

## MSAA AMENDING AGREEMENT

**THIS AMENDING AGREEMENT** (the “Agreement”) is made as of the 1<sup>st</sup> day of April, 2017

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

**NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK** (the “LHIN”)

**AND**

**BARRIE 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.

**NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK**

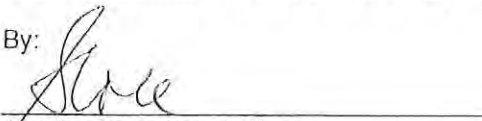
By:   
 \_\_\_\_\_  
 Robert Morton, Board Chair

MARCH 24, 2017  
 Date

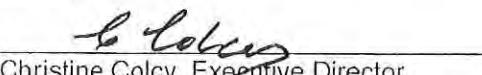
And by:  
  
 \_\_\_\_\_  
 Jill Tettmann, Chief Executive Officer

March 24/17  
 Date

**BARRIE COMMUNITY HEALTH CENTRE**

By:   
 \_\_\_\_\_  
 Sandra Cole, Board Chair

March 1, 2017  
 Date

And by:  
  
 \_\_\_\_\_  
 Christine Colcy, Executive Director

Mar 2, 17  
 Date

**Schedule B1: Total LHIN Funding**  
2017-2018

**Health Service Provider: Barrie Community Health Centre**

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017-2018 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$5,498,506
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
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$5,498,506</b>
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*]	\$0
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$0</b>
<b>TOTAL REVENUE</b> FUND TYPE 2	<b>15</b>	<b>Sum of Rows 10 and 14</b>	<b>\$5,498,506</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,979,964
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$531,619
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$1,114,591
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$515,618
Physiotherapist Compensation (Row 128)	23	F 350*	\$171,482
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
<b>Service Costs</b>			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$30,900
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$400,732
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$2,500
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$25,000
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$726,100
Building Amortization	34	F 9*	\$0
<b>TOTAL EXPENSES</b> FUND TYPE 2	<b>35</b>	<b>Sum of Rows 17 to 34</b>	<b>\$5,498,506</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>\$0</b>
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
<b>SURPLUS/DEFICIT Incl. Amortization of Grants/Donations</b>	<b>38</b>	<b>Sum of Rows 36 to 37</b>	<b>\$0</b>
<b>FUND TYPE 3 - OTHER</b>			
Total Revenue (Type 3)	39	F 1*	\$0
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
<b>NET SURPLUS/(DEFICIT)</b> FUND TYPE 3	<b>41</b>	<b>Row 39 minus Row 40</b>	<b>\$0</b>
<b>FUND TYPE 1 - HOSPITAL</b>			
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
<b>NET SURPLUS/(DEFICIT)</b> FUND TYPE 1	<b>44</b>	<b>Row 42 minus Row 43</b>	<b>\$0</b>
<b>ALL FUND TYPES</b>			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$5,498,506
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$5,498,506
<b>NET SURPLUS/(DEFICIT)</b> ALL FUND TYPES	<b>47</b>	<b>Row 45 minus Row 46</b>	<b>\$0</b>
<b>Total Admin Expenses Allocated to the TPBEs</b>			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$726,100
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$35,000
General Administration	52	72 1*	\$562,064
Other Administrative Expenses	53	72 1*	\$0
<b>Admin &amp; Support Services</b>	<b>54</b>	<b>72 1*</b>	<b>\$1,323,164</b>
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	72 5 07	\$0
<b>Total Admin &amp; Undistributed Expenses</b>	<b>57</b>	<b>Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)</b>	<b>\$1,323,164</b>

**Schedule B2: Clinical Activity- Summary**  
**2017-2018**

**Health Service Provider: Barrie Community Health Centre**

<b>Service Category 2016-2017 Budget</b>	<b>OHS Framework Level 3</b>	<b>Full-time equivalents (FTE)</b>	<b>Visits F2F, Tel., In-House, Cont. Out</b>	<b>Not Uniquely Identified Service Recipient Interactions</b>	<b>Hours of Care In-House &amp; Contracted Out</b>	<b>Inpatient/Resident Days</b>	<b>Individuals Served by Functional Centre</b>	<b>Attendance Days Face-to-Face</b>	<b>Group Sessions (# of group sessions-not individuals)</b>	<b>Meal Delivered-Combined</b>	<b>Group Participant Attendances (Reg &amp; Non-Reg)</b>	<b>Service Provider Interactions</b>	<b>Service Provider Group Interactions</b>	<b>Mental Health Sessions</b>
Primary Care- Clinics/Programs	72 5 10*	<b>31.70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,400</b>	<b>0</b>	<b>175</b>	<b>0</b>	<b>1,630</b>	<b>27,100</b>	<b>0</b>	<b>0</b>
Health Promotion and Education	72 5 50	<b>4.80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>0</b>	<b>1,525</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Schedule C: Reports Community Health Centres

2017-2018

Health Service Provider: **Barrie 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.

