

Schedule A2: Population and Geography

2014-2017

Health Service Provider: ADDICTION SERVICES OF THAMES VALLEY - CMH&A

Client Population
ADSTV serves age 12 and up in all programs except for Addiction Supportive Housing - Thames Valley and Telewithdrawal and Crisis Support Program, where the age eligibility begins at 16 years. All genders are served. Family members and significant others are welcome in most programs and referrals can be made to internal programs and outside resources. Internet, Gaming Disorder and Problem Gambling Services serves family and significant others as primary clients. Priority status is given to pregnant and parenting women and to youth to reduce wait times. Homeless clients served in four or more programs. Frequent users of ED and Opiate users as well as clients on substitution therapies are served in-house and in the community. Group intake in a walk in format is available in many locations across Thames Valley. Translation obtained for deaf and hard of hearing as well as for cultural needs. Co-occurring mental health and addiction issues focus on mild to moderate mental health concerns, gaming and cyberdependence. First Nations clients are welcome and many off reserve clients attend for services. Francophone individuals and family will be served more fully in 2014 as we implement Telepsychiatry.

Geography Served
ADSTV serves Thames Valley clients primarily but clients from outside the SWLHIN also attend for services and are welcome. Services are delivered in ADSTV offices in Points of Access (POA) across Oxford, Elgin, Middlesex counties as well as in the main office in London. POA's are located in South London, Woodstock, Ingersoll, Tillsonburg, Aylmer, St. Thomas, West Lorne, Strathroy (co-located at CMHA Middlesex and ASH site) London (main office and ASH site)

Schedule B1: Total LHIN Funding
2016-2017

Health Service Provider: Addiction Services of Thames Valley

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 9.0	2016-2017 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$3,643,379
HBAM Funding (CCAC only)	2	F 11005	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0
MOHLTC Base Allocation	4	F 11010	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0
LHIN One Time	6	F 11008	\$0
MOHLTC One Time	7	F 11012	\$0
Paymaster Flow Through	8	F 11019	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$0
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$3,643,379
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$0
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$52,400
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$52,400
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$3,695,779
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$2,507,000
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$450,900
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$0
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$212,000
Physiotherapist Compensation (Row 128)	23	F 350*	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0
Sessional Fees	26	F 39092	\$0
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$187,879
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$15,000
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$55,000
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$268,000
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$3,695,779
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	\$1,986,171
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$1,986,171
NET SURPLUS/(DEFICIT) FUND TYPE 3	41	Row 39 minus Row 40	\$0
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	42	F 1*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	44	Row 42 minus Row 43	\$0
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$5,681,950
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$5,681,950
NET SURPLUS/(DEFICIT) ALL FUND TYPES	47	Row 45 minus Row 46	\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$268,000
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$55,000
General Administration	52	72 1*	\$434,300
Admin & Support Services	53	72 1*	\$757,300
Management Clinical Services	54	72 5 05	\$243,500
Medical Resources	55	72 5 07	\$0
Total Admin & Undistributed Expenses	56	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$1,000,800

Schedule B2: Clinical Activity- Summary
2016-2017

Health Service Provider: Addiction Services of Thames Valley

Service Category 2016-2017 Budget	OHRIS Framework Level 3	Full-time equivalents (FTE)	Visits F2F, Tel., In-House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions-not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
CMH&A Centralized/Coordinated Access	72 5 08	0.92	0	0	0	0	0	0	0	0	0	0	0	0
Case Management	72 5 09*	11.50	2,825	0	0	0	425	0	550	0	1,450	0	0	0
Primary Care- Clinics/Programs	72 5 10*	27.42	8,450	310	0	0	2,530	0	1,125	0	4,900	0	0	0

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Addiction Services of Thames Valley

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

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

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

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

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Addiction Services of Thames Valley

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

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

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Board Approved Audited Financial Statements *

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Declaration of Compliance

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Other Reporting Requirements

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

2016-2017

Health Service Provider: **Addiction Services of Thames Valley**

Other Reporting Requirements

Requirement	Due Date
ConnexOntario Health Services Information <ul style="list-style-type: none">• Drug and Alcohol Helpline• Ontario Problem Gambling Helpline (OPGH)• Mental Health Helpline	All HSPs that receive funding to provide mental health and/or addictions services must participate in ConnexOntario Health Services Information's annual validation of service details; provide service availability updates; and inform ConnexOntario Health Services Information of any program/service changes as they occur.

