Document 4- Reports submitted to the Champlain LHIN under the MSAA

- 2015-2016 OHRS Q4 Submission
- 2016-2017 OHRS Q2 Submission
- Supplementary Reporting Q4 2015
- Supplementary Reporting Q2 2016
- 2015 Annual Reconciliation
- 2016 CAPS submission
- 2016 French Language Services Report

Document 4- Reports submitted to the Champlain LHIN under the MSAA

• 2015-2016 OHRS Q4 Submission

Overview

Please note that this workbook was developed under very strict time constraints. Every effort has been made to make this workbook as user-friendly as possible given the extremely limited timeframe in which it was developed.

This Readme file provides a summary of key information for completing the Trial Balance Submission Workbook. For detailed information about the trial balance submission process, please refer to the following manuals:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

AND

Remote Trial Balance Submission User's Guide

Submission Format - ASCII Versus Excel

Trial balance data must be submitted to OHFS in ASCII text file format.

The trial balance file can be created in the following two ways:

- Via a text editor such as Notepad. The specifications for creating the trial balance file are outlined in detail in the following manual:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

- Via Excel, using the Trial Balance Submission Workbook. When you have finished entering all of your data, the Trial Balance Submission Workbook must then be converted to an ASCII file. For information about converting the Trial Balance Submission Workbook to an ASCII file, see the "Converting to ASCII Format" section in this Readme file.

Added Functionality in the Trial Balance Submission Workbook

When you open the Trial Balance Submission Workbook in Excel, two buttons are automatically added to Excel's standard toolbar, and a new menu is added to the menu bar. The two buttons are called Data Validation (shown in Figure 1), and Convert to ASCII File (shown in Figure 2). These two functions (data validation and conversion to ASCII file format) are also available via the OHFS menu. The OHFS menu is shown in Figure 3.

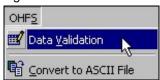
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

The number of rows in the TB Submission Template will affect the time that it takes to validate the data or generate the ASCII file. Some examples of response time relative to the number of rows in the TB Submission Template are shown below. Note that the response time will vary depending on operating system, size of memory and CPU. The following response times were obtained using a Pentium III, 866 MHz, Windows 98 machine with 256 MB of RAM.

No. of Rows in	Approx Response Time	Approx Response Time for ASCII
TB Subm Template	for Validation (Minutes)	File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
10, 000	1	1.1
20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

(F	Trial Balance Submission Submission Identification Record Format 1) - Mandatory
Haalibaara Organiyatian Numbar	4444
Healthcare Organization Number:	4444
Submission Year:	2016
Submission Period Code:	2
Submission Sequence Number:	1
Location and Healthcare Organization Name:	City of Ottawa

			Contact Pers	ce Submission on Identification at 2) - Mandatory		
Comment	Contact	Title	Name	Fax	Telephone	Email
ID	Person			Number	Number	Address
Field	Role					
	1	Finance Officer	Katelyn Pirie	6135809659	6135802424	katelyn.pirie@ottawa.ca
	2	Financial Coordinator	Scarlett Lajeunesse	6135809659	6135802424	scarlett.lajeunesse@ottawa.ca

			Trial Balance Submission
			Submission Narrative Records
			(Record Format 10) - Optional
Comment	Provincial	Narrative Text	
ID	Sector		
Field	Code		

Trial Balance Submission MIS Chart of Accounts Narrative Records (Record Format 20) - Optional Secondary Comment Provincial Primary Narrative Text ID Sector Account Account Field Code

Trial Balance Submission MIS Chart of Accounts Narrative Records						
			(Record Fo	ormat 20) - Optional	
Comment ID Field	Provincial Sector Code	Primary Account	F/S	Secondary Account	Narrative Text	
	_					
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Trial Balance Submission MIS Chart of Accounts Data Value Records (Record Format 60) - Mandatory