<b>OHRs/MIS Trial Balance Submission (through OHFS)</b>	
<b>2014-15</b>	<b>Due Dates (Must pass 3c Edits)</b>
2014-15 Q1	<i>Not required 2014-15</i>
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
<b>2015-16</b>	<b>Due Dates (Must pass 3c Edits)</b>
2015-16 Q1	<i>Not required 2015-16</i>
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
<b>2016-17</b>	<b>Due Dates (Must pass 3c Edits)</b>
2016-17 Q1	<i>Not required 2016-17</i>
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017
<b>2017-18</b>	<b>Due Dates (Must pass 3c Edits)</b>
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

<b>Supplementary Reporting - Quarterly Report (through SRI)</b>	
<b>2014-2015</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
<b>2015-2016</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
<b>2016-2017</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
<b>2017-2018</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
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: **Barrie 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: Barrie 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 – OHRIS/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: **Barrie Community Health Centre**

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	24.1%	<=27.4%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.46%	<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 (by functional centre)	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		
<p>* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget</p> <p>** No negative variance is accepted for Total Margin</p>		



# Schedule E2a: Clinical Activity- Detail

2017-2018

## Health Service Provider: Barrie 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.			
<b>Administration and Support Services 72 1*</b>			
* Full-time equivalents (FTE)	72 1*	5.00	n/a
*Total Cost for Functional Centre	72 1*	\$1,323,164	n/a
<b>Clinics/Programs - General Clinic 72 5 10 20</b>			
* Full-time equivalents (FTE)	72 5 10 20	17.10	n/a
Individuals Served by Functional Centre	72 5 10 20	11,000	10450 - 11550
*Total Cost for Functional Centre	72 5 10 20	\$2,459,458	n/a
Service Provider Interactions	72 5 10 20	20,000	19000 - 21000
<b>Clinics/Programs - Therapy Clinic 72 5 10 40</b>			
* Full-time equivalents (FTE)	72 5 10 40	4.60	n/a
Individuals Served by Functional Centre	72 5 10 40	700	595 - 805
Group Sessions	72 5 10 40	55	44 - 66
*Total Cost for Functional Centre	72 5 10 40	\$436,234	n/a
Group Participant Attendances	72 5 10 40	430	344 - 516
Service Provider Interactions	72 5 10 40	3,000	2700 - 3300
<b>Clinics/Programs - Therapy Clinic - Physiotherapy 72 5 10 40 50</b>			
* Full-time equivalents (FTE)	72 5 10 40 50	2.00	n/a
Individuals Served by Functional Centre	72 5 10 40 50	300	240 - 360
Group Sessions	72 5 10 40 50	80	64 - 96
*Total Cost for Functional Centre	72 5 10 40 50	\$191,968	n/a
Group Participant Attendances	72 5 10 40 50	800	680 - 920
Service Provider Interactions	72 5 10 40 50	1,200	1080 - 1320
<b>Clinics/Programs - Chronic Disease Clinic 72 5 10 50</b>			
* Full-time equivalents (FTE)	72 5 10 50	8.00	n/a
Individuals Served by Functional Centre	72 5 10 50	2,400	2160 - 2640
Group Sessions	72 5 10 50	40	32 - 48
*Total Cost for Functional Centre	72 5 10 50	\$690,605	n/a
Group Participant Attendances	72 5 10 50	400	320 - 480
Service Provider Interactions	72 5 10 50	2,900	2610 - 3190
<b>Health Prom/Educ.&amp; Com. Dev. - Health Promotion &amp; Community Development 72 5 50 12</b>			
* Full-time equivalents (FTE)	72 5 50 12	4.80	n/a
Group Sessions	72 5 50 12	40	32 - 48
*Total Cost for Functional Centre	72 5 50 12	\$397,077	n/a
Group Participant Attendances	72 5 50 12	1,525	1373 - 1678
<b>ACTIVITY SUMMARY</b>			
Total Full-Time Equivalents for all F/C		41.50	n/a
Total Individuals Served by Functional Centre for all F/C		14,400	13680 - 15120
Total Group Sessions for all F/C		215	172 - 258
Total Group Participants for all F/C		3,155	n/a
Total Service Provider Interactions for all F/C		27,100	26016 - 28184
Total Cost for All F/C		5,498,506	5333551 - 5663461

# Schedule E2b: CHC Sector Specific Indicators

2017-2018

Health Service Provider: **Barrie Community Health Centre**

Performance Indicators	2017-2018 Target	Performance Standard
Cervical Cancer Screening Rate (PAP tests)	94.0%	> 75.0%
Colorectal Screening Rate	73.0%	58.4 - 87.6%
Inter-professional Diabetes Care Rate	85.0%	68 - 100%
Influenza Vaccination Rate	35.0%	28 - 42%
Breast Cancer Screening Rate	83.0%	66.4 - 99.6%
Periodic Health Exam Rate (Applicable to 2014-15 only)	N/A	-
Vacancy Rate (For NPs and Physicians- Replaced in 2015-16 with Retention Rate)	N/A	-
Retention Rate (For NPs and Physicians)	90.0%	>= 72%
Access to Primary Care	95.0%	90.25 - 99.75%

Explanatory Indicators
Number of Registered Clients
Number of New Patients
Specialized Care

# Schedule E3a Local: All 2017-2018

## Health Service Provider: Barrie Community Health Centre

### **System Collaboration on Health Systems Planning and Design**

Health Service Providers are required to collaborate with system partners to support the development of an integrated system of health services that provides person-centred, timely, equitable, accessible, high quality, and evidence-based services in an efficient, effective and sustainable manner. (Referred to as “Care Connections - Partnering for Healthy Communities” and “Care Connections Refresh”).

