SERVICE ACCOUNTABILITY AGREEMENT

THE AGREEMENT effective as of the 1st day of April, 2009

B E T W E E N:

HAMILTON NIAGARA HALDIMAND BRANT
LOCAL HEALTH INTEGRATION NETWORK
(the "**LHIN**")

- and -

HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE
(the "**HSP**")

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(the "**HSP**")

Background:

Prior to providing funding for the provision of services to its local health system, the *Local Health System Integration Act, 2006* requires that the LHIN and the HSP enter into a service accountability agreement.

The service accountability agreement is a multi-year agreement. It supports a collaborative relationship between the LHIN and the HSP to improve the health of Ontarians through better access to high quality health services, to co-ordinate health care in local health systems and to manage the health system at the local level effectively and efficiently.

In this context, the HSP and the LHIN agree that the provision of services to the local health system by the HSP will be funded as set out in this Agreement.

ARTICLE 1- DEFINITIONS & INTERPRETATION

1.1 **Definitions.** In the Agreement the following terms will have the following meanings:

"Act" means the *Local Health System Integration Act, 2006* as it may be amended from time to time;

"Agreement" means this agreement entered into between the LHIN and the HSP, the Schedules and any instrument amending the agreement or the Schedules;

"**Applicable Law**" means all federal, provincial or municipal laws or regulation or any orders, rules, by-laws, policies or standards of practice that are applicable to the HSP, the Services, this Agreement and the parties' obligations under this Agreement during the term of this Agreement. Applicable law includes the documents identified in Schedule D.

"Budget" means the budget approved by the LHIN and appended to the Agreement as Schedule "B".

"**CFMA**" means the *Commitment to the Future of Medicare Act, 2004*, as amended;

"**Confidential Information**" means information that is (i) marked or otherwise identified as confidential by the HSP at the time the information is provided to the LHIN; and (ii) eligible for exclusion from disclosure at a public board meeting in accordance with section 9 of the Act. Confidential Information does not include information that (a) was known to the LHIN prior to receiving the information from the HSP; (b) has become publicly known through no wrongful act of the LHIN; or (c) is required to be disclosed by law, provided that the LHIN provides timely notice of such requirement to the HSP, consults with the HSP on the proposed form and nature of the disclosure, and ensures that any disclosure is made in strict accordance with Applicable Law.

Conflict of Interest includes any situation or circumstance where: in relation to the performance of its obligations under this Agreement the HSP's other commitments, relationships or financial interests (i) could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgement; or (ii) could or could be seen to compromise, impair or be incompatible with the effective performance of its obligations under this Agreement.

"Days" means calendar days.

"Effective Date" means April 1, 2009.

"Funding" means the amounts of money provided by the LHIN to the HSP pursuant to this Agreement;

"Funding Year" means in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following March 31, and in the case of Funding Years subsequent to the first Funding Year, the period commencing on the date that is April 1 following the end of the previous Funding Year and ending on the following March 31.

"GST" means goods and services tax pursuant to the *Excise Tax Act* (Canada).

"**Interest Income**" means interest earned on the Funding.

"MOHLTC" means the Minister or the Ministry of Health and Long Term Care, as is appropriate in the context.

"Party" means either of the LHIN or the HSP and "**Parties"** mean both of the LHIN and the HSP.

"Project Funding Agreement" means an agreement in the form of Schedule F that incorporates the terms of this Agreement.

"Reports" means the reports described in Schedule "C" as well as any other reports or information required to be provided under this Agreement.

"Schedule" means any one of, and "Schedules" mean any two or more, as the context requires, of the schedules appended to this Agreement including the following:

Schedule A: Description of Services
Schedule B: Service Plan
Schedule C: Reports
Schedule D: Directives; Guidelines and Policies
Schedule E: Performance
Schedule F: Template for Project Funding

"Service Plan" means the Operating Plan and Budget appended as Schedule B.

"Services" means the services and deliverables described in Schedule "A" and in any Project Funding Agreement executed pursuant to this Agreement.

1.2 **Interpretation.** Words in the singular include the plural and vice-versa. Words in one gender include both genders. The headings do not form part of the Agreement. They are for convenience of reference only and will not affect the interpretation of the Agreement.

ARTICLE 2 - TERM AND NATURE OF THE AGREEMENT

2.1 **Term**. The term of the Agreement will commence on the Effective Date and will expire on March 31, 2011 unless terminated earlier or extended pursuant to its terms.

2.2 **A Service Accountability Agreement.** This Agreement is a service accountability agreement for the purposes of subsection 20(1) of the Act and Part III of the CFMA.

ARTICLE 3 - PROVISION OF SERVICES

3.1 **Provision of Services.**

(a) The HSP will provide the Services in accordance with:
  (i) the terms of the Agreement, including the Service Plan; and
  (ii) Applicable Law;

(b) When providing the Services, the HSP will meet the Performance Standards and Conditions identified in Schedule E, if Schedule E is included in this Agreement;

(c) Unless otherwise provided in this Agreement, the HSP will not reduce, stop, start, expand, cease to provide or transfer the provision of the Services or change its Service Plan except with the prior written consent of the LHIN; and

(d) the HSP will not restrict or refuse the provision of Services to an individual, directly or indirectly, based on the geographic area in which the person resides in Ontario.

3.2 **Subcontracting for the Provision of Services**.

(a) Unless permitted in the Service Plan, the HSP agrees that the HSP will not subcontract the fulfillment of all or any part of the HSP's obligations under this Agreement without the prior written consent of the LHIN. Such consent will be in the sole discretion of the LHIN and may be subject to additional terms and conditions.

(b) If the HSP is permitted to subcontract the provision of the Services, the HSP will make reasonable efforts to include in its subcontract, (i) provisions that permit the LHIN and the Auditor General to audit the subcontractor to the same extent as set out in provisions 8.3 and 8.6 of this Agreement; (ii) other provisions necessary for the HSP to fulfill its obligations under this Agreement; (iii) a provision that enables the subcontract to be assigned in the event that this Agreement is terminated; and (iv) a provision that permits the LHIN to revoke approval of the subcontractor without legal liability to either the HSP or the subcontractor.

(c) If permitted to use subcontractors, the HSP will remain liable for obligations performed by a subcontractor to the same extent as if the HSP had performed such obligations. For the purpose of this Agreement work performed by the HSP's subcontractor will be deemed work performed by the HSP.

(d) Nothing contained in this Agreement or a subcontract will create a contractual relationship between any subcontractor or its directors, officers, employees, agents, partners, affiliates or volunteers and the LHIN.

3.3 **Conflict of Interest.** The HSP will (a) avoid any Conflict of Interest in the performance of its contractual obligations; (b) disclose to the LHIN without delay any actual or potential Conflict of Interest that arises during the performance of its contractual obligations; and (c) comply with any requirements prescribed by the LHIN to resolve any Conflict of Interest. In addition to all other contractual rights or rights available at law or in equity, the LHIN may immediately terminate the Contract upon giving notice to the HSP where: (a) the HSP fails to disclose an actual or potential Conflict of Interest; (b) the HSP fails to comply with any requirements prescribed by the LHIN to resolve a Conflict of Interest; or (c) the HSP Conflict of Interest cannot be resolved. This paragraph will survive any termination or expiry of the Agreement.

3.4 **E-health/Information Technology Compliance.** The HSP agrees to comply with any technical standard related to architecture, technology, privacy and security set for health service providers by the MOHLTC or the LHIN within the timeframes set by the MOHLTC or the LHIN as the case may be.

3.5 **Policies, Guidelines Directives and Standards**. Either the LHIN or the MOHLTC will give the HSP notice of any amendments to the manuals, guidelines or policies identified in Schedule D. Amendments will be effective on the first Day of April following the receipt of the notice or on such other date as may be advised. By signing a copy of this Agreement the HSP acknowledges that it has a copy of the manuals, guidelines or policies identified in Schedule D.

ARTICLE 4 - FUNDING

4.1 **Funding.** The LHIN:

(i) will provide the funds identified in Schedule B to the HSP for the purpose of providing or ensuring the provision of the Services;

(ii) may pro-rate the funds identified in Schedule B to the date on which the Agreement is signed, if that date is after April 1; and

(iii) will deposit the funds in instalments [once/twice] monthly over the Term of the Agreement, into an account designated by the HSP provided that the account resides at a Canadian financial institution and is in the name of the HSP.

4.2 **Limitation on Payment of Funding**. Despite section 4.1, the LHIN:

(i) will not provide any funds to the HSP until the Agreement is fully executed;

(ii) will not provide any funds to the HSP until the HSP meets the insurance requirements described in section 11.4;

(iii) will not be required to continue to provide funds in the event the HSP breaches any of its obligations under this Agreement, until the breach is remedied to the LHIN's satisfaction; and

(iv) may adjust the amount of funds it provides to the HSP in any Funding Year based upon the LHIN's assessment of the information contained in the Reports.

