Operating Manual

For Mental Health Services and
Addiction Treatment Services
(Substance Abuse and Problem Gambling Services)
Funded by the Ministry of Health and Long-Term Care

December 2003
# Table of Contents

**Preface** ................................................................. i

**Chapter 1: Organizational Components** ........................................ 4

1.1 Types of Agencies Funded by the Ministry ........................................ 4
1.2 Organizational Structure, Roles and Relationships ......................... 5
   The Ministry of Health and Long-Term Care .................................. 6
   The District Health Council ....................................................... 7
   The Mental Health and/or Addiction Agency .................................. 7
   Client and Family Involvement .................................................... 10

1.3 Developing and Maintaining the Agency Organization/Structure .......... 11
   Recommended Practices for Boards of Directors ............................. 11
   Recommended Staffing Practices .................................................. 13

1.4 Conflict of Interest .................................................................. 15

1.5 Dispute Resolution .................................................................. 16
   Recommended Practices for Dispute Resolution ............................... 17

**Chapter 2: Program and Administrative Components** ....................... 19

2.1 Transfer Payment Agreement .................................................... 19

2.2 Operating Plan Requirements ................................................... 20
   In-Year Changes to the Operating Plan .......................................... 21

2.3 Budget Allocations .................................................................. 22
   Mental Health and Substance Abuse Budget Allocation Expectations .... 22
   Problem Gambling Budget Allocation Expectations .......................... 22

2.4 Service Provision Requirements ................................................ 23
   Access to Services Requirements .................................................. 24
   Admission and Discharge Policy .................................................... 24
   Assessment Requirements .............................................................. 25
   Requirements for Redirecting to Other Services ............................... 25
   Waiting Lists .............................................................................. 26
   Code of Ethics ............................................................................ 27
   Referral to Substance Abuse Treatment Services Outside Canada ....... 27
   Client Complaint/Dispute Resolution ............................................. 27

2.5 Client Records, Confidentiality and Disclosure ................................ 28
   Requirements for Client Records .................................................... 28
   Confidentiality Requirements ........................................................ 29
   Requirements to Disclose Client Information ................................... 30
   Disclosure of Client Information to Other Service Providers ............. 31
   Disclosure of Information to the Client .......................................... 32
3.5 Allowable Expenses ........................................................................................................ 51
Employee Benefits ........................................................................................................ 51
Travel Expenses ............................................................................................................. 52
Health and Safety Expenditures ..................................................................................... 52
Medications/Emergency Dental Expenses ...................................................................... 52
Limitations on the Use of MOHLTC Funds .................................................................... 53

3.6 Internal Financial Controls ............................................................................................ 53
Financial Record Keeping ............................................................................................... 53
Cheque Signing Authority/Safeguards ........................................................................... 54
Competitive Purchasing .................................................................................................. 54
Inventory of Fixed Assets ............................................................................................... 55
Expense Claims ............................................................................................................. 56
Advances ....................................................................................................................... 56
Personal Use of Agency Equipment ............................................................................... 56
Petty Cash ...................................................................................................................... 56

3.7 Human Resource Controls ............................................................................................ 57
Employee Absences ....................................................................................................... 57
Earned Deferred Leave ................................................................................................. 57
Staff Changes ................................................................................................................. 57

3.8 Accounting Practices ................................................................................................... 58
Disposal of Property and Assets .................................................................................... 58

3.9 Financial Reporting ..................................................................................................... 58
Reporting on Funds from Different Sources .................................................................. 58
Semi-Annual Reporting .................................................................................................. 59
End of Year Reporting .................................................................................................... 59

3.10 Financial Reviews ....................................................................................................... 60

Appendix 1: Sample Table of Contents for a Board/Program Advisory Committee
Orientation Manual ........................................................................................................ 62
Appendix 2: Sample Confidentiality Agreement ............................................................... 63
Appendix 3: Sample Authorization for Release of Information ......................................... 64
Appendix 4: Sample Serious Incident Reporting Form ...................................................... 65
Appendix 5: Terms of Reference for MOHLTC Program/Service Review ......................... 66
Appendix 6: Service Definitions ........................................................................................ 68
Appendix 7: Merger and Amalgamation Information ......................................................... 74
Appendix 8: Form A. Authorization to Receive Program Funds ........................................ 76
Appendix 9: Sample Mid-Year Report Form ...................................................................... 80
Appendix 10: Sample Budget Forms ............................................................................... 81
Appendix 11: Sample Settlement Forms .......................................................................... 85
Appendix 12: Sample Transfer Payment Agreement ........................................................ 97
Preface

Part of the mandate of the Ministry of Health and Long-Term Care (MOHLTC) is to treat mental illness and to reduce or eliminate addictive behaviours in Ontario. One of the most effective ways to achieve that goal is through strong, well-run mental health and addiction services in all parts of the province.

To help transfer payment agencies deliver effective services, the MOHLTC has prepared this operating manual. It consists of two components: 1) the operating requirements for all mental health and addictions (substance abuse and problem gambling) agencies funded by the Ministry of Health and Long-Term Care as established by legislation, regulations and approved Ministry policy; and 2) guidelines which represent recommended management practices. Developed in consultation with experienced service managers, the manual is designed to be a resource that managers and Boards can refer to in the day-to-day management of their program or agency.

This operating manual replaces any previous manuals for mental health and addictions services released by MOHLTC. For all current requirements, please refer to this manual. To ensure the operating manual remains up-to-date, MOHLTC, in consultation with agencies, will review it on an ongoing basis, and communicate any changes or revisions. Operating agreements and requirements for supportive housing buildings including provincial, federal and homelessness portfolios, are not included in this manual.

In this manual, the term “agency” refers to organizations funded by MOHLTC to provide mental health and/or addiction (substance abuse and problem gambling) services.

This manual include both mandatory requirements and recommended practices. To help agencies, the mandatory requirements will look like this sentence.

The reformed mental health system will recognize the inter-relationship between the needs of the consumer, the organization of the service delivery system, and the performance and mandate of each Ministry-funded mental health program. These inter-relationships are a fundamental basis upon which the service delivery principles are built. The following principles will guide both the system and policy development as strategies are implemented to support system restructuring and reform:

- The consumer is at the centre of the mental health system.
- Services will be tailored to consumer needs with a view to increased quality of life.
- Consumer choice will be improved while access to services will be streamlined.
- Services will be based on best practices.

Making It Happen, 1999

All people in Ontario with an addiction problem will have access to an integrated, client-focused system of evidence-based, cost effective services designed to meet their diverse needs as well as the needs of family members and others affected by addiction. … The system will continually evolve and adapt, to reflect new knowledge, changing client needs, and changes in the broader health and social service system.

Setting the Course, 1999
NOTE: If at any time the information in this manual conflicts with information in the agency’s transfer payment agreement, the transfer payment agreement will supersede the manual.

In addition to the operational requirements set out in this manual, agencies are expected to comply with all relevant legislation.

For more information about regional issues in mental health, substance abuse or problem gambling services, please contact your regional consultant in the Ministry of Health and Long-Term Care regional office:

Central East Region
465 Davis Drive, 3rd Floor
Newmarket ON L3Y 8T2
Tel: (905) 954-4700
1-800-486-4935
Fax: (905) 954-4702

North Region
159 Cedar Street, Suite 406
Sudbury ON P3E 6A5
Tel: (705) 564-3130
1-800-663-6965
Fax: (705) 564-3133

Central South Region
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7
Tel: (905) 546-8294
1-800-461-7137
Fax: (905) 546-8255

Southwest Region
231 Dundas Street, Suite 201
London ON N6A 1H1
Tel: (519) 675-7680
1-800-663-3775
Fax: (519) 675-7685

Central West Region
201 City Centre Drive, 3rd Floor, Ste. 301
Mississauga ON L5B 2T4
Tel: (905) 897-4610
1-866-716-4446
Fax: (905) 275-2740

Toronto Region
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7
Tel: (416) 327-8952
1-800-595-9394
Fax: (416) 327-4486

East Region
10 Rideau Street, 8th Floor
Ottawa ON K1N 9J1
Tel: (613) 569-5602
1-877-779-5559
Fax: (613) 569-9670
For more information on provincial issues, contact:

Director’s Office
Mental Health and Addictions Branch
5th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 1R3

Tel: (416) 327-3253
Fax: (416) 327-7481

Addiction Programs
5th Floor, 5700 Yonge Street
Toronto ON M2M 4K5

Tel: (416) 327-8856
Fax: (416) 327-0854

Supportive Housing Program
5th Floor, 5700 Yonge Street
Toronto ON M2M 4K5

Tel: (416) 327-8836
Fax: (416) 327-7281

Mental Health Program
2nd Floor, Room M2-61
Macdonald Block
80 Grosvenor Street
Toronto ON M7A 1R3

Tel: (416) 327-3244
Fax: (416) 327-0928
Chapter 1:
Organizational Components

1.1 Types of Agencies Funded by the Ministry

The Ministry of Health and Long-Term Care (MOHLTC) funds a variety of agencies to provide mental health and addictions (substance abuse and problem gambling) services. These agencies fall into two main categories:

- independent agencies or organizations with a primary mandate to provide mental health or addictions services
- agencies/programs sponsored or run by another organization, such as a hospital, public health unit or community health centre (i.e., a sponsored agency), which has a broader mandate.

Some agencies may provide a single type of service while others offer a variety of health or social services in addition to mental health and or addictions services (i.e., a multi-service provider). Some may receive all their funding from the ministry’s Mental Health and Addictions Branch; others may receive funding from other ministry programs, from other ministries, or from sources other than the provincial government (e.g., the United Way, employer-sponsored employee assistance programs, private insurance, fund raising).

Criteria for Ministry Funding

These guidelines refer only to the expectations for mental health and addiction agencies that receive funding from MOHLTC. To be eligible for ministry funding, a program provider must meet the following criteria:

- be a non-profit corporation (unless the program is sponsored by a hospital or municipal government agency, such as a public health unit), and meet all the standard legal requirements of the Corporations Act for a non-profit corporation
- report to an independent Board of Directors that has the skills to manage the program provider
- enter into a formal transfer payment agreement with the Ministry of Health and Long-Term Care, which sets out the amount of funding to be provided, the services to be provided with that funding, and the terms and conditions of the agreement
- adhere to the approved operating plan and budget

1 The Mental Health and Addictions Branch is responsible for the following addiction services: alcohol, other drugs and problem gambling. Tobacco addiction/smoking cessation services are managed by another part of the ministry (public health/health promotion).
• provide those services funded by MOHLTC to clients without fee or charge²
• engage an independent chartered accountant to conduct an annual financial audit and sign the agency’s settlement forms
• comply with all relevant federal, provincial and municipal laws and regulations (e.g., Human Rights Code, Public Hospitals Act)
• comply with generally accepted ethical and legal standards/practices for mental health and addiction services.

1.2 Organizational Structure, Roles and Relationships

The Ministry of Health and Long-Term Care has established an organizational structure to manage the funding and delivery of mental health and addictions services. Each part of the structure has different roles and responsibilities that are clearly differentiated and defined.

² Mental health and addiction service providers are allowed to charge for certain services to third parties (e.g., insurance companies, lawyers, CAS). See 3.3 Funding from Other Sources
The Ministry of Health and Long-Term Care

The Ministry of Health and Long-Term Care is responsible for planning and managing the ministry’s system of mental health and addictions programs and services. Its role is to:

- provide policy direction and set priorities for mental health and addictions services in Ontario
- co-ordinate government-wide planning and policy on mental health and addictions issues
- provide funding for agencies to deliver mental health and/or addictions services across the province
- set out the ministry’s requirements and expectations of agencies funded to provide mental health and addictions services
- provide guidelines to encourage consistency in services across the province (e.g., Assertive Community Treatment Team Standards, admission and discharge criteria, assessment tools for Ontario addiction agencies)
- account to the public for the effective use of mental health and addictions funding and monitor outcomes.

MOHLTC is organized into a Corporate Office and Regional Offices, each with different roles and responsibilities.

The Corporate Office is responsible for:

- developing provincial policies and initiatives
- establishing provincial standards and guidelines
- co-ordinating provincial issues that affect mental health and addictions services
- providing support to provincial mental health and/or addictions initiatives/organizations
- funding and managing provincial mental health and addiction research and public awareness initiatives as well as overseeing transfer payment agreements for these activities
- ensure accountability for provincial services.

The Regional Office is responsible for:

- overseeing mental health and addiction transfer payment agreements
- ensuring accountability for mental health and addiction services
- monitoring and addressing mental health and addiction operational issues.

The Regional Consultant is a staff person in the Regional Office responsible for a number of agencies funded by the ministry. The regional consultant’s role is to support agencies and assist them in providing quality services by:

- helping agencies understand and interpret ministry policies, procedures and priorities
- visiting agencies, attending Board and advisory committee meetings and other sector meetings
- providing consultation and advice
- communicating any agency issues or concerns to the ministry
• linking agencies with other agencies with similar issues
• linking agencies with other parts of the ministry, as required
• ensuring agencies fulfil their reporting and other requirements
• ensuring that agency information is kept confidential
• monitoring and evaluating the agencies’ operations and ministry-funded services
• participating in planning/co-ordination of mental health and addiction services at the local, district and regional level
• reviewing proposals for new or enhanced programs and services
• reviewing and approving budgets and operating plans for mental health and addiction services
• participating in the decision making to change a mental health or addiction program/approving any program changes.

The District Health Council

The District Health Council (DHC) is responsible for:

• reviewing mental health and/or addiction agencies’ annual operating plans
• planning mental health and addiction services at the local/regional level
• reviewing proposals for new and expanded services
• assisting with planning initiatives, such as Making It Happen, the framework for mental health reform, and Setting the Course, the framework for integrating addiction treatment services in Ontario.

The Mental Health and/or Addiction Agency

All mental health and/or addiction agencies in Ontario are independent from the Ministry of Health and Long-Term Care. With the exception of provincial psychiatric hospitals, the ministry does not directly operate any mental health and/or addiction programs. All mental health and/or addiction services funded by the ministry must:

• be operated by an agency that is incorporated
• have a Board of Directors
• establish committees as required
• hire a senior staff person.

Some mental health and/or addiction services are independent, stand-alone agencies, with their own Boards of Directors; others are sponsored organizations (i.e., sponsored by a larger organization, such as a general or specialty hospital) and are accountable to the sponsoring organization’s senior administration and Board of Directors.
The **Board of Directors** (or Board of Governors) is legally and financially responsible and accountable for all aspects of the agency’s operations. Its role is to:

- enter into a legal transfer payment agreement with MOHLTC
- set the direction for the organization (i.e., vision, mandate), develop agency policies, review these policies every three years, and undertake strategic planning
- promote ethical administrative and program practices
- develop an organizational structure (see below) that ensures the most direct possible reporting to the Board
- establish subcommittees as required
- hire and manage the senior staff person, delegate to that person the authority for the day-to-day management of the program, and set limits on that authority
- ensure the program is meeting its goals and objectives, is well managed and has the tools, structures and skills to function effectively (e.g., clearly stated performance expectations, regular schedule of staff performance appraisals, access to legal and financial counsel)
- ensure the program has appropriate accountability, monitoring and evaluation mechanisms (e.g., an evaluation program, quality improvement activities)
- be accountable to the Ministry of Health and Long-Term Care for the use of ministry funds, ensuring the agency complies with the terms of the transfer payment agreement and uses funds appropriately
- ensure the agency meets all the requirements of relevant legislation and legal agreements (e.g., the Corporations Act, Employment Standards Act, Ontario Human Rights Code, the by-laws of the corporation, the transfer payment agreement with the Ministry of Health and Long-Term Care)
- seek approval from the ministry for any planned variances in the agency’s operating plan
- ensure the ministry is informed of any major service disruption (e.g., natural disaster, temporary program closure, potential for a strike or job action, death of a client while in care, negative media coverage).

**Recommended Structure**

The **Advisory Committee** is a committee\(^3\) with the knowledge and expertise to advise the Board of Directors and senior agency staff on mental health and/or addiction services.

*All sponsored mental health and/or addiction agencies (i.e., programs sponsored by a larger multi-service provider, such as a hospital) are required to have an advisory committee, made up of people in the community with expertise in mental health and/or addiction services.*

Independent mental health and/or addiction agencies are not required to have an Advisory Committee, but may choose to establish one. In independent mental health and/or addiction agencies that do *not* have an Advisory

---

\(^3\) In mental health services, this committee is often known as the Community Advisory Committee or CAC; in addictions services, it is known as the Program Advisory Committee or PAC.
Committee, the Board of Directors is responsible for fulfilling the advisory committee’s roles.

Sponsored agencies are required to have an Advisory Committee because the Board of Directors of the sponsoring organization, which is overseeing a wide range of health and social services, may not have the knowledge or expertise to develop policies and priorities for mental health and/or addiction services.

**The Advisory Committee is accountable and reports directly to the Board of Directors.**

Members are chosen for their expertise in mental health or addiction services, their links with other relevant community services, their ability to represent the interests of clients and their families and the community, and any other expertise required to direct a mental health or addiction service. Their role is to:

- advise the Board of Directors on policies/directions for mental health and/or addiction services
- represent the interests of clients and their families, referring agencies and the local community
- develop and maintain good communication with the community, and provide opportunities for community representatives to have input into planning local mental health and/or addiction services
- promote partnerships, community awareness and understanding of mental health and addiction issues
- review and make recommendations on the agency’s annual operating plan and budget, identify any opportunities to increase cost effectiveness by collaborating with other agencies, and bring to the Board’s attention any significant deviations from the plan and budget during the year.

If the Board of Directors of a sponsored agency decides not to follow the Advisory Committee’s advice when developing its operating plan (see Chapter 2), it must include a written explanation of its decision.

Staff should be actively involved in identifying issues to be addressed by the Advisory Committee, and in implementing the committee’s recommendations, once they are approved by the Board.

The Senior Staff person (i.e., co-ordinator, manager, director of the agency) is accountable to the Board of Directors or designate for the day-to-day administration and management of the program. The senior staff person takes direction from the Board, and is responsible for:

- the day-to-day administration of the program
- hiring, managing and evaluating personnel in accordance with employment standards and human rights legislation

---

**About Regional Advisory Committees**

With the move to greater integration among addiction services (see Setting the Course), a growing number of addiction agencies are developing joint or community or regional Advisory Committees. In these cases, the Advisory Committees provide advice to the boards and senior staff of all the agencies. They focus on identifying local needs and priorities, and suggesting ways to make more effective use of the community’s or region’s addiction resources – rather than the needs of individual agencies.
• developing operational policy
• managing the finances with due regard to Generally Accepted Accounting Principles (GAAP) and sound financial management principles
• planning, supervising and evaluating the program
• maintaining communications with the regional consultant.

The senior staff person may delegate some of these responsibilities to other staff, but continues to be accountable to the Board or designate for ensuring that these responsibilities are fulfilled.

Client and Family Involvement

_Mental health agencies must have former clients and family members on the Board of Directors._

Addiction agencies are strongly recommended to have former clients and family members on the Board of Directors.

Clients and family members can and should play an active role in their own care and treatment. MOHLTC encourages all funded mental health and/or addiction agencies to involve clients, former clients and family members in planning, managing and delivering their programs. Because of the potential for conflict of interest, it is the MOHLTC’s position that a board member should be a former client of the agency, rather than a current client. If a board member is currently a client, that person should declare the conflict, abstain from board discussions and voting where there is a direct conflict of interest, or remove him/herself from the Board until he/she is no longer a client.

Please note that, in order to protect confidentiality, agencies are not required to inform MOHLTC who is involved or how they are participating, but simply to confirm that clients and family are involved.

