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May 5, 2017

Ted Scholten
President and Chief Executive Officer
Riverside Health Care Facilities Inc.
110 Victoria Avenue
Fort Frances, ON P9A 2B7

RECEIVED MAY - 9 2017

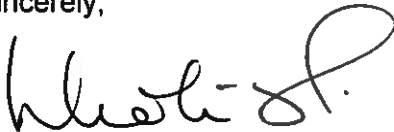
Dear Mr. ~~Scholten~~ Scholten:

Re: 2017/18 Multi-Sector Service Accountability Agreement (M-SAA) Extension Agreement

For your records, please find enclosed a fully executed copy of your 2017/18 M-SAA Extension Agreement. We look forward to working with you to implement this agreement.

Thank you once again for your continued efforts in meeting the health care needs of the people of Northwestern Ontario.

Sincerely,



Laura Kokocinski
Chief Executive Officer

Encl.

M-SAA AMENDING AGREEMENT

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

B E T W E E N:

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

RIVERSIDE HEALTH CARE FACILITIES INC. (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 "M-SAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the M-SAA 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 M-SAA. References in this Agreement to the M-SAA mean the M-SAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The M-SAA 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: Budget
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E1: Core Indicators: All Sectors
Schedule E2a: Core Indicators: All Sectors
Schedule E2c: MH&A Specific Indicators
Schedule E2d: CSS Specific Indicators
Schedule E3: LHIN Local Indicators

2.3 Term. This Agreement and the M-SAA 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 M-SAA 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.

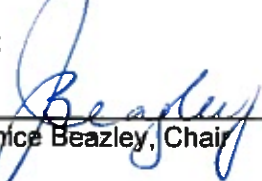
IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.


NORTH WEST LOCAL HEALTH INTEGRATION NETWORK

By:  April 6, 2017.
 Gil Labine, Chair Date

And by:  May 4, 2017
 Laura Kokocinski, Chief Executive Officer Date

RIVERSIDE HEALTH CARE FACILITIES INC.

By:  March 30/17
 Janice Beazley, Chair Date

And by:  March 30/17
 Ted Scholten, President and Chief Executive Officer Date

Summary of Revenue & Expenses

Schedule B1:
Budget 2017/18

Healthcare Service Provider:

Riverside Health Care Facilities Inc.

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017/18 Budget Target
REVENUE			
LHIN Global Base Allocation	1	F 11005	\$2,111,676
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	\$284,844
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$2,396,520
Recoveries from External/Internal Sources	11	F 120*	\$12,477
Donations	12	F 140*	\$0
Other Funding Sources and 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	\$12,477
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14
			\$2,408,997
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,772,814
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$398,845
Employee Future Benefit Compensation	19	F 305*	\$2,500
Physician Compensation	20	F 390*	\$0
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$0
All Other Medical Staff Compensation	23	F 390*, [excl. F 39092]	\$0
Sessional Fees	24	F 39092	\$35,101
Service Costs			
Med/Surgical Supplies & Drugs	25	F 460*, 465*, 560*, 565*	\$0
Supplies & Sundry Expenses	26	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571,]	\$172,482
Community One Time Expense	27	F 69596	\$0
Equipment Expenses	28	F 7*, [excl. F 750*, 780*]	\$14,994
Amortization on Major Equip, Software License & Fees	29	F 750*, 780*	\$0
Contracted Out Expense	30	F 8*	\$0
Buildings & Grounds Expenses	31	F 9*, [excl. F 950*]	\$12,261
Building Amortization	32	F 9*	\$0
TOTAL EXPENSES Fund Type 2	33	Sum of Rows 17 to 32	\$2,408,997
NET SURPLUS/(DEFICIT) FROM OPERATIONS	34	Row 15 minus Row 33	\$0
Amortization - Grants/Donations Revenue	35	F 131*, 141* & 151*	\$0
SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations	36	Sum of Rows 34 to 35	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	37	F 1*	\$0
Total Expenses (Type 3)	38	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 3	39	Row 37 minus Row 38	\$0
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	40	F 1*	\$191,238
Total Expenses (Type 1)	41	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$191,238
NET SURPLUS/(DEFICIT) FUND TYPE 1	42	Row 40 minus Row 41	\$0
ALL FUND TYPES			
Total Revenue (All Funds)	43	Line 13 + line 32 + line 35	\$2,600,235
Total Expenses (All Funds)	44	Line 28 + line 33 + line 36	\$2,600,235
NET SURPLUS/(DEFICIT) ALL FUND TYPES	45	Row 43 minus Row 44	\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	46	82*	\$0
Admin & Support Services	47	72 1*	\$283,200
Management Clinical Services	48	72 5 05	\$0
Medical Resources	49	72 5 07	\$0
Total Admin & Undistributed Expenses	50	Sum of Rows 46-50 (Included in Fund Type 2 expenses above)	\$283,200