4.3 **Appropriation.** Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the MOHLTC and funding of the LHIN by the MOHLTC pursuant to the Act. If the LHIN does not receive its anticipated funding the LHIN will not be obligated to make the payments required by this Agreement and the LHIN may terminate the Agreement in accordance with section 12.1(b).

4.4 **Additional Funding**.

(a) Unless the LHIN has agreed to do so in writing, the LHIN is not required to provide additional funds to the HSP for providing additional Services or for exceeding the requirements of Schedule E.

(b) The HSP may request additional funding by submitting a proposal to amend its Service Plan. The HSP will abide by all decisions of the LHIN with respect to a proposal to amend the Service Plan and will make whatever changes are requested or approved by the LHIN. The Service Plan will be amended to include any approved additional funding.

4.5 **Conditions of Funding**

(a) The HSP will:

(i) use the Funding only for the purpose of providing the Services in accordance with the terms of this Agreement;

(ii) spend the Funding only in accordance with the Service Plan; and

(iii) propose, achieve and maintain an Annual Balanced Budget.

(b) "Annual Balanced Budget" means that, in each fiscal year of the term of this Agreement, the total expenses of the HSP are less than or equal to the total revenue, from all sources, of the HSP.

(c) The LHIN may impose such additional terms or conditions on the use of the Funding which it considers appropriate for the proper expenditure and management of the Funding.

4.6 **Interest.**

(a) Funding will be placed in an interest bearing account at a Canadian financial institution.

(b) Interest Income must be used, within the fiscal year in which it is received, to provide the Services.

(c) Interest Income will be reported to the LHIN and is subject to a year end reconciliation. In the event that some or all of the Interest Income is not used to provide the Services,

(i) the LHIN may deduct the amount equal to the unused Interest Income from any further Funding instalments under this or any other agreement with the HSP; and/or

(ii) the LHIN may require the HSP to pay an amount equal to the un used Interest Income to the Ministry of Finance.

4.7 **GST.** The HSP:

(i) acknowledges that all GST rebates it anticipates receiving from the use of the Funding have been incorporated in its Budget;

(ii) agrees that it will advise the LHIN if it receives any unanticipated GST rebates from the use of the Funding, or from the use of funding received from either the LHIN or the MOHLTC in years prior to this Agreement that was not recorded in the year of the related expenditure;

(iii) agrees that all GST rebates referred to in (ii) will be considered Funding in the year that the rebates are received, regardless of the year to which the rebate relates.

4.8 **Procurement of Goods and Services.** The HSP will have a procurement policy in place that requires the acquisition of supplies, equipment or services valued at over $25,000 through a competitive process that ensures the best value for funds expended. If the HSP acquires supplies, equipment or services with the Funding it will do so through a process that is consistent with this policy.

4.9 **Disposition.** The HSP will not, without the LHIN's prior written consent, sell, lease or otherwise dispose of any assets purchased with Funding, the cost of which exceeded $25,000 at the time of purchase.

ARTICLE 5 - REPAYMENT AND RECOVERY OF FUNDING

5.1 **Repayment and Recovery.**

(a) **At the End of a Funding Year**. If, in any Funding Year, the HSP has not spent all of the Funding the LHIN will require the repayment of the unspent Funding.

(b) **On Termination or Expiration of the Agreement.** Upon termination or expiry of the Agreement, the LHIN will require the repayment of any Funding remaining in the possession or under the control of the HSP and the payment of an amount equal to any Funding the HSP used for purposes not permitted by this Agreement.

(c) **On Reconciliation and Settlement**. If the year end reconciliation and settlement process demonstrates that the HSP received Funding in excess of its entitlement, the LHIN will require the repayment of the excess Funding.

(d) **As a Result of Performance Management or System Planning**. If Services are adjusted, as a result of the performance management or system planning processes, the LHIN may adjust the Funding to be paid under Schedule B, require the repayment of excess Funding and/or adjust the amount of any future funding installments accordingly.

(e) **In the Event of Forecasted Surpluses**. If the HSP is forecasting a surplus the LHIN may adjust the amount of Funding to be paid under Schedule B, require the repayment of excess Funding and/or adjust the amount of any future funding installments accordingly.

(f) **On the Request of the LHIN**. The HSP will, at the request of the LHIN, repay the whole or any part of the Funding, or an amount equal thereto if the HSP:

(i) has provided false information to the LHIN knowing it to be false;

(ii) breaches a term or condition of this Agreement and does not, within 30 Days after receiving from the LHIN written notice of the breach take reasonable steps to remedy the breach; or

(iii) breaches any federal or provincial law or regulation that directly relates to the provision of, or ensuring the provision of, the Services.

(g) Subsections 5.1(c) and (d) do not apply to Funding already expended properly in accordance with this Agreement. The LHIN will, at its sole discretion, and without liability or penalty, determine whether the Funding has been expended properly in accordance with this Agreement

5.2 **Provision for the Recovery of Funding.** The HSP will make reasonable and prudent provision for the recovery by the LHIN of any Funding for which the conditions of Funding set out in subsection 4.5 are not met and will hold this Funding in accordance with the provisions of subsection 4.6 until such time as reconciliation and settlement has occurred with the LHIN. Interest earned on Funding will be reported and recovered in accordance with subsection 4.6.

5.3 **Settlement and Recovery of Funding for Prior Years.**

(a) The HSP acknowledges that settlement and recovery of Funding can occur up to seven years after the provision of Funding.

(b) Recognizing the transition of responsibilities from the MOHLTC to the LHIN, the HSP agrees that if the parties are directed in writing to do so by the MOHLTC, the LHIN will settle and recover on behalf of the MOHLTC, and the HSP will enable the recovery of funding provided to the HSP by the MOHLTC in fiscal 2000/01 and every subsequent fiscal year up to and including 2006/07. All such settlements and recoveries will be subject to the terms applicable to the original provision of funding.

5.4 **Debt Due.**

(a) If the LHIN requires the re-payment by the HSP of any Funding the amount required will be deemed to be a debt owing to the LHIN by the HSP. The LHIN may adjust future funding instalments to recover the amounts owed or may, at its discretion direct the HSP to repay the amount owing to the LHIN.

(b) All amounts repayable to the LHIN will be paid by cheque payable to the "Ontario Minister of Finance" and mailed to the LHIN at the address provided in section 13.1.

5.5 **Interest Rate.** The LHIN may charge the HSP interest on any amount owing by the HSP at the then current interest rate charged by the Province of Ontario on accounts receivable.

ARTICLE 6.0 - PLANNING & INTEGRATION

6.1 **Planning for Future Years.**

(a) **Advance Notice.** The LHIN will give at least sixty Days notice to the HSP of the date by which a Community Annual Planning Submission ("CAPS"), approved by the HSP's governing body, must be submitted to the LHIN.

(b) **Multi-Year Planning.** The CAPS will be in a form acceptable to the LHIN and will incorporate (i) prudent multi-year financial forecasts; (ii) plans for the achievement of performance targets; and (iii) realistic risk management strategies. It will be aligned with the LHIN's Integrated Health Service Plan and will reflect local LHIN priorities and initiatives. If the LHIN has provided multi-year planning targets for the HSP, the CAPS will reflect the planning targets.

(c) **Multi-year Planning Targets.** Schedule B may reflect an allocation for the first fiscal year of this Agreement as well as planning targets for up to two additional years, consistent with the Term of the Agreement. In such an event,

(i) the HSP acknowledges that if it is provided with planning targets, these targets are (A) targets only, (B) provided solely for the purposes of

planning, (C) are subject to confirmation and (D) may be changed at the discretion of the LHIN. The HSP will proactively manage the risks associated with multi-year planning and the potential changes to the planning targets.

(i) the LHIN agrees that it will communicate any material changes to the planning targets as soon as reasonably possible.

(d) **Service Accountability Agreements**. The HSP acknowledges that if the LHIN and the HSP enter into negotiations for a subsequent service accountability agreement, funding may be interrupted if the subsequent accountability agreement is not executed on or before the expiration date of this Agreement.

6.2 **Community Engagement & Integration Activities**

(a) **Community Engagement.** The HSP will engage the community of diverse persons and entities in the area where it provides health services when setting priorities for the delivery of health services and when developing plans for submission to the LHIN including but not limited to CAPS and integration proposals.

(b) **Integration**. The HSP will, separately and in conjunction with the LHIN and other health service providers, identify opportunities to integrate the services available to the local health system to provide appropriate, co-coordinated, effective and efficient services.

(c) **Reporting.** The HSP will report on its community engagement and integration activities as requested by the LHIN, and in any event, in its year end report to the LHIN.