Comment	Provincial	Primary		Secondary	Year-to-Date	
ID	Sector	Account	F/S	Account	Actual Amount	
Field	Code	Account		Account	Actual Amount	
	901	82911	F	11006	-326333	
	901	7258220	F	11090	-49167	
	901	7258220	F	35010	147554	
	901	7258220	F	35030	19831	
	901	7258220	F	35042	7804	
	901	7258220	F	35047	4038	
	901	7258220	F	35060	3281	
	901	7258220	F	35064	14810	
	901	7258220	F	35072	2140	
	901	7258220	F	35045	15449	
	901	7258220	F	49500	1036	
	901	7258220	F	45005	14238	
	901	7258220	F	62400	105	
	901	7258220	F	61020	216	
	901	7258220	F	61030	727	
	901	7258220	F	65090	29213	
	901	7258220	F	66020	350	
	901	7258220	F	66040	378	
	901	7258220	F	69591	841	
	901	7258320	F	11090	-24574	
	901	7358320	F	12020	-923	
	901	7258320	F	35010	77913	
	901	7358320	F	31010	29147	
	901	7258320	F	35042	5439	
	901		F		2827	
		7258320		35047		
	901	7258320	F	35060	2302	
	901	7258320	F	35064	4336	
	901	7258320	F	35072	469	
	901	7258320	F	35045	11616	
	901	7258320	F	35030	10421	
	901	7258320	F	49500	507	
	901	7258320	F	62400	1085	
	901	7258320	F	61020	104	
	901	7258320	F	65090	1494	
	901	7258320	F	69591	1069	
	901	62200	F		-9743	
	901	7258220	S	4558020	92	
	901	7258220	S	4838021	2758	
	901	7258220	S	4068020	53	
	901	7258220	S	4898020	27	
	901	7258220	S	5138060	19	
	901	7258220	S	6157310	6	
	901	7258220	S	3501000	4718	
	901	7258220	S	3503000	658	
	901		S	9558020	92	
		7258220				
	901	7258320	S	4558040	38	
	901	7258320	S	4838041	1170	
	901	7258320	S	4068020	7	
	901	7258320	S	4898040	19	
	901	7258320	S	5138060	11	

Trial Balance Submission MIS Chart of Accounts Data Value Records (Record Format 60) - Mandatory

Comment ID Field	Provincial Sector Code	Primary Account	F/S	Secondary Account	Year-to-Date Actual Amount	
	901	7258320	S	6157320	1	
	901	7258320	S	6111110	1	
	901	7258320	S	6311112	866	
	901	7258320	S	6156020	1	
	901	7258320	S	6157310	1	
	901	7258320	S	9558035	38	
	901	7258320	S	3501000	1754	
	901	7258320	S	3503000	1754	
	901	82990	S	8980000	183	
	901	82990	S	8558080	130	
	901	82990	S	8202058	10	

Trial Balance Submission Status Report

Status Report generated on 2016-Oct-26 10:20:39 AM No error is found.

Document 4- Reports submitted to the Champlain LHIN under the MSAA

• 2016-2017 OHRS Q2 Submission

Overview

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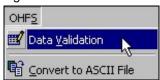
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

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No. of Rows in	Approx Response Time	Approx Response Time for ASCII
TB Subm Template	for Validation (Minutes)	File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
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20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

(1	Trial Balance Submission Submission Identification Record Format 1) - Mandatory
Healthcare Organization Number:	4444
Submission Year:	2015
Submission Period Code:	4
Submission Sequence Number:	3
Location and Healthcare Organization	City of Ottawa
Name:	·

			Contact Pers	ce Submission on Identification at 2) - Mandatory		
Comment	Contact	Title	Name	Fax	Telephone	Email
ID	Person			Number	Number	Address
Field	Role					
	1	Finance Officer	Katelyn Pirie	6135809659	6135802424	katelyn.pirie@ottawa.ca
	2	Financial Coordinator	Scarlett Lajeunesse	6135809659	6135802424	scarlett.lajeunesse@ottawa.ca

			Trial Balance Submission
			Submission Narrative Records
			(Record Format 10) - Optional
Comment	Provincial	Narrative Text	
ID	Sector		
Field	Code		

Trial Balance Submission MIS Chart of Accounts Narrative Records (Record Format 20) - Optional Secondary Comment Provincial Primary Narrative Text ID Sector Account Account Field Code

Trial Balance Submission MIS Chart of Accounts Narrative Records						
			(Record Fo	ormat 20) - Optional	
Comment ID Field	Provincial Sector Code	Primary Account	F/S	Secondary Account	Narrative Text	
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Trial Balance Submission MIS Chart of Accounts Data Value Records (Record Format 60) - Mandatory

