



Ontario Health

Toronto

February 13, 2025

Dr. Tim Rutledge
President & CEO
Unity Health Toronto
30 Bond Street, Toronto, ON, M5B 1W8
tim.rutledge@unityhealth.to

DELIVERED ELECTRONICALLY

Dear Dr. Rutledge:

Re: CCA s. 22 Notice and Extension of Multi-Sector Service Accountability Agreement (“Extending Letter”)

The *Connecting Care Act, 2019* (“CCA”) requires Ontario Health (“OH”) to notify a health service provider when OH proposes to enter into, or amend, a service accountability agreement with that health service provider.

OH hereby gives notice and advises Unity Health Toronto (the “HSP”) of OH’s proposal to amend each multi-sector service accountability agreement (as described in the CCA) currently in effect between OH and the HSP (each “SAA”).

Subject to the HSP’s acceptance of this Extending Letter, each SAA will be amended with effect on March 31, 2025 as set out below. All other terms and conditions of each SAA will remain in full force and effect.

The terms and conditions in each SAA are amended as follows:

1. **Term** – In section 2.1, “March 31, 2025” is deleted and replaced by “March 31, 2026”.
2. **Schedules** – Except as set out in 3) and 4) below, the Schedules in effect on March 31, 2025 shall remain in effect until March 31, 2026, or until such other time as may be agreed to in writing by OH and the HSP.
3. **Schedule B: Report – Community Mental Health and Addiction Services** is hereby deleted and replaced with the schedule attached in Appendix A to this Extending Letter.

4. **Schedule C: Directives, Guidelines & Policies - Community Support Services And Community Mental Health and Addictions Services** is hereby deleted and replaced with the schedule attached in Appendix B to this Extending Letter.

Unless otherwise defined in this letter, all capitalized terms used in this letter have the meanings set out in each SAA.

Please indicate the HSP's acceptance and agreement to the amendments described in this Extending Letter by signing below and returning one scanned copy of this letter by e-mail no later than the end of business day on March 28, 2025, to: OH-Toronto.Accountability@ontariohealth.ca

The HSP and OH agree that the Extending Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature.

Should you have any questions regarding the information provided in this Extending Letter, please contact OH-Toronto.Accountability@ontariohealth.ca

Sincerely,



Scott Ovenden, Chief Regional Officer, Toronto & East, Ontario Health

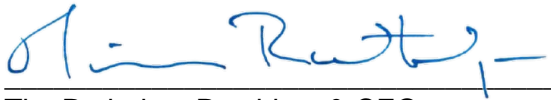
c. Nora Aufreiter, Chair, Unity Health Toronto
c. Wilfred Cheung, Interim Vice President, Performance, Accountability and Funding Allocation, Toronto

Signature page follows

AGREED TO AND ACCEPTED BY

Unity Health Toronto

By:

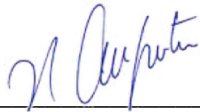


Tim Rutledge, President & CEO

I have authority to bind the health service provider.

Date: 06/20/2025
mm/dd/yyyy

And By:



Nora Aufreiter, Chair

I have authority to bind the health service provider.

Date: 06/25/2025
mm/dd/yyyy



APPENDIX A

Multi-Sector Service Accountability Agreements

Ontario Health

Health Service Provider:

2025-2026 Schedule B: Reports - Community Mental Health and Addictions Services

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

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk "*".

When a reporting due date falls on a weekend, the report will be due on the next business day.

OHRs/MIS Trial Balance Submission (through OHFS)*	
2023-24	Due Date (Must pass 3c Edits)
2023-24 Q2	October 31, 2023
2023-24 Q3	January 31, 2024
2023-24 Q4	May 31, 2024
2024-25	Due Date (Must pass 3c Edits)
2024-25 Q2	October 31, 2024
2024-25 Q3	January 31, 2025
2024-25 Q4	May 31, 2025
2025-26	Due Date (Must pass 3c Edits)
2025-26 Q2	October 31, 2025
2025-26 Q3	January 31, 2026
2025-26 Q4	May 31, 2026

Supplementary Reporting - Quarterly Report (through SRI)*	
2023-24	Due Date
2023-24 Q2	November 7, 2023
2023-24 Q3	February 7, 2024
2023-24 Q4	June 7, 2024
2024-25	Due Date
2024-25 Q2	November 7, 2024
2024-25 Q3	February 7, 2025
2024-25 Q4	June 7, 2025
2025-26	Due Date

2025-26 Q2	November 7, 2025
2025-26 Q3	February 7, 2026
2025-26 Q4	June 7, 2026

Annual Reconciliation Report (ARR) through SRI*	
Fiscal Year	Due Date
2023-24	June 30, 2024
2024-25	June 30, 2025
2025-26	June 30, 2026

Board Approved Audited Financial Statements *	
Fiscal Year	Due Date
2023-24	June 30, 2024
2024-25	June 30, 2025
2025-26	June 30, 2026

Declaration of Compliance	
Fiscal Year	Due Date
2023-24	June 30, 2024
2024-25	June 30, 2025
2025-26	June 30, 2026

