **Where No Appropriation.** If, as provided for in section 4.3, the LHIN does not receive the necessary funding from the MOHLTC, the LHIN may terminate the Agreement immediately by giving Notice to the HSP.

(c) **For Cause.** The LHIN may terminate the Agreement immediately upon giving Notice to the HSP if:

(i) in the opinion of the LHIN:

A. the HSP has knowingly provided false or misleading information regarding its funding request or in any other communication with the LHIN;

B. the HSP breaches any material provision of the Agreement;

C. the HSP is unable to complete or has discontinued the Services; or

D. it is not reasonable for the HSP to continue to provide the Services;

(ii) the nature of the HSP's business, or its corporate status, changes so that it no longer meets the applicable eligibility requirements of the program under which the LHIN provides the Funding;

(iii) the HSP makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or is petitioned into bankruptcy, or files for the appointment of a receiver; or

(iv) the HSP ceases to carry on business.

(d) **Transition Plan.** In the event of termination by the LHIN pursuant to this subsection, the LHIN and the HSP will develop a transition plan,

acceptable to the LHIN that indicates how the needs of the HSP's clients will be met following the termination and how the transition of the clients to new service providers will be effected in a timely manner.

## 12.2 Termination by the HSP.

- (a) The HSP may terminate the Agreement at any time, for any reason, upon giving 6 months notice to the LHIN provided that the notice is accompanied by
- (i) satisfactory evidence that the HSP has taken all necessary actions to authorize the termination of the Agreement, including if the HSP is:
    - A. an Indian Band, as defined under the *Indian Act*, passing a Band Council Resolution;
    - B. a Municipality passing a municipal by-law or resolution; or
    - C. a corporation passing a board resolution;authorizing the HSP to terminate the Agreement with the LHIN; and
  - (ii) a transition plan, acceptable to the LHIN that indicates how the needs of the HSP's clients will be met following the termination and how the transition of the clients to new service providers will be effected within the six month notice period.
- (b) In the event that the HSP fails to provide an acceptable transition plan, the LHIN may reduce Funding payable to the HSP prior to termination of the Agreement to compensate the LHIN for transition costs.

## 12.3 Opportunity to Remedy.

- (a) Opportunity to Remedy.** If the LHIN considers that it is appropriate to allow the HSP an opportunity to remedy a breach of the Agreement, the LHIN may give the HSP an opportunity to remedy the breach by giving the HSP Notice of the particulars of the breach and of the period of time within which the HSP is required to remedy the breach. The Notice will also advise the HSP that the LHIN will terminate the Agreement
- (i) at the end of the notice period provided for in the Notice if the HSP fails to remedy the breach within the time specified in the Notice; or
  - (ii) prior to the end of the notice period provided for in the Notice if it becomes apparent to the LHIN that the HSP cannot completely remedy the breach within that time or such further period of time as the LHIN considers reasonable, or the HSP is not proceeding to remedy the breach in a way that is satisfactory to the LHIN.

**(b) Failure to Remedy.** If the LHIN has provided the HSP with an opportunity to remedy the breach, and:

- (i) the HSP does not remedy the breach within the time period specified in the Notice;
- (ii) it becomes apparent to the LHIN that the HSP cannot completely remedy the breach within the time specified in the Notice or such further period of time as the LHIN considers reasonable; or
- (iii) the HSP is not proceeding to remedy the breach in a way that is satisfactory to the LHIN,

then the LHIN may immediately terminate the Agreement by giving Notice of termination to the HSP.

#### 12.4 **Consequences of Termination.**

(a) If the Agreement is terminated pursuant to this Article, the LHIN may:

- (i) cancel all further Funding instalments;
- (ii) demand the repayment of any Funding remaining in the possession or under the control of the HSP;
- (iii) determine the HSP's reasonable costs to wind down the Services; and
- (iv) permit the HSP to offset the costs determined pursuant to subsection (iii), against the amount owing pursuant to subsection (ii).

(b) Despite (a), if the cost determined pursuant to section 12.4(a) (iii) exceeds the Funding remaining in the possession or under the control of the HSP the LHIN will not provide additional monies to the HSP to wind down the Services.

12.5 **Effective Date.** The effective date of any termination under this Article will be the last Day of the notice period, the last Day of any subsequent notice period or immediately, which ever applies.

12.6 **Corrective Action.** Despite its right to terminate the Agreement pursuant to this Article, the LHIN may choose not to terminate the Agreement and may take what ever corrective action it considers necessary and appropriate, including suspending Funding for such period as the LHIN determines, to ensure the successful completion of the Services in accordance with the terms of the Agreement.

## ARTICLE 13 - NOTICE

- 13.1 **Notice.** A Notice will be in writing; delivered personally or by pre-paid courier, or sent by facsimile; and, addressed to the other Party as provided below or as either Party will later designate to the other in writing:

**To the LHIN:**

Central West LHIN  
8 Nelson Street West, Suite 300  
Brampton, ON L6X 4J2

**Attention: Pat Stoddart**  
**Senior Director, Performance, Contract**  
**and Allocation**

Fax: 905-455-0427  
Telephone: 905-455-1281

**To the HSP:**

Bramalea Community Health Centre  
40 Finchgate Blvd., Suite 224  
Brampton, ON L6T 3J1

**Attention: Mayo Hawco**  
**Executive Director**

Fax: 905-451-5217  
Telephone: 905-451-8090

- 13.2 **Notices Effective From.** A Notice will be effective at the time the delivery is made if the Notice is delivered personally, by pre-paid courier or by facsimile.