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

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

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

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)	
2014-15	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
2015-16	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
2016-17	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
2017-18	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 MENTAL HEALTH & ADDICTIONS SERVICES AND COMMUNITY
SUPPORT SERVICES**

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 Mental Health and Addictions – 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
	2017-18 Q2	November 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	

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

	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
	2017-18 Q1	July 21, 2017
	2017-18 Q2	October 24, 2017
	2017-18 Q3	January 23, 2018
	2017-18 Q4	May 2, 2018
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 received funding to provide mental health and/or addictions services must participate in ConnexOntario Health Services Information's annual validation of service details; provide service availability updates; and inform ConnexOntario Health Services Information of any program/service changes as they occur.	

Community Mental Heal & Addictions and Community Support Services – 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

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

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

COMMUNITY SUPPORT SERVICES

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

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

COMMUNITY MENTAL HEALTH AND ADDICTIONS

<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) 	<ul style="list-style-type: none"> Chapter 1. Organizational Components <ul style="list-style-type: none"> 1.2 Organizational Structure, Roles and Relationships 1.3 Developing and Maintaining the HSP Organization / Structure 1.5 Dispute Resolution
	<ul style="list-style-type: none"> Chapter 2. Program & Administrative Components <ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> Chapter 3. Financial Record Keeping and Reporting Requirements <ul style="list-style-type: none"> 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 (March 2011) 	
<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) 	
<ul style="list-style-type: none"> • Addictions staged screening and assessment tools (2015) 	
<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 	

Core Indicators - All Sectors

Schedule E1
Core Indicators - All Sectors

Healthcare Service Provider:

Riverside Health Care Facilities Inc.

Performance Indicators	2017/18	
	Target	Performance Standard
% Total Margin (Note 1)	0%	>=0%
Fund Type 2- Balanced Budget (Note 2)	0	0
Proportion of Budget Spent on Administration (Notes 3 and 4)	11.8%	< 13.0%
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Percentage of Acute ALC Days (Closed Cases) (Note 5)	9.5%	<= 10.4%
Alternate Level of Care (ALC) Rate (Open Cases) (Note 5)	12.7%	<= 14.0%

Explanatory Indicators	
Cost per Individual Served (by program/service)	Proportion of Budget Spent on Volunteer Services
Client Experience (client satisfaction surveys)	Proportion of Budget Spent on Information Systems Support
Proportion of Budget Spent on Plant Operations	Proportion of Budget Spent on General Administration

Note 1 - No negative variance is accepted for Total Margin
 Note 2 - Fund Type 2- Balanced Budget: HSP's are required to submit a balanced budget.
 Note 3 - Target Setting Methodology (BM = Benchmark):
 (a) If HSP budget is > LHIN upper corridor, Target = upper limit of performance corridor, Corridor = lessor of (10% above Target) and (HSP budget)
 (b) If HSP budget is between LHIN BM target and upper corridor, Target = HSP budget, Corridor = LHIN benchmark for upper corridor
 (c) If HSP budget is < LHIN BM target, Target = HSP budget, Corridor = greater of (10% above HSP budget) and (LHIN BM target), unless 0, then 0
 Note 4 - As of April 1, 2014, Proportion of Budget Spent of Administration includes Undistributed Accounting Centres (82*), Admin & Support Services (72 1*), Management Clinical Services (72 5 05), and Medical Resources (72 5 07). This definition applies to the North West LHIN and its Health Services Providers.
 Note 5 - Target represents target established for the communities of Fort Frances, Emo, Rainy River and surrounding areas.

