

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2018

To: The Board of Directors of the North Simcoe Muskoka Local Health Integration Network (the "LHIN"). Attention: Bill Hatanaka, Board Chair

From: The Board of Directors (the "Board") of Canadian Mental Health Association, Muskoka-Parry Sound Branch (the "HSP")

Date: June 5, 2019

Re: April 1, 2018 –March 31, 2019 (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2018.

The Board has authorized me, by resolution dated, June ¹³~~5~~, 2019 to declare to you as follows:

After making inquiries of Diane Brown-Demarco, Executive Director and other appropriate officers of the HSP and subject to any exceptions identified on Schedule, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

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

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


Marta Mirecki, Board Chair

June 13/19

SCHEDULE G – FORM OF COMPLIANCE DECLARATION CONTINUED

Appendix 1 – Exceptions

In Mental Health Case Management Housing, we were under target. There was investment of additional resources and new targets of 1500 visits added which was unrealistic for this work. New targets have been set with the LHIN going forward following a careful analysis of the work. We also had one staff away from work for 15 weeks of leave and thus lost some service.

Early Intervention targets were not met due to the staff in Parry Sound being away from work on health leave for 15 weeks causing less services to be available. Services covered by managers and other staff but not to the extent of a full time staff. Staff has returned and targets should be met going forward.

Problem Gambling did not achieve targets for individuals served though this is improved over previous reports. Engaging clients in treatment services continues to be difficult due to stigma and lack of understanding of treatment opportunities. Many clients are reached through education and awareness activities but few actually register for treatment or support.

Addiction Prevention Awareness did not meet targets for group participants. This target is very unpredictable and groups are offered. There is little opportunity to control for the number of participants at groups with many variables affecting attendance.

Consumer Survivor Family Initiatives did not meet target for group participants. We are finding most families request 1:1 support rather than a group intervention which is not counted in the data. COI leadership is working to ensure family service needs are being met with appropriate service model.