6.3 Planning and Integration Activity Pre-proposals

6.3.1 **General:** A pre-proposal process has been developed to (i) reduce the costs incurred by an HSP when proposing operational or service changes; (ii) facilitate the HSP to carry out its statutory obligations; and (iii) enable an effective and efficient response by the LHIN. Subject to specific direction from the LHIN, this pre-proposal process will be used in the following instances:

(i) the HSP is considering an integration or an integration of services, as defined in the Act between the HSP and another person or entity; or

(ii) the HSP is proposing to reduce, stop, start, expand or transfer the location of Services; or

(iii) to identify opportunities to integrate the services of the local health system, other than those identified in (i) or (ii) above; or

(iv) if requested by the LHIN.

6.3.2 **LHIN Evaluation of the Pre-proposal**: A pre proposal is not formal notice of a proposed integration under s. 27 of the Act. LHIN consent to develop the

project concept outlined in a pre-proposal does not constitute approval to proceed with the project. Nor does LHIN consent presume the issuance of a favourable decision, should such a decision be required by section 25 or 27 of the Act. Following the LHIN's review and evaluation, the HSP may be invited to submit a detailed proposal and a business plan for further analysis. Guidelines for the development of a detailed proposal and business case will be provided by the LHIN.

6.4 **Proposing Integration Activities in the Planning Submission.** No integration activity described in subsection 6.3 may be proposed in a CAPS unless the LHIN has consented, in writing, to its inclusion pursuant to the process set out in 6.3.2

6.5 **Definitions.** In this section 6.0 the terms "integrate", "integration" and "services" have the same meanings attributed to them in subsection 2(1) and section 23 respectively of the Act. Specifically:

(i) "integrate" includes,

(a) to co-ordinate services and interactions between different persons and entities,
(b) to partner with another person or entity in providing services or in operating,
(c) to transfer, merge or amalgamate services, operations, persons or entities,
(d) to start or cease providing services,
(e) to cease to operate or to dissolve or wind up the operations of a person or entity,

and "integration" has a similar meaning; and

(ii) "service" includes,

(a) a service or program that is provided directly to people,
(b) a service or program, other than a service or program described in clause (a), that supports a service or program described in that clause, or
(c) a function that supports the operations of a person or entity that provides a service or program described in clause (a) or (b).

ARTICLE 7.0 – PERFORMANCE IMPROVEMENT PROCESS

7.1 **Performance.** The parties will strive to achieve on-going performance improvement. They will address performance improvement in a proactive, collaborative and responsive manner.

7.2 **Performance Factors.**

(a) A "Performance Factor**"** is any matter that could, or will, significantly affect a party's ability to fulfil its obligations under this Agreement;

(b) Each party will notify the other party of the existence of a Performance Factor, as soon as reasonably possible. The notice will:

(i) describe the Performance Factor and its actual or anticipated impact;
(ii) include a description of any action the party is undertaking, or plans to undertake, to remedy or mitigate the Performance Factor;
(iii) indicate whether the party is requesting a meeting to discuss the Performance Factor; and
(iv) address any other issue or matter the party wishes to raise with the other party.

(c) The recipient party will provide a written acknowledgment of receipt of the notice within seven Days of the date on which the notice was received ("Date of the Notice").

(d) Where a meeting has been requested under 7.2(b) (iii), the parties agree to meet and discuss the Performance Factors within fourteen Days of the Date of the Notice, in accordance with the provisions of subsection 7.3

7.3 Performance Meetings

(a) During a meeting on performance, the parties will:

(i) discuss the causes of a Performance Factor;
(ii) discuss the impact of a Performance Factor on the local health system and the risk resulting from non-performance; and
(iii) determine the steps to be taken to remedy or mitigate the impact of the Performance Factor (the "Performance Improvement Process").

7.4 The Performance Improvement Process. The Performance Improvement Process will focus on the risks of non-performance and problem-solving. It may include:

(i) a requirement that the HSP develop and implement an improvement plan acceptable to the LHIN and that maximizes overall performance while achieving a balanced budget over a fixed multi-year term;
(ii) a revision and amendment of the HSP's obligations; and or
(iii) an in-year, or year end, adjustment to the Funding;

among other possible means of responding to the Performance Factor or improving performance.

ARTICLE 8 - REPORTING, ACCOUNTING AND REVIEW

8.1 **Reporting**

(a) **Generally.** The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services as contemplated by the Act, is heavily dependant on the timely collection and analysis of accurate information. The HSP acknowledges that the timely provision of accurate

information related to the HSP is under the HSP's control.

(b) **Specific Obligations.** The HSP

(i) will provide to the LHIN, or to such other entity as the LHIN may direct, in the form and within the time specified by the LHIN, the plans, reports, financial statements and other information, other than personal health information as defined in subsection 31 (5) of the *CFMA*, that (i) the LHIN requires for the purposes of exercising its powers and duties under this Agreement, the Act or for the purposes that are prescribed under the Act, or (ii) may be requested under the CFMA.

(ii) will fulfil the specific reporting requirements set out in Schedule C.

(iii) will ensure that all information is complete, accurate, provided in a timely manner and in a form satisfactory by the LHIN; and

(iv) agrees that all information submitted to the LHIN by or on behalf of the HSP, will be deemed to have been authorized by the HSP for submission.

(c) **French Language Services.** If the HSP is required to provide services to the public in French under the provisions of the *French Language Services Act*, the HSP will be required to submit a French language implementation report to the LHIN. If the HSP is not required to provide services to the public in French under the provisions of the *French Language Service Act*, it will be required to provide a report to the LHIN that outlines how the HSP addresses the needs of its local Francophone community.

(d) **Financial Reductions.** Notwithstanding any other provision of this Agreement, and at the discretion of the LHIN, the HSP may be subject to a financial reduction in any of the following circumstances:

(i) its CAPS is received after the due date;
(ii) its CAPS is incomplete;
(iii) the quarterly performance reports are not provided when due; or
(iv) financial and/or clinical data requirements are late, incomplete or inaccurate,

where the errors or delay were not as a result of LHIN actions or inaction. If assessed, the financial reduction will be as follows:

(v) if received within 7 days after the due date, incomplete or inaccurate, the financial penalty will be the greater of (i) a reduction of 0.02 percent (0.02%) of the funding identified on Schedule B; or (ii) two hundred and fifty dollars ($250.00); and

(vi) for every full or partial week of non-compliance thereafter, the rate will be one half of the initial reduction.

8.2 **Inspections and Audit.**

(a) During the term of this Agreement and for seven (7) years after the term of this Agreement, the HSP agrees that the LHIN or its authorized representatives may conduct a financial or operational audit, investigation or other form of review of the HSP to confirm the HSP's fulfillment of its obligations under this Agreement, and for these purposes the LHIN or its authorized representatives may:

(i) inspect and copy any financial records, invoices and other financially-related documents in the possession or under the control of the HSP which relate to the Funding or otherwise to the Services;

(ii) inspect and copy non-financial records in the possession or under the control of the HSP which relate to the Funding, the Services or otherwise to the performance of the HSP under this Agreement.

upon no less than twenty-four hours Notice to the HSP and during normal business hours, enter the HSP's premises to review the HSP's fulfillment of any one or more of its obligations under this Agreement,

(b) The cost of a financial audit, review or investigation will be borne by the HSP. The cost of any other form of audit review or investigation will be borne by the HSP if the audit review or investigation determines that the HSP has not fulfilled it obligations under this Agreement.

(c) HSP's obligations under this paragraph will survive any termination or expiration of the Agreement.

8.3 **Document Retention and Record Maintenance.** The HSP agrees

(i) that it will retain all records (as that term is defined in the *Freedom of Information and the Protection of Privacy Act*) related to the HSP's performance of its obligations under this Agreement for seven (7) years after the termination or expiration of the term of the Agreement. The HSP's obligations under this paragraph will survive any termination or expiry of the Agreement;

(ii) all financial records, invoices and other financially-related documents relating to the Funding or otherwise to the Services will be kept in a manner consistent with generally accepted accounting principles and clerical practices; and

(iii) all non-financial documents and records relating to the Funding or otherwise to the Services will be kept in a manner consistent with all Applicable Law.

8.4 **Disclosure of Information**. The LHIN will treat Confidential Information as confidential and will not disclose Confidential Information except with the consent of the HSP or under the Freedom of Information and Protection of Privacy Act, which the HSP acknowledges applied to the LHIN. Notwithstanding the foregoing, the LHIN may disclose information that it collects under this Agreement in

accordance with the Act, the CFMA, the *Freedom of Information and Protection of Privacy Act*, court order, subpoena or other Applicable Law.

8.5**.** **Transparency.** The HSP will post a copy of this Agreement in a conspicuous public place at its sites of operations to which this Agreement applies and on its public website, if the HSP operates a website.

8.6 **Auditor General**. For greater certainty the LHIN's rights under this article are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act* (Ontario).

ARTICLE 9 - ACKNOWLEDGEMENT OF LHIN SUPPORT

9.1 **Publication.** For the purposes of this Article 9, the term "publication" means any material on or concerning the Services that the HSP makes available to the public, regardless of whether the material is available electronically or in hard copy. Examples include a web-site, an advertisement, a brochure, promotional documents and a report. Materials that are prepared by the HSP in order to fulfil its reporting obligations under this Agreement are not included in the term "publication".