## ARTICLE 14- ADDITIONAL PROVISIONS

- 14.1 **Interpretation.** In the event of a conflict or inconsistency in any provision of this Agreement, the main body of this Agreement will govern over the Schedules.
- 14.2 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of the Agreement will not affect the validity or enforceability of any other provision of the Agreement and any invalid or unenforceable provision will be deemed to be severed.
- 14.3 **Terms and Conditions on Any Consent.** The LHIN may impose any terms and conditions on any consent or approval that the LHIN may grant under this Agreement.
- 14.4 **Waiver.** A Party may only rely on a waiver of the Party's failure to comply with any term of the Agreement if the other party has provided a written and signed Notice of waiver. Any waiver must refer to a specific failure to comply and will not have the effect of waiving any subsequent failures to comply.
- 14.5 **Parties Independent.** The Parties are and will at all times remain independent of each other and are not and will not represent themselves to be the agent, joint venturer, partner or employee of the other. No representations will be made or acts taken by either Party which could establish or imply any apparent relationship of agency, joint venture, partnership or employment and neither Party will be bound in any manner whatsoever by any agreements, warranties or representations made by the other Party to any other person or entity, nor with respect to any other action of the other Party.

- 14.6 **LHIN is an Agent of the Crown.** The parties acknowledge that the LHIN is an agent of the Crown and may only act as an agent of the Crown in accordance with the provisions of the Act. Notwithstanding anything else in this Agreement, any express or implied reference to the LHIN providing an indemnity or any other form of indebtedness or contingent liability that would directly or indirectly increase the indebtedness or contingent liabilities of the LHIN or Government of Ontario, whether at the time of execution of the Agreement or at any time during the term of the Agreement, will be void and of no legal effect.
- 14.7. **Express Rights and Remedies Not Limited.** The express rights and remedies of the LHIN are in addition to and will not limit any other rights and remedies available to the LHIN at law or in equity. For further certainty, the LHIN has not waived any provision of any applicable statute, including the Act and the CFMA, nor the right to exercise its right under these statutes at any time.
- 14.8 **No Assignment.** The HSP will not assign the Agreement or the Funding or any part thereof without the prior written consent of the LHIN. The LHIN may assign this Agreement or any of its rights and obligations under this Agreement to any one or more of the LHINs or to the MOHLTC.
- 14.9 **Governing Law.** The Agreement and the rights, obligations and relations of the Parties hereto will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein. Any litigation or arbitration arising in connection with the Agreement will be conducted in Ontario unless the Parties agree in writing otherwise.
- 14.10 **Survival.** The provisions in 1.0, 4.9, 5.1, 5.2, 6.0, 7.4, 8.0, 9.0, 11.0, 13.0, 14.1, 14.6, 14.7 and 14.9. will continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement.
- 14.11 **Further Assurances.** The Parties agree to do or cause to be done all acts or things necessary to implement and carry into effect the Agreement to its full extent.
- 14.12 **Amendment of Agreement.** The Agreement may only be amended by a written agreement duly executed by the Parties.
- 14.13 **Counterparts.** The 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.



## SCHEDULE A

### DETAILED DESCRIPTION OF SERVICES

**[NTD: this section would set out both the services as well as any conditions attached to the provision of a specific service – other than indicators of performance, or Service standards set out in Schedule D]**

<b>Agency Name</b>
Bramalea Community Health Centre

<b>A. Services Provided</b>	
<ul style="list-style-type: none"> <li>• PC - Primary Care Practice</li> <li>• PC - Nursing Clinic</li> <li>• PC - Initial Assessment and Treatment</li> <li>• PC - Therapy Clinic</li> <li>• PC - MH Community Clinic</li> <li>• PC - MH Counseling and Treatment</li> <li>• PC - MH Child/Adolescent</li> <li>• PC - MH Early Intervention</li> <li>• PC - MH Concurrent Disorders</li> <li>• PC - MH Social Rehab./Recreation</li> <li>• PC - Addictions Treatment-Substance Abuse</li> <li>• Anonymous HIV Testing</li> </ul>	<ul style="list-style-type: none"> <li>• HH - IH Visiting Nursing</li> <li>• HH - IH Nutrition</li> <li>• HH - IH Social Work</li> <li>• Health Promotion and Education</li> <li>• CSS IH COM - Crisis Intervention and Support</li> <li>• CSS IH COM - Service Arrangement/Coordination</li> <li>• CSS IH COM - Transportation - Client</li> <li>• CSS IH COM - Day Services</li> <li>• CSS IH COM - Visiting - Social and Safety</li> <li>• RE Community and Social Service Research</li> <li>• In-service Education</li> <li>• Diabetes Education</li> </ul>

<b>B. Client Population</b>
<p>The neighbourhood of Bramalea is a culturally diverse, high growth area located in the northeast portion of Brampton (Region of Peel: Population and Dwellings, 2006). With a 2001 population of 129,020 residents, Bramalea grew 23% between 1996 and 2001. Statistic Canada's 2006 census data report Malton as having a population of 38,175 residents.</p> <p>While Bramalea is, like the region and municipality, growing in both numbers and cultural diversity, its population is proportionately younger than the provincial and regional averages. Seventy-one per cent of the population is between the ages of 0 – 44 compared to 63.5% in the same age range across the province. The percentage of seniors over the age of 65 is close to half the provincial rate (6.8%:12.9%). This is projected to change significantly over the next 15 years, with the numbers of seniors growing to 13%</p> <p>Malton, like Bramalea, has a population that is proportionately younger than the provincial and regional averages. Sixty-seven per cent of Malton residents are between the ages of 0 – 44. Seniors over the age of 65 comprise 10.3% of Malton's population.</p>

In 2001, 53,255 residents or 41.3% of Bramalea's total population was comprised of immigrants, up from the 1996 figure of 37.6%. In comparison, immigrants comprised 27% of Ontario's total population.

