

MSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2017

B E T W E E N:

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Somerset West Community Health Centre (the "HSP")

WHEREAS the LHIN and the HSP (together the "Parties") entered into a multi-sector service accountability agreement that took effect April 1, 2014 (the "MSAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the MSAA for a twelve month period to March 31, 2018;

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows.

1.0 Definitions. Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the MSAA. References in this Agreement to the MSAA mean the MSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The MSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(a) The following terms have the following meanings.

For the Funding Year beginning April 1, 2017, "**Schedule**" means any one, and "**Schedules**" means any two or more as the context requires, of the Schedules in effect for the Funding Year that began April 1, 2016 ("2016-17"), except that any Schedules in effect for the 2016-17 with the same name as Schedules listed below and appended to this Agreement are replaced by those Schedules listed below and appended to this Agreement.

Schedule B: Service Plan
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E: Performance
Schedule G: Compliance

2.3 Term. This Agreement and the MSAA will terminate on March 31, 2018.

- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the MSAA shall remain in full force and effect.
- 4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.


IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

By:  May 2/2017
 Jean-Pierre Boisclair, Chair Date

And by:  April 12, 2017
 Chantale LeClerc, CEO Date

Somerset West Community Health Centre

By:  March 27, 2017
 Dick Stewart, Chair Date

And by:  March 23, 2017
 Naini Cloutier, Executive Director Date

Schedule B1: Total LHIN Funding

2017-2018

Health Service Provider: Somerset West Community Health Centre

| LHIN Program Revenue & Expenses | Row # | Account: Financial (F) Reference OHSR VERSION 10.0 | 2017-2018 Plan Target |
|---|-----------|--|-----------------------|
| REVENUE | | | |
| LHIN Global Base Allocation | 1 | F 11006 | \$7,246,094 |
| 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 | \$7,246,094 |
| Recoveries from External/Internal Sources | 11 | F 120* | \$155,623 |
| Donations | 12 | F 140* | \$0 |
| Other Funding Sources & Other Revenue | 13 | F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*] | \$0 |
| Subtotal Other Revenues | 14 | Sum of Rows 11 to 13 | \$155,623 |
| TOTAL REVENUE FUND TYPE 2 | 15 | Sum of Rows 10 and 14 | \$7,401,717 |
| EXPENSES | | | |
| Compensation | | | |
| Salaries (Worked hours + Benefit hours cost) | 17 | F 31010, 31030, 31090, 35010, 35030, 35090 | \$3,163,796 |
| Benefit Contributions | 18 | F 31040 to 31085 , 35040 to 35085 | \$637,766 |
| Employee Future Benefit Compensation | 19 | F 305* | \$0 |
| Physician Compensation | 20 | F 390* | \$1,285,915 |
| Physician Assistant Compensation | 21 | F 390* | \$107,022 |
| Nurse Practitioner Compensation | 22 | F 380* | \$651,012 |
| 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* | \$32,000 |
| Supplies & Sundry Expenses | 28 | F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700] | \$399,778 |
| Community One Time Expense | 29 | F 69596 | \$0 |
| Equipment Expenses | 30 | F 7*, [excl. F 750*, 780*] F 750* , 780* | \$207,939 |
| Amortization on Major Equip, Software License & Fees | 31 | | \$0 |
| Contracted Out Expense | 32 | F 8* | \$439,678 |
| Buildings & Grounds Expenses | 33 | F 9*, [excl. F 950*] | \$476,811 |
| Building Amortization | 34 | F 9* | \$0 |
| TOTAL EXPENSES FUND TYPE 2 | 35 | Sum of Rows 17 to 34 | \$7,401,717 |
| 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* | \$3,456,775 |
| Total Expenses (Type 3) | 40 | F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9* | \$3,456,775 |
| 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 | \$10,858,492 |
| Total Expenses (All Funds) | 46 | Line 16 + line 40 + line 43 | \$10,858,492 |
| 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* | \$699,017 |
| Volunteer Services | 50 | 72 1* | \$0 |
| Information Systems Support | 51 | 72 1* | \$337,621 |
| General Administration | 52 | 72 1* | \$917,435 |
| Other Administrative Expenses | 53 | 72 1* | \$0 |
| Admin & Support Services | 54 | 72 1* | \$1,954,073 |
| Management Clinical Services | 55 | 72 5 05 | \$0 |
| Medical Resources | 56 | 72 5 07 | \$0 |
| Total Admin & Undistributed Expenses | 57 | Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above) | \$1,954,073 |

