

700 Dorval Drive, Suite 500  
Oakville, ON L6K 3V3  
Tel: 905 337-7131  
Toll Free: 1 866 371-5446  
Fax: 905 337-8330  
www.mississaugahaltonlhin.on.ca

700 Dorval Drive, bureau 500  
Oakville, ON L6K 3V3  
Téléphone : 905 337-7131  
Sans frais : 1 866 371-5446  
Télécopieur : 905 337-8330  
www.mississaugahaltonlhin.on.ca

March 3, 2015

Ms. Ann Clancy  
Director General, Ontario  
Canadian Red Cross - Peel Branch  
21 Randolph Avenue  
Toronto ON M6P 4G4

Dear Ms. Radovanovic,

**Re: 2014-17 Multi-Sector Service Accountability Agreement**

When the Mississauga Halton Local Health Integration Network (the "LHIN") and Canadian Red Cross - Peel Branch (the "HSP") entered into a Multi-Sector Service Accountability Agreement for a three-year term (the "M-SAA") effective April 1, 2014, the budgeted financial data, service activities and performance indicators for the second and third year of the agreement (fiscal years 2015/16 and 2016/17) were replicated based on 2014/15 planning assumptions. The LHIN would now like to update the M-SAA to include the required financial, service activity and performance expectations for 2015/16 fiscal year to Schedules B, C, D and E (the "Schedules").

Subject to the HSP's agreement, the M-SAA will come into effect April 1, 2015 by adding Schedules B, C, D and E as included in and attached to this letter.

To the extent that there are any conflicts between the current M-SAA and this amendment, the amendment will govern in respect of the Schedules. All other terms and conditions in the M-SAA will remain the same.

Please indicate the HSP's acceptance of, and agreement to the Schedules, by signing below and returning by mail, one original copy of this letter to the Mississauga Halton LHIN to the attention of Ms. Kim Hulshof, Administrative Assistant, Health System Performance within 2 weeks of receipt. If you have any questions or concerns please contact Carrie Parkinson, Senior Lead, Health System Performance at [Carrie.Parkinson@lhins.on.ca](mailto:Carrie.Parkinson@lhins.on.ca).

The LHIN appreciates your team's collaboration during the 2015/16 M-SAA refresh process. We look forward to maintaining a strong working relationship with you.

Sincerely,



Graeme Goebelle  
Board Chair  
Mississauga Halton LHIN



Bill MacLeod  
Chief Executive Office  
Mississauga Halton LHIN

cc: Dennis Chow, Chair - Ontario Zone Council, Canadian Red Cross - Peel Branch  
Judy Bowyer, Senior Director, Health System Performance, Mississauga Halton LHIN  
Mirella Semple, Executive Lead, Health System Performance, Mississauga Halton LHIN

Encl.: Appendix 1  
Schedules B, C, D and E

APPENDIX 1

AGREED TO AND ACCEPTED BY:

The Canadian Red Cross Society

By:

*J. Elliott*

Ann Clancy, Director General

I have the authority to bind the The Canadian Red Cross Society

Date March 26, 2015

And By:

*Dennis Chow*

Dennis Chow, ~~Chair - Ontario Zone Council~~

I have the authority to bind the The Canadian Red Cross Society

Date March 26, 2015

*Sara John Fowler*  
Chair, National Board



Ontario

Local Health Integration  
Network  
Réseau local d'intégration  
des services de santé



Schedule B1: Total LHIN Funding

2015-2017

Health Service Provider: The Canadian Red Cross Society - Ontario Zone - Peel Branch