As of the most recent Statistics Canada census report, 24,340 residents or 64.1% of Malton's total population was comprised of immigrants, up from the 2001 figure of 58.9%.

Bramalea (32.6%) has a higher percentage of residents who reported speaking a non-official language as their mother tongue than the provincial figure (23.7%). The top five non-official languages spoken by recent immigrants (1991 to 2001) in Peel include: Punjabi, Urdu, Polish, Tagalog and Arabic.

Fifty-six per cent of Malton residents reported speaking a non-official language as their mother tongue. The top five non-official languages spoken are: Punjabi (26.5%), Italian, Urdu, Gurjarati, and Hindi

The three largest racialised groups in Bramalea and Brampton are (% of total population in 2001);

- South Asian (20.3%)
- Black (9.8%)
- Filipino (2.9%)

The three largest racialised groups in Malton are (% of total population in 2006);

- South Asian (51.7%)
- Black (16%)
- South-east Asian (1.6%)

The BCHC is dedicated to improving access to health care services to members of our community who live in Bramalea and Malton, and encounter considerable obstacles to those supports. As such, we are focused on working with and alongside the following priority groups in Bramalea:

- Youth
- Newcomers
- Isolated Seniors
- People addressing substance use and mental health issues
- People who are homeless, under-housed, or at risk of becoming homeless
- Under-resourced families

As per the FLS Act BCHC provides services to Francophone residents of Bramalea

\*Note – as we are currently undertaking a community engagement process in Malton, priority groups have not yet been established for that community

\*Note – Diabetes Education Program has a catchment area that is much broader than that of the BCHC (all of Brampton versus Bramalea proper). Additionally, the priority population for the DEP is people with type 2 diabetes or who are at risk of developing the disease

### C. Geography Served

#### **Bramalea**

North – Mayfield Rd  
 South – Highway 407  
 East – Airport Rd  
 West – Highway 410

#### **Malton**

North – Steeles Ave  
 South – Derry Rd  
 East – Finch Ave/Highway 427  
 West – Airport Rd

The Bramalea Community Health Centre is currently undertaking a community engagement process in the Malton community to prepare for our satellite services for Malton residents. We are also in the process of developing relationships with residents and stakeholders in Bramalea as we engage to the community, and prepare to offer a comprehensive basket of services and community initiatives. Through these processes, we can ensure our services will meet the needs of our priority populations, while addressing the key issue of increasing access to primary health care

## SCHEDULE B – SERVICE PLAN

### A. OPERATING PLAN AND BUDGET

Agency Name
Bramalea Community Health Centre

<b>A. Overview</b>
<p>Bramalea Community Health Centre (BCHC) is a non-profit, values based organization that provides health promotion and prevention programs, primary health care, and works with local residents and stakeholders to increase community capacity. Innovative client centered services are delivered through the use of interdisciplinary teams, and we are committed to providing inclusive, accessible and sustainable programs and services to a diversely rich community.</p> <p>The Board of Directors recently approved the Mission, Vision and Values for the organization and its strategic directions for the next 2 years. The five strategic directions are:</p> <ol style="list-style-type: none"><li>1) Establishing programs to meet the needs of the priority populations in the community<ol style="list-style-type: none"><li>a) Establish a fully functioning Diabetes Education Program</li><li>b) Determine the needs and opportunities for dental services at BCHC</li></ol></li><li>2) Engage priority populations in the life of the community health centre<ol style="list-style-type: none"><li>a) BCHC is well known by priority populations</li><li>b) BCHC has developed and implemented strategies to engage priority populations for example in leadership development, membership, program planning, evaluation and volunteerism</li></ol></li><li>3) Develop systems that provide information for planning, program evaluation and accountability requirements<ol style="list-style-type: none"><li>a) Identify quality of care indicators, monitor and act on findings</li><li>b) Identify satisfaction indicators for clients, monitor and act on feedback to improve programs and services</li></ol></li><li>4) Develop relationships and strategic partnerships with community agencies for<ol style="list-style-type: none"><li>a) Planning</li><li>b) program delivery</li><li>c) advocacy</li></ol></li><li>5) Maximize use of resources<ol style="list-style-type: none"><li>a) Recruit highly skilled committed staff and develop high performing teams</li><li>b) Diversify funding to ensure sustainability</li></ol></li></ol> <p>Other noteworthy activities include:</p> <ul style="list-style-type: none"><li>• An open house winter 2009</li><li>• Building Healthier Organizations (accreditation) is scheduled for October 2010</li><li>• A paperless environment</li><li>• Malton CHC is scheduled to be open winter 2011</li><li>• Development of interprofessional care teams</li><li>• Neighbourhood based community forums to engage community members</li><li>• Annual client and staff satisfaction surveys</li><li>• Communities telling their stories through the use of technology</li></ul>

## **B. Advancement of the Integrated Health Services Plan (IHSP)**

As per its strategic directions BCHC will engage the community through the use of community forums, advisory committees, story telling, client surveys, volunteering and the creation of the myBramalea website.

**Mental Health and Addictions** One of BCHC target populations are people addressing substance use and mental health issues. The health promotion team is currently working to determine accessible and suitable locations to offer health services, health promotion and prevention programs and self care groups.

**Services to seniors** Isolated seniors are a priority population for BCHC and as such primary health care includes the provision of 24-7 on call services and house visits. In collaborative with Malton Neighbourhood Services and Senior Coordinate Services BCHC is in the final stages of establishing a transportation program for seniors to ensure access to primary services and effectively address the social determinants of health. Imposing a cost for these services would create a barrier to access therefore BCHC is currently seeking funds to add drivers to the program.