Comment	Provincial	Primary		Secondary	Year-to-Date	
ID	Sector	Account	F/S	Account	Actual Amount	
Field	Code	7.000 4.11			7.000.00.7.00.00.00	
	901	82911	F	11006	-638472	
	901	7258220	F	11090	-90591	
	901	7258220	F	12024	-3784	
	901	7258220	F.	35010	273706	
	901	7258220	F	35030	79325	
	901	7258220	F	35042	15006	
	901	7258220	F	35042	7752	
	901	7258220	F	35060	6944	
	901		F			
		7258220	F	35064	27539	
	901	7258220		35072	4221	
	901	7258220	F	35045	30515	
	901	7258220	F	49500	7522	
	901	7258220	F	45005	26771	
<u> </u>	901	7258220	F	62400	39	
	901	7258220	F	61020	335	
	901	7258220	F	61030	1541	
	901	7258220	F	62000	1451	
	901	7258220	F	65020	3200	
	901	7258220	F	65090	24030	
	901	7258220	F	66020	275	
	901	7258220	F	69591	1818	
	901	7258320	F	11090	-22822	
	901	7258320	F	35010	200524	
	901	7358320	F	31010	52172	
	901	7258320	F	35042	10608	
	901	7258320	F	35047	5467	
	901	7258320	F	35060	5062	
	901	7258320	F	35064	5934	
	901	7258320	F	35072	1312	
	901	7258320	F	35045	12219	
	901	7258320	F	35030	27098	
	901	7258320	F	49500	9415	
			F	+	32	
	901	7258320	-	45005		
<u> </u>	901	7258320	F	62400	1895	
<u> </u>	901	7258320	F	65020	800	
<u> </u>	901	7258320	F	65090	8552	
<u> </u>	901	7258320	F	69591	1367	
	901	62200	F	4550000	-98778	
	901	7258220	S	4558020	121	
<u> </u>	901	7258220	S	4838021	4949	
<u> </u>	901	7258220	S	4068020	202	
	901	7258220	S	4898020	47	
	901	7258220	S	5138060	51	
	901	7258220	S	6157310	6	
	901	7258220	S	3501000	9032	
	901	7258220	S	3503000	2391	
	901	7258220	S	9558020	121	
	901	7258320	S	4558040	36	
	901	7258320	S	4838041	11556	
	901	7258320	S	4068020	10	

Trial Balance Submission MIS Chart of Accounts Data Value Records (Record Format 60) - Mandatory

Comment ID Field	Provincial Sector Code	Primary Account	F/S	Secondary Account	Year-to-Date Actual Amount	
	901	7258320	S	4898040	35	
	901	7258320	S	5138060	7	
	901	7258320	S	6157320	1	
	901	7258320	S	6111110	1	
	901	7258320	S	6311112	1515	
	901	7258320	S	6156020	1	
	901	7258320	S	6157310	1	
	901	7258320	S	9558035	36	
	901	7258320	S	3501000	5621	
	901	7258320	S	3503000	5621	
	901	82990	S	8980000	366	
	901	82990	S	8558080	157	
	901	82990	S	8202058	10	

Trial Balance Submission Status Report

Status Report generated on 2016-May-26 2:27:23 PM No error is found.

Document 4- Reports submitted to the Champlain LHIN under the MSAA

Supplementary Reporting Q4 2015

Community Quarterly Report Li (SRI)

Fiscal Year: 2015-16

Reporting Quarter: Q4

LHIN: 11. Champlain

INSTRUCTIONS: Please read the user guide prior to completing this file Complete your Community Information above before proceeding.

Use the Navigation Links provided below or click on the worksheet tab

Identification

Community Mental Health (CMHP1) - Funding & FTE Planni
Sessional Fees (SF) - Funding & FTE Planning
Substance Abuse Program (SAP) - Funding & FTE Planning
Problem Gambling (PG) - Funding & FTE Planning

<u>Psychiatric Outpatient Medical Salaries (POMS) - Funding &</u> Childrens Mental Health (CMH) - Funding & FTE Planning

- ✓ Acquired Brain Injury (ABI) Funding & FTE Planning
- Community Support Services (CSS) Funding & FTE Plannin
 Palliative Care (PALC) Funding & FTE Planning
 Attendant Outreach (AO) Funding & FTE Planning
 Supportive Housing (SH) Funding & FTE Planning
 Community Health Centre (CHC) Funding & FTE Planning
 Community Care Access Centre (CCAC) Funding & FTE Plan