Recommended Practices

Agencies should:

• develop policies and procedures that promote client/family involvement
• take steps to ensure clients and family members are active participants
• consult with clients and family members to identify ways to help them participate more fully (e.g., reimbursing them for transportation or child care costs so they can attend meetings)
• establish formal and informal links with local networks or groups of clients or individuals who can represent client interests (e.g., the people who serve on advisory committees to youth-serving agencies are not usually clients, but individuals who offer a youth perspective)
• ensure all documents and communications are clear and understandable.
1.3 Developing and Maintaining the Agency Organization/Structure

The Ministry of Health and Long-Term Care expects the mental health and/or addiction agencies it funds to develop and maintain the structure and expertise required to deliver services.

Recommended Practices for Boards of Directors

In its organization, operation and membership, the Board of Directors should reflect the accepted standards for non-profit Boards as well as the legal requirements for managing non-profit organizations.

Membership/Composition

In keeping with the Corporations Act, the Board should have open, transparent procedures for nominating and selecting people to serve on the Board. Although senior staff may assist in identifying possible Board members, they should not vote on or approve the selection of Board members.

Members of the Board of Directors should represent a cross-section of the community, such as health care professionals, former clients of mental health and/or addiction services, families, law enforcement personnel, community leaders, and different ethno-racial and language groups in the community.

Members should also bring to the Board specific skills and expertise required to guide a mental health and/or addiction agency, including financial expertise, knowledge of the community, communication skills, legal skills and, if appropriate, fund raising capabilities.

The number of members required for the Board will be determined by the organization’s by-laws. In some cases (e.g., consumer initiatives), membership criteria may prescribe the number or percentage of Board members who must be consumers.

To ensure an annual rotation of members on and off the Board, membership should be for time-limited, staggered terms. Ideally, no more than 50% of the Board membership should change each year.

<table>
<thead>
<tr>
<th>Strategies to Recruit Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify the experience and skills needed on the Board</td>
</tr>
<tr>
<td>• Contact local companies, organizations, associations and service clubs whose employees or members might have the required skills</td>
</tr>
<tr>
<td>• Market Board membership as something that will have value to the community and to the individual Board member</td>
</tr>
<tr>
<td>• Advertise for Board members widely (e.g., in the local media, on community notice boards, with volunteer placement services, in association newsletters)</td>
</tr>
<tr>
<td>• Use existing Board members to help identify and recruit others</td>
</tr>
<tr>
<td>• Identify community leaders who might be willing to serve on the Board</td>
</tr>
</tbody>
</table>
Board Training and Orientation
To ensure that Board members are familiar with the agency/program and understand their role and responsibilities (e.g., what’s expected of a Board member, the skills required, how to work together with other members as a Board), the organization should develop Board orientation materials, and provide initial training and ongoing Board development activities as required (e.g., arranging for members to attend a mental health, substance abuse or problem gambling workshop). Board members should also be actively involved in the regular review of agency policies. (All policies should be reviewed every three years.)

To identify topics for ongoing Board development, the agency may survey staff to identify issues. A Board evaluation can also help to identify the training needs for Board and committee members. Example of topics for Board/committee training and development include: strategic planning, ministry policy changes, and specific workplace policies (e.g., sexual harassment, conflict of interest).

Resources
Materials on board responsibilities/training are available from:

• www.charityvillage.com
• the local office of the United Way
• www.boardsource.org.

NOTE: These are independent web sites. The Ministry of Health and Long-Term Care does not approve or endorse the information on these web sites.

Procedures
The agency’s by-laws should set out the operating procedures for the Board. These should reflect established community standards for Boards, including:

• the number of people on the Board (the Corporations Act requires a minimum of three)
• the number of times the Board will meet each year (usually a minimum of four)
• the quorum required for a meeting to take place or decisions to be made (usually 50% of Board members plus one).

The Board is also responsible for communicating its policy direction and decisions clearly to its committees and to agency staff, and for receiving information from committees and staff. Boards may consider a number of communication strategies, such as:

• having a Board member sit on or chair the Advisory or other committees

Minutes, Meetings and the Public Record
Agencies should be aware approved minutes are public documents and take this into account when recording their discussions. Agencies should also be aware that Board meetings are usually open to the public, and ensure their processes are open and transparent. Agencies have the option of holding in-camera sessions when discussing sensitive issues.
• setting aside time on the Board agenda to hear reports from the Advisory and other committees
• ensuring senior staff attend all Board and Advisory Committee meetings
• having other staff participate in meetings as non-voting members
• distributing minutes to front-line staff
• preparing communication materials for staff
• requesting reports and presentations.

Compensation for Board Members and Other Volunteers

*Board members of non-profit organizations are volunteers, and must not be paid for their services.*

However, agencies may choose to reimburse Board members and other volunteers for reasonable out-of-pocket expenses they incur to attend meetings or perform other volunteer duties required by the agency.

Recommended Staffing Practices

**Recruitment**

The Board is responsible for recruiting and hiring senior staff, who are then responsible for recruiting and hiring other staff.

*All agencies must comply with relevant employment and human rights legislation (e.g., Employment Standards Act, 2000). All agencies that are unionized must also comply with any requirements in their collective agreements.*

MOHLTC expects that all funded agencies will:

• have job descriptions for staff positions that outline the job responsibilities and the qualifications required to do the job
• use accepted practices in recruiting staff (e.g., advertising positions) and hiring new employees (e.g., interview process, reference check)
• consider requesting a criminal reference check on new employees, particularly for staff working in youth programs.

**Training and Staff Development**

Staff hired should have the expertise required for their positions. When staff require updating or training in new processes and procedures, the Board is expected to develop a training plan and allocate appropriate resources. Provincial and professional organizations may be able to provide training opportunities and support.
Human Resources Policies

Mental health and/or addiction agencies funded by MOHLTC are expected to have appropriate personnel policies in place, communicate these policies to staff, and have copies available for staff to read or consult.

Agencies must develop the personnel/human resources policies required to manage their organizations. Human resources policies should be developed to address relevant workplace issues including:

**Employment policies**

- Hiring, probation and termination
- Contract staff
- Reporting relationships
- Relationships with clients
- Performance appraisal
- Wages and benefits
- Hours of work
- Staff development
- Attendance and absenteeism
- Statutory holidays and vacation days
- Rules of conduct
- Conflict of interest (see next section)
- Use of volunteers
- Grievances

**Leaves**

- Bereavement
- Maternity leave
- Leaves of absence (e.g., paid and unpaid, educational leave)

**Health/Safety Policies**

- Workplace health and safety
- Infectious/communicable diseases
- Smoking and substance abuse policies

**Access and Diversity**

- Employment equity
- Workplace accommodation
- Anti-racism policy
- Workplace harassment and discrimination

*All policies must reflect and be consistent with the Ontario Human Rights Code (1990) and existing collective agreements. For sample policies, contact other agencies in your region.*
Retention
Organizations provide more effective services when they have stable and skilled staff. Boards are responsible for developing policies that help the organization retain skilled employees.

When developing retention initiatives, Boards should consider the important role that training, staff development initiatives, supportive management, and career development opportunities can play in keeping skilled people.

1.4 Conflict of Interest

The public must have confidence that mental health and addiction services funded by MOHLTC are well managed.

*Agencies are required to make every effort to avoid any conflict of interest for any person associated with a program funded by the MOHLTC, including Board members, which could harm the program or affect public confidence.*

In its day-to-day operations, the mental health and/or addiction agency must:

- closely monitor its relationships, arrangements, contracts and agreements, and avoid any that may result in a conflict of interest
- implement a conflict of interest by-law – this by-law must clearly state that any Board or committee member who has any direct or indirect financial interest in any matter before the Board is in conflict with the best interests of the agency and must disclose that interest at the earliest opportunity
- ensure conflict-of-interest by-laws/policies make it explicit that anyone related to a staff member cannot serve on the Board and vice versa
- discuss conflict of interest when recruiting Board members
- ask all Board and committee members, staff and volunteers to sign a conflict of interest agreement
- review the issue of conflict of interest annually to ensure that new conflicts have not arisen
- develop a conflict of interest policy for staff as part of the human resources/personnel manual or in a written code of ethics, which addresses:
  - hiring of family members

---

A conflict of interest occurs in any situation where an individual's private interests may be incompatible or in conflict with their official responsibilities. A conflict of interest exists when a board or staff member’s personal or financial interest conflicts or appears to conflict with his official responsibility or when the board or staff member benefits or appears to benefit – either financially or personally – from his/her position with the agency.

---

4 It is the MOHLTC’s position that a board member may be a former client of the agency. If a board member is currently a client, that person should declare the conflict to the Ministry, or abstain from board discussions and voting where there is a direct conflict of interest, or remove him/herself from the Board until they are no longer a client.
• hiring staff who are members of the Board or Advisory Committee
• hiring staff who maintain private counselling practices that may conflict with their work for the mental health and/or addiction agency
• the marketing of products developed by staff on agency time
• personal relationships with other staff, clients or Board members
• relationships with other organizations and businesses
• personal gifts or honoraria
• the disposition of assets to staff or Board/committee members.

• engage in competitive purchasing practices that ensure best value for the funds expended (for more information on competitive purchasing, see section 3.6 Internal Financial Controls)
• identify any real or perceived conflict of interest, determine whether they can be resolved satisfactorily; if not, contact the regional consultant, who will be familiar with provincial conflict of interest policies and procedures
• document all the steps taken to identify and resolve a conflict of interest (e.g., letters, minutes), and to keep this information on file for five (5) years.

Recommended Practices
The Board may also develop conflict of interest guidelines to help members understand/interpret the by-laws and recognize conflicts when they arise. These guidelines can then be used to help resolve any dispute about whether or not a conflict of interest exists. Conflict of interest guidelines should address the possibility of a “perceived” conflict. Individuals should not be seen to be gaining financially from their position or their access to the program/services.

To ensure that staff are aware of and understand the agency’s conflict of interest policy, the Board should provide training and orientation sessions on the policy. All staff should also be asked to sign a conflict of interest agreement. At the beginning of each meeting, Board members can also be asked to review the agenda and declare any conflicts of interest.

1.5 Dispute Resolution

In the process of delivering services, disputes may arise between staff, between staff and the Board, between the Advisory Committee and the Board, and between the Board and the Ministry of Health and Long-Term Care. Most disputes will be resolved through informal discussions among the parties involved. However, from time-to-time, it may be appropriate to use a more formal process to resolve disputes.

Agencies must have a dispute resolution mechanism and a grievances/complaint reporting process for staff and clients. Most

Note:
For information on dispute resolution mechanisms for clients, see Chapter 2: Program and Administrative Components.
disputes will be resolved by the agency, using these processes. If the agency cannot resolve a dispute, the MOHLTC will become involved.

The MOHLTC’s role is to help the agency work towards a resolution in order to ensure the dispute does not have a negative impact on service.

Recommended Practices for Dispute Resolution

Disputes Between Staff and Between Staff and Management
Most disputes between staff and management should be covered under the agency’s grievances policy. However, disputes between staff about how programs and services are delivered may require a different approach.

In these cases, Boards should establish a complaint reporting process for staff, communicate it clearly to staff, and ensure a copy is in the human resources manual. The procedure should clearly state:

• people to be contacted and in what order (e.g., clinical or administrative supervisor, executive director, Board, regional/provincial consultant, Regional Director/Director, Minister)
• the form of the complaint (i.e., verbal or in writing)
• any documentation that may be required
• the time-limit for the agency or ministry to respond to the complaint.

Disputes Between the Advisory Committee and the Board of a Sponsored Agency
Although the Board of a sponsored agency is responsible for all decisions in the management and delivery of the agency’s services, the ministry expects that it will carefully consider the Advisory Committee’s advice and comments. The Board and the Advisory Committee should make every effort to resolve any differences of opinion openly, co-operatively and expeditiously – without involving MOHLTC.

If the Board and the Advisory Committee are not able to resolve differences, one party should notify the other, in writing, outlining in detail the nature of the problem and a proposed solution, and then allow the other party a reasonable amount of time to reply in writing to the concerns.

If, after this written exchange, the differences are still not resolved, then the following process should be followed:

• either party may contact MOHLTC (through the regional consultant for mental health and addiction services or through corporate office for a problem gambling program or provincial program) for direction
• MOHLTC may contact either party for more information
• MOHLTC will intervene in cases where the dispute is having an adverse effect on the quality or cost of the mental health and/or addiction services
• when MOHLTC does intervene, it will provide its final decision in writing to both parties.
Disputes Between the Agency Board and MOHLTC

Most issues or disputes between the Board and MOHLTC can be resolved through informal discussions. However, from time to time, it may be more appropriate to use the following more formal dispute resolution process:

1. The chair of the Board or Advisory Committee, or the senior staff person of a mental health or addiction agency sends a letter to the regional consultant or financial manager with a copy to the regional director. The chair of the Board or Advisory Committee, or the senior staff person of a problem gambling agency or provincial organization sends a letter to their corporate contact with a copy to the director of the Mental Health and Addictions Branch. The letter will include:
   - a full description of the issues
   - the agency’s viewpoint
   - related facts
   - possible outcomes that could result from potential actions
   - copies of all relevant documents.

2. Depending on the nature of the issue, the ministry contact person may discuss it with other ministry staff or make a decision on his/her own. If the issue is operational, it will be referred to the Regional Office; if the issue relates to provincial policy, it will be referred to the MOHLTC. The ministry contact will then notify the Board in writing of the decision. The letter will include:
   - the reasons for the decision
   - any relevant documents.

3. If the Board is dissatisfied with the decision, the agency will write to the regional director or, in the case of provincial organizations and problem gambling agencies, the director of the Mental Health and Addictions Branch, and include copies of all the materials provided in step 1.

4. The director may ask for a meeting with the agency. He or she will provide a copy of the ministry’s decision in writing.

5. If the issue remains unresolved, the Board/agency can write to the Executive Director of Health Care Programs, then to the Assistant Deputy Minister Community Health Division, the Deputy Minister of Health and Long-Term Care, and finally the Minister of Health and Long-Term Care.

The entire dispute resolution process should usually take no longer than 90 working days.
Chapter 2:  
Program and Administrative Components

To operate a mental health and/or addiction service funded by the Ministry of Health and Long-Term Care, agencies are expected to meet certain program and administrative requirements.

*Agencies are required to develop and maintain an up-to-date administration or procedures manual, which would list the policies and procedures to guide their program and administrative activities, including:*

- admission and discharge policy
- waiting list policy
- code of ethics
- policy on client and family involvement
- client complaint procedure
- client information, record-keeping, confidentiality and disclosure policies
- child abuse reporting protocol
- procedure for police reporting (when required)
- statistics gathering
- serious incident reporting form
- disaster plans (i.e., to ensure the organization can continue to operate in case of emergency or disaster, such as a flood or earthquakes)
- monitoring and evaluation policies and procedures
- a communications plan.

For financial reporting policies and requirements, see Chapter 3.

*NOTE: Some of the requirements in this section do not apply to agencies that do not provide direct service to clients.*

### 2.1 Transfer Payment Agreement

*All mental health and/or addiction agencies that receive funding from the Ministry of Health and Long-Term Care must sign a transfer payment agreement, which sets out MOHLTC’s expectations, the terms of the agreement, the requirements for receiving ministry funding, and the conditions under which the agreement can be changed, amended or terminated.*

Under this agreement, MOHLTC will hold funded agencies accountable for delivering the agreed-upon services, and the agencies can expect MOHLTC
to provide the agreed-upon funding and to provide other support (advice, information) to the agencies.

If any changes are made to the services offered and/or the budget, the schedules of the transfer payment agreements will be revised.

*Agencies cannot make changes to their programs, operating plans or budgets without written permission from the ministry.*

**Breaches of the Transfer Payment Agreement**

If an agency breaches any term or condition of the transfer payment agreement, the ministry has the right to terminate the agreement, after giving written notice to the agency. In the case of a breach, the ministry will:

- bring the breach or breaches to the attention of the agency in writing
- discuss the circumstances of the breach and any potential remedies with the agency.

The ministry will then decide whether to allow the agency to correct the problem or to terminate the agreement and will notify the agency in writing (see Appendix 12: Transfer Payment Agreement, section 19).

### 2.2 Operating Plan Requirements

*All mental health and/or addiction agencies that receive funding from the Ministry of Health and Long-Term Care must submit an operating plan annually or as requested by MOHLTC.*

The annual operating plan must be submitted to the Regional Office (for mental health and addiction services) and to Corporate Office (for provincial organizations) by the date established by MOHLTC, to coincide with plans submitted by hospitals and other ministry funded agencies.

**When preparing their operating plans, agencies must use the MOHLTC package, Operating Plan Guidelines and Other Reporting Requirements, which includes all the forms and documents required. A separate plan must be submitted for each type of service provided (i.e., mental health, addiction or problem gambling).**

Operating plans must:

- be consistent with/reflect provincial strategies (as set out in various MOHLTC policies)

---

**Definition of an Operating Plan**

An operating plan is an annual report on the previous year’s activities and a projection/plan for the current year. It is not a strategic plan.

An operating plan is not just a program requirement, it is a useful management tool that agencies can use to review their programs and services, identify strengths and weaknesses, guide changes, and plan for the future.
• set out clearly the target population to be served, the services that were to have been provided in the previous year and whether they were delivered, and the services to be provided in the current year
• be reviewed by the local district health council (where appropriate)
• be approved and signed by the president of the Board of Directors or designate
• be submitted to MOHLTC by the date specified each year, with a copy of the motion by the Board of Directors, approving the plan (copy of the motion required for substance abuse and problem gambling only)
• include (for sponsored agencies only) a copy of the Advisory Committee’s recommendations for the operating plan and budget.

If the operating plan is proposing any significant changes to the agency’s operation (e.g., a change in target population), then the organization must also submit a rationale for the change as well as evidence of support for the change from relevant local partner agencies. Before making any changes, the agency must receive written approval from the ministry.

Agencies officially designated under the French Language Services Act must include in their operating plan:

• a description of how the agency identifies francophone clients using the service
• the number of French-speaking staff employed in the program and their responsibilities (i.e., human resources plan)
• a list of written/resource materials available in French
• the names of francophone representatives on the Board, the Advisory Committee (if applicable) and program-related committees
• how the program is promoted to the francophone community (clients and public)
• Board and operational policies that demonstrate how the requirements for providing services in French are met (e.g., recruitment of francophone/bilingual staff, hiring policies, bylaws).

Agencies that offer services primarily in French can submit all reports to and correspondence with MOHLTC in French.

Agencies that have questions about the operating plan requirements should contact their regional or corporate contact.

In-Year Changes to the Operating Plan

During the operating year, agencies may submit a request in writing to change the operating plan. The request should include the rationale for the change. MOHLTC must approve any proposed changes before they can be implemented. As noted above (2.1 Transfer Payment Agreement), the schedules of the transfer payment agreement must be revised to reflect any changes in the services offered and/or the budget.
2.3 Budget Allocations

MOHLTC funds mental health and substance abuse services primarily to provide direct service, while problem gambling programs are funded to provide both direct service and local level prevention awareness activities. To encourage funded agencies to devote the majority of their resources to the activities for which they are funded, MOHLTC has established budget allocation requirements.5

Service definitions vary slightly among different programs (i.e., mental health, substance abuse, problem gambling), but the goal – keeping administrative costs to a minimum – is the same. Agencies that are unable to meet the budget allocation guidelines because of non-staff related expenses (e.g., rent) should speak to their regional or corporate consultant.