Active Living and House Calls program is currently being developed that will see physicians providing primary health care to seniors in their homes and will offer recreational programming. Additionally BCHC in partnership with CW CCAC, Holland Christian Homes, ElderHelp Peel and Peel Senior Link have submitted an H-ISP seeking funding to implement Interprofessional Care Teams in mobile units. This program will provide a single point of access for seniors to access primary health care, health promotion, injury prevention and a range of home supports that is delivered at or close to their homes and when needed.

**Maternal/Child Services** - A key focus of clinical practice at BCHC will be on prenatal, postnatal and child care. BCHC will offer group visits in all these areas along with family visits at point of entry and annually. Family visits will offer a comprehensive assessment of the child's environment including supports and risk factors.

**Rehabilitation** - BCHC is currently recruiting a full time physiotherapist whose first task will be to design a program based on local needs as identified by the health promotion team.

**Chronic Disease Prevention and Management** -BCHC will be offering group visits for those with Chronic Disease (CD) and is implementing self management model for clients with stabilized CD. Currently a Nurse Practitioner and a Dietitian have been certified as Master Trainers under Stanford University's Chronic Disease Self Management Program.

**Primary Care Linkages** -BCHC believes that in order to be effective it not only needs to create strong primary care linkages but linkages with those in the community and social sector. Primary care linkages include physicians with hospital privileges at WOHC, strong relationships with public health, learning institutions. Active participation on interagency and intersectorial committees, taskforces, and coalitions by Board members and staff at all levels. Collaboration with sister CHC's in Rexdale and Vaughan will explore integrated services such as on call and locum coverage.

**Responsiveness to Cultural Diversity** - The Board and staff of BCHC strongly reflect the community to whom we provide services. BCHC has implemented a work force

survey to show how many members of each designated group are employed in each job category and to identify areas where designated groups tend to be underrepresented. Other steps include reviewing and making recommendations about all aspects of our employment systems: job descriptions, recruitment, training, orientation, promotion and evaluation of staff.

One of BCHC's stated values is that "we celebrate the diversity of our communities and commit to operate with equity and fairness". This value is seen in our culturally and language appropriate programs and services. There is strong commitment at all levels within the organization to the provision of inclusive, accessible and sustainable programs and services to a diversely rich community. This is evident in our client and staff policies and procedures.

### **C. Situation Analysis**

**Lack of core funding-** Emerging CHC's are not funded at levels of existing CHC's and there are inconsistencies in how emerging CHC's are funded. Operating percentages for new CHC's range from 24% to 27% whereas an informal survey of existing CHC's show a range with upper limits hitting 30%. Currently there is no provision in the budget for translation, non insured refugee funding, clinical supervision, psychiatry services or a clinical pharmacist. Nor are there sufficient benefit dollars for a pension plan. The DEP program has no funding for rent yet they occupy 27% of our existing space at a premium rate as they are located on the first floor. Additionally the DEP has no outreach positions so regulated professionals are required to this work not only at a higher rate but taking time that could be utilized for direct service. It should be noted that BCHC reports directly to the Ministry of Health, Diabetes Program on this initiative.

BCHC's Board has made a commitment to allocate resources to diversity its funding base and to strongly advocate on behalf of the residents of Bramalea and Malton to ensure that the CHC is adequately funded with sustainable programs and services.

**Lack of space-** Currently the clinical area has less exam rooms than clinicians whereas optimum ratio is two exam rooms per provider plus an exam room for triage, students and a treatment room. Three physicians and three nurses are to share one office while all other providers are either doubled or tripled up with the exception of the social worker who requires solo space due to the nature of the work. BCHC currently has 6,111 square feet in two separate suites, with a staff complement of 30 FTE's and the nature of the work space of 35,000 square feet is required. Planned expansion to include services such as dental and more allied care professionals means that within a five year period BCHC will require approximately 52,000 square feet.

BCHC is working with the City of Brampton, Canadian Mental Health Association (CMHA) and other Bramalea based HSP's to occupy space in a future city facility. The Board of BCHC is concerned about sustainability and therefore is looking to become a part owner of this facility as opposed to a tenant. BCHC has made initial contact with the Ministry about the capital process and will be meeting with the CW LHIN and CMHA sometime this fall to begin discussions. All staff that provide direct service will be working in local neighbourhood based health clinics.

**Demand greater than supply-** Bramalea has a population of 120,000 and the population health needs of this community are great, complex and varied. In particular BCHC has concerns about its ability to provide services to the non insured due to

financial limitations. Meanwhile, the community engagement interim report for Malton is showing a community with high population health needs and the vast majority of the population is at risk with significant barriers to accessing health care based upon various health determinant factors such as; race and ethnicity, immigration status, language, and socio economic status. Any problem with physician recruitment will adversely impact our ability to meet this demand.

BCHC has developed a model of “Open Focused Care” that commits to same day appointments and elevates each staff to their highest level to achieve maximum capacity. All operations are efficiently designed to maximize resources and capacity.

#### **D. Evaluation of Prior Year Performance**

As an emerging CHC Bramalea CHC is in its very early stages of growth. This fiscal saw the CHC grow from no staff to a current staff complement of 15 FTE's. The focus has been the creation of a strong infrastructure, Board and staff development, the development of a proactive seamless service delivery model that incorporates principles of Advanced Access, Anti oppression, health promotion, and utilizes group visits and self management models. Technology and innovation has been exploited in order to ensure maximum capacity. Recruitment processes were designed to attract highly skilled staff with a passion and commitment towards innovation and an inclusive workplace that respects and values the diversity of every individual. All financial and human resource functions were brought in house and modifications were made to the physical space.

#### **E. Changes to Operations Summary (Optional)**

As the Bramalea Community Health Centre is currently in the start up phase of development, this section comments on our transition to a fully operational community health centre, and the key benchmarks we plan to achieve.