Financial & FTE Program Summary Page - Information

Budget Adjustments Year to Date

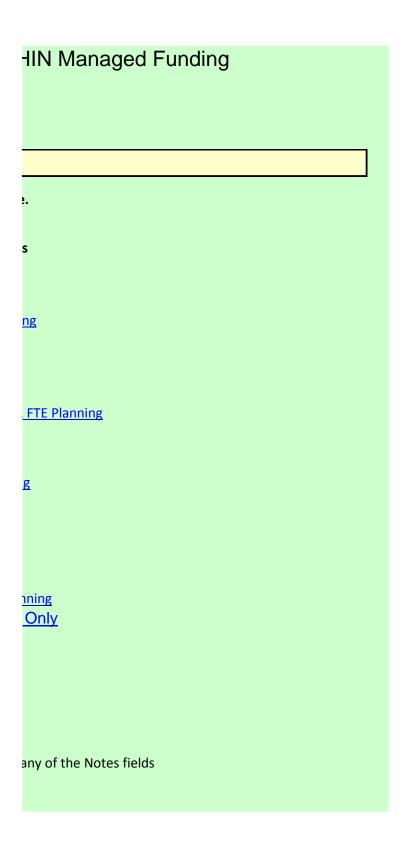
Service Selection Page

Activity Reporting Page

Additional Comments

Verify the Edit Checks

Note: On Forms the cells with a Blue font are for data entry along with a



Community Quarterly Report LHIN Managed Funding HSP Name: City Of Ottawa - Adult Day Programs

Q4 2015-16

IDENTIFICATION

Return to Main Page

* Mandatory Fields	*	M	an	d	at	01	'V	Fi	e	d	S
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<u>Description</u>	<u>Details</u>
*Facility No.	4444
*Recipient # (IFIS #)	272
*Period (Select on Main Page)	2015-16: Q4
*LHIN Name	11. Champlain
*Service Provider Name	City Of Ottawa - Adult Day Programs
*Service Provider Legal Name	City Of Ottawa

Service Provider Address

*Address 1	100 Constellation Cres. 7th Floor W.
Address 2	Mail Code 26-90
*City	Ottawa
*Postal Code	K2G 6J8

Executive Director

*Name	Dean Lett
*Position Name	Administrator
*Telephone	613 580-2424 ext. 30026
*Email	Dean.Lett@Ottawa.ca

Finance Contact

*Name	Katelyn Pirie
*Position Name	Finance Officer, Long-Term Care
*Telephone	613 580-2424 ext. 13537
*Email	katelyn.pirie@ottawa.ca

Board Chair/Signing Authority

*Name	Marlynne Ferguson
*Position Name	Manager, Community and Social Services Direct
	<u>Operations</u>
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Board Co-chair/Signing Authority (if required)

Name	
Position Name	
Telephone	
Email	

Community Quarterly Report LHIN Managed Funding HSP Name: City Of Ottawa - Adult Day Programs

Q4 2015-16

Community Mental Health (CMHP1) - Funding & FTE Planning Return to Main Page

Return to Main Page								
LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue		,					•	
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs		•					•	
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0		
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0		
FUND TYPE 1 - HOSPITAL	+ + + + + + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + + + + + +	Ψ0	40	Ψ3	-	0.070	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0		
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0		
ALL FUND TYPES	Ψ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	0.070	
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0		
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0		\$0	\$0		
Total Admin Expenses Allocated to the TPBEs	Ψ0	40	ΨΟ	40	ΨΟ	ΨΟ	0.070	
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0		
Volunteer Services	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0		
Information Systems Support	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0		
General Administration	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0		
Admin & Support Services	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		
Management Clinical Services	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		
Medical Resources	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		
Total Admin & Undistributed Expenses	\$0	\$0 \$0	\$0 \$0		\$0 \$0	\$0 \$0		
PAYMASTER AGREEMENTS	\$ 0	\$ 0	φu	\$ 0	φυ	\$0	0.0%	
PAYMASTER AGREEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0		\$0 \$0	\$0	\$0 \$0	\$0		
	\$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0		
	\$0 \$0		\$0 \$0			\$0 \$0		
	\$0 \$0	\$0 ***	\$0 \$0	\$0	\$0	\$0 \$0		
		\$0	• -	\$0	\$0			
Total Daymanton/Flow Through (transfers to line 40 shows)	\$0 \$0	\$0 CO	\$0 \$0	\$0 \$0	\$0 \$0	\$0		
Total Paymaster/Flow Through (transfers to line 18 above) GLOBAL INDICATORS	φU	\$0	ΦU	ΦU	φU	\$0	0.0%	
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Non-Link/MonLife Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & OFF) / Total Expenses	0.078	0.0 /8	0.076	0.078	0.076	0.078	0.076	
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0		
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0		
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00		
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00		
Total Admin & Support Services Total Compensation	\$0	\$0	\$0		\$0	\$0		
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0		\$0	\$0		
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
725 FTE- Direct Services	5.570	5.570	0.070	0.070	5.576	5.570	0.070	
MOS FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
		0.00	0.00	0.00	0.00	0.00		
UPP FTE - Direct	0.00					2:00		
Salaries (Worked hours + Benefit hours cost) - Direct			\$0	\$0	\$0	\$0	0.0%	
	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0 \$0		\$0	\$0		0.0%	
Salaries (Worked hours + Benefit hours cost) - Direct Benefit Contributions - Direct	\$0 \$0	\$0	\$0			\$0	0.0% 0.0%	