Mental Health and Substance Abuse Budget Allocation Expectations

For agencies that provide mental health and/or substance abuse services, MOHLTC has established the following guideline for budget allocations:

• a minimum of 80-85% for direct service, which includes program management/community development activities
  • Direct Service refers to costs that have a direct impact on client care (including salaries and benefits paid to staff who provide clinical services, case management, consultations, psycho-educational activities and community outreach services);
  • Program Management/Community Development refers to costs of activities not directly related to clients, such as supervising staff, collecting data, salaries for clerical staff who are not typing client notes, housekeeping costs and community development activities.
• a maximum of 15-20% for central administration. Central administration refers to the costs associated with operating the agency such as the salary of the executive director, bookkeeping costs, public relations, board meetings, policy and planning, property management and budgeting. (Agencies that have more than one source of funding for their programs should allocate central administration costs across all funders.)

Problem Gambling Budget Allocation Expectations

All agencies designated to provide problem gambling services receive funding for a minimum of one full-time equivalent (FTE) position. Of the first funded FTE, each agency is expected to allocate a 0.5 FTE equivalent on prevention awareness activities. For agencies that provide problem gambling services,

---

5 These requirements do not apply to agencies that are funded to provide non-direct service activities, such as research, information referral or public awareness activities.
MOHLTC has three approaches to budget allocation, depending on the size of the program.

- Agencies that receive funding for one FTE position, of which a minimum of 0.5 FTE is committed to prevention awareness activities, are expected to allocate the remaining FTE position to direct client activities. An amount totalling 15% of the total problem gambling budget is provided to cover central administration costs.
- Agencies that receive funding for more than one full-time equivalent, of which a 0.5 FTE is committed to prevention awareness activities, are expected to allocate the remaining FTE positions to direct client service. An amount totalling 15% of the total problem gambling budget is provided to cover central administration costs.
- Agencies with multiple FTEs may be approved to operate with a similar budget allocation as substance abuse services: 85% Direct Service (which includes a 0.5 FTE prevention awareness component), and 15% central administration (see above).

NOTE: MOHLTC recognizes that addiction agencies providing certain services or serving particular populations may be involved in activities that are not direct client service, but are related to direct client service. For example, in a program serving youth, counsellors may have to devote a significant amount of time to working with the school guidance counsellor. All agency activity can be recorded in the Drug and Alcohol Treatment Information System record keeping system used by the addictions system, and it is possible to break out activities related to direct client service that are recorded under program management/community development, so agencies will not be penalized if those types of activities affect their service mix.

### 2.4 Service Provision Requirements

*Agencies are expected to use MOHLTC funds to provide service only to people who are residents of Ontario and who are not visitors, transients or tourists. Transients are defined as people passing through the province and do not include homeless people.*

Unless they are designated as provincial or regional services and required to serve clients from across the province or region, agencies are required to provide services first to clients in their immediate catchment area, then to

---

6 These requirements apply to those agencies that deliver direct client services. However, the principles underlying the requirements for record keeping, dispute resolution and other activities would apply to all ministry-funded agencies.

7 "Resident" is defined as someone who makes his or her home and is ordinarily present in Ontario. This definition is intended to exclude those who live in another province and inappropriately accessing Ontario services. However, as long as a person spends time in Ontario as part of their daily lives (i.e., sleeping, working), that person would be considered a “resident”. Native band members of a community in Ontario who live outside the province are considered “residents”. Agencies dealing with cross-border issues of any magnitude should contact their regional consultant to confirm that any agreements or arrangements between agencies are acceptable.
clients in their DHC region, then to clients in their ministry region (i.e., Central East, Southwest), and then to clients across the province. In crisis situations, staff should use their best judgment. If they determine that asking a client about residency would be detrimental to the client’s health or treatment, they should make a note in the clinical file describing the circumstances.

Access to Services Requirements

As part of their operating plan process, agencies will identify the target population(s) for their services, the rationale for serving that population, and the type of services they provide.

When defining their services, substance abuse agencies must use the MOHLTC service definitions set out in the Admission and Discharge Criteria, September 2000 (see Appendix 6) and their own program capacity.

Sponsored agencies must demonstrate that they are providing equitable access to services for the entire community, and not giving preference to clients from their sponsoring organization (e.g., inpatients, referrals from other community-based programs sponsored by the same organization).

Agencies must establish processes and procedures that ensure clients receive fair access to services, without discrimination.

Recommended Practices

To ensure clients have fair access, agencies should consider practices such as:

- developing appropriate diversity and anti-racism policies
- establishing partnerships with various ethno-racial, cultural and linguistic communities in the geographic area served by the agency
- providing training for staff, if required
- ensuring all programs and services are culturally sensitive.

Admission and Discharge Policy

Agencies are required to develop and use admission, discharge and referral policies which reflect provincial criteria.

These policies should be reviewed regularly to ensure they continue to be relevant.
Agencies providing substance abuse services are expected to use the Admission and Discharge Criteria, September 2000.

**Assessment Requirements**

*When assessing clients to determine their need for services, substance abuse agencies are required to use the common assessment tools selected and approved for use in Ontario. Problem gambling agencies are currently required to use the South Oaks Gambling Screen (SOGS) in assessing clients. Child and adolescent mental health services are required to use the Brief Child and Family Phone Interview (BCFPI) and the Child and Adolescent Functional Assessment Scale (CAFAS). Other mental health services should establish their own assessments based on their agency policies for admission.*

Agencies providing substance abuse services are expected to ensure that clients are assessed using the Assessment Tools for Ontario Addiction Agencies, September 2000, following local and regional implementation plans.8

These tools will be used with the Admission and Discharge Criteria to ensure the appropriate level of substance abuse treatment. The use of these consistent tools is beneficial for clients because it helps ensure/increase their readiness to participate in specific treatment programs.

**Requirements for Redirecting to Other Services**

Agencies have a responsibility to match clients to the most appropriate care and a responsibility to manage risks and ensure the safety of staff and clients in their programs. Agencies are expected to make every effort to ensure that they have the staffing level and expertise to meet the wide range of client needs. However, in some cases, agencies may not be able to meet needs. For example, agencies may redirect clients to other services when a client:

- needs emergency medical care
- is deemed dangerous to staff or other participants
- is not sufficiently stable to participate in the program/service
- has personal needs/responsibilities that will interfere with the client’s ability to participate in treatment
- refuses to participate.

*When an agency cannot meet a client’s needs, the client must be redirected to another appropriate community agency or service. Mental health and/or addiction agencies should make every reasonable attempt to find a program that can accommodate the client’s needs.*

---

8 The agencies that do assessment vary from region to region. Some communities have several agencies that do assessments; others have centralized all assessment services in one place.
**Recommended Practices**

To guide staff in determining when it is appropriate to redirect clients, agency policies should spell out:

- the number and mix of clients the agency can responsibly and reasonably manage
- the factors that staff should take into account when assessing whether a client is appropriate for the service (e.g., number of staff on duty, other services available)
- the agency’s links with other services, such as emergency medical services, other health services or law enforcement services, and the steps staff will take to refer clients to another, more appropriate service.

**Waiting Lists**

Ontario’s mental health and addiction system is committed to providing timely, appropriate services for all clients.

The problem gambling treatment system has been funded to ensure that clients will not be put on waiting lists.

*Problem gambling treatment agencies are responsible for having a plan in place to ensure appropriate client services are available during staff holidays/sick time.*

From time to time, the demand for mental health and substance abuse services may exceed service capacity, and clients will be placed on waiting lists for services.

*Mental health and substance abuse agencies are expected to have a waiting list policy that spells out clearly:*

- when clients may be placed on waiting lists
- how the waiting list will be monitored
- how the agency decides client priority for service (e.g., triage, crisis intervention)
- how clients on the waiting list will be managed
- other/alternative services that clients will be offered while on the waiting list.

As part of program evaluation/quality improvement, agencies experiencing long waiting lists must review the utilization of their services, assess the reasons for the waiting lists, and identify other approaches to meet the community’s mental health and substance abuse treatment needs.

*Agencies that provide substance abuse services must keep the Ontario Drug and Alcohol Registry of Treatment (DART) informed about the status of their waiting lists. (For more information about DART, see section 2.6 Service Reporting Requirements.)*
Code of Ethics

*Agencies are expected to have a code of ethics to guide the provision of service. The agency’s code of ethics should be consistent with the Ontario Human Rights Code (1990).*

The agency’s code of ethics should be posted in an area accessible to clients, their families and staff, and it should be an integral part of any Board or staff orientation.

**Recommended Practices**

The code of ethics should:

- describe clearly what clients should expect from the service as well as the conduct expected of clients
- set out the conditions under which clients can be removed from the program
- comply with the professionals’ College code of ethics
- include the phone number for the MOHLTC contact
- be reviewed regularly to ensure it continues to be relevant.

**Referral to Substance Abuse Treatment Services Outside Canada**

When clients require substance abuse treatment services not provided in Canada, MOHLTC will pay for the cost of treatment in the United States (through OHIP) and contribute to the clients’ travel costs.

To qualify for out-of-country substance abuse treatment, clients must use the following process:

- The client must be seen by a physician licensed in Ontario who will provide information about out-of-country treatment and complete a “Prior Approval Application for Full Payment of Insured Out-of-Country Health Services” form.
- The client must be assessed by a designated agency, which will provide a treatment recommendation in writing. (Clients can self-refer to one of these services, or they can be referred by a physician or another service provider.)
- The designated assessment agency must then contact the Drug and Alcohol Registry of Treatment (DART) to determine whether the recommended substance abuse treatment is available in Ontario. (For more information about DART, see section 2.6 Service Reporting Requirements.) If the treatment is not available, DART will prepare a case report which is sent with the application form to the MOHLTC District Medical Consultant for review.

**Client Complaint/Dispute Resolution**

Clients have the right to complain, and to have their complaints dealt with in a timely, respectful manner.

*Agencies must have in place a client complaint/dispute resolution process that includes:*
• documenting any decisions about client care
• responding to any client complaints
• ensuring clients are aware of their right to complain or appeal an agency decision
• informing clients about the process they use to register a complaint or appeal.

Most client complaints will be resolved through informal discussions with the agency. However, some may require a more formal dispute resolution procedure. The procedure should clearly state:

• the people to be contacted and in what order (e.g., clinical or administrative supervisor, executive director, Board, MOHLTC)
• the form of the complaint (i.e., verbal or in writing)
• any documentation that may be required
• the time-limit for the complaint or appeal to be registered and the time-limit for the agency or ministry to respond to the complaint.

When MOHLTC receives a complaint from a client, it uses the following procedure:

• refers client first to the agency’s complaint procedure
• asks the client to put the complaint in writing
• discusses the issue with the senior staff person at the agency
• contacts the Board.

If the complaint cannot be resolved, it may trigger ministry involvement up to and including a program review.

2.5 Client Records, Confidentiality and Disclosure

Requirements for Client Records

Agencies are required to maintain up-to-date, individual client files that record the treatment process and reflect best practices.

Sponsored agencies must comply with the sponsoring agency’s legal requirements for record keeping (e.g., Public Hospitals Act).

Agencies that keep client information on audio or video tapes must have procedures for handling those tapes, similar to the ones for paper or computer files.

Recommended Practices

The agency’s client record policy should set out:
• the type and amount of information that will be recorded (i.e., factual, not anecdotal)
• how information will be recorded (i.e., all entries dated and signed)
• who in the agency will have access to the files
• who in the agency will enter data into the files
• security provisions for all files
• how long files will be kept (NOTE: the accepted standard is a minimum of seven years after the end of the fiscal year during which the last contact with the client occurred.)
• how/where the information will be stored (both paper and computer files (including back-ups) should be maintained)
• the process to follow when old client records are destroyed (e.g., who will destroy the files, how they will be destroyed, the agency’s responsibility to keep a record of the files destroyed)
• the process to follow when replacing computers to ensure all data on the old computers are deleted.

Procedures for handling tapes should address:
• client/substitute decision maker consent to tape information
• how/when tapes will be used
• who will have access to the tapes
• how the tapes will be stored off site including back-up tapes
• how long tapes will be kept
• how tapes will be erased.

Confidentiality Requirements

Clients have the right to expect that their information will be kept confidential. Professionals working in mental health and addiction services have a legal and professional duty to safeguard client confidentiality.

Agencies must develop policies and procedures to ensure client information is kept confidential.

Board members, agency staff, volunteers and clients/substitute decision makers are required to sign a confidentially agreement or a consent-to-counselling form that spells out their responsibilities.

Recommended Practices
Confidentiality policies and procedures should:
• identify specific steps that will be taken to keep client health and other personal information

MOHLTC Responsibility for Confidentiality

In some cases, agencies may be required to provide confidential client information to MOHLTC. Under the Ministry of Health Act, MOHLTC is required to keep client information confidential and cannot release it. The client’s right to confidentiality is also protected under provisions of the Freedom of Information and Protection of Privacy Act.

The agency cannot release information that includes the client’s name without the client’s specific consent, and MOHLTC does not request names.
Confidentiality agreements should spell out:

- the agency’s confidentiality and disclosure obligations
- how the client’s records will be kept
- who in the agency will have access to the client’s files (e.g., case worker, supervisor for purposes of supervision)
- the requirement that the client or substitute decision maker give consent for the release of any personal information to a third party (other than that required by law)
- the steps the agency will take to ensure the client is capable of giving consent (i.e., assessing the client’s age and competence).

**Requirements to Disclose Client Information**

Agencies are legally obligated to provide client information only in the following situations:

- when clients disclose or a counsellor suspects any type of child abuse, the *Child and Family Services Act* (CFSA) requires that the information be reported to the local children’s aid society
- when the client’s or someone else’s life or personal safety is at risk (i.e., the counsellor believes the client is likely to harm him/herself or someone else or is in a dangerous situation) – the agency has the obligation/right to disclose
- when information is subpoenaed for judicial proceedings -- agencies continue to have a responsibility to respect client confidentiality and are required to disclose only information relevant to the proceeding

**Agencies must have policies in place to guide staff when they are required to disclose information.**

**Recommended Practices**

Policies should indicate:

- the type of information staff should disclose
- who they should disclose to and under what circumstances (e.g., physician, police, child welfare workers, parents)
- how agency staff will explain the disclosure requirements to clients. For example, when staff members start working with clients/families, they should inform them of the requirements to disclose (e.g., “If you tell me about child abuse, I am required by law to report that information.”).
• the procedure to use when clients report having abused their children (e.g., giving clients the option of going with the worker to report to the local children’s aid society), which must be consistent with the CFSA.

With subpoenaed information, lawyers have been known to photocopy subpoenaed client files, which makes it extremely difficult for the agency to guarantee confidentiality. To safeguard client confidentiality, the agencies’ disclosure policies should include:

• the procedure the agency will use to determine that the request and any release forms signed by the client are valid
• any time limits on the validity of any client information the agency discloses.

Disclosure of Client Information to Other Service Providers
From time to time, it is necessary or beneficial for two or more health or social service agencies providing service to the same client to share information. This can avoid unnecessary duplication and help ensure services meet client needs. To allow for appropriate sharing of information between agencies, an agency’s confidentiality policy should include, at a minimum, the following requirements:

• the agency will obtain consent from the client or a substitute decision maker before releasing any information to another service provider
• information will only be given to people who require it to provide service to the client
• the type of information that will be shared
• the agency may only share its own information; it may not share information from another service provider/third party – without consent of the client or substitute decision maker
• the procedures the agency will use to share information with other agencies
• staff and volunteers must sign a confidentiality agreement, stating that they understand the confidentiality policy and will adhere to it.

Agencies must have a release of information form that clients/substitute decision makers complete before information is shared. Asking clients/substitute decision makers to sign a general or blanket release form is not adequate. Clients/substitute decision makers should be asked to give consent for the release of information for a specific purpose (e.g., to pass information to a certain agency), and the consent should be valid for a specific length of time.

Confidentiality/Release of Information Requirements for Hospitals and Programs Sponsored by Hospitals
Under the Mental Health Act, provincial psychiatric hospitals and psychiatric units located in Schedule 1 hospitals are legally required to use Form 14 as a consent to release client information, and some sponsored agencies may also be governed by the hospitals’ confidentiality requirements (i.e., the Public Hospitals Act and its regulations).
Disclosure of Information to the Client

Clients have the right to see any information that a mental health or addiction service maintains on them. For this reason, agencies should ensure that all information kept on file is factual, dated and signed. Agencies should also develop a disclosure policy based on the common law requirements. The policy should reflect the following requirements:

- under common law, agencies are not allowed to withhold information about a person from that person – unless they have evidence (as opposed to unsubstantiated opinion) that disclosing will cause harm to the person or to others
- agencies may only release their own information on the client; they may not release any information from another service provider without consent
- a staff person will review the file before releasing it to the client to make sure that only the information the agency is allowed to release is in the file.

Agencies cannot charge clients a fee to access their own records. However, they can charge for the cost of photocopying. (For more information on fees that agencies can charge, see 3.3 Funding from Other Sources.)

Recommended Practices

If agencies are concerned about how a client may react when reviewing his/her file, they may establish certain procedures to minimize risk or harm, such as requiring clients to read the information in the office, with a staff person present who can offer support (e.g., go through the file with the client), answer questions or clarify any information.

2.6 Service Reporting Requirements

To ensure accountability for all mental health and addiction services funded by the Ministry of Health and Long-Term Care, the ministry requires all agencies to provide certain information. Agencies are required to gather and maintain statistics on service availability, capacity and utilization statistics, such as:

- a description of the clients they serve (e.g., diagnosis, age, gender)
- number of people they serve
- number of visits per client
- the services they provide
- the length of time clients remain in treatment
- the other services to which clients are referred.

Service Changes

Any change to the mental health or addiction services agreed to in the operating plan must be approved in writing by MOHLTC before being implemented.
Substance abuse and problem gambling agencies must also report any service changes to the Drug and Alcohol Registry of Treatment (DART) or the Ontario Problem Gambling Helpline (OPGH). See description below.

Agencies should also inform other health and social service agencies that refer clients to them about any change in services, so they can continue to make appropriate referrals.

Mental Health Reporting

Mental health services funded under the Assertive Community Treatment Team (ACTT) program are required to sign a specific transfer payment agreement with MOHLTC, which outlines provincial standards and expectations for service delivery and reporting requirements. As part of that agreement, they are also required to complete annual ACTT surveys.9

All agencies funded to provide mental health services that provide employment supports as identified in the Making It Work document10, must complete the annual Employability Assistance for People with Disabilities (EAPD) report.

All mental health agencies provide service reports as part of their operating plans.

Addiction Reporting

Drug and Alcohol Registry of Treatment (DART)
Ontario Problem Gambling Helpline (OPGH)

As part of their transfer payment agreement with MOHLTC, all agencies that receive ministry funding to provide addictions services11 – including withdrawal management programs and problem gambling treatment services – must participate in the DART and/or OPGH registries.

Agencies will sign an Agency Reporting Agreement with DART/OPGH, which sets out the reporting requirements. In most cases, agencies are required to:

- provide descriptive program/service data and bed/treatment slot availability at regular intervals (e.g., via formal validation process or as agency mergers/amalgamations or new service changes take place)
- provide data by phone or electronically.

9 A number of agencies use the Psycho-Social Rehabilitation (PSR) toolkit to track data and help complete these reports.
10 The ministry's policy framework for employment supports for people with serious mental illness.
11 Agencies that provide non-ministry funded substance abuse services may also choose to report to DART.
Because the DART/OPGH data are used to describe addiction programs and services, senior agency staff should verify all data before they are submitted.

Drug and Alcohol Treatment Information System (DATIS)

As part of the transfer payment agreement with MOHLTC, all agencies funded to provide addiction services must participate in DATIS. Agencies are required to:

• collect and maintain certain client information
• record certain mandatory data elements on the DATIS server.