CORE INDICATORS- ALL SECTORS

Schedule E2a
Core Indicators - All Sectors

Healthcare Service Provider: **Riverside Health Care Facilities Inc.**

OHRs Description		Health Service Activity		2017/18	
				Target	Performance Standard
72 5 09 76 Case Management - Mental Health	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	1.00	N/A		
72 5 09 76 Case Management - Mental Health	Visits Face-to-face, Telephone In-House, Contracted Out	1080	972-1188		
72 5 09 76 Case Management - Mental Health	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	90	72-108		
72 5 09 76 Case Management - Mental Health	Total Cost for Functional Centre *	\$ 86,547	N/A		
72 5 10 76 12 Clinics Programs - MH Counseling and Treatment	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	4.80	N/A		
72 5 10 76 12 Clinics Programs - MH Counseling and Treatment	Visits Face-to-face, Telephone In-House, Contracted Out	5600	5320-5880		
72 5 10 76 12 Clinics Programs - MH Counseling and Treatment	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	675	574-776		
72 5 10 76 12 Clinics Programs - MH Counseling and Treatment	Total Cost for Functional Centre *	\$ 446,576	N/A		
72 5 10 76 11 Addictions Treatment-Substance Abuse	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	1.00	N/A		
72 5 10 76 11 Addictions Treatment-Substance Abuse	Visits Face-to-face, Telephone In-House, Contracted Out	1480	1332-1628		
72 5 10 76 11 Addictions Treatment-Substance Abuse	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	300	240-360		
72 5 10 76 11 Addictions Treatment-Substance Abuse	Total Cost for Functional Centre *	\$ 172,425	N/A		
72 5 10 76 12 Addictions Treatment-Problem Gambling	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	1.00	N/A		
72 5 10 76 12 Addictions Treatment-Problem Gambling	Visits Face-to-face, Telephone In-House, Contracted Out	60	48-72		
72 5 10 76 12 Addictions Treatment-Problem Gambling	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	10	8-12		
72 5 10 76 12 Addictions Treatment-Problem Gambling	Total Cost for Functional Centre *	\$ 88,182	N/A		
72 5 40 76 30 Res. Mental Health - Support within Housing	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	7.90	N/A		
72 5 40 76 30 Res. Mental Health - Support within Housing	Inpatient/Resident Days	13496	12821-14171		
72 5 40 76 30 Res. Mental Health - Support within Housing	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	60	48-72		
72 5 40 76 30 Res. Mental Health - Support within Housing	Total Cost for Functional Centre *	\$ 421,329	N/A		

*FTE & Total Functional Centre Cost: These values are provided for information purposes only. They are not Accountability Indicators.

*FTE & Total Functional Centre Cost: These values are provided for information purposes only. They are not Accountability Indicators.

		2017/18	
OHRs Description	Health Service Activity	Target	Performance Standard
72 5 82 10 CSS IH - Meals Delivery	Meal Delivered-Combined	0.20	N/A
72 5 82 10 CSS IH - Meals Delivery	Visits Face-to-face, Telephone In-House, Contracted Out	4175	3758-4593
72 5 82 10 CSS IH - Meals Delivery	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	63	50-76
72 5 82 10 CSS IH - Meals Delivery	Total Cost for Functional Centre *	\$ 16,600	N/A
72 5 82 12 CSS IH - Social and Congregate Dining	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	0.40	N/A
72 5 82 12 CSS IH - Social and Congregate Dining	Attendance Days Face-to-Face	840	714-966
72 5 82 12 CSS IH - Social and Congregate Dining	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	35	28-42
72 5 82 12 CSS IH - Social and Congregate Dining	Total Cost for Functional Centre *	\$ 12,942	N/A
72 5 82 14 CSS IH - Transportation - Client	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	1.30	N/A
72 5 82 14 CSS IH - Transportation - Client	Visits Face-to-face, Telephone In-House, Contracted Out	8610	8180-9041
72 5 82 14 CSS IH - Transportation - Client	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	240	192-288
72 5 82 14 CSS IH - Transportation - Client	Total Cost for Functional Centre *	\$ 78,808	N/A
72 5 82 20 CSS IH - Day Services	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	1.40	N/A
72 5 82 20 CSS IH - Day Services	Attendance Days Face-to-Face	1200	1080-1320
72 5 82 20 CSS IH - Day Services	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	34	27-41
72 5 82 20 CSS IH - Day Services	Total Cost for Functional Centre *	\$ 66,740	N/A
72 5 82 31 CSS IH - Homemaking	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	9.30	N/A
72 5 82 31 CSS IH - Homemaking	Hours of Care in-House & Contracted Out	15800	15010-16590
72 5 82 31 CSS IH - Homemaking	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	290	232-348
72 5 82 31 CSS IH - Homemaking	Total Cost for Functional Centre *	\$ 414,771	N/A

*FTE & Total Functional Centre Cost: These values are provided for information purposes only. They are not Accountability Indicators.