Community Mental Health and Addictions – Other Reporting Requirements	
Requirement	Due Date
Mental Health and Addictions Provincial Data Set (MHA-PDS), including OHIP numbers for applicable functional centres ⁱ	Quarterly See end note.
DATIS (Drug & Alcohol Treatment Information System) ⁱⁱ	See end note.
ConnexOntario	All HSPs that received funding to provide mental health and/or addictions services must participate in ConnexOntario's annual validation of service details; provide service availability updates; and inform

	ConnexOntario of any program/service changes as they occur.	
French Language Service Report	2023-24	April 30, 2024
	2024-25	April 30, 2025
	2025-26	April 30, 2026

Community Engagement and Integration Activities Reporting	
Fiscal Year	Due Date
2023-24	June 30, 2024
2024-25	June 30, 2025
2025-26	June 30, 2026

^[1] As described in the Operational Direction “*Data Submission Requirements for the Mental Health and Addictions Sector*”, all community mental health and addictions health service providers are now required to submit data to Ontario Health. This will include:

1. Submission of the Mental Health and Addictions [Provincial Data Set \(MHA PDS\)](#)
 2. Submission of client Ontario Health Insurance Plan (OHIP) numbers within the provincial data set, for most mental health and addictions functional centres (*See Operational Direction memo for a list of exclusions*)
- Mental health and addictions health service providers will no longer be required to collect or submit the Ministry of Health’s Common Data Set for Community Mental Health Services (CDS-MH). The CDS-MH has been replaced with the Mental Health and Addictions **Provincial Data Set (MHA PDS)**
 - For more information about submitting the MHA PDS, please visit our MHA Provincial Data Set [Resource Hub](#) or contact our team at mhaddi@ontariohealth.ca

^[1] **The Catalyst application, used to submit data to the Drug & Alcohol Treatment Information System (DATIS) for addictions programs, is not a compliant client management system with the Mental Health and Addictions Provincial Data Set and will not be made compliant.**

- Health service providers who use Catalyst will need to move to a compliant system or work with Ontario Health to determine the best way to submit the MHA PDS.
- Health service providers who are successfully collecting the MHA PDS through a compliant vendor client management system **will no longer be required to submit data through the Catalyst application to DATIS**. Offboarding from Catalyst is required to complete this process.
- Once a provider has gone through the Catalyst offboarding process and has implemented the required MHA PDS fields in their new system and are actively collecting this information for their clients, they are able to stop entering data into Catalyst.
- If you require information on how to offboard from Catalyst, please contact the [Catalyst Service Desk](#)

APPENDIX B

Multi-Sector Service Accountability Agreements

Ontario Health

Health Service Provider:

2025-2026 Schedule C: Directives, Guidelines & Policies - Community Support Services And Community Mental Health and Addictions Services

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

• 2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• 2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• 2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• Addictions & Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)
• Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
• Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
• Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
• Broader Public Sector Perquisites Directive August 2011
• Broader Public Sector Procurement Directive July 2011
• Community Capital Own Funds Directive, October 2016
• Community Financial Policy, 2016
• Community Health Capital Programs Policy, March 2017
• Community Infrastructure Renewal Guidelines, 2018-2019
• Community Support Services Complaints Policy (2004)
• Crisis Response Service Standards for Mental Health Services and Supports (2005)
• Early Psychosis Intervention Standards (March 2011)
• Guide to Requirements and Obligations Relating to French Language Health Services, November 2017
• Guideline for Community Health Service Providers Audits and Reviews, August 2012

<ul style="list-style-type: none"> • Intensive Case Management Service Standards for Mental Health Services and Supports (2005)
<ul style="list-style-type: none"> • Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)
<ul style="list-style-type: none"> • Ontario Healthcare Reporting Standards – OHRS/MIS – most current version available to applicable year
<ul style="list-style-type: none"> • Ontario Program Standards for ACT Teams (2005)
<ul style="list-style-type: none"> • Operating Manual for Community Mental Health and Addiction Services (2003) <p>Chapter 1. Organizational Components</p> <p>1.2 Organizational Structure, Roles and Relationships</p> <p>1.3 Developing and Maintaining the HSP Organization Structure</p> <p>1.5 Dispute Resolution</p> <p>Chapter 2. Program & Administrative Components</p> <p>2.3 Budget Allocations/ Problem Gambling Budget Allocations</p> <p>2.4 Service Provision Requirements</p> <p>2.5 Client Records, Confidentiality and Disclosure</p> <p>2.6 Service Reporting Requirements</p> <p>2.8 Issues Management</p> <p>2.9 Service Evaluation/Quality Assurance</p> <p>2.10 Administrative Expectations</p> <p>Chapter 3. Financial Record Keeping and Reporting Requirements</p> <p>3.2 Personal Needs Allowance for Clients in Some Residential Addictions Programs</p> <p>3.6 Internal Financial Controls (<i>except “Inventory of Assets”</i>)</p> <p>3.7 Human Resource Control</p>
<ul style="list-style-type: none"> • Personal Support Services Wage Enhancement Directive, 2014
<ul style="list-style-type: none"> • Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014