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY						·	·	
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Total FTE TOTAL PROGRAM FTE Compensation	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Worked hours Cost	¢o.	¢0	¢o.	¢o.	¢o.	60	0.00/	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit hours cost (includes contributions)	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	0.0%	
Total Compensation Average Cost Per FTE	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	0.0%	
TOTAL PROGRAM Volunteer Summary	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers	0	0	0	0	0	0	0.0%	
# or volunteers Volunteer Hours	0	0	0	0	0	0	0.0%	
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
VIT d5 % UI TUIdIFTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Community Quarterly Report LHIN Managed Funding HSP Name: City Of Ottawa - Adult Day Programs Q4 2015-16

Sessional Fees (SF) - Funding & FTE Planning Return to Main Page

LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue								
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs					- -			
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0		
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0 \$0	\$0	\$0		
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0 \$0	\$0 \$0	\$0		
FUND TYPE 1 - HOSPITAL	φυ	ΨΟ	φυ	40	φ0	40	0.076	
Total Revenue (Type 1)	0.0	¢o.	¢o.	to!	60		0.0%	
	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		
Total Expenses (Type 1)	\$0		· .					
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES	***	***	00	***	***	***	0.00/	
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0		
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0		
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs		. 1	. 1				1 1	
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0		
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0		
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0		
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0		
General Administration	\$0	\$0	\$0	\$0	\$0	\$0		
Admin & Support Services	\$0	\$0	\$0	\$0	\$0	\$0		
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0		
Medical Resources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
PAYMASTER AGREEMENTS								
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
		~~						
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0		
Total Paymaster/Flow Through (transfers to line 18 above) GLOBAL INDICATORS								
GLOBAL INDICATORS								
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0% 0.0%	0.0% 0.0%	0.0% 0.0%	0.0% 0.0%	0.0% 0.0%	0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.)	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total)	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.00%	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support	0.0% 0.0% 0.0% 0.0% 0.0% 0.00%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support	0.0% 0.0% 0.0% 0.0% 0.0% 0.00%	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.00% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.00% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct UPP FTE - Direct	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00% 0.00% 0.00% 0.00% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	\$0 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00 \$0 \$0 \$0 \$0 0.00	0.00% 0.00% 0.00% 0.00% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct Benefit Contributions - Direct	0.00 0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00	\$0 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	\$0 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.00% 0.00% 0.00% 0.00% 0.0000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.00000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
GLOBAL INDICATORS % Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total) % Total Benefits / Total Compensation (incl. ben. contr.) % Total Compensation (MOS & UPP) / Total Expenses LHIN Program: FTE Planning 721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	\$0 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00 \$0 \$0 \$0 \$0 0.00	0.00% 0.00% 0.00% 0.00% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

### Previolan Fire 0.00 0.	
Salarises (Worked hours = Benefit hours cost) - Physician	
Benefit Contributions - Physician Assist	
Explain Assistant FTE 0.00 0.	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	
Benefit Contributions - Physician Assist	
NP FTE	
Salaries (Worked hours + Benefit hours cost) - NP	
Benefit Contributions - NP	
Physiotherapist FTE	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	
Enerlit Contributions - Physician Assist	
Chiropractor FTE	
Salaries (Worked hours + Benefit hours cost) - Chiropractor \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	
Element Contributions - NP	
All Other Medical Staff FTE	
Salaries (Worked hours + Benefit hours cost) - Other Med	
Benefit Contributions - Other Med	
Total Compensation - Physician \$0	
Total Compensation - Physician Assistant \$0 <td></td>	
Total Compensation - NP \$0	
Total Compensation - Physiotherapists	
Total Compensation - Chiropractors \$0 \$0 \$0 \$0 \$0 0.0% Total Compensation - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - Physician \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - NP \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - NP \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - NP \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - Physiotherapists \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 \$0 0.0% TOTAL PROGRAM FTE SUMMARY \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 0.0%<	
Total Compensation - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
Average Cost per FTE - Physician	
Average Cost per FTE - Physician Assistant \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	
Average Cost per FTE - NP	
Average Cost per FTE - NP	
Average Cost per FTE - Physiotherapists \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
Average Cost per FTE - Chiropractor Average Cost per FTE - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	
Average Cost per FTE - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 0.0% TOTAL PROGRAM FTE SUMMARY MOS FTE 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	
MOS FTE	
MOS FTE 0.00	
UPP FTE 0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists, Chiropractor, Other Med Staff Total FTE 0.00 0	
Chiropractor, Other Med Staff 0.00	
TOTAL PROGRAM FTE Compensation	
Worked hours Cost Sn	
44 An	
Benefit hours cost (includes contributions) \$0 \$0 \$0 \$0 0.0%	
Total Compensation \$0 \$0 \$0 \$0 0.0%	
Average Cost Per FTE \$0 \$0 \$0 \$0 0.0%	
TOTAL PROGRAM Volunteer Summary	
# of Volunteers 0 0 0 0 0 0 0.0%	
Volunteer Hours 0 0 0 0 0 0 0.0%	
VH as % of Total FTE 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Q4 2015-16