Schedule B2: Clinical Activity- Summary

2017-2018

Health Service Provider: Somerset West Community Health Centre

| Service Category 2017-2018 Budget | OHR'S 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 (if group sessions not individuals) | Meal Delivered-Combined | Group Participant Attendances (Reg & Non-Reg) | Service Provider Interactions | Service Provider Group Interactions | Mental Health Sessions |
|--|--------------------------------|------------------------------------|---|---|--|--------------------------------|--|-------------------------------------|---|--------------------------------|--|--------------------------------------|--|-------------------------------|
| Case Management | 72 5 09* | 2.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Primary Care- Clinics/Programs | 72 5 10* | 41.50 | 47,150 | 1,500 | 6,525 | 0 | 8,120 | 750 | 245 | 0 | 3,700 | 1,500 | 0 | 0 |
| Health Promotion and Education | 72 5 50 | 6.50 | 0 | 0 | 0 | 0 | 0 | 0 | 144 | 0 | 2,000 | 0 | 0 | 0 |

Schedule C: Reports

Community Health Centres

2017-2018

Health Service Provider: Somerset West Community Health Centre

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 |
| 2017-18 | Due Dates (Must pass 3c Edits) |
| 2017-18 Q1 | <i>Not required 2017-18</i> |
| 2017-18 Q2 | October 31, 2017 |
| 2017-18 Q3 | January 31, 2018 |
| 2017-18 Q4 | May 31, 2018 |

| Supplementary Reporting - Quarterly Report (through SRI) | |
|---|---|
| 2014-2015 | Due five (5) business days following Trial Balance Submission Due Date |
| 2014-15 Q2 | November 7, 2014 |
| 2014-15 Q3 | February 7, 2015 |
| 2014-15 Q4 | June 7, 2015 – Supplementary Reporting Due |
| 2015-2016 | Due five (5) business days following Trial Balance Submission Due Date |
| 2015-16 Q2 | November 7, 2015 |
| 2015-16 Q3 | February 7, 2016 |
| 2015-16 Q4 | June 7, 2016 – Supplementary Reporting Due |
| 2016-2017 | Due five (5) business days following Trial Balance Submission Due Date |
| 2016-17 Q2 | November 7, 2016 |
| 2016-17 Q3 | February 7, 2017 |
| 2016-17 Q4 | June 7, 2017 – Supplementary Reporting Due |
| 2017-2018 | Due five (5) business days following Trial Balance Submission Due Date |
| 2017-18 Q2 | November 7, 2017 |
| 2017-18 Q3 | February 7, 2018 |
| 2017-18 Q4 | June 7, 2018 – Supplementary Reporting Due |

Schedule C: Reports

Community Health Centres

2017-2018

Health Service Provider: Somerset West Community Health Centre

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

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

| Fiscal Year | Due Date |
|-------------|---------------|
| 2014-15 ARR | June 30, 2015 |
| 2015-16 ARR | June 30, 2016 |
| 2016-17 ARR | June 30, 2017 |
| 2017-18 ARR | June 30, 2018 |

Board Approved Audited Financial Statements *

(All HSPs must submit both paper copy Board Approved Audited Financial Statements, to the Ministry and the respective LHIN where funding is provided; soft copy to be uploaded to SRI)

| Fiscal Year | Due Date |
|-------------|---------------|
| 2014-15 | June 30, 2015 |
| 2015-16 | June 30, 2016 |
| 2016-17 | June 30, 2017 |
| 2017-18 | June 30, 2018 |

Declaration of Compliance

| Fiscal Year | Due Date |
|-------------|---------------|
| 2013-14 | June 30, 2014 |
| 2014-15 | June 30, 2015 |
| 2015-16 | June 30, 2016 |
| 2016-17 | June 30, 2017 |
| 2017-18 | June 30, 2018 |