French language service Report

2014-15	- April 30, 2015
2015-16	- April 30, 2016
2016-17	- April 30, 2017

Schedule D: Directives , Guidelines and Policies Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Addiction Services of Thames Valley

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

Schedule D: Directives , Guidelines and Policies Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Addiction Services of Thames Valley

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|--|
| <ul style="list-style-type: none">▪ Ontario Admission Discharge Criteria for Addiction Agencies (2000) |
| <ul style="list-style-type: none">▪ Admission, Discharge and Assessment Tools for Ontario Addiction Agencies (2000) |
| <ul style="list-style-type: none">▪ South Oaks Gambling Screen (SOGS) |
| <ul style="list-style-type: none">▪ Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year |
| <ul style="list-style-type: none">▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012 |

Schedule E1: Core Indicators

2016-2017

Health Service Provider: Addiction Services of Thames Valley

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	≥0
Proportion of Budget Spent on Administration	27.1%	≤32.5%
**Percentage Total Margin	0.00%	≥ 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	N/A	-
Variance Forecast to Actual Expenditures	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	N/A	-
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
Budget Spent on Administration- AS General Administration 72 1 10		
Budget Spent on Administration- AS Information Systems Support 72 1 25		
Budget Spent on Administration- AS Volunteer Services 72 1 40		
Budget Spent on Administration- AS Plant Operation 72 1 55		
* Balanced 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

2016-2017

Health Service Provider: Addiction Services of Thames Valley

OHRs Description & Functional Centre		2016-2017	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
Administration and Support Services 72 1*			
Full-time equivalents (FTE)	72 1*	6.44	n/a
Total Cost for Functional Centre	72 1*	\$757,300	n/a
Clinical Management 72 5 05			
Full-time equivalents (FTE)	72 5 05	1.84	n/a
Total Cost for Functional Centre	72 5 05	\$173,500	n/a
CMH&A Centralized/Coordinated Access 72 5 08			
Full-time equivalents (FTE)	72 5 08	0.92	n/a
Total Cost for Functional Centre	72 5 08	\$74,000	n/a
Case Management/Supportive Counselling & Services - Mental Health 72 5 09 76			
Full-time equivalents (FTE)	72 5 09 76	0.92	n/a
Visits	72 5 09 76	75	60 - 90
Individuals Served by Functional Centre	72 5 09 76	25	20 - 30
Total Cost for Functional Centre	72 5 09 76	\$59,000	n/a
Case Management/Supportive Counselling & Services - Addictions Supportive Housing 72 5 09 78 10			
Full-time equivalents (FTE)	72 5 09 78 10	4.14	n/a
Visits	72 5 09 78 10	1,250	1125 - 1375
Individuals Served by Functional Centre	72 5 09 78 10	150	120 - 180
Group Sessions	72 5 09 78 10	350	280 - 420
Total Cost for Functional Centre	72 5 09 78 10	\$270,000	n/a
Group Participant Attendances	72 5 09 78 10	1,000	900 - 1100
Case Management Addictions - Substance Abuse 72 5 09 78 11			
Full-time equivalents (FTE)	72 5 09 78 11	6.44	n/a
Visits	72 5 09 78 11	1,500	1350 - 1650
Individuals Served by Functional Centre	72 5 09 78 11	250	200 - 300
Group Sessions	72 5 09 78 11	200	160 - 240
Total Cost for Functional Centre	72 5 09 78 11	\$420,000	n/a
Group Participant Attendances	72 5 09 78 11	450	360 - 540
Addictions Treatment-Substance Abuse 72 5 10 78 11			
Full-time equivalents (FTE)	72 5 10 78 11	18.22	n/a
Visits	72 5 10 78 11	7,000	6650 - 7350
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 11	200	160 - 240
Individuals Served by Functional Centre	72 5 10 78 11	2,000	1800 - 2200
Group Sessions	72 5 10 78 11	1,000	900 - 1100
Total Cost for Functional Centre	72 5 10 78 11	\$1,105,618	n/a
Group Participant Attendances	72 5 10 78 11	4,500	4050 - 4950
Addictions Treatment-Problem Gambling 72 5 10 78 12			
Full-time equivalents (FTE)	72 5 10 78 12	3.68	n/a
Visits	72 5 10 78 12	700	595 - 805
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 12	100	80 - 120
Individuals Served by Functional Centre	72 5 10 78 12	280	224 - 336

