

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the MSAA effective April 1, 2014

To: The Board of Directors of the South West Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of the Mission Services of London (the "HSP")

Date: June 27, 2018

Re: April 1, 2017 – March 31, 2018 (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated May 14, 2018, to declare to you as follows:

After making inquiries of the Peter Rozeluk, Executive Director, and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "MSAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.



Kim Cechetto, Board Chair

Schedule G – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

1. MSL has not complied with the following Performance Indicators:

a. **Balanced Budget – Fund Type 2:** the agency experienced an overall deficit of \$804,612, with a total Fund Type 2 deficit of \$711,262; this was a result of a funding variance in donation revenue, which is not a measured performance indicator in Schedule E1). The agency utilized \$690k in reserve funds to mitigate cash flow issues otherwise experienced as a result of the F2018 deficit. The deficit has been reported transparently in our Fund Type 2 reports.

b. **Service Activity (excludes Individuals Served) by Function Centre:**

- i. FC 72 5 10 76 56 MH Diversion and Court Support: *Service Provider Interactions* were below standard by 1 interaction. There is a new workflow implemented by court house staff and referrals are more complex. Program need exceeds capacity of a 1.3 FTE which results in less *Individuals Served* (see below). This is a measure influenced by court house workflows and outside of agency control.
- ii. FC 72 5 10 76 81 MH Social Rehab/Recreation: *Attendance Days Face to Face* exceeded standard by 7045; while *Service Provider Interactions* were below standard by 9476. There were staff compliance/comprehension errors in reporting of *Service Provider Interactions* and *Attendance Days Face to Face* that has been rectified; Attendance has been increasing, however, and we will continue to see this increase.
- iii. FC 72 5 15 76 Crisis Intervention – Mental Health: *Visits* were below standard by 107. *Not Uniquely Identified Service Recipient (NUISR) Interactions* we above standard by 1499. *Individuals Served* was below standard by 98. The reason for these standard deviations is that *Visits* are only reported for *Individuals Served*, and when *Not Uniquely Identified Services Recipient Interactions* increase it can be expected to see the other two measures decrease. As communicated with the LHIN during our performance meeting, staff in this program are now working one less day per week in community, and placed in the Resource Centre, which supports mitigation of Resource Centre health and safety issues, and also provides more NUISR opportunities. Until such time as we have alternative measures to move staff back into 100% community this decrease in *Visits* will continue as well as the increased in number of people served as NUISR.
- iv. 72 5 40 76 60 Res. Mental Health – Short Term Crisis Support Beds: *Inpatient/Resident Days* were below standard by 268. *Attendance Days Face-to-Face* were below standard by 66. *Service Provider Interactions* were below standard by 1187. Crash Beds continues to focus on referral of clients to appropriate services and is experiencing a shift in the amount of traffic for drop in. Focus remains on clients who enter and receive service for the night. We expect to see this positive trend continue in this

collaborative approach to diversion in our community. We have also rectified staff reporting compliance issues in these programs, which is the reason noted for the underperformance of *Individuals Served* by this function.

- y. 72 5 40 78 11 Residential Addictions – Treatment Services – Substance Abuse: *Attendance Days Face-to-Face* were above standard by 158. *Service Provider Interactions* (SPI) were below standard by 1613. *Service Provider Group Interactions* (SPGI) were below standard by 238. With *Group Sessions* and *Group Participants* OHRS measurements not reportable under this function, we have experienced reporting compliance errors in staff for *Service Provider Group Interactions*. The combination of budgeted SPIs and SPGIs will be monitored for future budgets, and may result in variance reporting for F2019 if our current budget figures are inaccurate assumptions. With an increase in individuals served, the underperforming of interactions is likely indicative of a budgeting error.

- c. **Number of Individuals Served:** The agency delivered within its overall performance standard (of 2015-2463) for *Individuals Served*, however, was below standard in FC 72 5 10 76 56 MH Diversion and Court Support by 12 individuals and in 72 5 15 76 Crisis Intervention – Mental Health by 98 individuals, and above standard in FC 72 5 40 78 11 Residential Addiction – Treatment Services – Substance Abuse by 28 individuals.
- d. **Indigenous Cultural Safety Training Plan:** A cultural safety training plan was not formally filed, although one was in place. To date, approximately 27% of MSL agency wide full time staff have taken the training (and 79% of full time staff in LHIN funded programs). The plan is to train staff by branch, starting with full time and part time employees of our LHIN funded programs/branches, and moving to full and part time employees of non-LHIN funded branches over the next several years.

2. Per Article 7.0 – Performance, MSL continues to meet its obligation to address performance improvement in a proactive, collaborative, and responsive manner. In compliance with Article 7.2, the agency notified the South West LHIN of the above performance factors (balanced budget difficulties) in November 2017 through submission of the 2018/19 CAPS (comments section), and updated the LHIN in January 2018 during re-submission of the same (resubmission was granted when funding contracts with the City of London had been resolved for F2018). MSL again communicated with the LHIN in March 2018 with a request to discuss funding and provision of services (that is, a performance factor discussion (Article 7.3)) and the parties met on March 27, 2018. At the meeting, the LHIN and MSL discussed the agency's 2017/18 deficit, the deficit budget for 2018/19 and the depleted reserves. The determined Article 7.3(c) response was an invitation from the LHIN, for MSL to submit a proposal for LHIN program stabilization (i.e. request LHIN program expansion to replace donation funding, as the operational pressures are not within the LHIN funding envelope, rather, within other funding envelopes in Fund Type 2). MSL submitted program proposals in April 2018. We await a response to the action requested by the LHIN pursuant to Article 7.3(c), and discussion on how the process of Article 7.4 will be implemented. Discussions continue with both the South West LHIN and City of London with respect to the funding realities, and on June 14th the LHIN hosted a second meeting with the agency, specifically to consider Crash Beds (FC 72 5 40 76 60 Res. Mental Health – Short term Crisis support beds), and included the City of London. At that meeting, the City of London offered to

provide one-time only emergency funding to support the program during the 2018 summer months.