Community Health Centres – Other Reporting Requirements

| Requirement | Due Date |
|--------------------------------|--------------------------|
| French language service report | 2014-15 - April 30, 2015 |
| | 2015-16 - April 30, 2016 |
| | 2016-17 - April 30, 2017 |
| | 2017-18 - April 30, 2018 |

Quality Improvement Plan

The HSP will submit annually a Quality Improvement Plan to Health Quality Ontario that is aligned with this Agreement and supports local health system priorities. A copy of the QIP is to be provided to the LHIN at the time it is submitted to HQO.

| Planning Period | Due Date |
|--------------------------------|---------------|
| April 1, 2016 – March 31, 2017 | April 1, 2016 |
| April 1, 2017 – March 31, 2018 | April 1, 2017 |

Schedule D: Directives , Guidelines and Policies

Community Health Centres

2017-2018

Health Service Provider: Somerset West Community Health Centre

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

| |
|---|
| • Community Financial Policy, 2015 |
| • Community Health Centre – Requirements November 2013 |
| • Ontario Healthcare Reporting Standards – OHRs/MIS - most current version available to applicable year |
| • Model of Health and Wellbeing - May 2013 |
| • Community Health Centre Guidelines November 2013 v1.1 (see Note #1) |
| • Guideline for Community Health Service Providers Audits and Reviews, August 2012 |

Note #1: Community Health Centre Guidelines

A “Community Health Centre Guidelines” document has been completed by representatives from Community Health Centres, LHINs, AOHC and the MOHLTC. The purpose of the guide is to provide critical information to CHCs and LHINs in the areas of:

- Historical information
- Best practice
- Administrative guidance

The guide is intended to be a “living” document to be updated during the life of the current agreement at a mutually agreeable schedule to all parties to ensure that it remains current and a valuable reference document for the CHC sector and LHINs. ***It must be noted that the document is considered a guide only for informational purposes and is not a contractual requirement.***

Schedule E1: Core Indicators

2017-2018

Health Service Provider: Somerset West Community Health Centre

| Performance Indicators | 2017-2018 Target | Performance Standard |
|---|-----------------------|----------------------|
| *Balanced Budget - Fund Type 2 | \$0 | >=0 |
| Proportion of Budget Spent on Administration | 26.4% | <=31.7% |
| **Percentage Total Margin | 0.00% | >= 0% |
| Percentage of Alternate Level of Care (ALC) days (closed cases) | 9.5% | <10.41% |
| Variance Forecast to Actual Expenditures | 0.0% | < 5% |
| Variance Forecast to Actual Units of Service | 0.0% | < 5% |
| Service Activity by Functional Centre | Refer to Schedule E2a | - |
| Number of Individuals Served | Refer to Schedule E2a | - |
| Alternate Level of Care (ALC) Rate | 12.7% | <13.97% |