9.2 **Acknowledgment of Funding Support.** The HSP agrees all publications will include

(i) an acknowledgment of the Funding provided by the LHIN and the Government of Ontario. Prior to including an acknowledgement in any publication, the HSP will obtain the LHIN's approval of the form of acknowledgement. The LHIN may, at its discretion, decide that an acknowledgement isn't necessary; and

(ii) a statement indicating that the views expressed in the publication are the views of the HSP and do not necessarily reflect those of the LHIN or the Government of Ontario.

ARTICLE 10 – REPRESENTATIONS, WARRANTIES AND COVENANTS

10.1 **General.** The HSP represents, warrants and covenants that:

(i) it is, and will continue for the term of the Agreement to be, a validly existing legal entity with full power to fulfill its obligations under the Agreement;

(ii) it has the experience and expertise necessary to carry out the Services;

(iii) it holds all permits, licences, consents intellectual property rights and authorities necessary to perform its obligations under this Agreement;

(iv) all information (including information relating to any eligibility requirements for Funding) that the HSP provided to the LHIN in support of its request for Funding was true and complete at the time the HSP provided it, and will continue to be true and complete for the term of the Agreement; and

(v) it does, and will continue for the term of the Agreement to, operate in compliance with all applicable law, including observing where applicable, the requirements of the Corporations Act and the HSP's by-laws in respect of, but not limited to, the holding of board meetings, the requirements of quorum for decision-making, the maintenance of minutes for all board and committee meetings and the holding of members' meetings.

10.2 **Execution of Agreement.** The HSP represents and warrants that:

(i) it has the full power and authority to enter into the Agreement; and

(ii) it has taken all necessary actions to authorize the execution of the Agreement, including if the HSP is:

(a) an Indian Band, as defined under the *Indian Act*, passing a Band Council Resolution;
(b) a Municipality passing a municipal by-law or resolution; or
(c) a corporation passing a board resolution;

authorizing the HSP to enter into the Agreement with the LHIN.

10.3 **Governance**. The HSP represents warrants and covenants that it has established, and will maintain for the period during which the Agreement is in effect, policies and procedures:

(i) for effective and appropriate decision-making;

(ii) for effective and prudent risk-management, including the identification and management of real and perceived conflicts of interest;

(iii) for the prudent and effective management of the Funding;

(iv) to monitor and ensure the accurate and timely fulfillment of the HSP's

obligations under this Agreement;

(v) to enable the preparation, approval and delivery of all Reports required pursuant to Article 8; and

(vi) to address complaints about the provision of Services, the management or governance of the HSP.

10.4 **Services**. The HSP represents warrants and covenants that the Services are and will continue to be provided:

(i) by persons with the expertise, professional qualifications, licensing and skills necessary to complete their respective tasks; and

(ii) in compliance with Applicable Law.

10.5 **Supporting Documentation.** Upon request, the HSP will provide the LHIN with proof of the matters referred to in this Article.

ARTICLE 11 - LIMITATION OF LIABILITY, INDEMNITY & INSURANCE

11.1 **Limitation of Liability.** The LHIN, its officers, employees, directors, independent contractors, subcontracts, agents and assigns and her Majesty the Queen in Right of Ontario and her Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns will not be liable to the HSP or any of the HSP's personnel for costs, losses, claims, liabilities and damages howsoever caused (including any incidental, indirect, special or consequential damages, injury or any loss of use or profit of the HSP) arising out of or in any way related to the Services or otherwise in connection with the Agreement, unless caused by the gross negligence or wilful act of the LHIN's officers, employees and agents.

11.2 **Ibid.** For greater certainty and without limiting subsection 11.1, the LHIN is not liable for how the HSP and its personnel carry out the Services and is therefore not responsible to the HSP for such Services. Moreover the LHIN is not contracting with or employing people for the HSP to carry out the terms of this Agreement. As such, it is not liable for contracting with, employing or terminating a contract or the employment of any personnel of the HSP required to carry out this Agreement, nor for the withholding, collection or payment of any taxes, premiums, contributions or any other remittances due to government for the personnel required by the HSP to carry out this Agreement.

11.3 **Indemnification.**

(a) **"Indemnified Parties"** means the LHIN and its officers, employees, directors, independent contractors, subcontractors, agents and assigns and her Majesty the Queen in Right of Ontario and her Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns.

(b) The HSP hereby agrees to indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages and expenses

(including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits or other proceedings, (collectively "Claims"), by whomever made, sustained, brought or prosecuted, including for third party bodily injury (including death), personal injury and property damage, in any way based upon, occasioned by or attributable to anything done or omitted to be done by the HSP, its subcontractors or their respective directors, officers, agents, employees or independent contractors in the course of performance of the HSP's obligations under, or otherwise in connection with, the Agreement. The HSP further agrees to indemnify and hold harmless the Indemnified Parties for any incidental, indirect, special or consequential damages, or any loss of use, revenue or profit, by any person, entity or organization, including without limitation the LHIN, claimed or resulting from such Claims.

11.4 **Commercial General Liability Insurance**.

(a) **Required Insurance.** The HSP will put into effect and maintain, with insurers acceptable to the LHIN, for the period during which the Agreement is in effect, at its own expense Commercial General Liability Insurance, for third party bodily injury, personal injury and property damage to an inclusive limit of not less than two million dollars per occurrence and not less than two million dollars products and completed operations aggregate. The policy will include the following clauses:

(i) The LHIN and Her Majesty the Queen in Right of Ontario, her Ministers, appointees and employees as additional insureds;

(ii) Contractual Liability;

(iii) Products and Completed Operations Liability;

(iv) A valid WSIB Clearance Certificate, or Employers Liability and Voluntary Compensation, which ever applies;

(v) Tenants Legal Liability; (*for premises/building leases only)*;

(vi) Non-Owned automobile coverage with blanket contractual and physical damage coverage for hired automobiles; and,

(vii) A thirty Day written notice of cancellation.

(b) **Certificates of Insurance.** The HSP will provide the LHIN with proof of the insurance required by the Agreement in the form of a valid certificate of insurance that references the Agreement and confirms the required coverage, on or before the commencement of the Agreement, and renewal replacements on or before the expiry of any such insurance.

ARTICLE 12 - TERMINATION OF AGREEMENT

12.1 **Termination by the LHIN.**

(a) **Without Cause.** The LHIN may terminate the Agreement at any time, for any reason, upon giving at least sixty Days Notice to the HSP.

(b) **Where No Appropriation**. If, as provided for in section 4.3, the LHIN does not receive the necessary funding from the MOHLTC, the LHIN may terminate the Agreement immediately by giving Notice to the HSP.

(c) **For Cause.** The LHIN may terminate the Agreement immediately upon giving Notice to the HSP if:

(i) in the opinion of the LHIN:

A. the HSP has knowingly provided false or misleading information regarding its funding request or in any other communication with the LHIN;

B. the HSP breaches any material provision of the Agreement;

C. the HSP is unable to complete or has discontinued the Services; or

D. it is not reasonable for the HSP to continue to provide the Services;

(ii) the nature of the HSP's business, or its corporate status, changes so that it no longer meets the applicable eligibility requirements of the program under which the LHIN provides the Funding;

(iii) the HSP makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or is petitioned into bankruptcy, or files for the appointment of a receiver; or

(iv) the HSP ceases to carry on business.

(d) **Transition Plan**. In the event of termination by the LHIN pursuant to this subsection, the LHIN and the HSP will develop a transition plan, acceptable to the LHIN that indicates how the needs of the HSP's clients will be met following the termination and how the transition of the clients to new service providers will be effected in a timely manner.

12.2 **Termination by the HSP.**

(a) The HSP may terminate the Agreement at any time, for any reason, upon giving 6 months notice to the LHIN provided that the notice is accompanied by

(i) satisfactory evidence that the HSP has taken all necessary actions to authorize the termination of the Agreement, including if the HSP is:

A. an Indian Band, as defined under the *Indian Act*, passing a Band Council Resolution;

B. a Municipality passing a municipal by-law or resolution; or
C. a corporation passing a board resolution;

authorizing the HSP to terminate the Agreement with the LHIN; and

(ii) a transition plan, acceptable to the LHIN that indicates how the needs of the HSP's clients will be met following the termination and how the transition of the clients to new service providers will be effected within the six month notice period.

(b) In the event that the HSP fails to provide an acceptable transition plan, the LHIN may reduce Funding payable to the HSP prior to termination of the Agreement to compensate the LHIN for transition costs.