**Delivery of satellite services in the Malton community** – We are currently undergoing a community engagement process as we prepare to deliver satellite services in Malton. Services will be delivered in Malton by the end of the 2010 – 2011 fiscal year.

**Planning BCHC relocation to a permanent location** – Currently we are housed in a temporary location under a four year lease agreement with an option for an additional one year renewal. With that in mind, we are currently in the process of planning for the end of our lease agreement. We anticipate this will be a lengthy process as we negotiate the capital planning process, design functional and efficient program space and collaborate with a number of stakeholders, partners and community members.

**Advocate for Outreach Workers for the Diabetes Education Program** – In an effort to maximize the reach and effectiveness of the Diabetes Education Program, we plan to advocate for additional funding in order to hire key outreach staff for the program.

**Develop and test model of Inter-Professional Care Practice** – We plan to create a practical framework where regulated and non-regulated professionals work collaboratively and across disciplines under clinical protocols to provide comprehensive primary health care while addressing social and economic health impacts to clients living in Bramalea. As such, BCHC will develop tools to measure and analyse the improvement and efficiency of client care, and the increase in skills and knowledge of

IPC team members. We will create clear policies and establish best practice protocols to guide how our IPC Team functions and define various roles within the IPC team structure.

**Secure alternative funding for Aging at Home van drivers** – Through the Aging at Home Strategy, Bramalea CHC was given 2 vans for the purpose of providing transportation services to seniors in our community. Additional funding has been provided to the maintenance of the vehicles, but the funding is not adequate to provide for drivers of the two vans. Our intention is to secure additional funding to hire drivers.

**Community engagement process** – The Bramalea Community Health Centre is committed to our Open Focused Care service delivery model, that sees us working in partnership with clients and neighbours in the communities we serve, and as such continually utilizing community engagement strategies for planning and service delivery. We will conduct a comprehensive community asset mapping initiative and establish fluid, neighbourhood based health clinics in an effort to ensure equitable access to primary health care and additional services in locations where our clients live and congregate.

## **APPENDIX A FINANCIAL AND STATISTICAL SUMMARY**

- 1.1 FORM 2B – SUMMARY OF REVENUE AND EXPENSES – LHIN SUMMARY**
- 1.2 FORM 3A – SERVICE ACTIVITY SUMMARY – LHIN**

Healthcare Service Provider  
 Program Number:  
 REPORT:  
 PERIOD:

Bramalea Community Health Centre  
 chc7660  
 CAPS - Community Annual Planning Submission  
 2009/10 2010/11

### Form 2b - Summary of Revenue and Expenses - LHIN Summary

(This form is a roll up of TPBE worksheets-W1a, W2a, W3a and W4a)

Category	Line No	Account: Financial (F) Reference OHS VERSION 6.2	(1) 2007/2008 ACTUAL YEAR END	(2) 2007/2008 APPROVED FISCAL BUDGET	(3) 2008/09 APPROVED BUDGET	(4) 2009/2010 BUDGET REQUEST	(5) % VARIANCE Col. (4-3)	(6) 2009/10 LHIN Approved Fiscal Budget	(7) 2010/2011 BUDGET TARGET
<b>FUND TYPE 2</b>									
<b>REVENUE</b>									
Funding - Local Health Integrated Networks (LHIN) (Allocation)	1	F 11006	\$0	\$0	\$1,947,049	\$2,309,793	18.63%	\$2,309,793	\$2,309,793
Funding - Provincial MOHLTC (Allocation)	2	F 11010	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - MOHLTC Other funding envelopes	3	F 11014	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - LHINs One Time	4	F 11008	\$0	\$0	\$299,144	\$0	-100.00%	\$0	\$0
Funding - One Time Payments	5	F 11012	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - Paymaster / Flow Through	6	F 11019	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Service Recipient Revenue	7	F 11050 to 11090	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>8</b>	<b>Sum of lines 1 to 7</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,246,193</b>	<b>\$2,309,793</b>	<b>2.83%</b>	<b>\$2,309,793</b>	<b>\$2,309,793</b>
Recoveries from External/Internal Sources	9	F 120*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Donations	10	F 140*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Amortization - Grants/Donations Revenue	11	F 131*, 141* & 151*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Other Funding Sources and Other Revenue	12	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
<b>Subtotal Other Revenues</b>	<b>13</b>	<b>Sum of lines 9 to 12</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL REVENUE</b>	<b>14</b>	<b>Sum of line 8 and line 13</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,246,193</b>	<b>\$2,309,793</b>	<b>2.83%</b>	<b>\$2,309,793</b>	<b>\$2,309,793</b>
<b>EXPENSES</b>									
<b>Compensation</b>									
Salaries and Wages (Worked + Benefit + Purchased)	15	F 31010, 31030, 31090, 35010, 35030, 35090	\$0	\$0	\$370,267	\$856,553	131.33%	\$856,553	\$856,553
Benefit Contributions	16	F 31040 to 31085, 35040 to 35085	\$0	\$0	\$79,268	\$347,880	338.87%	\$347,880	\$347,880
Employee Future Benefit Compensation	17	F 305*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Nurse Practitioner Remuneration	18	F 380*	\$0	\$0	\$85,320	\$170,640	100.00%	\$170,640	\$170,640
Medical Staff Remuneration	19	F 390*, [excl. F 39092]	\$0	\$0	\$0	\$364,325	0.00%	\$364,325	\$364,325
Sessional Fees	20	F 39092	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
<b>Service Costs</b>									
Med/Surgical Supplies and Drugs	21	F 460*, 465*, 560*, 565*	\$0	\$0	\$87,065	\$12,000	-86.22%	\$12,000	\$12,000
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	22	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$0	\$0	\$833,449	\$247,944	-70.25%	\$247,944	\$265,592
Community One Time Expense (For budget use only)	23	F 69596	\$0	\$0	\$299,144	\$0	-100.00%	\$0	\$0
Equipment Expenses	24	F 7*, [excl. F 750*, 780*]	\$0	\$0	\$118,693	\$59,000	-50.29%	\$59,000	\$60,000
Amortization on Major Equip and Software License and Fees	25	F 750*, 780*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Contracted Out Expense	26	F 8*	\$0	\$0	\$93,333	\$19,000	-79.64%	\$19,000	\$20,000
Buildings and Grounds Expenses	27	F 9*, [excl. F 950*]	\$0	\$0	\$279,654	\$232,451	-16.88%	\$232,451	\$212,803
Building Amortization	28	F 9*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
<b>TOTAL EXPENSES</b>	<b>29</b>	<b>Sum of lines 15 to 28</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,246,193</b>	<b>\$2,309,793</b>	<b>2.83%</b>	<b>\$2,309,793</b>	<b>\$2,309,793</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>30</b>	<b>Line 14 minus line 29</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$0</b>	<b>\$0</b>