Schedule E2a: Clinical Activity- Detail

2016-2017

Health Service Provider: Addiction Services of Thames Valley

OHRs Description & Functional Centre		2016-2017	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
Group Sessions	72 5 10 78 12	125	100 - 150
Total Cost for Functional Centre	72 5 10 78 12	\$262,879	n/a
Group Participant Attendances	72 5 10 78 12	400	320 - 480
Addictions Withdrawal Mgmt. 72 5 10 78 20			
Full-time equivalents (FTE)	72 5 10 78 20	5.52	n/a
Visits	72 5 10 78 20	750	638 - 863
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 20	10	8 - 12
Individuals Served by Functional Centre	72 5 10 78 20	250	200 - 300
Total Cost for Functional Centre	72 5 10 78 20	\$573,482	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		48.12	n/a
Total Visits for all F/C		11,275	10711 - 11839
Total Not Uniquely Identified Service Recipient Interactions for all F/C		310	248 - 372
Total Individuals Served by Functional Centre for all F/C		2,955	2660 - 3251
Total Group Sessions for all F/C		1,675	1508 - 1843
Total Group Participants for all F/C		6,350	n/a
Total Cost for All F/C		\$3,695,779	n/a

Schedule E2c: CMH&A Sector Specific Indicators

2016-2017

Health Service Provider: Addiction Services of Thames Valley

Performance Indicators	2016-2017 Target	Performance Standard
Refer to Schedule E3c	-	-
Explanatory Indicators		
Repeat Unplanned Emergency Visits within 30 days for Mental Health conditions		
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse conditions		
Average Number of Days Waited from Referral/Application to Initial Assessment Complete		
Average number of days waited from Initial Assessment Complete to Service Initiation		

**Schedule E3a Local: All
2016-2017**

Health Service Provider: Addiction Services of Thames Valley

TheHealthline.ca

All South West LHIN community sector Health Service Providers agree to regularly update, and annually review April 1st, site specific programs and services information, as represented within the thehealthline.ca website.

Review Obligations

Annually review/update HSP specific content on thehealthline.ca

Indigenous Cultural Safety Training

A training plan to identify and track the number of staff that register and complete the Indigenous Cultural Safety (ICS) training course is required and can be completed at this link:

<https://www.surveymonkey.com/r/ICCTraining>.

Reporting Obligations

Health Service Providers are required to submit a tracking sheet annually on the number of staff that have taken ICS training by June 30, 2016 (for 15/16 progress) and June 30, 2017 (for 16/17 progress). The tracking template is available on the South West LHIN website here:

<http://www.culturalcompetency.ca/training/ontario>

**Schedule E3c Local: CMH&A Local Indicators
2016-2017**

Health Service Provider: Addiction Services of Thames Valley

Coordinated Access

Mental Health and Addictions Health Service Providers (HSPs) in Oxford, Elgin, and London-Middlesex will work collaboratively with Addictions Services Thames Valley (ADSTV), as the lead HSP for Coordinated Access, to develop and implement a coordinated access model that shall include:

- i) a coordinated screening and intake process to streamline access to services for clients;
- ii) a shared calendar using ConnexOntario or another tool to coordinate timely client access;
- iii) the creation of one number access for clients;
- iv) coordinated wait list relief strategies;
- v) coordinated referral process(es); and
- vi) use of evidence based screening tools.

Reporting Obligations and Measurement:

The HSP will report the following measures to the LHIN quarterly using the supplemental reporting tools developed by the South West LHIN:

- i) Total number of intakes completed;
- ii) Number of unique Clients screened;
- iii) Number of Clients who have been screened using a tool from the GAIN suite of screening and assessment tools.

The indicator "Percent of clients who have been screened using a tool from the GAIN suite of screening and assessment tools" will be calculated based on the reported total number of intakes completed and the number of Clients who have been screened that were screened using a tool from the GAIN suite of screening and assessment tools. The target for this indicator is >75%.