12.3 **Opportunity to Remedy.**

(a) Opportunity to Remedy. If the LHIN considers that it is appropriate to allow the HSP an opportunity to remedy a breach of the Agreement, the LHIN may give the HSP an opportunity to remedy the breach by giving the HSP Notice of the particulars of the breach and of the period of time within which the HSP is required to remedy the breach. The Notice will also advise the HSP that the LHIN will terminate the Agreement

(i) at the end of the notice period provided for in the Notice if the HSP fails to remedy the breach within the time specified in the Notice; or
(ii) prior to the end of the notice period provided for in the Notice if it becomes apparent to the LHIN that the HSP cannot completely remedy the breach within that time or such further period of time as the LHIN considers reasonable, or the HSP is not proceeding to remedy the breach in a way that is satisfactory to the LHIN.

(b) Failure to Remedy. If the LHIN has provided the HSP with an opportunity to remedy the breach, and:

(i) the HSP does not remedy the breach within the time period specified in the Notice;
(ii) it becomes apparent to the LHIN that the HSP cannot completely remedy the breach within the time specified in the Notice or such further period of time as the LHIN considers reasonable; or
(iii) the HSP is not proceeding to remedy the breach in a way that is satisfactory to the LHIN,

then the LHIN may immediately terminate the Agreement by giving Notice of termination to the HSP.

12.4 **Consequences of Termination.**

(a) If the Agreement is terminated pursuant to this Article, the LHIN may:

(i) cancel all further Funding instalments;

(ii) demand the repayment of any Funding remaining in the possession or under the control of the HSP;
(iii) determine the HSP's reasonable costs to wind down the Services; and
(iv) permit the HSP to offset the costs determined pursuant to subsection (iii), against the amount owing pursuant to subsection (ii).

(b) Despite (a), if the cost determined pursuant to section 12.4(a) (iii) exceeds the Funding remaining in the possession or under the control of the HSP the LHIN will not provide additional monies to the HSP to wind down the Services.

12.5 **Effective Date.** The effective date of any termination under this Article will be the last Day of the notice period, the last Day of any subsequent notice period or immediately, which ever applies.

12.6 **Corrective Action.** Despite its right to terminate the Agreement pursuant to this Article, the LHIN may choose not to terminate the Agreement and may take what ever corrective action it considers necessary and appropriate, including suspending Funding for such period as the LHIN determines, to ensure the successful completion of the Services in accordance with the terms of the Agreement.

ARTICLE 13 - NOTICE

13.1 **Notice.** A Notice will be in writing; delivered personally or by pre-paid courier, or sent by facsimile; and, addressed to the other Party as provided below or as either Party will later designate to the other in writing:

To the LHIN:	**To the HSP:**
Hamilton Niagara Haldimand Brant Local Health Integration Network 264 Main St E Grimsby ON L3M 1P8	Hamilton Urban Core Community Health Centre 71 Rebecca Street Hamilton ON L8R 1B6
Attention: Board Chair	**Attention:** Board Chair
Fax: (905) 945-1992 Telephone: (905) 945-4930	Fax: (905) 522-3706 Telephone: (905) 522-3233

13.2 **Notices Effective From.** A Notice will be effective at the time the delivery is made if the Notice is delivered personally, by pre-paid courier or by facsimile.

ARTICLE 14- ADDITIONAL PROVISIONS

14.1 **Interpretation.** In the event of a conflict or inconsistency in any provision of this Agreement, the main body of this Agreement will govern over the Schedules.

14.2 **Invalidity or Unenforceability of Any Provision**. The invalidity or

unenforceability of any provision of the Agreement will not affect the validity or enforceability of any other provision of the Agreement and any invalid or unenforceable provision will be deemed to be severed.

14.3 **Terms and Conditions on Any Consent.** The LHIN may impose any terms and conditions on any consent or approval that the LHIN may grant under this Agreement.

14.4 **Waiver.** A Party may only rely on a waiver of the Party's failure to comply with any term of the Agreement if the other party has provided a written and signed Notice of waiver. Any waiver must refer to a specific failure to comply and will not have the effect of waiving any subsequent failures to comply.

14.5 **Parties Independent**. The Parties are and will at all times remain independent of each other and are not and will not represent themselves to be the agent, joint venturer, partner or employee of the other. No representations will be made or acts taken by either Party which could establish or imply any apparent relationship of agency, joint venture, partnership or employment and neither Party will be bound in any manner whatsoever by any agreements, warranties or representations made by the other Party to any other person or entity, nor with respect to any other action of the other Party.

14.6 **LHIN is an Agent of the Crown**. The parties acknowledge that the LHIN is an agent of the Crown and may only act as an agent of the Crown in accordance with the provisions of the Act. Notwithstanding anything else in this Agreement, any express or implied reference to the LHIN providing an indemnity or any other form of indebtedness or contingent liability that would directly or indirectly increase the indebtedness or contingent liabilities of the LHIN or Government of Ontario, whether at the time of execution of the Agreement or at any time during the term of the Agreement, will be void and of no legal effect.

14.7. **Express Rights and Remedies Not Limited.** The express rights and remedies of the LHIN are in addition to and will not limit any other rights and remedies available to the LHIN at law or in equity. For further certainty, the LHIN has not waived any provision of any applicable statute, including the Act and the CFMA, nor the right to exercise its right under these statutes at any time.

14.8 **No Assignment.** The HSP will not assign the Agreement or the Funding or any part thereof without the prior written consent of the LHIN. The LHIN may assign this Agreement or any of its rights and obligations under this Agreement to any one or more of the LHINs or to the MOHLTC.

14.9 **Governing Law.** The Agreement and the rights, obligations and relations of the Parties hereto will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein. Any litigation or arbitration arising in connection with the Agreement will be conducted in Ontario unless the Parties agree in writing otherwise.

14.10 **Survival.** The provisions in 1.0, 4.9, 5.1, 5.2, 6.0, 7.4, 8.0, 9.0, 11.0, 13.0, 14.1, 14.6, 14.7 and 14.9. will continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement.

14.11 **Further Assurances.** The Parties agree to do or cause to be done all acts or things necessary to implement and carry into effect the Agreement to its full extent.

14.12 **Amendment of Agreement.** The Agreement may only be amended by a written agreement duly executed by the Parties.

14.13 **Counterparts.** The 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.

ARTICLE 15 - ENTIRE AGREEMENT

15.1 **Entire Agreement.** The Agreement together with the appended Schedules constitutes the entire Agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

The Parties have executed the Agreement on the dates set out below.

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK

By:

_____ _____
Juanita G. Gledhill, Chair Date

And by:

_____ _____
Pat Mandy, Chief Executive Officer Date

HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE

By:

_____ _____
Marcine Blake, Board Chair Date
I have authority to bind the HSP

And by:

_____ _____
Denise Brooks, Executive Director Date
I have authority to bind the HSP

SCHEDULE A

DETAILED DESCRIPTION OF SERVICES

[NTD: this section would set out both the services as well as any conditions attached to the provision of a specific service – other than indicators of performance, or Service standards set out in Schedule D]

Agency Name
Hamilton Urban Core Community Health Centre

A. Services Provided
Primary Health Care: Treatment of episodic preventive health maintenance, illness, chronic disease prevention and management, chronic pain management, well-person care, primary mental health care, health teaching and education, case management; foot health clinic and foot care services (chiropody), counseling, client orientation, specimen collection and referrals. Health Promotion: Oral health counselling, education and preventive services; diabetes education, support, care and outreach; mature women's health care program; flu clinic; Counselling, Support and Mental Health Services: Psycho-therapy, individual and group counselling, stress management and reduction; anger management; case management and case conferencing; client education; Client Education and Support Services: Community outreach; client advocacy and empowerment; health systems navigation; forms completion, referrals; harm reduction; needle exchange program; assistance accessing health coverage (health card kiosk); winter safety and education; survivor kits Community Development and Engagement: Volunteer engagement and placement; student involvement; community meeting spaces; community advisory focus groups Parenting and Family Support: Healthy child development / early child development; assessment and screening; early identification of health and development risks for children; play and learning activities to promote healthy bonding and development between children and parents; connecting to community resources to support child-rearing; positive play; healthy parent – child bonding, positive discipline for the various stages of a child's life; positive parenting for families at risk; developing healthy family relationships, family management; emergency clothing and supplies for families; grandparent parenting grandchildren program Population Health: Addressing community health issues such as poverty and social integration; issues

identification; assistance with accessing / securing basic needs such as food, shelter, clothing; supportive counselling and guidance; women's support group; building social skills and social recreation; men's support group; drop in programs; referral; advocacy regarding health and social issues related to the determinants of health; immigrant and refugee health issues.

B. Client Population

Hamilton Urban Core's client population: people who are homeless or at risk of being homeless, immigrants and refugees, low income individuals and families/ individuals living in poverty, individuals with mental illness/ mental health issues, isolated seniors and street involved youth.

Needs services are intended to address: primary health care, episodic illness, chronic illness, chronic disease, chronic conditions, well person care, health promotion, mental health, foot care, early child development, harm reduction, counselling

Cultural communities / Languages served: Somali, Czech, Hungarian, Romany, Arabic speaking, Chinese, Albanian, Vietnamese, Punjabi, Urdu, Slovak, Polish, Spanish, Mandarin.