Agencies should inform clients about DATIS and how the information will be used (i.e., to provide aggregate data for provincial and regional reports, for demographic purposes, to assess utilization, to determine the need for future substance abuse or problem gambling services), and consider having a signed consent form before releasing any information to DATIS. Provincial and regional reports use aggregate data only.

Clients have the right to refuse to have their personal information released. Agencies may not deny service to clients who refuse to consent to provide personal information for DATIS.

Agencies are required to report to DATIS the number of refusals so DATIS can monitor and assess the situation.

2.7 Communications

Communications Plan

a) Agencies Funded to Support Public Communications, Promotion or Education

Agencies that receive ministry funding to support public communications, promotion or education must develop a communications plan section as part of their operating plan submission. Communications plans may be required for individual projects as identified by the ministry.

Public communications activities include:

• advertising using television, radio, print (newspapers or magazines), outdoor billboards, transit or Web ads
• direct mail campaigns for public education purposes
• communications products and services costing more than $25,000

---

12 If the proposed new health care privacy legislation is passed, there may be changes to these requirements.
• public information or education campaigns that have a target audience of more
  than 20,000 people
• new media communications.

**Agencies developing communications products and services costing more than $25,000 or public information or education campaigns that have a target audience of more than 20,000 people must submit a communications plan section as part of their operating plan submission.**

The communications plan must include:

• title
• context
• timing
• goals and objectives
• strategy
• target audience
• key messages
• communications products and distribution plan (if applicable)
• budget.

After the plan is approved, and before implementation, the following must be submitted for review/approval:

• creative briefings
• media buying plans
• creative executions
• implementation plans
• evaluation plans and results.

The agency and the ministry will work together to develop appropriate credit, consistent with the goals of the program and with the ministry’s and Management Board Secretariat’s visual identity standards.

**b) Agencies Not Funded to Support Public Communications, Promotion or Education**

Agencies not funded to support public communications, promotion or education may choose to include the above information as part of their operating plan submission.

**Agencies are required to acknowledge the support of the Government of Ontario in all publicly distributed reports, materials, advertising and publicity. Use of the Trillium logo is subject to prior written approval of the ministry’s Director of Communications.**

MOHLTC expects that agencies will include an acknowledgement whenever they print new material or reprint existing materials. The required format for the acknowledgement is: “(Agency name) acknowledges the financial support of the
Government of Ontario. The views expressed are the views of the authors and do not necessarily reflect those of the Government of Ontario.”

**NOTE:** All Agencies are reminded that ministry funding cannot be used to support lobbying activities, and the ministry’s name should not appear on any communications materials intended to support lobbying activities.

### Public Speaking and Media Contacts

Agencies have a responsibility to manage communications with the public and the media, and to develop appropriate communication policies.

#### Recommended Practices

To manage public and media communications effectively, agencies should consider:

- designating a spokesperson to deal with media
- developing a standard procedure to follow when the agency receives an enquiry from the public or media
- making communications planning part of their annual operating plan
- developing a policy for responding to any negative media coverage, which should include notifying the ministry contact and having in place a communications plan for planned and unplanned service disruptions.

Non-profit agencies may not use ministry funding to support lobbying activities.

### 2.8 Issues Management

Agencies are expected to have the capacity to manage issues that could disrupt service or lead to negative media coverage (e.g., labour disruptions, client complaints, serious incidents). Agencies are required to develop issues management policies and procedures.

**Agencies are expected to report any planned or unplanned disruption in services to MOHLTC immediately.**

In its report to MOHLTC, the agency should describe its plan to maintain services, its assessment of the financial impact of the disruption, and any support/assistance required from MOHLTC.

Agencies should report any serious incident (i.e., any incident that is likely to pose a risk to clients or staff, result in negative media coverage or lead to legal action) without client names (to ensure confidentiality) to their ministry contact immediately. To ensure any serious incident is documented, agencies
are asked to provide the following information on the incident to their ministry contact in writing:

- the details of the incident (i.e., what happened)
- the action the agency has taken
- any further action required by the agency or by MOHLTC.

_Agencies are expected to provide the MOHLTC with a list of emergency contact numbers, and to keep the list up to date._

**Recommended Practices**

**Issues Management** policies should identify:

- the people who will act as spokespeople for the agency (e.g., chair of the Board, senior staff person) and/or provide legal advice
- the procedures staff will follow in different situations
- the agency’s policy for responding to requests from the media
- procedures the agency will use to notify the ministry contact and keep MOHLTC informed.

A service disruption policy should include procedures for:

- making alternative arrangements for clients/program participants
- informing clients, families, caregivers and home operators
- initiating disaster plans, if necessary
- implementing their communications plan for any planned (e.g., closing a residential program for the holidays) or unplanned (e.g., a natural disaster that damages the building) disruption.

**2.9 Service Evaluation/Quality Assurance**

Agencies are expected to ensure the quality of their services and to implement evidenced-based best practices in all their programs and services.

**Service Monitoring and Evaluation**

_Agencies are expected to have in place an internal process of quality improvement, including program evaluation._

**Recommended Practices**

Agencies can choose the evaluation method/model they want to use (e.g., program logic model, Form D from _Operating Plan Guidelines and Reporting Requirements_), provided it includes:

- setting objectives/outcomes for the service (including numerical targets)
- evaluating services delivered against objectives
- identifying strengths and weaknesses in programs
• developing and implementing steps to address weaknesses and improve services
• obtaining client satisfaction data/feedback.

Agencies that would like assistance with monitoring and evaluation should contact their local office of the Centre for Addiction and Mental Health. Agencies can also contact the Ontario Federation of Mental Health and Addiction Programs for a free copy of the PSR (Psychosocial Rehabilitation) Toolkit (416-490-8900 ex. 26; www.psr.ofcmhap.on.ca).

Program Review

From time to time, MOHLTC may review the ministry-funded services provided by a mental health and/or addiction agency. The review examines governance, human resources, management and administration, finance and program reporting, program delivery and quality assurance, and community linkages. The goal of the review is to strengthen and improve services.

Reviewers will review only those services funded by MOHLTC. (In cases where the agency has multiple sources of funding, MOHLTC may work with other funders to conduct a collaborative program/service review.)

As a condition of funding, the agency agrees to co-operate fully with any ministry-initiated program review.

MOHLTC will give agencies a minimum of 24 hours notice before conducting a program review, and will endeavour to ensure the review is not disruptive to clients or services. The program review may be done in conjunction with a financial review (see section 3.10).

The review may be conducted by one ministry staff, two ministry staff, a ministry staff person and a peer reviewer (e.g., executive director of a similar agency), or by an independent reviewer. Any individuals involved in the review will be knowledgeable and skilled in the field of mental health and/or addiction services.

Ministry staff will not directly examine any hospital/agency records and does not expect an organization to remove personal identifiers in records. If MOHLTC needs to audit or review a program more thoroughly, it will hire a third party professional, who will be required to sign a confidentiality agreement and comply with privacy legislation, to examine those files. He/she will convey to the Ministry the condition of the program, without divulging personal information.

The agency will ensure the reviewer has access to the information required to conduct the review, including:

• the site(s) where services are delivered
• agency personnel/personnel files
• the opportunity to view service delivery (with appropriate client consent)
• operational and financial records, if deemed necessary
• client files. (NOTE: Client or substitute decision maker consent is required to share files with reviewers.)

The Review Process
The review may be initiated:

• at the request of the Board to give the agency feedback on its operations
• as part of MOHLTC’s routine review of funded agencies/services
• in response to unresolved complaints from staff or clients
• by the agency’s lack of compliance with the ministry’s reporting requirements.

A program review usually requires the reviewer to spend an average of two to six days on site (the length of time required varies depending on the size of the agency and its funded programs).

When the review is complete:
1. MOHLTC representatives will meet with the Board to discuss a draft report.
2. MOHLTC identifies issues/priorities in writing.
3. Board has the opportunity to respond to the facts of the report.
4. Board submits a work plan, with timelines, to address the priority areas.
5. MOHLTC will follow up with the agency at regular set intervals.
6. If the Board does not act to start implementing recommendations or remedies within the set timeline or in a manner acceptable to MOHLTC, MOHLTC will inform the Board that it is putting its funding in jeopardy.
7. If the agency still does not respond appropriately, MOHLTC will give notice of its intention to terminate funding in accordance with sections 18 and 19 of the Transfer Payment Agreement, stating clearly why the funding will be terminated and when.

2.10 Administrative Expectations

Like any non-profit business that employs people and delivers services, mental health and/or addictions agencies are expected to establish and maintain effective, efficient administrative policies and procedures that comply with all legal requirements and reflect accepted standards.

The agency’s administration should include policies on topics such as:

---

13 NOTE: personal, identifying information in these files cannot be reviewed by MOHLTC staff.
14 Ibid.
• Confidentiality (Board, staff, volunteers)
• Conflict of interest
• Computer security
• Filing systems, records management and security
• File audits
• Financial procedures (e.g., signing authorities)
• Fire drills and emergency situations
• Insurance
• Communications
• Public speaking
• Media contacts.

Corporate Records
The Corporations Act requires non-profit corporations to keep minutes of meetings. The Income Tax Act requires that agencies keep corporate records – along with copies of the letters patent, the supplementary letters patent, all by-laws and special resolutions – for as long as the corporation exists plus six years.

When deciding how to manage their records, agency Boards should consider their legal obligations, and consult their legal and accounting advisors.

Agencies should ensure that the Regional/Corporate Office has on file a copy of their current by-laws and letters patent, and is notified of any changes.

Filing Systems, Computer Security and File Audits
Agencies are responsible for maintaining up to date, accurate information on their clients and services, and for ensuring the quality and timeliness of case reporting/recording.

Agencies are required to maintain appropriate filing systems, and to demonstrate due diligence in ensuring all files are kept secure and confidential.

Agencies are also expected to have a policy in place for file audits, and to conduct audits at regular intervals (based on best practices) and to ensure that their files are complete and secure.

Recommended Practices
Agency policies and procedures for managing files should include provisions for:

• access to all files
• storage of files (e.g., how long files will be stored, who is responsible for maintaining the files, how they will be destroyed)
• back up systems.
Insurance

As part of the transfer payment agreement, agencies are required to have appropriate commercial general liability and counsellor’s errors and omissions liability insurance coverage at the minimum amounts specified in the agreement with MOHLTC.

Sponsored agencies may be covered under the insurance of their sponsoring organizations.

Agencies must provide a copy of the insurance certificate before receiving any ministry funding. They must also provide copies of replacement or renewal certificates reflecting any policy changes.

Recommended Practices

Because the Board of Directors is legally and financially responsible for the agency’s decisions, the MOHLTC strongly recommends that the agency purchase director and officer liability insurance.

Workplace Safety

Agencies must comply with the requirements of all relevant workplace legislation. Agencies are required to have either a WSIB Clearance Certificate or Employers Liability and Voluntary Compensation. Agencies must also comply with the requirements of the Workplace Hazardous Materials Information System (WHMIS).

Emergency Plans

All agencies should have emergency plans in place.

Staff must be aware of all emergency procedures and have opportunities to practice them.

Agencies must comply with their insurance requirements (e.g., conducting routine drills).

Clients/program participants must be aware of fire/evacuation procedures.

Recommended Practices

Emergency plans should include:

• policies and procedures for fire drills
• provisions to comply with building safety codes (e.g., smoke alarms, unobstructed exits, carbon monoxide detectors)
• plans for natural disasters and loss of power
• plans to deal with any requirement to evacuate the building
• contingency plans if the agency is unable to operate or provide services
• contact numbers in case of emergency (which should be kept both on and off site)
2.11 Mergers, Amalgamations and Program Transfers

Because mergers or formal joint agency initiatives constitute important program changes, agencies wishing to merge or amalgamate, or to transfer a program from one agency to another are required to make a formal joint proposal to the MOHLTC. Ministry approval of the merger, amalgamation or program transfer should be received prior to proceeding with a proposal.

The proposal must demonstrate that the integrity of the programs/services will be maintained. This is particularly important when programs are being transferred to an agency that has not traditionally served the programs’ target population(s) (e.g., a youth program transferred to or merged with an agency that serves adults). The proposal must also set out the costs associated with the merger.

The proposal must be reviewed by the District Health Council, and can be sent to the DHC at the same time as it is forwarded to MOHLTC.

The merger/amalgamation of agencies providing mental health services must support the strategic directions/ministry policy set out in Making It Happen, and the recommendations from the Mental Health Implementation Task Forces and/or the rationalization project.

The merger/amalgamation of agencies providing addiction services must reflect the strategic direction/policy set out in Setting the Course and provide the information summarized in Appendix 7.

A Guide to Mergers and Amalgamations for Addiction Treatment Services provides practical advice on the process of merging agencies and is available from the ministry.

Agencies involved in a merger or amalgamation are required to provide MOHLTC with copies of updated agency documentation (e.g., letters patent, by-laws, business registrations) to ensure official agency records at the ministry are accurate.

2.12 Program Closures/Relocations

Program Closures

Agencies must have MOHLTC approval to close. Agencies are required to give MOHLTC a minimum of 60 days notice of their intention to close a program.
An agency that ceases to operate or closes a program must return all unspent funds to MOHLTC (see section 20 of the transfer payment agreement). The agency will negotiate with the ministry a plan for closing service and returning funds, which will take into account the agency’s financial obligations (e.g., lease arrangements).

The agency will also dispose of any assets, and determine -- in consultation with the ministry -- how the proceeds of those assets (which are the property of the agency) will be used (see also 3.8).

The agency must also comply with the requirements of the Corporations Act and any other legislation governing non-profit/charitable organizations. The agency must develop a plan to assist clients in adjusting to the loss of service (e.g., referrals to other community supports).

Program Relocations

Within the Catchment Area

Agencies must inform their ministry contact about any planned program move or relocation within their catchment area, and demonstrate that it can manage the rental costs within its existing budget.

If the relocation will lead to an increase in rent or overhead costs, the agency must submit a request for MOHLTC approval, providing information on the impact on services as a result of the increase in operating expenses. The request should explain the reason for the move and provide at least three possible space options. For each option, the request to relocate should include:

- the cost per square foot
- size of the space in square feet
- projected cost for utilities, heat and other overhead costs
- pros and cons of the location.

Outside the Catchment Area

If the relocation will move the agency out of its catchment area and affect existing clients and the services available in the community, agencies must submit a request for MOHLTC approval, providing information on the impact on services in the area they are leaving and the rationale for leaving the area – even if the move will have no impact on budget.
Chapter 3:  
Financial Record Keeping and Reporting Requirements

Agencies funded by MOHLTC are expected to adhere to their approved operating plan and budget, to use generally accepted accounting principles (GAAP), and to meet certain MOHLTC financial requirements (see below). Agencies should develop a comprehensive set of financial management tools, policies and procedures to manage their finances, including:

• a budget
• internal financial controls/record keeping systems
• a financial monitoring and reporting system
• external audit practices.

3.1 Annual Operating Budget

Agencies must prepare an annual operating budget, as part of their annual operating plan, which will outline the agencies’ expected expenses over the year. The budget is divided into four categories: salaries, employee benefits, sessional fees, and total supplies, rent and utilities. (See Appendix 9.)

Annual budgets submitted to MOHLTC must reflect only the agency’s plans for the funds provided by MOHLTC (i.e., not any other funding the agency may receive from other sources). A budget with any errors or inconsistencies will be returned to the agency, with the request to correct it.

If, at any time during the fiscal year, an agency anticipates a deficit (i.e., the amount of funding from MOHLTC will not cover program expenses), the agency must inform its ministry contact in writing. That memo should include:

• the detailed reasons for the deficit (e.g., increase in salaries because of union settlement)
• the agency’s options to address the deficit (e.g., reduce service)
• the impact that each of the options will have on the agency’s services (e.g., reduce the amount of service the agency can provide by 20%).

Transfer of Funds Between Categories/Lines

Agencies can transfer funds within each budget category (i.e., within the “supplies, rent and utilities” category, agencies can move funds from the office supplies line to the utilities line) as long as the agency’s total operating budget remains the same, and the changes do not commit MOHLTC to a
budget increase in future years. There is one exception to this rule: funds cannot be transferred into administration fees in the “supplies, rent and utilities” category.

- To transfer funds temporarily between categories during a budget year, agencies must have MOHLTC approval. The agency will discuss the transfer with its ministry contact, and obtain written approval. (This will be very useful during the settlement process.)
- To transfer funds permanently from one category to another, agencies should use the annual budget process. The agency will submit a budget that reflects the transfer between categories, and note the change in the covering memo that accompanies the budget. When the budget is approved, then the permanent change is approved.

Funds may not be transferred from the sessional fees category into any other category. Funds may not be transferred from any budget line into administration fees.

**Restriction on Borrowing**

*Agencies may not use ministry funding or fixed assets purchased with ministry funds as collateral when borrowing money without the prior written consent of MOHLTC.*

### 3.2 Funding from MOHLTC

Mental health and/or addictions agencies may receive MOHLTC funding in a number of different forms as follows:

**Ongoing Program Funding**

Agencies will receive ongoing MOHLTC funding in 24 installments over the fiscal year. To help manage their cash flow, agencies can request different payment amounts within the fixed 24 scheduled payment dates (e.g., they could request larger payment early in the year, and smaller ones later).

Funds will be deposited using direct bank deposit. When they are first funded and any time there is a change in their bank or bank account, agencies must complete Form A, *Authorization to Receive Program Funds* (see Appendix 8), which allows MOHLTC to make direct deposits.
One-time Minor Capital Funding (less than $100,000)

MOHLTC may provide one-time funding for minor capital costs (i.e., less than $100,000). When applying for one-time funding, agencies must complete a one-time funding request, with the cost of the required minor capital item and the PST, GST and total cost listed separately. If MOHLTC approves the request, it will provide the total cost less the amount of GST rebate the agency expects to receive from the federal government.

MOHLTC will consider agency requests for emergency or one-time funding for items such as health and safety equipment or modifications, computer equipment, and program materials. Before applying for minor capital funding, agencies are required to identify any surplus funds, and to use those funds first. They may also be required to explore other funding options.

Funding for Major Capital Expenses (more than $100,000)

Agencies requiring major capital funding (more than $100,000) for building renovations can apply to another source of funding within MOHLTC. To qualify for this funding, agencies must first submit a proposal, using the Capital Project Request Form, which is available from the Regional Office.

On the form, the agency will outline the need for the project, preliminary cost estimates and timeframes, and the implications for other programs and services.

MOHLTC will give priority to projects that address gaps in services, a need identified through program evaluation, or increase in demand for a service. The proposal should be reviewed by the district health council for consistency with local planning and needs.

If the capital project request is approved by MOHLTC, the agency must then comply with the requirements of the ministry’s capital planning process. The agency is also responsible for obtaining approval of the working plans from relevant regulatory bodies (e.g., Ontario Fire Marshal).

The tendering process must be open, competitive and public. MOHLTC must approve the total project cost before construction can begin. The agency is responsible for managing the project cost and outcome, and must submit regular progress reports to MOHLTC as well as a final cost reconciliation when the project is complete.
Administration Fees

Organizations that sponsor a mental health or addiction agency\(^\text{15}\) may charge an administration fee for operating the MOHLTC-funded program (i.e., to cover the program’s use of the sponsoring agency’s finance and human resources services).

Agencies requesting administration fees in their operating budget (under “Other Expenses”) must describe in the operating plan the services the MOHLTC-funded program will receive from the sponsoring agency for the administration fee.

Total administration fees will be limited to a maximum of 5% of the budget, and must be approved by MOHLTC.

If other ministries are funding the agency and paying more than 5% in administration fees, the agency will have to negotiate with its ministry contact.