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 9.0	2015-2016 Plan Target	2016-2017 Plan Target
<b>REVENUE</b>				
LHIN Global Base Allocation	1	F 11006	\$1,682,375	\$1,682,375
HBAM Funding (CCAC only)	2	F 11005	\$0	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0	\$0
MOHLTC Base Allocation	4	F 11010	\$0	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0	\$0
LHIN One Time	6	F 11008	\$0	\$0
MOHLTC One Time	7	F 11012	\$0	\$0
Paymaster Flow Through	8	F 11019	\$0	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$673,565	\$673,565
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$2,355,940</b>	<b>\$2,355,940</b>
Recoveries from External/Internal Sources	11	F 120*	\$0	\$0
Donations	12	F 140*	\$22,295	\$22,295
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	\$0
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$22,295</b>	<b>\$22,295</b>
<b>TOTAL REVENUE</b>	<b>FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>	<b>\$2,378,235</b>
<b>EXPENSES</b>				
<b>Compensation</b>				
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,036,557	\$1,036,557
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$214,811	\$214,811
Employee Future Benefit Compensation	19	F 305*	\$0	\$0
Physician Compensation	20	F 390*	\$0	\$0
Physician Assistant Compensation	21	F 390*	\$0	\$0
Nurse Practitioner Compensation	22	F 380*	\$0	\$0
Physiotherapist Compensation (Row 128)	23	F 350*	\$0	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0	\$0
Sessional Fees	26	F 39092	\$0	\$0
<b>Service Costs</b>				
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0	\$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$938,834	\$938,834
Community One Time Expense	29	F 69596	\$0	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$31,200	\$31,200
Amortization on Major Equip., Software License & Fees	31	F 750*, 780*	\$63,481	\$63,481
Contracted Out Expense	32	F 8*	\$100,410	\$100,410
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$56,423	\$56,423
Building Amortization	34	F 9*	\$0	\$0
<b>TOTAL EXPENSES</b>	<b>FUND TYPE 2</b>	<b>35</b>	<b>Sum of Rows 17 to 34</b>	<b>\$2,441,716</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>(\$63,481)</b>	<b>(\$63,481)</b>
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$63,481	\$63,481
<b>SURPLUS/DEFICIT Incl. Amortization of Grants/Donations</b>	<b>38</b>	<b>Sum of Rows 36 to 37</b>	<b>\$0</b>	<b>\$0</b>
<b>FUND TYPE 3 - OTHER</b>				
Total Revenue (Type 3)	39	F 1*	\$1,430,746	\$1,430,746
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$1,430,746	\$1,430,746
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 3</b>	<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	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 1</b>	<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	\$3,872,462	\$3,872,462
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$3,872,462	\$3,872,462
<b>NET SURPLUS/(DEFICIT)</b>	<b>ALL FUND TYPES</b>	<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	\$0
Admin & Support Services	49	72 1*	\$351,029	\$351,029
Management Clinical Services	50	72 5 05	\$0	\$0
Medical Resources	51	72 5 07	\$0	\$0
<b>Total Admin &amp; Undistributed Expenses</b>	<b>52</b>	<b>Sum of Rows 46-50 (included in Fund Type 2 expenses above)</b>	<b>\$351,029</b>	<b>\$351,029</b>

Schedule B2: Clinical Activity- Summary  
2015-2017

Health Service Provider: The Canadian Red Cross Society - Ontario Zone - Peel Branch

Service Category 2015-2016 Budget	OHR3 Framework Level 3	Full-time equivalents (FTE)	Visits P2P, Tel, In-House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatients/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
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	31	65,398	0	0	0	3,713	0	0	59,200	0	0	0	0

  

Service Category 2016-2017 Budget	OHR3 Framework Level 3	Full-time equivalents (FTE)	Visits P2P, Tel, In-House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatients/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
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	31	65,398	0	0	0	3,713	0	0	59,200	0	0	0	0



**SCHEDULE C – REPORTS  
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 "\*\*".

<b>OHRS/MIS Trial Balance Submission (through OHFS)</b>	
<b>2014-2015</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>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

**SCHEDULE C – REPORTS  
COMMUNITY SUPPORT SERVICES**

<b>Annual Reconciliation Report (ARR) through SRI and paper copy submission*</b>	
<b>(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)</b>	
<b>Fiscal Year</b>	<b>Due Date</b>
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017

<b>Board Approved Audited Financial Statements *</b>	
<b>Fiscal Year</b>	<b>Due Date</b>
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

<b>Declaration of Compliance</b>	
<b>Fiscal Year</b>	<b>Due Date</b>
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