Substance Abuse Program (SAP)- Funding & FTE Planning

Return to Main Page								
LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue	Į.	<u>, </u>						
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs								
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL	**		***		**	44	0.070	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	0.070	
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs	ΨΟ	40	40	ΨΟ	ΨΟ	40	0.070	
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0 \$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0 \$0	\$0 \$0	0.0%	
Information Systems Support	\$0 \$0		\$0 \$0	\$0 \$0	\$0 \$0		0.0%	
General Administration	\$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	0.0%	
Admin & Support Services	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
Management Clinical Services	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
Medical Resources	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
Total Admin & Undistributed Expenses	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
PAYMASTER AGREEMENTS	φu	Ф О	ΨU	Ф О	φu	\$ 0	0.076	
FATMASTER AGREEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0 \$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS	Ψ0	Ψ0	Ψ.	40	Ψ	Ψ0	0.070	
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)					0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%			0.070	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%			0.0%	
,, ,, ,,	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	0.0%	0.0%		
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
LHIN Program: FTE Planning	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
LHIN Program: FTE Planning 721 FTE- Administration and Support Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
721 FTE- Administration and Support Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support	0.0%	0.0% 0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support	0.0% 0.0%	0.0% 0.0% 0.00 0.00 0.00 \$0	0.0% 0.0% 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0	0.0% 0.0% 0.00 0.00 0.00 \$0	0.0% 0.0% 0.00 0.00 0.00 \$0	0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support	0.0% 0.0% 0.00 0.00 0.00 \$0	0.0% 0.0%	0.0% 0.0% 0.00 0.00	0.0% 0.0% 0.00 0.00	0.0% 0.0%	0.0% 0.0% 0.00 0.00	0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support	0.0% 0.0% 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.00 0.00 \$0 \$0	0.0% 0.0% 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support	0.0% 0.0% 0.00 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support	0.0% 0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE	0.0% 0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE	0.0% 0.0% 0.00 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE	0.0% 0.0% 0.00 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 \$0 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 0.00 0.00 0.00 \$0 \$0	0.0% 0.00% 0.00 0.00 \$0 \$0 0.00 0.00 0.0	0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct	0.0% 0.0% 0.00 0.00 0.00 \$0 0.00 0.00 0.00 \$0 0.00 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0 \$0 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 0.00 0.00 0.00 \$0 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 \$0 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct UPP FTE - Direct	0.0% 0.0% 0.00 0.00 0.00 \$0 0.00 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 0.00 \$0 0.00 0.00 \$0 0.00 0.00	0.0% 0.00% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 0.00 0.00 0.00	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 0.00 0.00	0.0% 0.00 0.00 0.00 \$0 0.00 0.00 0.00 \$0 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	0.0% 0.0% 0.00 0.00 0.00 \$0 0.00 0.00 0.00 \$0 0.00 0.00 0.00 0.00 \$0 \$0 \$0 \$0 0.00	0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0 \$0 0.00 0.00 0.00 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.0% 0.0% 0.00 0.00 \$0 0.00 0.00 \$0 \$0 0.00 0.0	0.0% 0.00% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 0.00 0.00 \$0 \$0 0.0	0.0% 0.0% 0.00 0.00 \$0 \$0 0.00 0.00 \$0 \$0 0.00 \$0 \$0 \$0 \$0 \$0 0.00	0.0% 0.00% 0.00 0.00 \$0 0.00 0.00 0.00 \$0 0.00 0.00 \$0 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY			-			·		
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Total FTE TOTAL PROGRAM FTE Compensation	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Worked hours Cost	60	60	60	gal	80	60	0.004	
Benefit hours cost (includes contributions)	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
,			\$0 \$0					
Total Compensation Average Cost Per FTE	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
TOTAL PROGRAM Volunteer Summary	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers		0	0	0	0	0	0.00/	
# or volunteers Volunteer Hours	0	0	0	0	0	0	0.0%	
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
VII as 70 UI TUIdIFIE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Problem Gambling (PG) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue						-		
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0		\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs								
Med/Surgical Supplies & Drugs	\$0	\$0		\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0		\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	-	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 3 - OTHER				<u>-</u>				
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL			4.0	40	***	***	5.676	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES	+	- 40	40	+ •	Ψ*	40	0.070	
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs	ΨΟ	Ψ0	ΨΟ	ΨΟ	Ψ	ΨΟ	0.070	
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0 \$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0 \$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0 \$0	\$0	0.0%	
General Administration	\$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
Admin & Support Services	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
Management Clinical Services	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
Medical Resources	\$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0			
Total Admin & Undistributed Expenses PAYMASTER AGREEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
PAT MASTER AGREEMENTS	¢o.	¢o.	¢o.		*	¢o.	0.007	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS	0.00/				0.00/		0.00/	
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services							T	
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services	,							
MOS FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Direct	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	