Sessional Fees

MOHLTC provides funding to a number of mental health and/or addictions agencies to pay sessional fees to qualified psychiatrists or general practitioners who provide indirect services that are not covered by the OHIP Schedule of Benefits (e.g., participating in case conferences, consultation with staff, program planning, education services, co-ordination services).

Agencies are accountable for how sessional fees are used, and must establish contracts and billing forms to manage this funding. Contracts must be signed by the psychiatrist or physician, by the senior staff person in the mental health and/or addictions agency, and by the staff person responsible for managing the sessional funding. In addition, the agency must complete a monitoring form – the Semi-Annual and Annual Psychiatric Sessional Fee Report – provided by MOHLTC, which tracks any actual or forecasted surplus or deficit in sessional fees, the services provided, and the number of psychiatrists who provided services.

**Sessional fees can only be used for the seven types of indirect psychiatric services listed on the Semi-Annual and Annual Psychiatric Sessional Fee Report. The sessional fee allocation cannot be used for any other purpose or reduced to fund other budget items.**

---

\(^{15}\) Some agencies/programs are sponsored or run by another organization, such as a hospital, public health unit or community health centre, which provides some administrative services for the agency (e.g., payroll, accounting, human resources).
Personal Needs Allowance for Clients in Some Residential Addictions Programs

Clients in certain residential addictions agencies (i.e., recovery homes), which were previously funded by the Ministry of Community and Social Services and transferred to MOHLTC in 1996, may be eligible for a personal needs allowance and drug and dental coverage.

To be eligible for these benefits, clients going into residential programs transferred from MCSS must meet the following criteria:

• They will lose their social assistance/Ontario Drug Benefit (ODB) plan benefits when they enter the residential program
• They are homeless with no source of income.

Agencies with residents who qualify are responsible for paying the monthly personal needs allowance (a maximum of $112 per person per month). To be reimbursed for these payments, the agency must invoice MOHLTC monthly. To calculate the invoice amount, the agency will divide $112 by the number of days in the month, and then multiply that daily rate by the number of days the client was in care.

While clients who qualify for the personal needs allowance are in treatment, the agency should begin the process of applying for Ontario Works for when they are discharged. For clients who are not eligible for Ontario Works but who have high drug costs, the agency should also help client apply for benefits under the Trillium Drug Program, which will subsidize clients’ drug costs inside and outside the treatment program.

3.3 Funding from Other Sources

*Agencies may receive income or funding from other sources that must be reported to MOHLTC. If agencies are generating income from assets or services already funded 100% by MOHLTC, they are either required to use the funds to support ministry-funded programs or to repay MOHLTC.*

Interest Income

*Agencies are required to keep all their funds in interest bearing accounts as long as doing so does not cause any financial loss (e.g., bank fees charged for interest bearing account exceed the amount of interest earned). Interest earned on MOHLTC funds must be reported.*

If agencies invest MOHLTC funds with funds from other sources, they must report the proportion of the interest equal to the proportion of MOHLTC funding.
Agencies may use interest income earned on MOHLTC funds to support ministry-funded activities within the same fiscal year. The agency must obtain ministry approval in writing to use interest income in this way, and should keep the approval letter on file.

At the end of the fiscal year, MOHLTC will recover any interest income earned on its funds that is not used for program activities.

**GST Rebate**

Non-profit organizations that receive more than 40% of their funding from government sources are eligible for a GST credit. The amount of the credit or rebate is calculated by the federal government according to a program provider’s status (e.g., GST rebate rates for selected non-profit organization are as follows: 83% for public hospitals, 50% for non-profit corporations).

Agencies should report actual costs net of the rebate and book the projected rebate as a receivable. This way, financial statements reflect actual expenditures.

At the end of the fiscal year, MOHLTC will recover any GST rebate not used to support program activities.

**Fundraising/Donations**

Agencies are encouraged to fund raise to cover activities and expenses not supported by MOHLTC funding, and can spend these dollars when and as they choose. Agencies are also encouraged to explore the possibility of receiving charitable status for donations, and establishing the accounting/financial systems to accept donations.

*Although MOHLTC encourages agencies to raise funds, ministry funds cannot be used to support fundraising activities (e.g., salary for a fund raiser, supplies, advertising). Any fundraised dollars must be accounted for separately on the agency’s audited financial statement.*

**Gifts and Honoraria**

*Agencies should establish a policy for gifts to staff or Board members.*

**Recommended Practices**

In general, Board members and staff should not accept any personal gifts or payments.

Any honorarium given to a staff person or Board member for speaking on behalf of the agency at a conference, workshop or seminar should be deposited in the agency’s bank account and treated as a donation.
Fees for Services Not Funded by MOHLTC

Agencies may not charge fees for any client services funded by MOHLTC. These services must be made available to the community without cost.

However, agencies may charge:

- clients for related activities that are not funded by MOHLTC, such as transportation fees or entertainment fees
- fees to cover the cost of photocopying when clients request a copy of their files.
- third parties for services provided, such as the Children’s Aid Society, lawyers and insurance plans for completing required forms
- private insurance companies and clients from outside Ontario for treatment services.

Before charging clients any fees for an unrelated (i.e., unfunded) service, agencies must obtain written approval from MOHLTC.

As with fund raised dollars, these funds should be reported as other income and must be used to cover the cost of providing the non-MOHLTC services. Any excess funds can be used to support other program activities.

Rental Fees

Agencies must report any income generated from renting space paid for by MOHLTC to other programs on the “Rental Fees” line in the Comparative Statement of Revenue and Expenditure settlement form.

This income must be used to cover any expenses related to the rentals. Any excess can be used to support/enhance MOHLTC-funded activities in the same fiscal year. At the end of the fiscal year, MOHLTC will recover any rental income that is not spent on program activities.

Other Program/Service Fees

Agencies that receive funding from other payers to run distinct programs (e.g., Back on Track) out of an MOHLTC-funded program or to provide services using beds funded by MOHLTC must report all income from these sources.

In the case of funding from programs, such as Back on Track, the agency can allocate a portion of the funding received to overhead expenses, and use that funding to support office expenses and MOHLTC-funded activities. The remainder must be reported as other income and can be used however the agency chooses.

If an agency is charging a third party (e.g., private insurer, client from outside Ontario) for beds/staff time that are already paid for by MOHLTC, then the
agency must report the income earned. MOHLTC will either recover these funds at the end of the fiscal year or give the agency permission to use them to support program activities in the same fiscal year.

3.4 Unspent/Surplus Funds

_All unspent funds are the property of the government and are returned to government at the end of the fiscal year._

Allowable Uses of Unspent/Surplus Funds

_Requests to use unspent/surplus funds must be made in writing to the ministry contact and submitted no later than January 31 of the current fiscal year._

The request should explain how the proposed use of the funds will benefit clients/the program.

Recovering Unspent Funds

_Unspent funds cannot be carried forward from one fiscal year to the next. The government will recover unspent funds as soon as possible after an agency submits its settlement forms and audited financial statements._

The government recovers funds by reducing future payments/cash flow to the agency. Interim recovery is based on the agency’s submitted settlement forms. Further adjustments may be made after the final budget review by MOHLTC.

3.5 Allowable Expenses

The operating budget sets out the categories of allowable expenses for MOHLTC funding. Agencies that have any doubt about a financial policy or whether a financial activity is allowed should contact their regional consultant. In some cases, agencies may choose to ask for written approval or interpretation before making a spending decision.

The following clarifies allowable expenses in certain categories.

Employee Benefits

With regard to employee benefits, MOHLTC funding can be used for standard benefits, such as pension, life insurance, dental insurance, funds for retirement planning, and extended health and disability insurance. To use
MOHLTC funds for any other benefits, the agency must receive written approval from MOHLTC.

**Travel Expenses**
With regard to travel and transportation expenses, MOHLTC funding can be used for:

- travel, meals and other expenses incurred during agency/Board business – with the appropriate receipts, invoices and expense forms
- car/van leasing, insurance and maintenance if car travel is a necessary part of the program
- reasonable and appropriate costs for food related to program activities
- bus tickets and taxi chits (bus tickets should be stored with petty cash and accounted for in the same way as other petty cash expenses).

**Health and Safety Expenditures**
MOHLTC funding can be used to cover the cost of changes required to ensure the health and safety of staff and clients, as long as the changes are made in accordance with the *Occupational Health and Safety Act*.

**Medications/Emergency Dental Expenses**
In general, agencies should not be responsible for underwriting the cost of client medications or emergency dental expenses, except in specific treatment programs. These costs should be paid by the individual, private insurance, the Ontario Drug Benefit plan (for those who are eligible) or the Trillium Drug Program.

Exceptions to this are:

- agencies with clients eligible for the Personal Needs Allowance and drug and dental coverage
- agencies sponsored by hospitals that may be expected to provide medications from the global hospital budget
- agencies that provide certain medications or supplements (e.g., thiamin), based on best practices in addiction treatment.

Agencies are encouraged to seek out other sources of coverage for medications (e.g., Ontario Works, Trillium), and to help their clients apply for programs that will continue to assist them when they are no longer in a treatment program that provides medication.
Limitations on the Use of MOHLTC Funds

MOHLTC operating funds cannot be used for the following purposes:

• to pay mortgages or charges on lease-to-own properties or buildings (NOTE: MOHLTC may consider providing a capital grant or loan to buy out the mortgages of agencies who are currently using operating funds to pay mortgages)
• to pay for major capital purchases (> $100,000)
• to make contributions or donations to political organizations
• to support fund raising efforts
• to provide loans for individuals or organizations
• to transfer to other programs.

Nonallowable Expenses

In addition, MOHLTC funds cannot be used to pay for:

• any items for personal use/consumption unless they are necessary for the program (e.g., meals for staff in a residential facility)
• fines incurred because of a breach of law (e.g., parking ticket) or financial inattentiveness, negligence or incompetence (e.g., fees for NSF cheques).

Any deviation from this practice must be due to other legally binding agreements (e.g., union contracts) and must be negotiated with MOHLTC. Agencies must have written approval to use ministry funds to cover any nonallowable expenses.

3.6 Internal Financial Controls

Agencies are accountable for the use of public funds, and are expected to manage those funds wisely and in accordance with general accounting principles.

Agencies must have in place the following internal financial controls designed to ensure financial integrity.

Financial Record Keeping

Agencies must maintain financial records in accordance with Generally Accepted Accounting Principles (GAAP), including:

• accounting records (i.e., a general ledger, cash/bank deposit records, a general journal, accounts payable records, accounts receivable records)
• background documentation for all financial activity
• payroll and personnel files.
All agencies will reconcile their bank statements monthly, and maintain separate financial records for MOHLTC funding. Sponsored agencies will usually use separate cost centres.

For audit purposes, all financial records and back-up documentation must be maintained for a minimum of the current year plus six years (a total of seven years).

Agencies that keep their records electronically should have a back-up copy (preferably stored off site) as well as a hard copy of each document.

**Cheque Signing Authority/Safeguards**

*Boards have a fiduciary responsibility to ensure the agency's financial integrity and will adopt appropriate procedures.*

**Recommended Practices**

Procedures to safeguard financial integrity include:

- limiting the number of people with signing authority on the agency bank account
- never keeping signed cheques in the office
- issuing cheques only when a cheque requisition form has been completed and approved
- requiring different people to requisition and approve any payments
- not allowing someone who benefits from a payment to authorize the cheque requisition or sign the cheque
- requiring two signatures on each cheque
- setting a maximum amount for cheques that are signed/issued by staff without Board approval/signature
- making maximum use of pre-authorized, direct deposit payments
- keeping blank cheques and cheque signing machines in locked location.

Agencies should consult with their accountants about best practices for financial controls.

**Competitive Purchasing**

*Agencies are expected to use a competitive purchasing process and document it.*

Boards should develop competitive pricing policies and procedures that will ensure the agencies receive the best value for funds expended.

**Recommended Practices**

Practices to ensure competitive purchasing include:
requiring at least three competitive quotes on any purchase over a certain cost
identifying the criteria, such as price, quality and support, the agency will use when making purchasing decisions
taking advantage of volume or bulk purchases
using pre-numbered purchase orders
establishing a purchase order approval process (e.g., setting limits on the amount of a purchase that staff/Board members can approve, issuing payments only for purchases with supporting approvals and documentation)
writing notes to the file when the agency is unable to find three competitive quotes or when there are financial/quality advantages to single sourcing or using a specific supplier.

Purchases Over $5,000

Agencies are required to seek MOHLTC approval in writing for any capital purchase over $5,000 (e.g., equipment, leasehold improvements, renovations). They are expected to request at least three quotes for these purchases, and to keep the quotes on file. If the agency did not use a competitive purchasing process, it must include in its request the justification for purchasing from the supplier (e.g., only supplier able to deliver, only supplier to provide support, quality of product).

Minor capital expenses (i.e., less than $5,000) can be incurred without MOHLTC approval. However, all purchases must be essential to the delivery of services.

(See also 1.4 Conflict of Interest Guidelines)

Inventory of Fixed Assets

Agencies are expected to maintain inventory control for insurance purposes and to support effective long-term planning/budgeting for replacement costs.

Agencies must maintain an up-to-date inventory of all furniture, fixtures and equipment (complete with serial or registration numbers, purchase and disposition dates and the location of each item) purchased with MOHLTC funds, which are valued at more than $1,000.

The inventory can be kept on paper, computer or videotape. Agencies should also do a physical check of assets against the inventory list at least once a year.

MOHLTC may ask for a copy of the inventory at any time. While the agency will maintain an inventory on all assets valued at more than $1,000, MOHLTC will only require information on assets valued at more than $5,000.
Expense Claims
Agencies will develop policies and procedures for expense claims (e.g., the agency’s mileage rate, per diem expense rates, maximum distance that can be traveled by car, maximum amount of expenses that will be reimbursed, eligible expenses).

Employees or Board members claiming expenses must use the agency’s standard claim form and attach original receipts to the form. Travel forms should include the date of travel, the destination, purpose of the travel and the distance traveled (if by personal car) or the cost of travel (if by plane or train).

Agencies will not reimburse an employee’s or Board member’s expenses without appropriate approval.

Advances
Agencies may include in their expense policy the option of advancing money to an employee for travel expenses and requiring the employee to provide the completed claim form and receipts to account for the advance.

Consistent with good business practices, agencies may not issue salary advances.

Personal Use of Agency Equipment
Agencies should develop a logging system to track business and personal use of equipment, such as long distance phone calls and leased vehicles. It is the agency’s responsibility to recover any personal charges.

Petty Cash
Agencies must have a policy/procedure for managing petty cash.

Only individuals who provide a receipt and sign a petty cash voucher should receive petty cash.

Recommended Practices
A petty cash policy should outline:

• the amount of petty cash that will be kept on hand at any given time
• the type of items/expenses that can be paid for out of petty cash
• how petty cash will be stored (i.e., in a locked box)
• who will have access to petty cash
• when petty cash will be balanced (e.g., once a month or when it reaches a certain amount, such as $100).
3.7 Human Resource Controls

Agencies are expected to keep accurate employment/human resource records which will form the basis for compensating employees and identifying any human resource issues. Agencies will use an attendance reporting system to maintain records.

In addition, agencies will develop policies to ensure adequate staffing levels and manage HR costs. These policies may be affected by union contracts, and should be consistent with the agency’s legal obligations under those contracts.

Employee Absences

Agencies will establish reasonable limits on the amount of sick days, vacation days and lieu time available to employees annually, and on the amount of time employees can carry forward from year to year. These limits are intended to ensure that the agency’s financial liability for paid absences will not have an adverse effect on its ability to deliver services.

Unless required by union contracts, agencies will not compensate employees who leave the agency for accumulated, unused sick days.

Earned Deferred Leave

To encourage long-term staff retention, agencies may establish an earned deferred or a self-financed leave plan. MOHLTC must approve the plan to allow the agency to carry the funds over from year to year.

During the deferral period:

• the agency will maintain all the employee’s benefits, based on 100% of salary
• the agency will make EI contributions based on 100% of salary
• the agency will make CPP and income tax deductions based on the employee’s reduced salary.

During the leave period:

• the employee may maintain his/her benefits and pension by making both the employee and employer contributions.

Staff Changes

Agencies that want to change the number of full-time equivalents in the annual operating plan must have MOHLTC written approval.

When requesting approval for staff changes, agencies will describe the expected impact on client services.
3.8 Accounting Practices

Agencies funded by MOHLTC will follow generally accepted accounting practices and procedures for non-profit organizations.

Disposal of Property and Assets

All items, furnishings, fixtures, equipment, buildings and other property purchased with MOHLTC funds are the property of the agency and must be used only for the benefit of program participants. Agencies are required to request ministry approval in writing before selling, changing the use of, or disposing of any property or asset purchased with MOHLTC funds with a purchase price of $1,000 or more. The letter should indicate purchase date and purchase amount of the property or assets.

The proceeds of the sale should be reported as “Other Revenue” on the ministry settlement form. With MOHLTC written approval, the agency can use these proceeds to support program activities.

Agencies that distribute assets for free or at a nominal charge to charitable organizations must notify MOHLTC in writing.

When disposing of property and assets, agencies must also meet the requirements of other legislation governing non-profit corporations.

3.9 Financial Reporting

Agencies are expected to comply with the following reporting requirements.

Reporting on Funds from Different Sources

Agencies that receive funding from more than one source must allocate expenses – including central administration costs\(^6\) -- appropriately to each funding source, keep separate financial records for MOHLTC funding, and report separately on their use of MOHLTC funds.

---

\(^6\) From time to time, agencies may receive funding for a specific purpose (e.g., an outreach worker’s salary and benefits) with no allowance for overhead costs. In those cases, it is acceptable to charge related central administration costs to MOHLTC funding. In all other cases, a proportion of central administration costs should be assigned to each funding source based on the proportion of the agency budget that comes from that source.
Semi-Annual Reporting

*Agencies must provide mid-year operating reports that explain any significant variances (i.e., more than 10%) between the projected budget figures and actual spending and track any in-year surplus.*

The mid-year reports will be:

- submitted on the MOHLTC form
- signed by the chief financial officer or a Board member
- submitted on October 31.

End of Year Reporting

*All independent agencies will provide an agency non-consolidated audited financial statement, approved and signed at its annual meeting, and a management letter signed by the auditor, to the Ministry of Health and Long-Term Care by August 1 of the next fiscal year.*

Agencies that require an extension on this deadline may request one from their regional consultant.

Settlement Process

*All agencies, including sponsored agencies, are required to complete and submit the settlement process form package by August 1 (see box). Agencies must complete a separate settlement package for each type of service provided (i.e., mental health, substance abuse and problem gambling).*

If MOHLTC does not receive the settlement package by August 1 – and the agency did not receive approval for an extension – MOHLTC may interrupt its funding to the agency until the documents are provided.

All settlement forms are available from the regional office. For copies, see Appendix 11.

The external auditor who prepares the audited financial statement must also sign the Auditor’s Questionnaire.

For sponsored agencies that submit only the settlement forms, the Auditor’s Questionnaire must be completed and signed by an external auditor.

All year-end reports are subject to final review and adjustment by the regional office. Agencies must retain all relevant working papers and records and make them available to the ministry auditors, if requested.

### Settlement Process Form Package

- Certification
- Comparative Statement of Revenue and Expenditure
- Salary and Wage Summary
- Supplies and Other Expenses and Rent, Utilities
- Capital/One-Time Expenses
- Variance Explanations
- Statement of Revenue: Ministry of Health
- Auditor’s Questionnaire
Requirements for Problem Gambling Programs

*Agencies delivering the problem gambling program must file separate settlement forms using the unique program number assigned for problem gambling.*

Agencies can use the same audited financial statements as for substance abuse, but expenses for substance abuse and problem gambling must be segregated in the audited financial statements.