To ensure optimal alignment across the region, the Health Service Provider agrees that the development and submission of organizational plans and proposals to the LHIN will incorporate, where applicable, the following considerations:

- the needs of patients, clients and/or residents
- NSM LHIN System priorities (as outlined in the NSM LHIN Integrated Health Service Plan (IHSP), NSM LHIN Annual Business Plans, and NSM LHIN Annual CEO deliverables as posted on the NSM LHIN website)
- Feedback from LHIN Leadership Council and relevant Coordinating Councils
- coordination and collaboration within NSM LHIN geographic sub-regions, where applicable.

The Health Service Provider understands that as a partner in the local health system, it has an ongoing obligation to provide input, where requested, on the content of strategic directions and plans for the geographic sub-regions of the NSM LHIN. Further the Health Service Provider agrees to participate in the work and initiatives of all Coordinating Councils and Project Steering Committees, to the extent that it is able without impacting its capacity to meet its other obligations under this agreement. Such initiatives include, but are not limited to:

- Participation and collaboration of a LHIN-approved senior executive of the Health Service Provider as a member of the oversight council (“referred to as the “Leadership Council”), a Coordinating Council and/or a Project Steering Committee to implement such recommendations as are agreed to by the Leadership Council and NSM LHIN Board of Directors;
- Identification of Coordinating Council project leads and/or project champions;
- Participation in regional/provincial planning and implementation groups;
- Specific obligations as may be specified as a condition of participation in Council initiatives (outlined in the Project Charter for the initiative).

### **Risk Management Reporting to the LHIN**

HSP Boards will ensure that:

- The health service provider has an organization-specific policy related to the management of risks;
- Significant and major risks are identified and reported promptly to the LHIN in the manner outlined in the “NSM LHIN Risk Management Reporting Guidelines and Manual” (available on the NSM LHIN website);
- All significant and major risks are assigned action plans to mitigate likelihood and/or impact, and that status updates for unmitigated risks are provided to the LHIN periodically until the risk is no longer significant.

## Schedule E3a Local: All 2017-2018

### Health Service Provider: Barrie Community Health Centre

#### **Satisfaction Survey Results Reporting to the LHIN**

All NSM LHIN funded Health Service Providers (HSP) are required to provide a report annually to the LHIN outlining the efforts made to collect information on the experience of persons receiving services from the organization and/or to solicit views about the quality of care provided by the HSP.

If the Health Service Provider is mandated under regulations in the Excellent Care for All Act, 2010 or Ministry of Health and Long-Term Care directive to conduct annual satisfaction surveys, the Health Service Providers will provide the LHIN with an annual summary of satisfaction survey results. The summary will include the reporting of, at minimum:

- Total Number of Patients/Clients/Family Members surveyed for Client Satisfaction
- Total Number of Patients/Clients/Family Members responding positively in response to one of the following questions\*:
  - o “If you needed to be treated again, would you choose to come back to this organization/facility?”;
  - o “Would you recommend this organization/facility to your friends and family?”; or
  - o “Overall, how would you rate the care and services you received at this organization/facility?”

\* actual wording and definitions of “positive” may vary slightly based on survey design.

Reporting is due to the NSM LHIN by April 30, 2018.

#### **Indigenous Report Submission**

Health Service Providers (HSPs) are required to complete the Indigenous, Métis Cultural Awareness Annual Report for the period of April 1, 2017 to March 31, 2018. The NSM LHIN will provide a separate communication to HSPs with a link to the Survey Monkey report template. The report will be used to:

- identify and track opportunities for Indigenous Cultural Safety and Aboriginal Cross Cultural Awareness training
- support HSPs with voluntary self-identification.

Reporting is due to the NSM LHIN by April 30, 2018.

#### **Submission of Organizational Self-Assessment**

Health Service Providers are required to submit to the NSM LHIN, a Board approved Organizational Self-Assessment Tool of governance and business practices to establish a baseline of organizational health status. The Organizational Self-Assessment Tool will be provided to Health Service Providers by the LHIN in an electronic format.

Reporting is due to the NSM LHIN by June 30, 2017.

## Schedule G: Declaration of Compliance

2017-2018

Health Service Provider: Barrie 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:** April 1, 2017 – March 31, 2018 (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*.

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[insert name of Chair], [insert title]