		2017/18	
OHRs Description	Health Service Activity	Target	Performance Standard
72 5 82 35 CSS IH - Comb PS/HM/Respite Services	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	0.23	N/A
72 5 82 35 CSS IH - Comb PS/HM/Respite Services	Hours of Care In-House & Contracted Out	450	360-540
72 5 82 35 CSS IH - Comb PS/HM/Respite Services	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	10	8-12
72 5 82 35 CSS IH - Comb PS/HM/Respite Services	Total Cost for Functional Centre *	\$ 10,965	N/A
72 5 82 45 CSS IH - Assisted Living Services	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	4.67	N/A
72 5 82 45 CSS IH - Assisted Living Services	Inpatient/Resident Days	9125	8669-9581
72 5 82 45 CSS IH - Assisted Living Services	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	25	20-30
72 5 82 45 CSS IH - Assisted Living Services	Total Cost for Functional Centre *	\$ 302,691	N/A
72 5 82 55 CSS IH - Emergency Response Support Services	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	0.30	N/A
72 5 82 55 CSS IH - Emergency Response Support Services	Visits Face-to-face, Telephone In-House, Contracted Out	618	525-711
72 5 82 55 CSS IH - Emergency Response Support Services	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	258	206-310
72 5 82 55 CSS IH - Emergency Response Support Services	Total Cost for Functional Centre *	\$ 4,320	N/A
72 5 82 60 CSS IH - Visiting - Social and Safety	Full-time equivalents (FTE) * (Earned Hours) divided by 1950= FTE	0.30	N/A
72 5 82 60 CSS IH - Visiting - Social and Safety	Visits Face-to-face, Telephone In-House, Contracted Out	508	432-584
72 5 82 60 CSS IH - Visiting - Social and Safety	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	105	84-126
72 5 82 60 CSS IH - Visiting - Social and Safety	Total Cost for Functional Centre *	\$ 2,901	N/A

Sector Specific Indicators- Mental Health & Addictions Sector

Schedule E2c:
MH&A Specific Indicators

Healthcare Service Provider:

Riverside Health Care Facilities Inc.

Performance Indicators	2017/18	
	Target	Performance Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>
Explanatory Indicators		
<input type="text" value="Repeat Unscheduled Emergency Visits within 30 Days For Mental Health Conditions"/>		
<input type="text" value="Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions"/>		
<input type="text" value="Average Number of Days Waited from Referral/Application to Initial Assessment Complete"/>		
<input type="text" value="Average Number of Days Waited from Initial Assessment Complete to Service Initiation"/>		

Sector Specific Indicators- CSS Sector

**Schedule E2d:
CSS Specific Indicators**

Healthcare Service Provider:

Riverside Health Care Facilities Inc.

Performance Indicators	2017/18	
	Target	Performance Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>
Explanatory Indicators		
<input type="text" value="# Persons Waiting for Service (by Functional Centre)"/>		

LHIN Local Indicators- LHIN Specific

Schedule E3:
LHIN Local Indicators

Healthcare Service Provider:

Riverside Health Care Facilities Inc.

		2017/18	
		Target	Performance Standard
Performance Indicator:	Cost per Unit of Service by Functional Centre		
Sector:	All Sectors		
Functional Centre			
72 5 09 76 Case Management - Mental Health		\$80	≤ \$90
72 5 10 76 12 Clinics Programs - MH Counseling and Treatment		\$78	≤ \$100
72 5 10 78 11 Addictions Treatment-Substance Abuse		\$110	≤ \$117
72 5 10 78 12 Addictions Treatment-Problem Gambling		\$210	≤ \$231
72 5 40 76 30 Res. Mental Health - Support within Housing		\$30	≤ \$31
72 5 82 10 CSS IH - Meals Delivery		\$4	≤ \$10
72 5 82 12 CSS IH - Social and Congregate Dining		\$12	≤ \$13
72 5 82 14 CSS IH - Transportation - Client		\$9	≤ \$18
72 5 82 20 CSS IH - Day Services		\$57	≤ \$75
72 5 82 31 CSS IH - Homemaking		\$26	≤ \$30
72 5 82 35 CSS IH - Comb. PS/HM/Respite Services		\$24	≤ \$29
72 5 82 45 CSS IH - Assisted Living Services		\$23	≤ \$30
72 5 82 55 CSS IH - Emergency Response Support Services		\$7	≤ \$10
72 5 82 60 CSS IH - Visiting - Social and Safety		\$6	≤ \$9
Notes			
<p><u>Target setting methodology (BM=Benchmark):</u> If HSP budget is > LHIN upper corridor for the FC, Target = upper limit of performance corridor, Corridor = lessor of (10% above Target) and (HSP budget) If HSP budget is between LHIN BM target and upper corridor, Target = HSP budget, Corridor = LHIN benchmark for upper corridor If HSP budget is < LHIN BM target, Target = HSP budget, Corridor = greater of (% reflected in CPU document above HSP budget) and (LHIN BM target)</p>			