### 3.10 Financial Reviews

From time to time, MOHLTC may request additional financial information from the mental health and/or addictions agencies it funds. MOHLTC also has the authority to conduct financial audits, reviews or inspections, to verify financial information provided by agencies, or to investigate a financial complaint or concern.

The review may be conducted by the regional or corporate office, a ministry auditor, or by an independent auditor. In cases where the agency has multiple sources of funding, MOHLTC may work with other funders to conduct a collaborative financial review. The financial review may also be done in conjunction with a program review (see Section 2.9, Service Evaluation/Quality Assurance).

**As a condition of funding, the agency agrees to co-operate fully with any ministry-initiated financial review.**

MOHLTC will give agencies 24 hours’ advance written notice of its intention to conduct a financial review, and every effort will be made to ensure the review is not disruptive to clients or services.

The agency will ensure the reviewer has access to the financial information required to conduct the review.

#### The Review Process

When the financial review is complete:

1. MOHLTC representatives will meet with the Board to discuss a draft report.
2. MOHLTC identifies issues/priorities in writing.
3. Board has the opportunity to respond to the facts of the report.
4. Board submits a work plan, with timelines, to address the priority areas.
5. MOHLTC will follow up with the agency at regular set intervals.
6. If the Board does not act to start implementing recommendations or remedies within the set timeline, MOHLTC will inform the Board that it is putting its funding in jeopardy.
7. If the agency still does not respond appropriately, MOHLTC will give notice of its intention to terminate funding, stating clearly why the funding will be terminated and when.
Appendix 1:
Sample Table of Contents for a Board/Program Advisory Committee Orientation Manual

Section 1: Introduction
• mandate/terms of reference
• membership requirements
• terms of office

Section 2: General Program Information
• historical background
• mission statement
• program goals and objectives
• strategic directions
• program description
• organizational chart

Section 3: Policies/Procedures for Board/Committee Operations
• responsibilities of members
• attendance
• conflict of interest
• meeting procedures
• meeting evaluation/clarify evaluation of Board/committee operations

Section 4: Board/Committee Responsibilities
• setting policies and establishing directions
• providing guidance to senior management
• maintaining appropriate relationships with staff
• ensuring adequate financial controls
• community and public relations

Appendices
• letters patent
• by-laws
• description of other mental health, substance abuse and problem gambling services in the area
Appendix 2: Sample Confidentiality Agreement

THE UNDERSIGNED agrees that it is a condition of being a director, or an employee of (name of program provider), that the following Board matters be kept confidential:

BOARD decisions or Board information relating to client, staff, board members, staff salaries, matters relating to individuals or customers whose files or data may be disclosed to the Board, all banking, accounting, and funding matters.

THE UNDERSIGNED covenants and agrees to keep confidential information relating to (name of program provider), except such information which:

a) prior to the undersigned becoming a director or employee was already public knowledge;

b) is generally available to the public other than as a result of disclosure by the undersigned; or

c) is made available to the undersigned on a non-confidential basis.

DATED at _______________this ______ day of ____________, 2001

WITNESS

_____________________________________________________

SIGNATURE

_____________________________________________________
Appendix 3:
Sample Authorization for Release of Information

Name of Client: ________________________________________
Date of Birth: ________________________________________
Address: ______________________________________________
Name/Address of Substitute Decision Maker (if appropriate)
__________________________________________________________________
__________________________________________________________________

I, ________________________________________________________, hereby consent to:

  a) Information and/or reports being obtained [ ]
  b) Information and/or reports being sent [ ]
  c) On-going information be exchanged [ ]

For the following Agencies/Professionals: For the following reports:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

For the following time period: ________________________________
The information is to be used for the following purpose(s):
__________________________________________________________________

All information obtained will be kept CONFIDENTIAL between (name of sponsor) and all
parties specified above. This release will be effective for ____________ (length of time)
from the date it is signed.

______________________________     _________________________
Signature of Client              Date

______________________________     _________________________
Signature of Substitute Decision Maker  Date

______________________________     _________________________
Signature of a Witness             Date

A copy of this form is available to the person(s) signing this form.
Appendix 4:  
Sample Serious Incident Reporting Form

Name of Agency: __________________________________________
Program Number: __________________________________________

Telephone: ____________________________
Fax: ____________________________

Date of Incident: ____________  Time of Incident: ________
Date of Report: ______________

Status:  □ New Incident  □ Update Existing Incident

Type of Incident:
□ Health and Safety
□ Significant Impact on service delivery
□ Client related
□ Staff related
□ Other

Description of Incident (please be specific):

Implications and Actions Taken:

Follow-up Required:
Appendix 5:
Terms of Reference for MOHLTC Program/Service Review

The following are the terms of reference for a Ministry of Health and Long-Term Care program/service review for a mental health and/or addictions agency.

The individual/consultant conducting the review will examine all relevant documentation related to the agency as listed below, including government reports, Board minutes, policies and procedures, annual reports, job descriptions and client files. In addition, the reviewer will interview current and past Board members, current and past staff, current and past clients, family members and community and/or referral sources. Ministry staff cannot review any personal, identifying staff or client information.

1. Governance
   - Mandate including geographic mandate, mission, goals and objectives of agency and awareness of Board
   - Eligibility for Board membership
   - Nomination process
   - Composition of Board
   - Terms and length of office
   - Policies governing Board (e.g., by-laws of organization, accountability of Board members)
   - Policies for human resources, finances, program, confidentiality, conflict of interest, etc.
   - Board committees – purpose, how many, functions
   - Board orientation process
   - Serious incident reporting
   - Policies and procedures for performance appraisals of executive director, other staff
   - Minutes of Board meetings, committee meetings and in camera items.

2. Human Resources, Management and Administration
   - Management practice
   - Lines of accountability and reporting
   - Operational policies and procedures
   - Performance appraisals of staff, process, content, filing
   - Qualifications of staff
• Job descriptions including reporting, accountability, duties, basic qualifications, salaries
• Grievance procedures
• Serious incident reporting
• Hiring processes
• Contracts
• Staff development, training and continuing education
• Orientation process for new staff
• Mandate, mission, goals and objectives of agency and awareness of staff

3. Finance and Program Reporting

Program areas to be covered include:
• Adherence to provincial program reporting requirements
• Salaries and honouraria
• Internal program reports
• Involvement of staff in annual goal setting and operating/work plan development
• Accounting and fundraising practices
• Records and reports related to financial and program issues.

4. Program Delivery and Quality Assurance

• Program goals, objectives, activities, achievements
• Performance measures
• Client goals and objectives
• Cultural components of program
• Annual program report
• Intake, assessment, discharge criteria
• Referral processes
• Follow-up and outcome measures
• Client files (goals and objectives, progress notes, discharge information, outcome information, security/confidentiality of records)
• Client grievance process
• Internal quality control measures (e.g., client satisfaction, program evaluations)
• Data collection and participation in provincial accountability measures (involvement in Drug Alcohol Registry of Treatment and Drug Alcohol Treatment Information System)
• Serious incident reporting.

5. Community Linkages

• Referral sources
• Quality assurance measures with referral sources and broader community
• Networking including participation in relevant meetings, associations, planning.
Appendix 6: Service Definitions

Addiction agencies are now required to use the following service definitions and admission and discharge criteria, which have been excerpted from Admission and Discharge Criteria, September 2000.

Service Definitions

With a new approach to addiction treatment services (i.e., client-focused, stepped approach to care) comes new language and understanding. To ensure some consistency in how the addiction treatment system refers to services, the Ministry of Health and Long-Term Care and the Ontario Addiction Services Advisory Council have developed some standard service definitions.

1. Introduction

To report, monitor, plan, evaluate and provide services to clients, all stakeholders in the addiction treatment system should agree on and use the same standard service definitions. The same definitions should -- and will -- be used by Addiction Programs, Mental Health and Addictions Branch for provincial rationalization, when allocating resources and in monitoring service utilization. Service providers and planners within local systems will be able to use these definitions during the planning stage and when admitting and discharging clients. DART will use these definitions for agency reporting and when providing information about the availability of treatment services to the public and professionals. DATIS will use the definitions to collect information about the utilization, cost and outcome of Ontario's addiction services.

In keeping with efforts to take a client-centred approach to substance abuse/gambling treatment and related services, the terms "community" and "residential" are used throughout this document to refer to where the client lives while accessing a service. These terms are not intended to imply anything about the agency or service provider, such as location, sponsorship or philosophy.
2. Definition of a Treatment Service

A "service" refers to a broad category of specialized addiction treatment or support that constitutes part of the continuum of care. A treatment service is comprised of programs consisting of specific activities or clinical modalities (e.g., relapse prevention, psychotherapy, family therapy, pharmacotherapy, motivational interviewing, social skills training, crisis management).

One of the specific goals of the provincial rationalization project is to increase the number and range of "services" provided by organizations involved in addiction treatment (i.e., encourage multi-functional agencies). Currently, treatment "services" exist in different organizational contexts. Some services operate within an independent free-standing agency. In other instances, the treatment service may be provided by a larger organization such as a public health unit or hospital. In still other instances, a treatment service provides particular activities that are grouped into specific programs (e.g., a family intervention program, a Guided Self-Change program, and a relapse prevention program).

While it is beyond the purpose and scope of this report to define the various organizational contexts in which treatment services exist, there will be a subsequent need to define common reporting units for the Mental Health and Addictions Branch, DART, DATIS and perhaps other information systems. This process will be initiated and monitored by the ministry using, for example, the Mental Health and Addictions Branch numbers or DART reporting numbers. Each reporting unit will provide one or more of the services defined in the next section.

3. Categories of Service

Prevention Awareness Services (problem gambling only): a structured service focused on problem gambling prevention and awareness initiatives. Includes:

- Working together with the community to increase awareness of the issue of gambling and problem gambling while maintaining a gambling neutral position, and working together with the community to increase awareness of the programs and services that the local agencies and others are providing to people experiencing problems associated with gambling. This would include initiatives such as producing and/or providing informational materials (to be identified in agency communications plan), participating in public forums and community sessions.
- Assisting community partners and allied professionals by sharing information on how to identify and help people experiencing problems associated with gambling. This could include membership on relevant community committees, and outreach and training/information sessions with identified community
partners such as local health care professionals or Employee Assistance Program staff.

- Collaborating with Addiction Programs of the Mental Health and Addictions Branch and other organizations by participating in province-wide responsible gambling initiatives, such as programs designed for specific populations, data collection initiatives, or research activities.

**Entry:** Activities and decision-making steps, which underlie the process by which someone obtains information about and/or enters the addiction treatment system. Includes:

- **Inquiry Contact** (a request for information about agency programs, the treatment system, or other issues, made by a person from the community, a staff member from another agency, or another professional)
- **Intake** (contact with a person to determine whether he or she is eligible for agency services, to register the client into the agency, and to orient the client to services available at the agency)
- **Screening** (a brief process that collects information in only enough detail to determine the client's immediate needs and to provide direction for next steps in the assessment/treatment process. The screening process can also provide information to clients, which assists clients in clarifying their own position regarding next steps. Screening may occur in an individual or group format.)
- **Outreach** (to take proactive steps to identify and connect with potential clients in the client’s environment; to engage people who are at risk or have substance abuse or gambling problems (e.g., schools, high risk neighbourhoods, raves, shopping malls)
- **Crisis** (immediate response to people in crisis through easy access that provides practical substance abuse and/or problem gambling assistance, support, advice or attention to urgent medical, psychosocial and/or basic needs)

The various **Entry** activities may occur by telephone, Internet, or face to face, and may be conducted in one or more sessions, in one or more locations, and individually or in a group.

**Initial Assessment/Treatment Planning Services:** The **initial assessment** is a process involving mutual investigation or exploration that provides the clinician with more detailed information for the purpose of determining specific client needs, goals, characteristics, problems and/or stage of change. Assessments vary in length according to the client's situation, and comprehensive assessments may be reserved for clients with more complicated histories and problems. This assessment forms the basis for initial **treatment planning,** a process of negotiation based on feedback from the assessment results, the client's strengths, prioritized problem areas, clinician judgement, client preferences and readiness for change, and the identification of potential barriers to treatment entry. This culminates in the development of a clear plan of action, including referrals as appropriate.

**Case Management Services:** a process which includes the designation of a primary worker whose responsibilities include the **ongoing** assessment of the client and his/her problems, ongoing adjustment of the treatment plan, linking to
and coordination of required services, monitoring and support, developing and implementing the discharge plan, and advocating for the client. Case management services are offered regardless where the individual is in the system.

**Community Treatment Services:** 1-2 hour sessions in group or individual format, typically once a week or less often, while the client resides elsewhere in the community. Community counselling/treatment includes brief intervention, lifestyle and personal counselling to assist the individual to develop skills to manage substance abuse/gambling and related problems, and/or maintain and enhance treatment goals. Such activities as relapse prevention, Guided Self-change, family intervention, follow-up and aftercare are included here. Care may be provided with or without medical/psychiatric treatment. Frequency and length of sessions may vary depending on client need and program format. May be offered in a variety of settings including outreach to the client's home, school, an addiction agency or other service setting. Outreach includes activities such as early intervention but not prevention, education or public relations activities.

**Community Medical/Psychiatric Treatment Services:** a specific non-residential service to meet the needs of individuals with concurrent disorders. This service may be offered either through a structured day/evening program or community treatment. These services are usually part of broader hospital services and employ physicians, nurses and staff specializing in the treatment of concurrent disorders.

**Community Day/Evening Treatment Services:** a structured, scheduled program of treatment activities typically provided five days or evenings per week (e.g., 3-4 hours per day) while the client resides at home or in another setting, including residential supportive treatment services, to assist the individual to develop skills to manage substance abuse/gambling and related problems.

**Residential Treatment Services:** a structured, scheduled program of treatment and/or rehabilitation activities provided while the client resides in-house, to assist clients to develop and practise the skills to manage substance use and related problems. In addition to the scheduled program activities, clients have 24 hour access to support and the residential treatment milieu.

**Residential Medical/Psychiatric Treatment Services:** a structured, scheduled program of addictions treatment and/or rehabilitation activities provided for clients whose biomedical, emotional and/or behavioural problems are severe enough to require individualized medical/psychiatric care, while the client resides in-house. The treatment and/or rehabilitation is intended to assist the individual in stabilizing and managing his/her medical/psychiatric problems, while also addressing the addiction problem per se, or to allow for referral to appropriate substance abuse/gambling treatment. In addition to the scheduled program of addictions treatment and rehabilitation activities clients have 24 hour access to support and the residential treatment milieu.
Residential Supportive Treatment Services

*Level I:* Housing and related recovery/support services such as lifestyle counselling, coaching for activities of daily living, community reintegration, vocational counselling and mutual aid, provided to clients who require a stable, supportive environment prior to, during, or following treatment, which is accessed elsewhere.

*Level II:* Housing/accommodation in alcohol/drug-free setting. Addiction services are not offered on-site or as part of the housing service.

Community Withdrawal Management Services: Assistance with voluntary withdrawal from alcohol and/or other drugs to clients who are under the influence of these substances and/or in withdrawal or otherwise in crisis directly related to these substances. Clients may be simultaneously accessing residential support services, or they may be residing in their home, the home of a significant other or in another community setting, supervised or unsupervised. Care may be provided with or without the aid of drug therapy and/or other medical interventions. Additional support such as discharge planning and early recovery education is provided. Service is provided at three levels. See the description on the next page.

Residential Withdrawal Management Services: Assistance with voluntary withdrawal from alcohol and/or other drugs to clients who are under the influence of these substances and/or in withdrawal or otherwise in crisis directly related to these substances. This care is provided in a Withdrawal Management (detox) Centre, or on an inpatient basis in a hospital. Care may be provided with or without the aid of drug therapy and/or other medical interventions. Additional support such as discharge planning and early recovery education is provided. Service is provided at three levels. See the description on the next page.

Levels of Service for Withdrawal Management Services

The following three levels of service apply to both community and residential withdrawal management services.

Clients at all levels who are not taking any medication are considered/assessed for admission.

*Level I*

- Client symptoms can be safely monitored by staff who are not medically trained.
- Intensity/severity of symptoms can be managed, as required, with medical consultation being provided by a physician/after hours clinic/health centre/hospital emergency department.
- Client/staff ratios do not permit high intensity symptom monitoring.
- In consultation with a physician, if necessary, consider/assess individuals for admission who are taking the following types of medication:
  - Medications for medical problems
  - Medications for diagnosed psychiatric problems
  - Pain medications only for acute injuries or recent surgery
Level II

- Client symptoms can be safely monitored by staff who are not medically trained.
- Intensity/severity of symptoms can be managed, as required, with medical consultation being provided by a physician/after hours clinic/health centre/hospital emergency department.
- Routine medical consultation and sufficient staff resources are available to consider management of the following medications/situations:
  - All medications as listed in Level I
  - Clients on methadone
  - Clients being tapered from benzodiazepines or narcotics

Level III

- Client symptoms require monitoring by medically trained staff.
- Medical consultation and staff are available on a constant basis to monitor and manage the following medications/situations:
  - All medications as listed in Level I
  - Circumstances as listed in Level II
  - Medically-assisted withdrawal
Appendix 7:  
Merger and Amalgamation Information

When applying to merge or amalgamate substance abuse or problem gambling services, the sponsoring agencies must submit a proposal to MOHLTC that provides the following information.

**General Merger Information**
- Detailed work plan for the merger including time frame, costs (e.g., severance, legal, accounting) and proposed process for evaluating and monitoring the merger and its impact on the community and clients.

**Governance**
- Board composition (immediate and longer term)
- Proposed Board structure (e.g., committees) and roles
- Revised or new bylaws

**General Organization**
- Mission and strategic focus of the merged agency
- Goals and objectives
- Explanation of how service integration fits into the rationalization project

**Program**
- Detailed program description including target group(s) to be served and how this fits into the directions of the rationalization project
- Program goals and objectives and/or program logic model
- Impact on community and client care (including any gaps in service that may emerge as a result of the merger)
- Identification of opportunities to increase the capacity of services through the merger

**Human Resources**
- Staffing analysis including impact on current human resources (e.g., union/non-union, wages, seniority)
- Hiring processes to be established including Executive Director position
- Organizational structure
Physical Facility

- Physical facility and space requirements

Financial

- Assets and liabilities associated with the proposed merger and method of transfer or disposition
- Detailed program budget using the Mental Health and Addictions Branch format (not to exceed the combined amounts of the existing budgets)
- Administrative cost savings
- Proposed redirection of administrative cost savings to direct service.
Appendix 8:
Form A. Authorization to Receive Program Funds

Please complete and return this form as quickly as possible to the Regional or Corporate Financial Co-ordinator.

Please use your program number on all correspondence.

*Complete Section A or Section B but NOT both*

**Section A: INCORPORATED BOARDS**

Corporate Name:___________________________________________

Program Name(s): ___________________________ Program No(s):__________

Program Address: ________________________________

_________________________________________ Postal Code: ______________

*Complete this section if the above-named program will be managed by an incorporated, non-profit Board of Directors*

1. The directors, officers, or other persons who are authorized by the Board to sign legal documents must be listed below. Please indicate whether there are any restrictions on the signing authority, such as dollar amounts or type of document. Attach additional pages explaining these limits, if necessary.