C. Geography Served

Hamilton Urban Core serves individuals, families, groups and communities in the Hamilton area with priority to those in the urban core. The core catchment (urban core) area includes Locke street to the west, Sherman Street to the east, the mountain brow (south) and Barton Street (north)

Service locations: Wesley Urban Ministries Drop In, St Matthew's House, St Joseph's Immigrant Women's Centre, AAT School; health teaching and education at Mission Services, Inasmuch House, Circle of Friends, Cathedral High School, Sir John A MacDonald, Suntrac Recovery, Roxborough Senior's Centre and others.

SCHEDULE B – SERVICE PLAN

A. Narrative

Agency Name
Hamilton Urban Core Community Health Centre

A. Overview
Located in the heart of Hamilton's urban center, Hamilton Urban Core is a thriving inner city health centre and a leader in the provision of high-quality primary health services and programs for individuals, families and groups who traditionally encounter barriers, particularly marginalized and socially isolated populations. The model of care is client-centered, community focused and community governed, and grounded in community development approaches. Care is comprehensive, accessible, interdisciplinary, integrated and framed by the social determinants of health. We address the health-related needs of very diverse communities through the delivery of primary health care services, community development, counselling, advocacy, and health promotion. Hamilton Urban Core's strategic directions focus on: • Equitable, accessible and culturally competent health care for populations in the urban core • Health in the inner city • Engaged individuals, communities and organizations • The CHC model of primary health care delivery • Accountability at all levels of the organization Goals 2009-2010 1. Community Engagement - Review and refine Board Ownership Linkage Plan including meeting with key HSP Boards, community groups or others 2. Develop new partnerships (to increase capacity to deliver services) 3. Implement lessons learned from the Improving Inter-professional Care in a Primary Health Care Setting for Clients who are Marginalized and Living with Chronic Disease and/or Chronic Illness project 4. Implement the Link and Learn project, a project intended to build capacity across communities 5. Further development work with the Inner City Health Strategy work group 6. Complete agency-wide program review and implement changes 7. Explore opportunities to implement outcomes of management structure review 8. E-health - preparation for transitioning to electronic health records Goals 2010-2011 1. Building Healthier Organizations, BHO accreditation – a key quality improvement initiative occurring in 2011 2. Community Engagement - Board Ownership Linkage activities with agency Boards, and/or local decision makers 3. Address organization's physical capacity (space) 4. Continue implementation of Chronic Disease Prevention and Management framework

5. E-health – transitioning to electronic health records as part of a provincial initiative

B. Advancement of the Integrated Health Services Plan (IHSP)

Hamilton Urban Core's strategic directions and operational plans consider the IHSP priorities as well as the needs and priorities of the communities we serve. Using this approach Hamilton Urban Core is positioned to contribute to the LHIN IHSP by focusing on the most marginalized and vulnerable populations who experience barriers to accessing health services and seeking opportunities for coordination and integration. The Board, through Executive Director reports, first-hand accounts and attendance at the Southwest Constituency Meetings, is informed about LHIN initiatives.

Meeting obligations under LHSIA: Ownership (community) linkage is embedded into the governance activities and strategic priorities for Hamilton Urban Core. This includes meeting with and engaging a variety of sectors including the clients we serve, other service providers, health system employees, and the people who live or work within our catchment and service areas.

Hamilton Diabetes Collaborative – Hamilton Urban Core provides health services and care to people living with diabetes or who are at risk of developing diabetes. In the period of April1, 2008 to October 31, 2008, 540 active clients of Hamilton Urban Core were identified with diabetes. The diabetes collaborative is intended to establish a regional approach to diabetes prevention (education), management and care using best practice guidelines, identifying points of entry and connecting people with the appropriate provider. This initiative will help to improve coordination of services and care in the local health system.

Community Food Security Stakeholder Committee – Access to affordable and nutritious food is a key determinant of health for many residents in the urban core. Due to the overwhelming issues associated with food security and its rating as an area of high need for our client populations, Hamilton Urban Core is participating in this collaborative initiative focused on developing comprehensive policies and a coordinated infrastructure to cultivate sustainable food supplies, connecting food growers to persons and communities in need. This initiative is an example of an integrated approach to more effectively and efficiently address identified community needs.

Coordinated Health Services for Older Persons (Seniors) – Hamilton Urban Core provides services to older persons (seniors) who are marginalized, vulnerable and isolated and have found a growing need for increased and coordinated services especially for those most at risk. We plan to engage with other organizations that have similar concerns and interests with the goal of developing a coordinated and integrated strategy for identifying and responding to the needs of marginalized seniors who face barriers to accessing the services they need. This may include the collaborative efforts of Hamilton Urban Core CHC, Wesley Urban Ministries, the Good Shepherd Non-Profit Homes, North Hamilton CHC, St. Giles United Church, and Centre de santé communautaire Hamilton - Niagara and the associated partnering organizations. In addition, we plan to continue discussions with the Salvation Army and North Hamilton CHC regarding a collaborative partnership regarding the primary health care and discharge planning needs of individuals who are aged (seniors), homeless or precariously housed and are living with chronic health conditions.

Pharmacist Demonstration Project – We are working with North Hamilton CHC and Marchese Pharmacy in this collaborative project to demonstrate the role of the pharmacist in a primary care setting and how the pharmacist may best be used to assist

in client services. Working with staff and clients regarding clients with chronic and complex health conditions the Pharmacist engages in medication review, instruction, and medication management, monitoring compliance and provider education. This project supports improved client engagement, better use of provider time and better coordination of supportive health services.

Primary Health Care Network – Over the past year the CHCs and AHAC in our LHIN have gathered together to form the Primary Health Care Network. The Network will focus on addressing issues important to the CHC/AHAC model of care, primary health care, and the communities served and of interest to the LHIN; identifying strategic opportunities for leadership within the LHIN and exploring possibilities for coordination such as training and professional development opportunities.

C. Situation Analysis

Business assumptions:

- Hamilton Urban Core will continue to balance its budget and will meet its obligations under the M-SAA
- Hamilton Urban Core will successfully secure additional much-needed financial resources to support increased service demands and the Centre's priorities
- Hamilton Urban Core will participate in a rigorous accreditation process (Building Healthier Organizations) and achieve full accreditation
- In addition to services listed in Schedule A, the Centre will continue with the ID Clinic, the Street Drop In, the Physician Assistant Demonstration Project and the Link and Learn project

Significant Risks:

1. The space at Hamilton Urban Core Community Health Centre is currently being used to capacity by staff and community partners to deliver our many programs and services. The programs and services at the Health Centre are growing and expanding as a result of several new and emerging communities in the area, increased service demand and the deepening impact of poverty on individuals and families in the urban core. There has also been an increase in the number of staff over the past 12 years. This has resulted in Hamilton Urban Core operating at full organizational capacity. In fact the current space allocated for primary health care services does not have enough clinical rooms for client visits or space for the doctors and nurses to work. The need for us to address our capacity issue is urgent. In order to continue with the implementation of our programs and services, we are currently exploring other avenues such as the possibility of operating out of satellite locations or expanding the capacity by building an addition on the existing site. Hamilton Urban Core is located on privately owned property; the owner is a subsidiary of a corporation located in Scotland. The owner recently passed away and the holding company is considering options to exercise after the current lease expires. They have expressed an interest in selling the site to Hamilton Urban Core. A preliminary plan for expansion was prepared by a local architect and the initial stages of a fundraising capital campaign have been outlined. We are in the process of securing a property assessment to establish current value. All of the information will be considered in developing a plan to address the immediate and chronic space needs of the Centre.

2. Hamilton Urban Core anticipates that throughout 2009/10 and 2010/11 the economy will continue to be the focus of much concern making new investments in health care

scarce. In addition, the poverty rate in Hamilton remains at a rate of 18 – 20% with the highest impacted areas being those in the inner city represented by an estimated population of 119,450. With poverty being one of the key determinants of health, the increased service demand creates additional organizational pressures and the client communities we serve are at risk for further marginalization. Balancing a flat budget with growing demand for service can also lead to client and provider dissatisfaction. Some of this may be addressed by exploring new opportunities and avenues for integration. However, the focus of integration initiatives must be improving service without being overtaken by the need for integration as a cost saving measure or sidelining health promotion and illness prevention. To mitigate the risk Hamilton Urban Core will consult with our communities, spend wise and strategically, continue to seek complementary funding sources and engage in beneficial integration. We will also continue our efforts, in partnership with other organizations, agencies and providers, to continue to provide high quality services particularly for those in our community who are marginalized and face barriers to accessing services.