Volunteer Hours - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY						•	•	
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff	0.00		2.22		2.22	2.22	2 22/	
Total FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
TOTAL PROGRAM FTE Compensation	00	0.0	40	20	20	40	2 20/	
Worked hours Cost	\$0	\$0	\$0	\$0	\$0		0.0%	
Benefit hours cost (includes contributions)	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM Volunteer Summary			اه		0	اه	0.004	
# of Volunteers Volunteer Hours	0	0	0	0	0	0	0.0%	
VH as % of Total FTE	0.0%	0.0%	· ·	0.0%	0.0%	0.0%	0.0%	
VIT d5 % UI TUIdIFTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Q4 2015-16

Psychiatric Outpatient Medical Salaries (POMS) - Funding & FTE Planning
Return to Main Page

Return to Main Page	•							
LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue								
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs								
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL			·	· · ·			I	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES						"		
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs	,		-					
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
PAYMASTER AGREEMENTS								
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS								
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services F1E Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0 \$0	\$0 \$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services	0.070	0.0 /0	3.0 /6	0.076	0.076	0.070	0.076	
MOS FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Direct	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
		0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Direct	0.00	U.UUI	U.UU					

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY						•	•	
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff	0.00		2.22		2.22	2.22	2 22/	
Total FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
TOTAL PROGRAM FTE Compensation	00	0.0	40	20	20	40	2 20/	
Worked hours Cost	\$0	\$0	\$0	\$0	\$0		0.0%	
Benefit hours cost (includes contributions)	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM Volunteer Summary			اه		0	اه	0.004	
# of Volunteers Volunteer Hours	0	0	0	0	0	0	0.0%	
VH as % of Total FTE	0.0%	0.0%	· ·	0.0%	0.0%	0.0%	0.0%	
VIT d5 % UI TUIdIFTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Q4 2015-16

Childrens Mental Health (CMH) - Funding & FTE Planning

Return to Main Page								
LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue		,						
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs			_		•	•	•	
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0		\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0		\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0		\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0		\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0		\$0	\$0	\$0		
FUND TYPE 1 - HOSPITAL				· · ·		· ·		
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0		\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0		\$0	\$0	\$0		
ALL FUND TYPES			*-	*-	• •			
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0		\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0		\$0	\$0	\$0		
Total Admin Expenses Allocated to the TPBEs		•	***	*-	• •			
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0		\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0		\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0		\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0		\$0	\$0	\$0	0.0%	
Admin & Support Services	\$0	\$0		\$0	\$0	\$0	0.0%	
Management Clinical Services	\$0	\$0		\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0		\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$0	\$0		\$0	\$0	\$0	0.0%	
PAYMASTER AGREEMENTS		**	4.0	40	**	7.0		
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0		\$0	\$0	\$0	0.0%	
	\$0	\$0		\$0	\$0	\$0	0.0%	
	\$0	\$0		\$0	\$0	\$0	0.0%	
	\$0	\$0		\$0	\$0	\$0	0.0%	
	\$0	\$0		\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0		\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS		• •	**	• -	• -	* -		
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
, , , , , , , , , , , , , , , , , , , ,						I	L	
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0		\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0		\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00		0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00		0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0		\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0		\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services								
MOS FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Direct	0.00	0.00		0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0		\$0	\$0	\$0	0.0%	
Benefit Contributions - Direct	\$0	\$0		\$0	\$0	\$0	0.0%	
# of Volunteers - Direct	0.00	0.00		0.00	0.00	0.00	0.0%	
# of Volunteers - Direct Volunteer Hours - Direct			0.00	0.00 0.00	0.00		0.0% 0.0%	