A minimum of two names must be provided.
2. The Chief Executive Officer and Chairperson for the Board are:

   Chief Executive Officer: ________________________________
   Chairperson: ________________________________

3. Program funds are to be deposited in the following account:

   Name of Bank: ________________________________
   Address of Bank: ________________________________
   Account #: ________ Transit #: ________ Branch #: ________

4. Please attach a **VOID** cheque.

   Authorized Signing Officer for the Board:

   ________________________________  ________________________________
   (Please Print)  Signature

   ________________________________
   Date
SECTION B: UNINCORPORATED ORGANIZATION

Agency Name: ________________________________

Program Name: ________________  Program No:______

Program Address: ________________________________

___________________________________  Postal Code:___________

Complete this section if the above-named program will be managed by an unincorporated organization.

The above-named program will be managed by an unincorporated organization for a maximum of 18 months. Members of the group who have been authorized by a vote of the group to sign documents must be listed below. Please indicate any restrictions on this signing authority, such as dollar amounts or type of document which may be signed. Attach additional pages explaining these limits, if necessary.

A minimum of two names must be provided

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Chief Executive Officer and Chairperson for the organization:

Chief Executive Officer: ________________________________

Chairperson: ________________________________

Program funds are to be deposited in the following account:

Name of Bank: ________________________________

Address of Bank: ________________________________
Account #:___________Transit #: __________ Branch #:___________

Please attach a VOID cheque.

Authorized Signing Officer for the Board:

__________________________ ______________________________
(Please Print) Signature

_______________________________
Date

We also understand that, as a condition of continued funding, we must become incorporated as a non-profit corporation within eighteen (18) months of the signing of this document.

Authorized Signing Officer for the organization.

__________________________
(Please Print)

__________________________ ______________________________
(Signature) (Date)
Appendix 9: Sample Mid-Year Report Form

<table>
<thead>
<tr>
<th>ITEM</th>
<th>LINE</th>
<th>YEAR TO DATE ACTUAL</th>
<th>PROJECTED EXPENDITURE FOR THE BALANCE OF THE YEAR</th>
<th>TOTAL PROJECTED EXPENDITURE (1+2)</th>
<th>APPROVED BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries Direct</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries Other</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Salaries &amp; Benefits</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sessional Fees</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Supplies, Rent &amp; Utilities</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Operating Expenses</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add: Approved One-Time Grant</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Operating and One-time Expenses</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total No. of FTEs</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Generated Income</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed by:
Reason for Variance:

December 2003
## Appendix 10:
### Sample Budget Forms

### FINANCIAL SUMMARY

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries Direct</td>
<td>1</td>
<td>P2, L8(C1-C3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, Other</td>
<td>2</td>
<td>P2, L16(C1-C3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>3</td>
<td>P3, L14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Salaries &amp; Benefits</strong></td>
<td>4</td>
<td>Lines 1 + 2 + 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sessional Fees</td>
<td>5</td>
<td>P3, L15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Supplies, Rent &amp; Utilities</td>
<td>6</td>
<td>P4, L14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net Operating Expenses</strong></td>
<td>7</td>
<td>Lines 4 + 5 + 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add: One-Time Item</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Needs Allowance (Substance Abuse only)</td>
<td>9</td>
<td>Lines 7 + 8 + 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating + One-Time Expense</strong></td>
<td>10</td>
<td>Lines 7 + 8 + 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of FTEs</td>
<td>11</td>
<td>P2, L17(C4-C6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Generated Income</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SALARY EXPENSES & STAFFING PLANS

<table>
<thead>
<tr>
<th>Salary/Staff Classification</th>
<th>Expenditures</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIRECT STAFF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Manager/Director</td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td>Assistant Manager/Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Supervisors, Team Leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prog. Workers (Counsellors, Therapists)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Staff (Mental Health only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (must attach detailed listing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relief Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Salaries – Direct Staff (To P1,L1)</td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>OTHER STAFF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin. Asst./Office Manager</td>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td>Accountant/Bookkeeper</td>
<td>(11)</td>
<td></td>
</tr>
<tr>
<td>Maintenance/Janitor</td>
<td>(12)</td>
<td></td>
</tr>
<tr>
<td>Other (must attach detailed listing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(14)</td>
<td></td>
</tr>
<tr>
<td>Relief Staff (must attach detailed listing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Salaries – Other Staff</td>
<td>(15)</td>
<td></td>
</tr>
<tr>
<td>Total Salaries – Direct + Other</td>
<td>(16)</td>
<td></td>
</tr>
</tbody>
</table>

Location: Program Type: Program Number: Page 2

Program Name: I. SALARIES

<table>
<thead>
<tr>
<th>Salary/Staff Classification</th>
<th>Expenditures</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIRECT STAFF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Manager/Director</td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td>Assistant Manager/Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Supervisors, Team Leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prog. Workers (Counsellors, Therapists)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Staff (Mental Health only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (must attach detailed listing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relief Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Salaries – Direct Staff (To P1,L1)</td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>OTHER STAFF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin. Asst./Office Manager</td>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td>Accountant/Bookkeeper</td>
<td>(11)</td>
<td></td>
</tr>
<tr>
<td>Maintenance/Janitor</td>
<td>(12)</td>
<td></td>
</tr>
<tr>
<td>Other (must attach detailed listing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(14)</td>
<td></td>
</tr>
<tr>
<td>Relief Staff (must attach detailed listing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Salaries – Other Staff</td>
<td>(15)</td>
<td></td>
</tr>
<tr>
<td>Total Salaries – Direct + Other</td>
<td>(16)</td>
<td></td>
</tr>
</tbody>
</table>

December 2003
## EMPLOYEE BENEFITS AND SESSIONAL FEES

<table>
<thead>
<tr>
<th>Location:</th>
<th>Program Type:</th>
<th>Program Number</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

Program Name:

### II. EMPLOYEE BENEFITS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pension Plan</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada Pension Plan</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Insurance</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Health Tax</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Plan</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Insurance</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Plan</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended Health Coverage</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Care</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (must attach detailed listing)</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Benefits</strong></td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. SESSIONAL FEES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sessional Fees</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Sessions</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SUPPLIES, OTHER EXPENSES, RENT & UTILITIES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Expenses – Staff (incl. education &amp; conferences)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounting &amp; Bookkeeping</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit Fees</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Fees</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Education Expenses</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Maintenance &amp; Supplies</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone (incl. long distance)</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage, Stationary, Office Supplies</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Expenses (must attach detailed list)</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Taxes</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Supplies, Rent &amp; Utilities</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approved By: ____________________________ Date: ____________________________

(Chair/Vice-Chair/Treasurer)

Title: ____________________________

(of Signatory)
Appendix 11:  
Sample Settlement Forms

ADDITION PROGRAM
ANNUAL SETTLEMENTS AND AUDITED FINANCIAL STATEMENTS

EXPLANATORY NOTES

1. Purpose
The year-end settlement forms are designed to report revenue and expenditures specific to the funding provided to programs by Addiction Programs of the Ministry of Health and Long-Term Care.

All programs, except those operated by hospitals and health units, must submit BOTH the completed settlement forms AND audited financial statements.

Settlement forms must correspond with audited financial statements. The audited financial statements must reflect the cost of this program so that the settlement forms agree with the audited financial statements.

All programs, including Hospital and Health Unit sponsored programs, MUST submit the settlement forms IN ALL CASES, including Page 9 (Auditor's Questionnaire) which must be signed by either the external auditors, or the internal audit department, or the Chief Financial Officer.

2. Interest
Any cash flow in excess of funds actually used, any time during the year, should be invested in interest bearing accounts or short term deposits. The interest earned in this manner must be declared as "Interest Income" on Page, 2 Line 2 of the year-end settlement forms. Where a program's excess funds are part of a larger investment made on behalf of a municipality or regional government, or are part of a larger investment made for several programs, the interest earned by each program funded by Addiction Programs must be apportioned and reported. **If interest is not reported, the Ministry will impute it and recover it.**

3. The year-end settlement forms include:
   - Page 1) Certification
   - Page 2) Comparative Statement of Revenue and Expenditures
   - Page 3) Salary and Wages Summary
4. Audit Confirmation for Ministry’s Revenue

5. Timing and Mailing
All programs must submit **TWO** sets of completed year-end settlement forms and audited financial statements (as appropriate) by August 1 to:

Financial Officer, (Name of the appropriate Region)
Ministry of Health and Long-Term Care
Community Health Programs
(Regions Address)

6. Final Review
All year-end settlement forms are subject to final review and adjustment by the Audit Branch of the Ministry of Health and Long-Term Care. Programs are, therefore, required to retain all relevant work papers and records.

7. Financial Policy
The revenue and expenses in the year-end settlement forms must correspond with the audited financial statements. Expenses may be claimed on an accrual basis. Accruals for the following may be included:
   a) Salaries and Wages payable for days in the fiscal year where the actual payment is in the next fiscal period.
   b) Employer's share of the benefit plan costs related to wages paid and accrued to March 31.
   c) Purchases received during a fiscal period but not paid until after the end of the fiscal period.

The following must be excluded:
   a) Reserves for items ordered but not received during a fiscal period are a **contingent liability** and are not allowable as operating costs for the fiscal period under review. Vacation accruals earned but not taken are also not acceptable (i.e., vacation payments must only be on a cash basis).
   b) Depreciation/Amortization.
8. Reimbursement for Drugs / Dental Claims
Reimbursements for drugs / dental claims are to be reported as Revenue (page 2, line 1) and as Expenses (page 2, line 13). Do not report as "other expenses".

9. Problem Gambling Program & Early Childhood Development
Agencies that are delivering both the Substance Abuse and Problem Gambling program must file a separate settlement form for each program using the unique Program Number assigned. Agencies receiving funding for Early Childhood Development must file a separate settlement form for this program.

Audited Financial Statements can be the same as the one for Substance Abuse. Expenses for Substance Abuse, Problem Gambling and Early Childhood Development must be segregated in the Audited Financial Statements.

10. Over-Expenditures
Settlement is effected on a semi-global basis, using the following categories:
   • Total Salaries/Benefits
   • Total Supplies, Rent and Utilities
   • Sessional Fees
   • Personal Needs Allowance
   • One-Time/Capital Expenses

The Ministry will recognize over-expenditures as follows, and disallow the remainder:
   a) Surplus in the Supplies, Rent and Utilities category may be spent on One-Time/Capital needs providing the cost is less than $5,000 per item.
   b) Other Income, as specified on Page 2, may be used to offset over-expenditures in operating expenses.

Any remaining deficit will be disallowed unless prior Ministry approval for reallocation of funds has been obtained. The over-expenditure disallowed is the responsibility of the Agency and the amount may not be covered from future Ministry funding.

Where in-year approval for reallocation of funds is given, the Authorized Budget amounts are not altered and the resulting deficits and surplus should be reported in their entirety, and explained on Page 6 of the settlement.
2002-2003 YEAR-END SETTLEMENT
MINISTRY OF HEALTH AND LONG-TERM CARE
ADDICTION PROGRAMS

DUE DATE: August 1, 2003

Program Name: ______________________________________________________

Program Number: __________________________________

Fiscal Year Ending March 31, 2003

This page must bear the original signature of the Executive Director and the Chairperson of the Board.

The Comparative Statement of Revenue and Expenditures detailed in this Settlement is certified as the net allowable claim from the Ministry of Health, for the above noted program, and is submitted by:

_________________________________________  _________________________
Executive Director  Date

_________________________________________
Chairperson, Board of Directors
MINISTRY OF HEALTH AND LONG-TERM CARE
COMPARATIVE STATEMENT OF REVENUE AND EXPENDITURES
FOR THE YEAR ENDING March 31, 2003

Report only revenue and expenditures specific to funding provided by Addiction Programs of the Ministry of Health and Long-Term Care (MOHLTC).

<table>
<thead>
<tr>
<th>2002/03</th>
<th>Authorized Budget*</th>
<th>Actual</th>
<th>Variance Underspent (Overspent)</th>
<th>Ministry Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>MOHLTC (Addictions) Funding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Interest Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Rental Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Other Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5 Total Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total Salaries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8 Total Salaries and Benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Sessional Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total Supplies, Rent, Utilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total Base Operating Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Personal Needs Allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Prescription/Dental Claims</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Total Capital/One-Time Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15 Total Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Surplus/(Deficit)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Approved Carry Over Amount</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This refers to the official authorized budget communicated in writing to the program by the Ministry. This should correspond with funding provided. Capital/one-time funding must be reported on Line 14 above and the details of each project and amount comprising the total identified on Page 5. Details must be provided on Page 6 for any amounts reported on Line 17 above.
### SALARY AND WAGES SUMMARY
FOR THE YEAR ENDING March 31, 2003

<table>
<thead>
<tr>
<th>Salaries Direct</th>
<th>Authorized Budget</th>
<th>Actual</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Program Manager/Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Assistant Manager/Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Program Supervisors – Team Leaders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Program Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Relief Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8 Total Salaries Direct</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salaries Other</th>
<th>Authorized Budget</th>
<th>Actual</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Administrative Assistant/Office Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Clerical (Secretary/Receptionist/Typist)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Accountant/Bookkeeper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Maintenance/Janitor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Relief Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16 Total Salaries – Other</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17 Total Salaries (P2-L6)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Authorized Budget</td>
<td>Actual</td>
<td>Variance</td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>1</td>
<td>Travel Expenses – Staff (including education and conferences)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Accounting and Bookkeeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Audit Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Professional Fees (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Staff Education Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Computer Maintenance &amp; Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Telephone (including long distance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Postage, Stationary, Office Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Property Taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>TOTAL SUPPLIES, RENT &amp; UTILITIES (P2-L10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description (including date of approval)</td>
<td>Authorized Budget</td>
<td>Actual Cost</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VARIANCE EXPLANATIONS
FOR THE YEAR ENDING March 31, 2003
USE TO EXPLAIN VARIANCES BETWEEN
AUTHORIZED BUDGET AND ACTUAL EXPENSES
AS REPORTED ON PAGE 2

Rental fees, including guest room fees on Ministry-funded beds must be reported as Other Income on Page 2, Line 3. Please provide the basis of calculating the Ministry portion of rental fees. Indicate total beds funded by the Ministry and the portion used to generate income. If the agency is not reporting its rental income on the settlement forms, please provide explanations.

<table>
<thead>
<tr>
<th>Reference P2 – L</th>
<th>Comments</th>
<th>Date of Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Amount ($)</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1</td>
<td>Total Cash Received from Addiction Programs, Ministry of Health and Long-Term Care (April 1, 2002 to March 31, 2003)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add:</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cash deducted from cash flow in settlement of amount owed to Ministry in prior year(s) 20__/<strong>, 20</strong>/__</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cash deducted from cash flow resulting from Ministry Audit for prior year(s) 20__/<strong>, 20</strong>/__</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>SUB-TOTAL</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deduct:</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Additional cash received from Addiction Programs in settlement of amount owed to program prior year(s) 20__/<strong>, 20</strong>/__</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Additional cash received from Addiction Programs resulting from Ministry Audit for prior year(s) 20__/<strong>, 20</strong>/__</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>SUB-TOTAL</strong></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total Revenue from Addiction Programs, Ministry of Health and Long-Term Care (Applicable to Fiscal Year 2002/03, P2-L1)</td>
<td></td>
</tr>
</tbody>
</table>
PROGRAM NAME: ____________________________________________

PROGRAM NUMBER: ____________________________________________

RECONCILIATION OF TOTAL COSTS REPORTED IN THE AUDITED FINANCIAL STATEMENTS WITH MINISTRY SETTLEMENT FORMS FOR THE YEAR ENDING March 31, 2003

<table>
<thead>
<tr>
<th></th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Cost as Reported in the Audited Financial Statements</td>
</tr>
<tr>
<td>2</td>
<td>Capital Purchases approved by Addiction Programs</td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>ADD:</strong></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Depreciation and Amortization</td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total Cost reported in the Addiction Programs Settlement Forms (P2-L15)</td>
</tr>
</tbody>
</table>
AUDITOR’S QUESTIONNAIRE
FOR THE YEAR ENDING March 31, 2003

THIS PAGE MUST BE COMPLETED BY ALL PROGRAMS

PROGRAM NAME: ____________________________________________
PROGRAM NUMBER: ____________________________________________

1) We have verified that the 2002/2003 year-end settlement forms agree with the audited financial statements as well as the books of the program for the fiscal year ended March 31, 2003.

2) We have reviewed the correspondence during the year between the Ministry of Health and Long-Term Care and the program which has been provided to us and is likely to have a direct bearing on its financial position or accounting system.

3) We have reviewed the Authorized Budget insofar as it pertains to financial and accounting matters, and insofar as it relates to the program whose financial statements we have reported.

4) We have reviewed all minutes of the program up to March 31, 2003, and in our opinion have satisfied ourselves that approvals have been obtained for all transactions and that proper recognition has been given to all items recorded therein which affect the financial position of the program.

5) We have verified that surplus funds in excess of operating requirements earned interest for the whole period during which the surplus was in existence and that revenue earned on these funds has been reported in this settlement as "Interest Income".

6) We have reported in writing to the program any weakness in internal controls which came to our attention during the course of the audit which, in our opinion, might expose the program to a material loss of funds or other assets.

7) The program has complied with the previous audit recommendations in all material aspects. (If this is not the case please detail non-compliances).

8) The Ministry of Health and Long-Term Care settlements for the preceding year(s) have been properly reflected in the accounts.

9) We have verified that the program obtained prior approval or funding from the Ministry before expending money on capital items, or large repair and maintenance costs.

Auditor’s Name: ____________________________________________
Address: ____________________________________________
Contact Person and Phone Number: ___________________________
Auditor’s Signature: _______________________________________
Date: _______________________________________

Page 9 of 9
Appendix 12: Sample Transfer Payment Agreement

THIS AGREEMENT made as of the [insert day] day of [insert month], 2002.

B E T W E E N:

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health and Long-Term Care

(the “Ministry”)

- and -

[Insert legal name of Recipient]

(the “Recipient”)

WHEREAS the Ministry has established addictions grant funding for the purpose of providing substance abuse treatment programs to the residents of Ontario;

AND WHEREAS the Recipient has applied to the Ministry for funding to operate a substance abuse treatment program;

AND WHEREAS it is the desire of the Ministry to fund the Recipient for the purpose of operating a substance abuse treatment program;

NOW THEREFORE, in consideration of the mutual covenants and agreements contained herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby expressly acknowledged, the parties hereto agree as follows:

1.0 Definitions

1.1 In this Agreement the following words shall have the following meanings:
(a) “Agreement” means this agreement entered into between the Ministry and the Recipient and all schedules and attachments to this agreement and any instrument amending this agreement;

(b) “Budget” means the budget contained in the Operating Plan, as amended in every Fiscal Year;

(c) “Fiscal Year” means from April 1st in the year the Grant Funds were provided and until the following March 31st;

(d) “Grant Fund(s)(ing)” means the grant funds provided to the Recipient by the Ministry pursuant to this Agreement;

(e) “Operating Plan” means the operating plan attached hereto as Schedule “A”, as amended in every Fiscal Year;

(f) “Personal Information” means personal information as defined in the Freedom of Information and Protection of Privacy Act R.S.O.1990, c. F-31, as amended;

(g) “Program” means the program described in Schedule “B”.

2.0 Term of the Agreement

2.1 The Agreement shall commence on March 31, 2002 and shall continue until terminated pursuant to either section 18.0 or 19.0 of this Agreement.

3.0 Grant Funding

3.1 The Ministry shall provide Grant Funds to the Recipient for the purpose of operating the Program during each Fiscal Year, of up to the maximum amount specified in the Operating Plan for such Fiscal Year.

3.2 The Ministry shall disburse the Grant Funds in accordance with the Operating Plan.

3.3 Despite sections 3.1 and 3.2 the Ministry, in its sole discretion, may adjust the amount of Grant Funding to be provided to the Recipient in any Fiscal Year in accordance with the Operating Plan guidelines issued by the Ministry.