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

* 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

2017-2018

Health Service Provider: Somerset West Community Health Centre

| OHRs Description & Functional Centre | | 2017-2018 | |
|--|---------------|-------------|----------------------|
| | | Target | Performance Standard |
| * 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* | 8.60 | n/a |
| *Total Cost for Functional Centre | 72 1* | \$1,954,073 | n/a |
| Case Management/Supportive Counselling & Services - Mental Health 72 5 09 76 | | | |
| * Full-time equivalents (FTE) | 72 5 09 76 | 2.00 | n/a |
| *Total Cost for Functional Centre | 72 5 09 76 | \$155,623 | n/a |
| Clinics/Programs - General Clinic 72 5 10 20 | | | |
| * Full-time equivalents (FTE) | 72 5 10 20 | 34.00 | n/a |
| Visits | 72 5 10 20 | 42,000 | 40740 - 43260 |
| Hours of Care | 72 5 10 20 | 2,175 | 1958 - 2393 |
| Individuals Served by Functional Centre | 72 5 10 20 | 7,100 | 6745 - 7455 |
| Attendance Days Face-to-Face | 72 5 10 20 | 250 | 200 - 300 |
| Group Sessions | 72 5 10 20 | 150 | 120 - 180 |
| *Total Cost for Functional Centre | 72 5 10 20 | \$3,710,092 | n/a |
| Group Participant Attendances | 72 5 10 20 | 1,500 | 1350 - 1650 |
| Clinics/Programs - Therapy Clinic - General 72 5 10 40 10 | | | |
| * Full-time equivalents (FTE) | 72 5 10 40 10 | 2.50 | n/a |
| Visits | 72 5 10 40 10 | 4,500 | 4050 - 4950 |
| Hours of Care | 72 5 10 40 10 | 2,175 | 1958 - 2393 |
| Individuals Served by Functional Centre | 72 5 10 40 10 | 720 | 612 - 828 |
| Attendance Days Face-to-Face | 72 5 10 40 10 | 250 | 200 - 300 |
| Group Sessions | 72 5 10 40 10 | 95 | 76 - 114 |
| *Total Cost for Functional Centre | 72 5 10 40 10 | \$177,025 | n/a |
| Group Participant Attendances | 72 5 10 40 10 | 2,200 | 1980 - 2420 |
| COM Clinics/Programs - Chronic Disease – Asthma/COPD Clinic 72 5 10 50 30 | | | |
| * Full-time equivalents (FTE) | 72 5 10 50 30 | 3.50 | n/a |
| Visits | 72 5 10 50 30 | 650 | 553 - 748 |
| Hours of Care | 72 5 10 50 30 | 2,175 | 1958 - 2393 |
| Individuals Served by Functional Centre | 72 5 10 50 30 | 300 | 240 - 360 |
| Attendance Days Face-to-Face | 72 5 10 50 30 | 250 | 200 - 300 |
| *Total Cost for Functional Centre | 72 5 10 50 30 | \$331,081 | n/a |
| Clinics/Programs – CHC Other Clinic 72 5 10 55 | | | |
| * Full-time equivalents (FTE) | 72 5 10 55 | 1.50 | n/a |
| Not Uniquely Identified Service Recipient Interactions | 72 5 10 55 | 1,500 | 1350 - 1650 |
| *Total Cost for Functional Centre | 72 5 10 55 | \$281,258 | n/a |
| Service Provider Interactions | 72 5 10 55 | 1,500 | 1350 - 1650 |
| Health Prom/Educ. & Com.Dev. – Community Engagement and Capacity Building 72 5 50 14 | | | |
| * Full-time equivalents (FTE) | 72 5 50 14 | 4.30 | n/a |
| *Total Cost for Functional Centre | 72 5 50 14 | \$404,714 | n/a |
| Health Prom/Educ.& Com. Dev – Personal Health and Wellness 72 5 50 45 | | | |
| * Full-time equivalents (FTE) | 72 5 50 45 | 2.20 | n/a |

Schedule E2a: Clinical Activity- Detail

2017-2018

Health Service Provider: Somerset West Community Health Centre

| OHRs Description & Functional Centre | | 2017-2018 | |
|--|------------|------------------|----------------------|
| | | Target | Performance Standard |
| * These values are provided for information purposes only. They are not Accountability Indicators. | | | |
| Group Sessions | 72 5 50 45 | 144 | 115 - 173 |
| *Total Cost for Functional Centre | 72 5 50 45 | \$108,357 | n/a |
| Group Participant Attendances | 72 5 50 45 | 2,000 | 1800 - 2200 |
| CHC Client Support Services 72 5 85 | | | |
| * Full-time equivalents (FTE) | 72 5 85 | 3.10 | n/a |
| Individuals Served by Functional Centre | 72 5 85 | 400 | 320 - 480 |
| *Total Cost for Functional Centre | 72 5 85 | \$279,494 | n/a |
| Service Provider Interactions | 72 5 85 | 2,000 | 1800 - 2200 |
| ACTIVITY SUMMARY | | | |
| Total Full-Time Equivalents for all F/C | | 61.70 | n/a |
| Total Visits for all F/C | | 47,150 | 45736 - 48565 |
| Total Not Uniquely Identified Service Recipient Interactions for all F/C | | 1,500 | 1350 - 1650 |
| Total Hours of Care for all F/C | | 6,525 | 6199 - 6851 |
| Total Individuals Served by Functional Centre for all F/C | | 8,520 | 8094 - 8946 |
| Total Attendance Days for all F/C | | 750 | 638 - 863 |
| Total Group Sessions for all F/C | | 389 | 311 - 467 |
| Total Group Participants for all F/C | | 5,700 | 5415 - 5985 |
| Total Service Provider Interactions for all F/C | | 3,500 | 3150 - 3850 |
| Total Cost for All F/C | | 7,401,718 | n/a |