<b>Community Support Services – Other Reporting Requirements</b>	
<b>Requirement</b>	<b>Due Date</b>
<b>French language service report through SRI</b>	2014-15 - April 30, 2015
	2015-16 - April 30, 2016
	2016-17 April 30, 2017



**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES  
COMMUNITY SUPPORT SERVICES**

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

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

**Schedule E1: Core Indicators**  
2015-2017

**Health Service Provider: The Canadian Red Cross Society - Ontario Zone - Peel Branch**

Performance Indicators		2015-2016 Target	Performance Standard	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2		\$0	>=0	\$0	>=0
Proportion of Budget Spent on Administration		14.4%	11.5 - 17.3%	14.4%	11.5 - 17.3%
**Percentage Total Margin		0.00%	>= 0%	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)		0.0%	<0%	0.0%	<0%
Variance Forecast to Actual Expenditures		0	< 5%	0	< 5%
Variance Forecast to Actual Units of Service		0	< 5%	0	< 5%
Service Activity by Functional Centre		Refer to Schedule E2a	-	Refer to Schedule E2a	-
Number of Individuals Served		Refer to Schedule E2a	-	Refer to Schedule E2a	-

  

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  
2015-2017

Health Service Provider: The Canadian Red Cross Society - Ontario Zone - Peel Branch

OHRS Description & Functional Centre		2015-2016		2016-2017	
		Target	Performance Standard	Target	Performance Standard
<sup>1</sup> 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*	3.32	n/a	3.32	n/a
Total Cost for Functional Centre	72 1*	\$351,029	n/a	\$351,029	n/a
<b>CSS IH - Meals Delivery 72 5 82 10</b>					
Full-time equivalents (FTE)	72 5 82 10	3.20	n/a	3.20	n/a
Individuals Served by Functional Centre	72 5 82 10	1,115	1004 - 1227	1,115	1004 - 1227
Meal Delivered-Combined	72 5 82 10	59,200	56240 - 62160	59,200	56240 - 62160
Total Cost for Functional Centre	72 5 82 10	\$616,257	n/a	\$616,257	n/a
<b>CSS IH - Transportation - Client 72 5 82 14</b>					
Full-time equivalents (FTE)	72 5 82 14	27.55	n/a	27.55	n/a
Visits	72 5 82 14	65,398	62128 - 68668	65,398	62128 - 68668
Individuals Served by Functional Centre	72 5 82 14	2,598	2338 - 2858	2,598	2338 - 2858
Total Cost for Functional Centre	72 5 82 14	\$1,474,430	n/a	\$1,474,430	n/a
<b>ACTIVITY SUMMARY</b>					
Total Full-Time Equivalents for all F/C		34.07	n/a	34.07	n/a
Total Visits for all F/C		65,398	62128 - 68668	65,398	62128 - 68668
Total Individuals Served by Functional Centre for all F/C		3,713	3342 - 4084	3,713	3342 - 4084
Total Meals Delivered for all F/C		59,200	56240 - 62160	59,200	56240 - 62160
Total Cost for All F/C		\$2,441,716	n/a	\$2,441,716	n/a

# Schedule E2d: CSS Sector Specific Indicators

2015-2017

## Health Service Provider: The Canadian Red Cross Society - Ontario Zone - Peel Branch

Performance Indicators	2015-2016 Target	Performance Standard	2016-2017 Target	Performance Standard
No Performance Indicators	-	-	-	-
Explanatory Indicators				
# Persons waiting for service (by functional centre)				



**Schedule E3a Local: All  
2015-2017**

**Health Service Provider: The Canadian Red Cross Society - Ontario Zone - Peel Branch**

**3.8**

**For Identified HSPs:**

An HSP, program or service identified by the former District Health Council, the Health Services Restructuring Commission or by the LHIN required to provide services in French.

(i) Each identified HSP must complete and submit to the LHIN Lead, Health System Development and French Language Services, a French Language Services Implementation Plan for 2014-17.

(ii) As part of the FLS Implementation Plan, the identified HSP will set yearly targets in each of the key results areas with specific deadlines.