Healthcare Service Provider  
 Program Number:  
 REPORT:  
 PERIOD:

Bramalea Community Health Centre  
 chc7660  
 CAPS - Community Annual Planning Submission  
 2009/10 2010/11

### Form 2b - Summary of Revenue and Expenses - LHIN Summary

(This form is a roll up of TPBE worksheets-W1a, W2a, W3a and W4a)

HSPs must enter the revenue and expenses for Fund Type 3 and Fund Type 1

#### FUND TYPE 3 - OTHER

Total Revenue	31	F 1*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Total Expenses	32	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
<b>NET SURPLUS/(DEFICIT)</b>	<b>33</b>	<b>Line 31 minus line 32</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$0</b>	<b>\$0</b>

#### FUND TYPE 1 - HOSPITAL

Total Revenue	34	F 1*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Total Expenses	35	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
<b>NET SURPLUS/(DEFICIT)</b>	<b>36</b>	<b>Line 34 minus line 35</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$0</b>	<b>\$0</b>

#### ALL FUND TYPES

Total Revenue	37	Line 14 + line 31 + line 34	\$0	\$0	\$2,246,193	\$2,309,793	2.83%	\$2,309,793	\$2,309,793
Total Expenses	38	Line 29 + line 32 + line 35	\$0	\$0	\$2,246,193	\$2,309,793	2.83%	\$2,309,793	\$2,309,793
<b>NET SURPLUS/(DEFICIT)</b>	<b>39</b>	<b>Line 37 minus line 38</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$0</b>	<b>\$0</b>

#### Total Administration Expenses Allocated to the TPBEs in all worksheets

Undistributed Accounting Centres	40	82*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Administration and Support Services	41	72 1*	\$0	\$0	\$408,807	\$417,455	2.12%	\$417,455	\$417,455
Management Clinical Services	42	72 5 05	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Medical Resources	43	72 5 07	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
<b>Total Administrative &amp; Undistributed Expenses (included in fund type 2 expenses above)</b>	<b>44</b>	<b>Sum of line 40 to 43 (included in Fund Type 2 expenses above)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$408,807</b>	<b>\$417,455</b>	<b>2.12%</b>	<b>\$417,455</b>	<b>\$417,455</b>

Notes

**Form 3a - Service Activity Summary - LHIN**

2009-2010 Budget Request										
Category	Line No	OHRS Framework Level 3	(1) Visits Face-to-face and Telephone In-House and Contracted Out \$450*, \$451*, \$448*, \$449*	(2) Service Recipients Seen \$452	(3) Hours of Care In-House and Contracted Out \$ 454*, \$453*	(4) Resident Days \$ 403*	(5) Individuals Served by Functional Centre (\$455*) or as appropriate - Individuals Served by Organization (\$855*)	(6) Attendance Days Face-to-Face (\$483*)	(7) Group Sessions (\$4920010*)	(8) Meal Delivered-Combined (\$248**10)
<b>FUND TYPE 2-LHIN Managed</b>										
Total Case Management	1	72 5 09	0	0	0	0	0	0	0	0
Total COM Primary Care	2	72 5 10	0	0	0	0	0	0	0	0
Totals COM Crisis Intervention	3	72 5 15	0	0	0	0	0	0	0	0
Total COM Day/Night Care	4	72 5 20	0	0	0	0	0	0	0	0
Total In-Home Care	5	72 5 30	0	0	0	0	0	0	0	0
Total In Home Support Services	6	72 5 35	0	0	0	0	0	0	0	0
Total COM Residential Services	7	72 5 40	0	0	0	0	0	0	0	0
Total COM Health Promotion and Education	8	72 5 50	0	0	0	0	0	0	0	0
Total COM Consumer/Survivor/Family Initiatives	9	72 5 51	0	0	0	0	0	0	0	0
Total COM Information and Referral Service	10	72 5 70	0	0	0	0	0	0	0	0
Total Provincial Health System Development	11	72 5 75	0	0	0	0	0	0	0	0
Total CSS In-Home and Community Services (CSS IH COM)	12	72 5 82	0	0	0	0	0	0	0	0
Total CSS-ABI Services	13	72 5 83	0	0	0	0	0	0	0	0
Total CSS Community Support Initiatives	14	72 5 84	0	0	0	0	0	0	0	0
<b>Total Activity</b>	<b>15</b>	<b>Total lines 1 to 14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Community Health Centres		2009-2010	Budget	Request	2010-2011	Budget	Target		
		(1) Number of Active Clients	(2) Individual Encounters (Face to Face)	(3) Consultations between providers (Client present)	(4) Consultations between providers (Client not present)	(5) Number of Active Clients	(6) Individual Encounters (Face to Face)	(7) Individual Encounters (Telephone)	(8) Consultations between providers (Client present)
Primary Health	16	TBD	4,000	9,200	450	3,496	4,500	10,350	9,058
<b>Total Community Health Centres</b>	<b>17</b>		<b>4,000</b>	<b>9,200</b>	<b>450</b>	<b>3,496</b>	<b>4,500</b>	<b>10,350</b>	<b>9,058</b>