Schedule E2b: CHC Sector Specific Indicators

2017-2018

Health Service Provider: Somerset West Community Health Centre

| Performance Indicators | 2017-2018 Target | Performance Standard |
|--|------------------|----------------------|
| Cervical Cancer Screening Rate (PAP tests) | 70.0% | > 56.0% |
| Colorectal Screening Rate | 60.0% | 48 - 72% |
| Inter-professional Diabetes Care Rate | 92.0% | 73.6 - 100% |
| Influenza Vaccination Rate | 50.0% | 40 - 60% |
| Breast Cancer Screening Rate | 55.0% | 44 - 66% |
| Retention Rate (For NPs and Physicians) | 95.0% | >= 76% |
| Access to Primary Care | 100.0% | 95 - 100% |
| Interpretation | | |
| Specialized Care | | |
| Supervision of students | | |
| Third next available appointment | | |
| Non-Insured Clients | | |

**Schedule E3a Local: All
2017-2018**

Health Service Provider: Somerset West Community Health Centre

Indigenous Cultural Awareness: The Health Service Provider will report on the activities it has undertaken during the fiscal year to increase the indigenous cultural awareness and sensitivity of its staff, physicians and volunteers throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The Indigenous Cultural Awareness Report, using a template to be provided by the LHIN, is due to the LHIN by April 30, 2018 and should be submitted using the subject line: 2017-18 Indigenous Cultural Awareness Report to ch.accountabilityteam@lhins.on.ca . HSPs that have multiple accountability agreements with the LHIN should provide one aggregated report for the corporation.

Executive Succession: The Health Service Provider must inform the LHIN prior to undertaking a recruitment process or appointment for a CEO or Executive Director.

Health Links: The Health Service Provider, in collaboration with the Health Link lead and partners, will contribute to the scaling and sustainability of Health Links care coordination with patients/clients with complex needs, including the identification of clients, and as appropriate, delivery of coordinated care to achieve the 2017-18 target number of coordinated care plans.

Sub-region Planning: The Champlain LHIN has established five sub-regions in order to improve patient and client health outcomes through population health planning and integrated service delivery. HSPs are expected to collaborate in the development of sub-region planning, and to contribute to more coordinated care for sub-regional populations across the continuum of primary, home, community, and long-term care and to improve transitions from hospital to community care. This will require close collaboration and partnership with primary care providers in each sub-region in meeting the needs of their patients.

**Schedule E3b Local: CHC Local Indicators
2017-2018**

Health Service Provider: Somerset West Community Health Centre

Ottawa Model of Smoking Cessation: Community Health Centres participating in the Ottawa Model of Smoking Cessation will collect baseline and post-implementation performance metrics and submit these to the University of Ottawa Heart Institute (UOHI) according to individual agreements between the CHC and the UOHI.

Integrated Decision Support: The Health Service Provider will collaborate in the planning of a Regional Integrated Decision Support System as required.

**Schedule E3 FLS Local: Non-Identified Organizations
2017-2018**

Health Service Provider: Somerset West Community Health Centre

French Language Services – Non-identified: Using a template to be provided by the LHIN, the HSP will submit a brief report that outlines how it addresses the needs of its local Francophone community to the LHIN, by April 30, 2018.

Schedule G: Declaration of Compliance

2017-2018

Health Service Provider: Somerset West Community Health Centre

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, 2016 –March 31, 2017] (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]