(iii) Each identified HSP will report on the progress of the French Language Services Implementation Plan on a bi-yearly basis. Each identified HSP will complete a French Language Services report, which will be sent to the LHIN Lead, Health System Development and French Language Services, for monitoring purposes by the following dates for each fiscal year:  
a. March 31 b. September 30

2. Identified HSPs will work and collaborate with the French Language Health Planning Entity, Reflect Salvéo, to increase access and accessibility to French Language Services.

3. To identify Francophones in Ontario, HSPs are asked to incorporate the following questions (as adopted by the FLS Entities) to their initial intake/assessment processes:

1. What is your mother tongue? A: French, English, and Other

2. If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable? A: French, English

**3.9**

**Management Letter**

HSPs are required to submit their management letter from their auditors along with their audited financial statements and ARR by June 30th in each fiscal year.

**4.0**

**Health Equity**

HSPs will adopt and incorporate a health equity lens into their program planning and service delivery. This phased adoption will include:

Develop a corporate understanding and awareness of health equity, including use of the Ontario Health Equity Impact Assessment Tool (HEIA) by March 2015.

Knowledge transfer of the HEIA Tool inclusive of the Workbook and Assessment Tool to all HSPs to be completed by March 31, 2015;

Implementation of the HEIA Action Plan into program service delivery, to be completed by March 31, 2016; and

Evaluation of the HEIA tool in program service delivery, to be completed by March 31, 2017

**Schedule E3a Local: All  
2015-2017**

**Health Service Provider: The Canadian Red Cross Society - Ontario Zone - Peel Branch**

**3.1**

**Governance**

Health Service Providers' (HSP) Boards are to ensure that as part of their on-going comprehensive recruitment, orientation and development process for Board members that they incorporate governance training utilizing current best practice knowledge. The HSP is to provide sign off during the Q4 submission that the activity is in place. The Health Service Providers' Boards are required to complete the Mississauga Halton LHIN's "Governance Guidelines for Community Health Service Providers" on an annual basis. The HSP Board Chair is to provide sign-off during the Q4 submission that this activity has been completed for the fiscal year and that the Board is working to address any identified gaps.

**3.2**

**Board Self-Assessment**

HSP's Board is required to complete a Board self-assessment on an annual basis. The HSP Board Chair is to provide sign-off during the Q4 submission that this activity has been completed for the fiscal year.

**3.3**

**Accreditation**

The HSP is required to maintain on-going accreditation status both for their organization and their Governance, and to inform the LHIN each time accreditation is awarded.

**3.4**

**Mississauga Halton LHIN Sector Meetings**

HSP must ensure Chief Executive Officer (CEO) / Executive Director or senior management delegate representation at all scheduled Mississauga Halton LHIN Sector Meetings and other meetings that may be scheduled from time to time.

**3.5**

**Communication**

HSP is required to have a board approved and signed off communication strategy that demonstrates access to their programs/services. The Mississauga Halton LHIN may request a review of the strategy at any time for programs and services funded by the LHIN. The HSP is required to provide a copy of any news release to LHIN communications. In addition to Article 9.2 (b) in the M-SAA, permission for use of the LHIN logo is required for any HSP material being re-printed or re-designed.

**3.6**

**Client Satisfaction Survey**

HSPs to provide an annual summary report on Client Satisfaction Survey results related to the explanatory indicators in the 2014-17 M-SAA under client experience. Survey response rates will be included in the summary report. The client experience survey will include 3 questions measuring the clients' care experience. The questions will be substantially similar to:

1. Overall care received;
2. Enough say about care treatment; and
3. Treated you with dignity and respect.

The client experience survey must use a rating scale of:

- a) Completely dissatisfied
- b) Dissatisfied
- c) Neither satisfied or dissatisfied
- d) Satisfied
- e) Very satisfied

**3.7**

**Multi-LHIN Service Providers**

HSPs that provide LHIN funded programs/services in more than one LHIN with one M-SAA who plans changes that will impact service levels, volumes and/or scope of services must discuss the proposed changes with their lead LHIN for approval. The lead LHIN will collaborate with the affected LHIN(s) and may involve them in discussions with the HSP.