Notes

**Form 3a - Service Activity S**

2010-2011 Budget Request

Category	Line No	(9) Visits Face-to-face and Telephone In-House and Contracted Out S450*, S451*, S448*, S449*	(10) Service Recipients Seen S452	(11) Hours of Care In-House and Contracted Out S 454*, S453*	(12) Resident Days S 403*	(13) Individuals Served by Functional Centre (S455*) or as appropriate - Individuals Served by Organization (S855*)	(14) Attendance Days Face-to-Face (S463*)	(15) Group Sessions (S4920010*)	(16) Meal Delivered-Combined ( S248**10)	Activity Form 3b-P2-LHIN Line Reference 2009-10 Request & 2010-11 Target
<b>FUND TYPE 2-LHIN Managed</b>										
Total Case Management	1	0	0	0	0	0	0	0	0	Total Line 10 -Form 3b-P2-LHIN
Total COM Primary Care	2	0	0	0	0	0	0	0	0	Total Line 36 -Form 3b-P2-LHIN
Totals COM Crisis Intervention	3	0	0	0	0	0	0	0	0	Total Line 44 -Form 3b-P2-LHIN
Total COM Day/Night Care	4	0	0	0	0	0	0	0	0	Total Line 50 -Form 3b-P2-LHIN
Total In-Home Care	5	0	0	0	0	0	0	0	0	Total Line 89 -Form 3b-P2-LHIN
Total In Home Support Services	6	0	0	0	0	0	0	0	0	Total Line 101 -Form 3b-P2-LHIN
Total COM Residential Services	7	0	0	0	0	0	0	0	0	Total Line 126 -Form 3b-P2-LHIN
Total COM Health Promotion and Education	8	0	0	0	0	0	0	0	0	Total Line 140 -Form 3b-P2-LHIN
Total COM Consumer/Survivor/Family Initiatives	9	0	0	0	0	0	0	0	0	Total Line 145 -Form 3b-P2-LHIN
Total COM Information and Referral Service	10	0	0	0	0	0	0	0	0	Total Line 151 -Form 3b-P2-LHIN
Total Provincial Health System Development	11	0	0	0	0	0	0	0	0	Total Line 154 -Form 3b-P2-LHIN
Total CSS In-Home and Community Services (CSS IH COM)	12	0	0	0	0	0	0	0	0	Total Line 178 -Form 3b-P2-LHIN
Total CSS-ABI Services	13	0	0	0	0	0	0	0	0	Total Line 184 -Form 3b-P2-LHIN
Total CSS-Community Support Initiatives	14	0	0	0	0	0	0	0	0	Total Line 189 -Form 3b-P2-LHIN
<b>Total Activity</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>Total Line 190 -Form 3b-P2-LHIN</b>

Community Health Centres	
	(9) Consultations between providers (Client not present)
Primary Health	3,804
<b>Total Community Health Centres</b>	<b>3,804</b>

Notes

## 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. A HSP may be subject to a financial penalty if the reports are not provided on a timely basis.

<b>OHRs/MIS Supplementary Reporting - Quarterly Report (through WERS)</b>	
<b>2009-2010</b>	<b>Due Dates</b>
2009-10 Q1	<i>Not required 2009-2010</i>
2009-10 Q2	November 6, 2009
2009-10 Q3	February 5, 2010
2009-10 Q4	June 7, 2010
<b>2010-2011</b>	<b>Due Dates</b>
2010-11 Q1	<i>Not required 2010-2011</i>
2010-11 Q2	November 5, 2010
2010-11 Q3	February 7, 2011
2010-11 Q4	June 7, 2011

<b>Annual Reconciliation Report (ARR) and Board Approved Audited Financial Statement</b>	
<b>Fiscal Year</b>	<b>Due Date</b>
2009-10	June 30, 2010
2010-11	June 30, 2011

<b>Community Health Centres – Other Reporting Requirements</b>	
<b>Requirement</b>	<b>Due Date</b>
<b>CHS Program Reporting System</b>	All policies and standards related to data entry, extraction and reporting as defined on the CHC ISS Website <a href="http://www.chciss.org">www.chciss.org</a>
<b>French Language Services Implementation and Accountability Report</b>	2009-10 - April 30, 2010 2010-11 - April 29, 2011 <i>(For HSPs that have been designated under the “French Language Services Act” or who have been identified by the LHIN or the former HSRC or DHC to complete the report.)</i>

**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES  
COMMUNITY HEALTH CENTRES**

*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 Health Centre Policies and Procedures Manual (2001)</b></li> </ul>	Chapter 2. CHC Program Model
	Chapter 4. CHC as a Non-profit corporation and the role of the CHC Board
	Chapter 5. Provision of Service Requirements
	Chapter 7. Capital Planning  7.1.1 Ministry approval on capital projects
<ul style="list-style-type: none"> <li>▪ <b>Guide to Enrolment for CHCs as posted on <a href="http://www.chciss.org">www.chciss.org</a></b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Community Financial Policy (2009)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Transition Plan Guidelines (2009)</b></li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>The CHC Model of Care (2008)</b></li> </ul>	