3.4 Despite sections 3.1 and 3.2 the Ministry shall not provide any Grant Funds to the Recipient until the insurance requirements described in section 14.1 have been met [for Indian Bands add: “and until the Indian Band has provided a Band Resolution authorizing the Indian Band to enter into this Agreement with the Ministry”] [for Municipalities add: “and until the Municipal Council has provided a municipal by-law or resolution authorizing the Municipal Council to enter into this Agreement with the Ministry”;

[for other entities add any other pre-conditions that apply].
4.0 Program

4.1 The Recipient shall only use the Grant Funds to operate the Program in accordance with the Operating Plan.

4.2 The Recipient shall submit an Operating Plan for every Fiscal Year during which the Agreement is in effect, which Operating Plan shall be approved by the Ministry.

4.3 The Recipient shall use its best efforts to ensure that the Grant Funds are used only for the benefit of people who are resident in Ontario.

4.4 For the purpose of this Agreement, a person is resident in Ontario if that person makes his or her home and is ordinarily present in Ontario, but does not include tourists, transients or visitors to Ontario.

4.5 The Recipient shall maintain a record of the questions it asked to, and answers it received from, its clients to determine whether they are resident in Ontario.

4.6 The Recipient shall not make any changes to the Program or to the Operating Plan without the prior written consent of the Ministry.

5.0 Budget

5.1 The Recipient shall expend the Grant Funds in accordance with the Budget.

5.2 The Recipient shall not make any changes to the Budget without the prior written consent of the Ministry.

5.3 Despite section 5.1 and 5.2, the Recipient may, without the prior written consent of the Ministry, transfer funds from one line to another within the ‘Total Salaries and Benefits’ category in the Budget and from one line to another within the ‘Total Supplies, Rent and Utilities’ category in the Budget.

6.0 Recipient Warrants

6.1 The Recipient warrants and represents that:

(a) the Recipient has full power and authority to enter into this Agreement and to observe, perform, and comply with the terms and conditions of this Agreement, and all necessary acts and procedures have been taken in order to authorize this Agreement;

(b) all people working on the Program have the expertise and attributes necessary to complete their respective tasks;
it shall operate the Program in compliance with all federal, provincial or municipal laws or regulations, or any orders, rules or by-laws related to any aspect of the Program;

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

(e) if the Recipient is a corporation, it is duly organized, registered, and validly existing under the laws of Ontario or Canada, and is qualified to do business whenever necessary to carry out the terms and conditions of this Agreement, and has not been dissolved; and

(f) if the Recipient is a partnership, all appropriate registrations have been made and will be maintained, and that the partnership is qualified to do business wherever necessary to carry out the terms and conditions of this Agreement.

7.0 Interest

7.1 The Recipient shall place the Grant Funds in an interest bearing account and shall, at the request of the Ministry, account to the Ministry on the interest earned on the Grant Funds to the date of the request.

7.2 All interest earned on the Grant Funds belongs to the Ministry. The Recipient shall use the interest only for the purposes authorized in writing by the Ministry or shall return the interest to the Ministry immediately on the request of the Ministry.

8.0 Further Conditions

8.1 Where in the opinion of the Ministry it is in the public interest, or where the Ministry has reason to believe that the Program is at risk, the Ministry, upon consultation with the Recipient, shall be entitled to impose such additional terms or conditions on the use of the Grant Funds which it considers appropriate for the proper expenditure and management of the Grant Funds in the operation of the Program and shall be entitled to impose such terms and conditions on any consent granted pursuant to this Agreement.

9.0 Records, Information Provision and Inspection

9.1 In operating the Program, the Recipient:

(a) shall keep and maintain all records, invoices and other documents relating to the Grant Funding or otherwise to the Program in a manner consistent with generally accepted accounting principles or clerical practices, as the case may be, and shall maintain such records and keep them available for review by the Ministry for a period of seven (7) years from the date of the termination of this Agreement;
shall maintain all records relating to the Grant Funding or otherwise to the Program that contain Personal Information, including any records it receives about the people it serves, in a confidential manner consistent with all applicable laws;

(c) hereby authorizes the Ministry, upon twenty-four (24) hours’ notice and during normal business hours, to enter upon the Recipient’s premises to review the status and manner of operation of the Program and to inspect and copy any records, invoices and other documents in the possession or under the control of the Recipient which relate to the Grant Funding or otherwise to the Program.

9.2 The Ministry’s right of inspection in this Agreement includes the right to perform an audit of any kind including a review or examination of any aspect of the Program or any records.

9.3 To assist the Ministry in the task described in this section, the Recipient shall provide any other information to the Ministry reasonably requested by the Ministry.

9.4 The purposes for which the Ministry may exercise its right under this section include:

(a) determining for what items and purposes the Recipient is expending or has expended the Grant Funds; and

(b) determining whether the Recipient is operating, or has operated, the Program effectively and in accordance with the terms of this Agreement.

9.5 Despite subsection 9.1(c) and section 9.2, the Ministry shall not review any Personal Information contained in any records.

9.6 Nothing in this section or in the Agreement shall be construed so as to give the Ministry any control whatsoever over the books, accounts or other records of the Recipient.

10.0 Purchasing

10.1 The Recipient shall acquire all supplies, equipment and services purchased with the Grant Funds through a competitive process that ensures the best value for funds expended.

11.0 Conflict of Interest

11.1 The Recipient shall ensure that the Program is carried out in all its aspects without a conflict of interest by any person associated with the Program in whatever capacity.
11.2 For these purposes, a conflict of interest includes a situation in which a person associated with the Program uses that position to benefit her or his family or herself or himself. Nothing in this section shall prevent the Recipient if it so chooses from reimbursing its volunteers for their reasonable out of pocket expenses incurred in connection with the Program and paying its employees their regular wages and benefits.

11.3 The Recipient shall disclose to the Ministry without delay any actual or potential situation that may be reasonably interpreted as either a conflict of interest or a potential conflict of interest.

12.0 Limitation of Liability

12.1 The Ministry, its officers, employees and agents shall not be liable for any incidental, indirect, special or consequential damages, injury or any loss of use or profit of the Recipient arising out of or in any way related to the Program or this Agreement.

13.0 Indemnity

13.1 The Recipient shall indemnify the Ministry, its officers, employees and agents from and against all costs incurred as a result of a claim or proceeding related to the Program, unless it was caused by the negligence or willful act of an officer, employee or agent of the Ministry.

14.0 Insurance

14.1 The Recipient shall put into effect and maintain for the period during which the Agreement is in effect, at its own expense, with insurers acceptable to the Ministry, all the necessary insurance that would be considered appropriate for a recipient undertaking a program similar to this Program, including:

1. 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 ($2,000,000) per occurrence and not less than Two Million Dollars ($2,000,000) products and completed operations aggregate. The policy shall include:

(a) Her Majesty the Queen in right of Ontario as represented by the Minister as an additional insured;

(b) Contractual Liability;

(c) Products and Completed Operations Liability;

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

(e) Tenants Legal Liability, if applicable;
(f) Non-Owned automobile coverage with blanket contractual and physical damage coverage for hired automobiles; and

(g) A thirty (30) day written notice of cancellation.

2. Counsellor’s Errors and Omissions Liability Insurance insuring liability for errors and omissions in the performance or failure to perform professional services contemplated by this Agreement in the amount of not less than Two Million Dollars ($2,000,000) per claim and in the annual aggregate.

14.2 Before beginning the Program, the Recipient shall provide the Ministry with a valid Certificate of Insurance or replacements thereof that references the Program and confirms the above requirements. The Recipient shall provide the Ministry with a copy of the policy and any renewal replacement certificates.

15.0 Credit

15.1 The Recipient shall acknowledge the support of the Government of Ontario in all publicly distributed reports and materials and in all advertising and publicity relating to the Program, in a format approved by the Ministry.

15.2 The Recipient shall ensure the acknowledgement in any publicly distributed report or material indicates that the views expressed in the report or materials are the views of the Recipient and do not necessarily reflect those of the Government of Ontario.

16.0 Reports

16.1 The Recipient shall submit to the Ministry:

(a) the reports listed in Schedule “C”, at the times specified in Schedule “C”;

(b) such other reports as requested by the Ministry from time to time, at the times specified by the Ministry; and

(c) when requested by the Ministry, a report prepared by an independent professional providing the information specified by the Ministry.

16.2 The Ministry shall be entitled to both specify the type of professional to prepare the report requested pursuant to section 16.1 and to approve the firm or person selected by the Recipient to prepare the report.

16.3 The Recipient shall:

(a) prepare its reports using the forms attached to the Operating Plan, or such other form as specified by the Ministry form time to time;
(b) ensure that all reports are in a form satisfactory to the Ministry;

(c) ensure that all reports are signed on behalf of the Recipient by a person authorized to sign them;

(d) submit all reports in duplicate to the Financial Officer at the address provided in Section 23.1.

Addiction Programs Only

16.4 The Recipient shall enter into an agreement with each of the Centre for Addiction and Mental Health and The Drug and Alcohol Registry of Treatment (DART) Dрогue et alcool – Répertoire des Traitements (DART) for the provision of information to the Drug and Alcohol Treatment Information System and the Drug and Alcohol Registry of Treatment, respectively, for the provision of information concerning services provided pursuant to this Agreement. The Recipient shall provide such information at the times and in the form specified in that agreement.

17.0 Disposal of Assets

17.1 The Recipient shall not without the Ministry’s prior written consent sell, lease or otherwise dispose of any assets purchased with Grant Funds, the cost of which exceeds One Thousand Dollars ($1,000).

18.0 Termination by Either Party for Convenience

18.1 Either party may, without liability, cost or penalty, and without prejudice to any other rights or remedies under this Agreement or at law or in equity, terminate this Agreement at any time, for any reason, upon giving at least sixty (60) days’ notice to the other party.

18.2 Where notice to terminate is given under this section, the parties shall assess the state of the Program, and the Ministry may, in its sole discretion provide funding to the Recipient to allow the Recipient to wind down the Program by the end of the notice period.

19.0 Termination by the Ministry

19.1 The Ministry may, in its sole discretion, without liability, cost or penalty, and without prejudice to any other rights or remedies of the Ministry under this Agreement or at law or in equity, terminate this Agreement immediately upon giving notice to the Recipient if:

   (a) in the opinion of the Ministry:

      (i) the Recipient has knowingly provided false or misleading information regarding its funding request or in any other communication with the Ministry;

      (ii) the Recipient breaches any term or condition of this Agreement;
(iii) the Recipient is unable to complete the Program or is likely to discontinue it;
(iv) it is not reasonable for any reason for the Recipient to complete the Program;

or if:

(b) the Recipient 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

(c) the Recipient ceases to operate.

19.2 If the Ministry, in its sole discretion, considers the nature of the breach to be such that it can be remedied and that it is appropriate to allow the Recipient the opportunity to remedy the breach, the Ministry may give the Recipient an opportunity to remedy the breach by giving the Recipient written notice

(a) of the particulars of the breach;

(b) of the period of time within which the Recipient is required to remedy the breach;

(c) that the Ministry shall terminate this Agreement:

(i) at the end of the notice period provided for in the notice if the Recipient 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 Ministry that the Recipient cannot completely remedy the breach within that time or such further period of time as the Ministry considers reasonable, or the Recipient is not proceeding to remedy the breach in a way that is satisfactory to the Ministry.

19.3 If the Ministry has provided the Recipient with an opportunity to remedy the breach, and

(a) the Recipient does not remedy the breach within the time period specified in the notice; or

(b) it becomes apparent to the Ministry that the Recipient cannot completely remedy the breach within the time specified in the notice or such further period of time as the Ministry considers reasonable; or

(c) the Recipient is not proceeding to remedy the breach in a way that is satisfactory to the Ministry;

the Ministry shall have the right to immediately terminate this Agreement by giving notice of termination to the Recipient.
19.4 In the event of termination pursuant to this section the effective date of termination shall be the last day of the notice period, the last day of any subsequent notice period or immediately, whichever applies.

20.0 Grant Funding Upon Termination

20.1 If this Agreement is terminated by either party pursuant to section 18.0, the Ministry shall:

(a) cancel all further Grant Funding instalments;

(b) demand the repayment of any Grant Funds remaining in the possession or under the control of the Recipient that are not required by the Recipient to pay the costs of winding down the Program as determined by the Ministry pursuant to section 18.2.

20.2 If this Agreement is terminated by the Ministry pursuant to section 19.0, the Ministry shall:

(a) cancel all further Grant Funding instalments;

(b) demand the repayment of any Grant Funds remaining in the possession or under the control of the Recipient.

20.3 If this Agreement is terminated by the Ministry because the Recipient uses the Grant Funds for purposes not agreed upon by the Ministry, the Ministry may in addition to the rights conferred upon it under this Agreement or in law or in equity, demand from the Recipient the payment of funds equal to those used by the Recipient for such purposes.

20.4 If the Ministry demands the repayment of any part of the Grant Funds pursuant to this Agreement the amount demanded shall be deemed to be a debt due and owing to the Ministry and the Recipient shall pay the amount to the Ministry immediately unless the Ministry directs otherwise.

20.5 The Ministry reserves the right to demand interest on any amount owing by the Recipient at the then current rate charged by the Province of Ontario on accounts receivable.

20.6 The Recipient shall repay the amount demanded by cheque payable to the “Minister of Finance” and mailed to the Ministry to the attention of the Ministry representative as provided for in section 23.0.

21.0 Grant Funding at end of Fiscal Year or on Expiry of Agreement

21.1 Any part of the Grant Funds that have not been used or accounted for by the Recipient by the end of any Fiscal Year during the term of this Agreement shall belong to the Ministry. The Recipient shall use the Grant Funds only for the purposes agreed upon by the Ministry or shall return them to the Ministry immediately on the request of the Ministry.
21.2 Any part of the Grant Funds that have not been used or accounted for by the Recipient at the time the Agreement is terminated shall belong to the Ministry. The Recipient shall use the Grant Funds only for the purposes agreed upon by the Ministry or shall return them to the Ministry immediately on the request of the Ministry.

21.3 At the end of any Fiscal Year, or upon the expiry of the Agreement, the Recipient shall upon the demand of the Ministry repay to the Ministry an amount equal to any part of the Grant Funds used by the Recipient for purposes not agreed upon by the Ministry. This amount shall be a debt due and owing to the Ministry and the Ministry’s right to demand payment of this money is in addition to the rights conferred upon it under this Agreement or in law or in equity.

22.0 Counterparts

22.1 This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

23.0 Notices

23.1 Any notice or communication required to be given under this Agreement shall be in writing and shall be served personally, delivered by courier or sent by certified or registered mail, postage prepaid (not with return receipt requested), or sent by facsimile addressed to the other party at the address provided below or at such other address as either party shall later designate to the other in writing. All notices shall be addressed as follows:

**To the Ministry:**

Ministry of Health and Long-Term Care  
[insert address of Ministry]  
Attention:  
[insert appropriate Ministry position]

**To the Recipient:**

[insert legal name of Recipient]  
[insert address of Recipient]  
Attention: [insert person’s position]

Fax:  [insert]  
Telephone: [insert]

Fax:  [insert]  
Telephone: [insert]

23.2 All notices shall be effective:

(a) at the time the delivery is made when the notice is delivered personally, by courier or by fax; and

(b) seventy-two (72) hours after deposit in the mail when the notice is sent by certified or registered or postage prepaid mail.
24.0 Severability of Provisions

24.1 The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement and any invalid provision shall be deemed to be severed.

25.0 Waiver

25.1 A waiver of any failure to comply with any term of this Agreement must be written and signed by the Recipient or by the Ministry as the circumstances dictate. Each waiver must refer to a specific failure to comply and shall not have the effect of waiving any subsequent failures to comply.

26.0 Independent Parties

26.1 The parties are and shall at all times remain independent and are not and shall not represent themselves to be the agent, joint venturer, partner or employee of the other. No representations shall 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 shall be bound in any manner whatsoever by any agreements, warranties or representations made by the other party to any other person nor with respect to any other action of the other party.

27.0 Assignment of Grant

27.1 The Recipient shall not assign this Agreement or the Grant Funds or any part thereof without the prior written consent of the Ministry.

28.0 Governing Law

28.1 This Agreement and the rights, obligations and relations of the parties hereto shall be governed by and construed in accordance with the laws of the Province of Ontario.

29.0 Further Assurances

29.1 The parties agree to do or cause to be done all acts or things necessary to implement and carry into effect this Agreement to its full extent.

30.0 Circumstances Beyond the Control of Either Party

30.1 Neither party shall be responsible for damage caused by delay or failure to perform under the terms of this Agreement resulting from matters beyond the control of the parties including strike, lockout or any other action arising from a labour dispute, fire, flood, act of God, war, riot or other insurrection, lawful act of public authority, or delay or default caused by a common carrier which cannot be reasonably foreseen or provided against.
31.0 Survival

31.1 The provisions in sections 9.0 (Records, Information Provision and Inspection), 12.0 (Limitation of Liability), 13.0 (Indemnity), 15.0 (Credit), 17.0 (Disposal of Assets), 20.0 (Grant Funding upon Termination) and 21.0 (Grant Funding at end of Fiscal Year or on Expiry of Agreement) shall survive termination or expiry of this Agreement for a period of seven (7) years from the date of expiry or termination of this Agreement.

32.0 Schedules

32.1 The following are the schedules attached to and forming part of this Agreement.

(a) Schedule “A” (Operating Plan)
(b) Schedule “B” (Program Description)
(c) Schedule “C” (Reports)

33.0 Entire Agreement

33.1 This Agreement together with the attached schedules listed in section 32.1 of this Agreement 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.
33.2 This Agreement may only be modified by a written agreement duly executed by the parties.

IN WITNESS WHEREOF the parties have executed this Agreement made as of the date first written above.

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO as represented by the Minister of Health and Long-Term Care

per:

________________________________________
Name: [insert name]
Position: [insert position]

[Insert Legal Name of Recipient]

per:

________________________________________
Authorized Signing Officer

________________________________________
Witness signature

________________________________________
Witness Name

per:

________________________________________
Authorized Signing Officer

________________________________________
Witness signature

________________________________________
Witness Name
Schedule "A"

Attached to and forming part of the Agreement between the Ministry of Health and Long-Term Care and [insert legal name of Recipient] dated the [insert day] day of [insert month], 2002.

Operating Plan
Schedule "B"

Attached to and forming part of the Agreement between the Ministry of Health and Long-Term Care and [insert legal name of Recipient] dated the [insert day] day of [insert month], 2002.

Program Description

The Recipient shall operate a Program with the mandate of

Specifically, the Recipient shall offer the following substance abuse treatment services:
Schedule "C"

Attached to and forming part of the Agreement between the Ministry of Health and Long-Term Care and [insert legal name of Recipient] dated the [insert day] day of [insert month], 2002.

**Reports**

The Recipient shall provide the following:

<table>
<thead>
<tr>
<th>Report Type</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 End of Year reporting comprised of completed year-end settlement forms and agency non-consolidated, audited financial statements.</td>
<td>August 1 for the preceding Fiscal Year</td>
</tr>
<tr>
<td>2 Semi-annual financial report that tracks any in-year surplus, and explains significant variances between the projected budget figures &amp; actual spending.</td>
<td>October 31 of each Fiscal Year</td>
</tr>
<tr>
<td>3 Semi-annual report for use of psychiatric sessional allocations</td>
<td>October 31 of each Fiscal Year</td>
</tr>
<tr>
<td>4 Annual Report for use of psychiatric sessional allocations</td>
<td>April 30 for the preceding Fiscal Year</td>
</tr>
<tr>
<td>5 Annual Operating Plan</td>
<td>As specified by the Ministry in its ‘Guidelines &amp; Instructions’</td>
</tr>
</tbody>
</table>