3. Demand/competition for health professionals remains high and the unfulfilled commitment of MOHLTC to engage in regular salary reviews contributes to recruitment and retention challenges. In addition the lack of stable funding for mental health workers, social workers, nursing staff and managers adds additional pressure on maintaining service levels and there is a risk to the continuity in client care resulting from understaffing. This risk will be mitigated through advocating for adequate staffing levels, continuing to demonstrate the role of the Physician Assistant as a new provider in the CHC setting, collaborative efforts of the LHIN working in partnership with the MOHLTC and other LHINs across the province to ensure fair and equitable compensation for all CHC staff, continuing to work with Hamilton's Physician Recruiter and exploring options for service partnerships and collaboration.

1. Evaluation of Prior Year Performance

A variety of methods are used to evaluate the Hamilton Urban Core's services and to obtain feedback from our clients and partners, which assists with continuous quality improvement. This may include client satisfaction surveys, pre and post evaluations, focus group feedback and individual commentary. Evaluation feedback indicated that Hamilton Urban Core did extremely well in terms of meeting our goals in the past year. Examples of feedback on prior year performance include:

- ✓ 80% of participants take part in different programs/activities at the Centre
- ✓ 85% of respondents felt that they got the services they needed
- ✓ 95% of respondents said that aspects of their life at home/ school/ work have changed
- ✓ 95% identified the providers/facilitators as being knowledgeable and understanding
- ✓ 100% felt that their rights were respected

Overall clients expressed that they felt safe and supported emotionally, mentally, and physically. Some noted they enjoyed attending the services provided at the Centre and felt they were of benefit in various areas of their life. Many indicated that it would be useful to have more of the same programs and/or more programs, throughout the week both during the day and evening. This is taken into consideration as Hamilton Urban Core struggles to balance client needs, service demands and limited human and

financial resources.

Overall, Hamilton Urban Core (staff and board) were pleased with the evaluation results, which confirmed that the Centre was on track in terms of meeting overall strategic goals and priorities.

2. Changes to Operations Summary (Optional)

SCHEDULE B(b) – BUDGET

Ontario

Healthcare Service Provider: HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE
Program Number: chc7570
REPORT: CAPS - Community Annual Planning Submission
PERIOD: 2009/10 2010/11

Form 2b - Summary of Revenue and Expenses - LHIN Summary

(This form is a roll up of TPBE worksheets-W1a, W2a, W3a and W4a)

Category	Line No	Account: Financial (F) Reference OHRS VERSION 6.2	(1) 2007/2008 ACTUAL YEAR END	(2) 2007/2008 APPROVED FISCAL BUDGET	(3) 2008/09 APPROVED BUDGET	(4) 2009/2010 BUDGET REQUEST	(5) % VARIANCE Col. (4-3)	(6) 2009/10 LHIN Approved Fiscal Budget	(7) 2010/2011 BUDGET TARGET	Variance Explanation (Col .5) Provide brief explanation of variance
FUND TYPE 2										
REVENUE										
Funding - Local Health Integrated Networks (LHIN) (Allocation)	1	F 11006	$2,146,224	$2,146,224	$2,194,514	**$2,194,514**	**0.00%**	$2,194,514	**$2,194,514**	
Funding - Provincial MOHLTC (Allocation)	2	F 11010	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Funding - MOHLTC Other funding envelopes	3	F 11014	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	0.0
Funding - LHINs One Time	4	F 11008	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Funding - One Time Payments	5	F 11012	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	0.0
Funding - Paymaster / Flow Through	6	F 11019	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Service Recipient Revenue	7	F 11050 to 11090	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Subtotal Revenue LHIN/MOHLTC	8	**Sum of lines 1 to 7**	**$2,146,224**	**$2,146,224**	**$2,194,514**	**$2,194,514**	**0.00%**	**$2,194,514**	**$2,194,514**	
Recoveries from External/Internal Sources	9	F 120*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Donations	10	F 140*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Amortization - Grants/Donations Revenue	11	F 131*, 141* & 151*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Other Funding Sources and Other Revenue	12	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	$5,748	$0	$0	**$0**	**0.00%**	$0	**$0**	
Subtotal Other Revenues	13	**Sum of lines 9 to 12**	**$5,748**	**$0**	**$0**	**$0**	**0.00%**	**$0**	**$0**	
TOTAL REVENUE	14	**Sum of line 8 and line 13**	**$2,151,972**	**$2,146,224**	**$2,194,514**	**$2,194,514**	**0.00%**	**$2,194,514**	**$2,194,514**	
EXPENSES										
Compensation										
Salaries and Wages (Worked + Benefit + Purchased)	15	F 31010, 31030, 31090, 35010, 35030, 35090	$786,295	$775,773	$793,228	**$793,228**	**0.00%**	$793,228	**$793,228**	
Benefit Contributions	16	F 31040 to 31085 , 35040 to 35085	$238,993	$193,943	$198,307	**$198,307**	**0.00%**	$198,307	**$198,307**	
Employee Future Benefit Compensation	17	F 305*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Nurse Practitioner Remuneration	18	F 380*	$241,087	$319,950	$327,149	**$327,149**	**0.00%**	$327,149	**$327,149**	
Medical Staff Remuneration	19	F 390*, [excl. F 39092]	$155,390	$368,062	$376,343	**$376,343**	**0.00%**	$376,343	**$376,343**	
Sessional Fees	20	F 39092	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Service Costs										
Med/Surgical Supplies and Drugs	21	F 460*, 465*, 560*, 565*	$22,871	$19,980	$20,429	**$20,429**	**0.00%**	$20,429	**$20,429**	
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	22	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	$384,218	$224,782	$229,839	**$229,839**	**0.00%**	$229,839	**$229,839**	
Community One Time Expense (For budget use only)	23	F 69596	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Equipment Expenses	24	F 7*, [excl. F 750*, 780*]	$81,206	$18,209	$18,619	**$18,619**	**0.00%**	$18,619	**$18,619**	
Amortization on Major Equip and Software License and Fees	25	F 750* , 780*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Contracted Out Expense	26	F 8*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Buildings and Grounds Expenses	27	F 9*, [excl. F 950*]	$223,712	$225,525	$230,600	**$230,600**	**0.00%**	$230,600	**$230,600**	
Building Amortization	28	F 9*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	

SCHEDULE B(b) – BUDGET

TOTAL EXPENSES	29	**Sum of lines 15 to 28**	**$2,133,772**	**$2,146,224**	**$2,194,514**	**$2,194,514**	**0.00%**	**$2,194,514**	**$2,194,514**	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	30	**Line 14 minus line 29**	**$18,200**	**$0**	**$0**	**$0**	**0.00%**	**$0**	**$0**	
HSPs must enter the revenue and expenses for Fund Type 3 and Fund Type 1										
FUND TYPE 3 - OTHER										
Total Revenue	31	F 1*	$281,382	$0	$0	**$0**	**0.00%**	$0	**$0**	
Total Expenses	32	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$258,979	$0	$0	**$0**	**0.00%**	$0	**$0**	
NET SURPLUS/(DEFICIT) FUND TYPE 3	33	**Line 31 minus line 32**	**$22,403**	**$0**	**$0**	**$0**	**0.00%**	**$0**	**$0**	
FUND TYPE 1 - HOSPITAL										
Total Revenue	34	F 1*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Total Expenses	35	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
NET SURPLUS/(DEFICIT) FUND TYPE 1	36	**Line 34 minus line 35**	**$0**	**$0**	**$0**	**$0**	**0.00%**	**$0**	**$0**	
ALL FUND TYPES										
Total Revenue	37	Line 14 + line 31 + line 34	$2,433,354	$2,146,224	$2,194,514	**$2,194,514**	**0.00%**	$2,194,514	**$2,194,514**	
Total Expenses	38	Line 29 + line 32 + line 35	$2,392,751	$2,146,224	$2,194,514	**$2,194,514**	**0.00%**	$2,194,514	**$2,194,514**	
NET SURPLUS/(DEFICIT)	39	**Line 37 minus line 38**	**$40,603**	**$0**	**$0**	**$0**	**0.00%**	**$0**	**$0**	
Total Administration Expenses Allocated to the TPBEs in all worksheets										
Undistributed Accounting Centres	40	82*	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Administration and Support Services	41	72 1*	$317,515	$302,673	$309,483	**$309,483**	**0.00%**	$309,483	**$309,483**	
Management Clinical Services	42	72 5 05	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Medical Resources	43	72 5 07	$0	$0	$0	**$0**	**0.00%**	$0	**$0**	
Total Administrative & Undistributed Expenses (included in fund type 2 expenses above)	44	**Sum of line 40 to 43 (included in Fund Type 2 expenses above)**	**$317,515**	**$302,673**	**$309,483**	**$309,483**	**0.00%**	**$309,483**	**$309,483**	

Notes

SCHEDULE B (b) STATISTICS

Ontario

Healthcare Service Provider: HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE
Program Number: chc7570
REPORT: CAPS - Community Annual Planning Submission
PERIOD: 2009/10 2010/11