## **SCHEDULE E - PERFORMANCE**

### **1.0 PERFORMANCE INDICATORS**

### **2.0 LHIN SPECIFIC PERFORMANCE OBLIGATIONS**

# Performance Indicators

## Schedule E 2009/11

Bramalea Community Health Centre		2009/10 Performance Target	2009/10 Performance Standard	2010/11 Performance Target	2010/11 Performance Standard
HSP					
Indicators	Baseline				
Balanced Budget		0.00%	>0.00%	0.00%	>0.00%
Variance Forecast to Actual Expenditures		0	<0 >	0	<0 >
Proportion of Budget Spent on Administration		18.07%	21.69%	18.07%	21.69%
Cost per individual served		N/A	N/A	TBD	TBD
Vacancy Rate		N/A	N/A	TBD	TBD
Turnover Rate	N/A	20	16 - 24	15	12 - 18
Wait times:					
1a. From Referral date to Assessment date (90th percentile referrals from community)	N/A	N/A	N/A	TBD	TBD
1b. From Referral date to Assessment date (90th percentile referrals from hospital)	N/A	N/A	N/A	TBD	TBD
Wait Times					
2. Assessment to service initiation		N/A	N/A	TBD	TBD

1. No negative variance is accepted for total margin  
 Proportion of Budget Spent on Administration will be Direct Care / Service for 2010-11  
 N/A - not a performance indicator in 2009-10  
 TBD - target will be set by 3/31/10 for 2010-11  
 Baseline is 2007-08

**Schedule E 2009/11**

**Performance Indicators**

Bramalea Community Health Centre		2009/10	2010/11	2010/11
		Performance Target	Performance Standard**	Performance Target
CHC Sector-specific performance indicators		2009/10	2009/10	2010/11
		Performance Target	Performance Standard**	Performance Standard**
HSP				
	Proportion of CHC clients with type 2 diabetes receiving inter-disciplinary care	60	48 - 72	60
	Percent female clients aged 18 to 69 who have had a pap test within the last three years	35	< 28	40
	Proportion of CHC clients with depression offered treatment or referral		< 0	< 0
	Proportion CHC clients who received a fecal occult blood test		< 0	< 0

\*\*The application of a reporting corridor to a M-SAA target

**Schedule E 2009/11**

**Performance Indicators**

Bramalea Community Health Centre		2009/10 Performance Target	2009/10 Performance Standard**	2010/11 Performance Target	2010/11 Performance Standard**
<b>HSP</b>	<b>LHIN-specific performance indicators</b>	<b>Baseline</b>			

\*\*The application of a reporting corridor to a M-SAA target

## SCHEDULE F – TEMPLATE FOR PROJECT FUNDING

**THIS PROJECT FUNDING AGREEMENT** (the “PFA”) is effective as of [insert date] (the “Effective Date”) between:

**XXX LOCAL HEALTH INTEGRATION NETWORK** (the “LHIN”)

- and -

**[Legal Name of the Health Service Provider]** (the “HSP”)

**WHEREAS** the LHIN and the HSP entered into a service accountability agreement dated [insert date] (the “SAA”) for the provision of Services and now wish to set out the terms of pursuant to which the LHIN will fund the HSP for [insert brief description of project] (the “Project”;

**NOW THEREFORE** in consideration of their respective agreements set out below and subject to the terms of the SAA, the parties covenant and agree as follows:

**1.0 Definitions.** Unless otherwise specified in the PFA, capitalised words and phrases will have the meaning set out in the SAA. When used in the SAA, the following words and phrases have the following meanings:

“**Deliverable**” means one of, and “**Deliverables**” mean more than one of, the services and deliverables provided by the HSP pursuant to the terms of this SAA and set out in Appendix A to this SAA;

“**Rates**” means the applicable price for the Deliverables and set out in Appendix A to this SAA; and

“**Term**” means the period of time from the Effective Date up to and including [insert project end date].

**2.0 Relationship between the SAA and the PFA.** This PFA is made subject to and hereby incorporates the terms of the SAA. On execution the PFA will be appended to the SAA as a Schedule.

**3.0 The Deliverables.** The HSP agrees to provide the Deliverables on the terms and conditions of this PFA including all Appendices and schedules thereto.

**4.0 Rates and Payment Process.** Subject to the SAA, the Rates for the provision of the Deliverables will be as specified in Appendix A to this PFA.

**5.0 Representatives for PFA.**

- (a) The HSP's Representative for purposes of this PFA will be [insert name, telephone number, fax number and e-mail address.] The HSP agrees that the HSP's Representative has authority to legally bind the HSP.
- (b) The LHIN's Representative for purposes of this PFA will be: [insert name, telephone number, fax number and e-mail address.]

**6.0 Additional Terms and Conditions.** The following additional terms and conditions are applicable to this PFA.

- (a) Notwithstanding any other provision in the SAA or this PFA, in the event the SAA is terminated or expires prior to the expiration or termination of the PFA, the PFA will continue until it expires or is terminated in accordance with its terms.
- (b) [insert any additional terms and conditions that are applicable to the Project]

**IN WITNESS WHEREOF** the parties hereto have executed this PFA as of the date first above written.

**[insert name of HSP]**

**By:**

\_\_\_\_\_

\_\_\_\_\_  
[insert name and title]

**[XX] Local Health Integration Network**

**By:**

\_\_\_\_\_

[insert name and title.]

## **APPENDIX A: DELIVERABLES**

- 1. DESCRIPTION OF PROJECT**
- 2. DESCRIPTION OF DELIVERABLES**
- 3. OUT OF SCOPE**
- 4. DUE DATES**
- 5. PERFORMANCE STANDARDS**
- 6. REPORTING**
- 7. PROJECT ASSUMPTIONS**
- 8. RATES**

8.1 The Rates for completion of this PFA are as follows:

8.2 Regardless of any other provision of this PFA, the Rates payable for the completion of the Deliverables under this PFA are not to exceed [X].