HSPs will also submit supplemental reports on progress as determined at local tables.

Submission of supplemental reporting tools is due to the South West LHIN reporting email address (swlhinreporting@lhins.on.ca) following the Supplementary Reporting – Quarterly Report schedule outlined in Schedule C with the addition of a 2016-17 Q1 reporting requirement due August 8, 2016.

**Schedule E3 FLS Local: Identified Organizations
2016-2017**

Health Service Provider: Addiction Services of Thames Valley

French Language Services

Your organization will work towards utilizing the specified linguistic variable in Section 2 “Identification of Francophone patients/clients”, of the French Language Service (FLS) toolkit (available on the South West LHIN website). Specifically, two questions are suggested in order to identify, track and report annually on the number of Francophone clients that are served:

1. What is your mother tongue? English ___ French ___ Other ___
2. If your mother tongue is neither English nor French, in what official language are you most comfortable? English ___ French ___

This information will help with the establishment of an environment where people’s linguistic backgrounds are collected, linked with existing health services data and utilized in health services and health system planning to ensure services are culturally and linguistically sensitive.

Reporting Obligations: Your organization is to identify an internal lead/team to work with the South West LHIN FLS Coordinator by April 30th, 2016. In addition, by April 30th, 2016, a FLS Progress Report is to be submitted to SWLHINReporting@LHINS.ON.CA and the South West LHIN FLS Coordinator. The FLS Progress Report template will be made available on the South West LHIN website under the French Language Services Toolkit by March 1st, 2016.

French Language Services Implementation Plans are subject to revisions pending annual progress report reviews. An annual refresh to the agency’s FLS Implementation plan is to be submitted to the South West LHIN by June 1st of each year.

Schedule F: Project Funding

2016-2017

Health Service Provider: Addiction Services of Thames Valley

Project Funding Agreement Template

Note: This project template is intended to be used to fund one-off projects or for the provision of services not ordinarily provided by the HSP. Whether or not the HSP provides the services directly or subcontracts the provision of the services to another provider, the HSP remains accountable for the funding that is provided by the LHIN.

THIS PROJECT FUNDING AGREEMENT (“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 this PFA, capitalized words and phrases shall have the meaning set out in the SAA. When used in this PFA, the following words and phrases have the following meanings:

“**Project Funding**” means the funding for the Services;

“**Services**” mean the services described in Appendix A to this PFA; 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 this PFA. This PFA is made subject to and hereby incorporates the terms of the SAA. On execution this PFA will be appended to the SAA as a Schedule.

3.0 The Services. The HSP agrees to provide the Services on the terms and conditions of this PFA including all of its Appendices and schedules.

4.0 Rates and Payment Process. Subject to the SAA, the Project Funding for the provision of the Services shall be as specified in Appendix A to this PFA.

Schedule F: Project Funding

2016-2017

Health Service Provider: Addiction Services of Thames Valley

Project Funding Agreement Template

5.0 Representatives for PFA.

(a) The HSP's Representative for purposes of this PFA shall 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 shall 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 this PFA, this PFA shall 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.]

Schedule F: Project Funding

2016-2017

Health Service Provider: Addiction Services of Thames Valley

Project Funding Agreement Template

5.0 APPENDIX A: SERVICES

1. DESCRIPTION OF PROJECT
2. DESCRIPTION OF SERVICES
3. OUT OF SCOPE
4. DUE DATES
5. PERFORMANCE TARGETS
6. REPORTING
7. PROJECT ASSUMPTIONS
8. PROJECT FUNDING

8.1 The Project Funding for completion of this PFA is as follows:

8.2 Regardless of any other provision of this PFA, the Project Funding payable for the completion of the Services under this PFA is one-time finding and is not to exceed [X].

Schedule G: Declaration of Compliance

2016-2017

Health Service Provider: Addiction Services of Thames Valley

DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2014

To: The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of the [insert name of HSP] (the "HSP")

Date: [insert date]

Re: [insert date range - April 1, 201X –March 31, 201x] (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the HSP on a day to day basis, e.g. the Chief Executive Office or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

[insert name of Chair], [insert title]