Form 3a - Service Activity Summary - LHIN

Category	Line No	OHRS Framework Level 3	2009-2010 Budget Request (1) Visits Face-to-face and Telephone In-House and Contracted Out S450*, S451*,S448*,S449*	(2) Service Recipients Seen S452	(3) Hours of Care In-House and Contracted Out S 454*,S453*	(4) Resident Days S 403*	(5) Individuals Served by Functional Centre (S455*) or as appropriate - Individuals Served by Organization (S855*)	(6) Attendance Days Face-to-Face (S483*)	(7) Group Sessions (S4920010*)
FUND TYPE 2-LHIN Managed									
Total Case Management	1	72 5 09	0	0	0	0	0	0	0
Total COM Primary Care	2	72 5 10	0	0	0	0	0	0	0
Totals COM Crisis Intervention	3	72 5 15	0	0	0	0	0	0	0
Total COM Day/Night Care	4	72 5 20	0	0	0	0	0	0	0
Total In-Home Care	5	72 5 30	0	0	0	0	0	0	0
Total In Home Support Services	6	72 5 35	0	0	0	0	0	0	0
Total COM Residential Services	7	72 5 40	0	0	0	0	0	0	0
Total COM Health Promotion and Education	8	72 5 50	0	0	0	0	0	0	0
Total COM Consumer/Survivor/Family Initiatives	9	72 5 51	0	0	0	0	0	0	0
Total COM Information and Referral Service	10	72 5 70	0	0	0	0	0	0	0
Total Provincial Health System Development	11	72 5 75	0	0	0	0	0	0	0
Total CSS In-Home and Community Services (CSS IH COM)	12	72 5 82	0	0	0	0	0	0	0
Total CSS-ABI Services	13	72 5 83	0	0	0	0	0	0	0
Total CSS Community Support Initiatives	14	72 5 84	0	0	0	0	0	0	0
Total Activity	15	**Total lines 1 to 14**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Community Health Centres									
			2009-2010	**Budget**	**Request**		**2010-2011**	**Budget**	**Target**
			(1) Number of Active Clients	**(2) Individual Encounters (Face to Face)**	**(3) Consultations between providers (Client present)**	**(4) Consultations between providers (Client not present)**	**(5) Number of Active Clients**	**(6) Individual Encounters (Face to Face)**	**(7) Individual Encounters (Telephone)**
Primary Health	16	TBD	6,086	15,215	300	1,250	6,200	16,000	700
Total Community Health Centres	17		**6,086**	**15,215**	**300**	**1,250**	**6,200**	**16,000**	**700**

Notes

SCHEDULE B (b) STATISTICS

	2010-2011 Budget Request								
(8) Meal Delivered-Combined (S248**10)	(9) Visits Face-to-face and Telephone In-House and Contracted Out S450*, S451*,S448*,S449*	(10) Service Recipients Seen S452	(11) Hours of Care In-House and Contracted Out S 454*,S453*	(12) Resident Days S 403*	(13) Individuals Served by Functional Centre (S455*) or as appropriate - Individuals Served by Organization (S855*)	(14) Attendance Days Face-to-Face (S483*)	(15) Group Sessions (S4920010*)	(16) Meal Delivered-Combined (S248**10)	Activity Form 3b-P2-LHIN Line Reference 2009-10 Request & 2010-11 Target
0	0	0	0	0	0	0	0	0	Total Line 10 Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 36 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 44 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 50 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 89 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 101 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 126 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 140 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 145 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 151 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 154 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 178 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 184 -Form 3b-P2-LHIN
0	0	0	0	0	0	0	0	0	Total Line 189 -Form 3b-P2-LHIN
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**Total Line 190 -Form 3b-P2-LHIN**

(8) Consultations between providers (Client present)	(9) Consultations between providers (Client not present)
300	1,300
300	**1,300**

SCHEDULE C – REPORTS
COMMUNITY HEALTH CENTRES

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. A HSP may be subject to a financial penalty if the reports are not provided on a timely basis.

OHRS/MIS Supplementary Reporting - Quarterly Report (through WERS)	
2009-2010	**Due Dates**
2009-10 Q1	*Not required 2009-2010*
2009-10 Q2	November 6, 2009
2009-10 Q3	February 5, 2010
2009-10 Q4	June 7, 2010
2010-2011	**Due Dates**
2010-11 Q1	*Not required 2010-2011*
2010-11 Q2	November 5, 2010
2010-11 Q3	February 7, 2011
2010-11 Q4	June 7, 2011

Annual Reconciliation Report (ARR) and Board Approved Audited Financial Statement	
Fiscal Year	**Due Date**
2009-10	June 30, 2010
2010-11	June 30, 2011

Community Health Centres – Other Reporting Requirements	
Requirement	**Due Date**
CHS Program Reporting System	All policies and standards related to data entry, extraction and reporting as defined on the CHC ISS Website www.chciss.org
French Language Services Implementation and Accountability Report	2009-10 - April 30, 2010 2010-11 - April 29, 2011 *(For HSPs that have been designated under the "French Language Services Act" or who have been identified by the LHIN or the former HSRC or DHC to complete the report.)*

SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY HEALTH CENTRES

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

▪ **Community Health Centre Policies and Procedures Manual (2001)**	Chapter 2. CHC Program Model
	Chapter 4. CHC as a Non-profit corporation and the role of the CHC Board
	Chapter 5. Provision of Service Requirements
	Chapter 7. Capital Planning 7.1.1 Ministry approval on capital projects
▪ **Guide to Enrolment for CHCs as posted on** www.chciss.org	
▪ **Community Financial Policy (2009)**	
▪ **Transition Plan Guidelines (2009)**	
▪ **The CHC Model of Care (2008)**	

SCHEDULE E

PERFORMANCE

1.0 CORE PERFORMANCE INDICATORS

Performance Indicators **Schedule E 2009/11**

HSP HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE

Indicators	Baseline	2009/10 Performance Target	2009/10 Performance Standard	2010/11 Performance Target	2010/11 Performance Standard
Balanced Budget		0.00%	>0.00% [1]	0.00%	>0.00% [1]
Variance Forecast to Actual Expenditures		0	< 0 >	0	< 0 >
Proportion of Budget Spent on Administration		14.10%	16.92%	14.10%	16.92%
Cost per individual served		N/A	N/A	TBD	
Vacancy Rate		N/A	N/A	TBD	
Turnover Rate	N/A	10	8 - 12	10	8 - 12
Wait times:					
1a.From Referral date to Assessment date (90th percentile referrals from community)	N/A		0 - 0		0 - 0
1b. From Referral date to Assessment date (90th percentile referrals from hospital)	N/A		0 - 0		0 - 0
Wait Times 2. Assessment to service initiation		N/A		TBD	

1. No negative variance is accepted for total margin
Proportion of Budget Spent on Administration will be Direct Care / Service for 2010-11
N/A - not a performance indicator in 2009-10
TBD - target will be set by 3/31/10 for 2010-11
Baseline is 2007-08

Performance Indicators

Schedule E 2009/11

HSP HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE

CHC Sector-specific performance indicators	2009/10 Performance Target	2009/10 Performance Standard**	2010/11 Performance Target	2010/11 Performance Standard**
Proportion of CHC clients with type 2 diabetes receiving inter-disciplinary care	40.00%	32% - 48%	55.00%	44% - 66%
Percent female clients aged 18 to 69 who have had a pap test within the last three years	NA	NA	NA	NA
Proportion of CHC clients with depression offered treatment or referral	25.00%	< 20%	40.00%	< 32%
Proportion CHC clients who received a fecal occult blood test	NA	NA	NA	NA

**The application of a reporting corridor to a M-SAA target

Note: The targets and corridors identified in this agreement recognize the current quality of data reported and the LHIN expects the CHC to address these data issues.

Performance Indicators

Schedule E 2009/11

HSP HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE

LHIN-specific performance indicators	Baseline	2009/10 Performance Target	2009/10 Performance Standard**	20010/11 Performance Target	20010/11 Performance Standard**
% of clients registered with CHC diagnosed with diabetes who have had a foot exam within the last 12 months	NA	60%	48% - 72%	65%	52% - 78%

**The application of a reporting corridor to a M-SAA target
Note: Indicator
Numerator: Number of clients registered with CHC with diagnosed with diabetes who had a foot exam service in the last 12 months.
Denominator: Number of clients registered with CHC with diagnosis of diabetes.
Encode ICPC T90

2.0 LHIN SPECIFIC PERFORMANCE OBLIGATIONS

2.1 SUPPORTING THE LHIN TO ACHIEVE MLAA PERFORMANCE INDICATORS

The Health Service Provider will work collaboratively with the LHIN and other health service providers in the Hamilton Niagara Haldimand Brant LHIN to support the achievement of LHIN-specific performance targets as set out in Schedule 10 of the Ministry LHIN Accountability Agreement.

SCHEDULE F – TEMPLATE FOR PROJECT FUNDING

Schedule F intentionally omitted as no Project Funding applies.