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

### Previolan Fire 0.00 0.	
Salarises (Worked hours = Benefit hours cost) - Physician	
Benefit Contributions - Physician Assist	
Explain Assistant FTE 0.00 0.	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	
Benefit Contributions - Physician Assist	
NP FTE	
Salaries (Worked hours + Benefit hours cost) - NP	
Benefit Contributions - NP	
Physiotherapist FTE	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	
Enerlit Contributions - Physician Assist	
Chiropractor FTE	
Salaries (Worked hours + Benefit hours cost) - Chiropractor \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	
Element Contributions - NP	
All Other Medical Staff FTE	
Salaries (Worked hours + Benefit hours cost) - Other Med	
Benefit Contributions - Other Med	
Total Compensation - Physician \$0	
Total Compensation - Physician Assistant \$0 <td></td>	
Total Compensation - NP \$0	
Total Compensation - Physiotherapists	
Total Compensation - Chiropractors \$0 \$0 \$0 \$0 \$0 0.0% Total Compensation - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - Physician \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - NP \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - NP \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - NP \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - Physiotherapists \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 0.0% Average Cost per FTE - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 \$0 0.0% TOTAL PROGRAM FTE SUMMARY \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 0.0%<	
Total Compensation - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
Average Cost per FTE - Physician	
Average Cost per FTE - Physician Assistant \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	
Average Cost per FTE - NP	
Average Cost per FTE - NP	
Average Cost per FTE - Physiotherapists \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
Average Cost per FTE - Chiropractor Average Cost per FTE - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	
Average Cost per FTE - Other Medical Staff \$0 \$0 \$0 \$0 \$0 \$0 0.0% TOTAL PROGRAM FTE SUMMARY MOS FTE 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	
MOS FTE	
MOS FTE 0.00	
UPP FTE 0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists, Chiropractor, Other Med Staff Total FTE 0.00 0	
Chiropractor, Other Med Staff 0.00	
TOTAL PROGRAM FTE Compensation	
Worked hours Cost Sn	
44 An	
Benefit hours cost (includes contributions) \$0 \$0 \$0 \$0 0.0%	
Total Compensation \$0 \$0 \$0 \$0 0.0%	
Average Cost Per FTE \$0 \$0 \$0 \$0 0.0%	
TOTAL PROGRAM Volunteer Summary	
# of Volunteers 0 0 0 0 0 0 0.0%	
Volunteer Hours 0 0 0 0 0 0 0.0%	
VH as % of Total FTE 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Acquired Brain Injury (ABI) - Funding & FTE Planning
Return to Main Page

Return to Main Page								
LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue								
LHIN Global Base Allocation	\$228,246	\$0	\$228,246	\$228,246	\$228,246	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$2,833	\$2,833	\$2,833	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$26,121	\$0	\$26,121	\$22,822	\$22,822	(\$3,299)		Forcast based on full capacity, did not happen
Subtotal Revenue LHIN/MOHLTC	\$254,367	\$0	\$254,367	\$253,901	\$253,901	(\$466)	(0.2%)	Torcast based of Tuli capacity, did not happen
Recoveries from External/Internal Sources	\$254,367	\$0	\$254,367 \$0	\$255,901	\$253,901	(\$400)	0.0%	
Donations	\$0 \$0		\$0 \$0	\$0	\$0	\$0 \$0	0.0%	
Other Funding Sources & Other Revenue	\$50,888	\$0 \$0		\$88,557	\$88,557	\$37,669		Municipal funding required to fund additional
Other Funding Sources & Other Revenue	\$30,000	\$ 0	\$50,666	\$60,537	\$60,55 <i>1</i>	\$37,009	74.0%	program pressures in compensation and expenses,combined with reduced revenue.
Subtotal Other Revenues	\$50,888	\$0	\$50,888	\$88,557	\$88,557	\$37,669	74.0%	,
TOTAL REVENUE FUND TYPE 2	\$305,255	\$0		\$342,458	\$342,458	\$37,203	12.2%	
EXPENSES	. ,	<u>·</u> _						
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$228,249	\$0	\$228,249	\$252,697	\$252,697	\$24,448	10.7%	Additional compensation pressures with parental and sick leave
Benefit Contributions (Row 88+99)	\$64,386	\$0	\$64,386	\$67,700	\$67,700	\$3,314	5.1%	and slow isave
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs	***		-	\$ 0	40	+	0.070	
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$6,600	\$0	\$6,600	\$10,230	\$10,230	\$3,630		Program pressures required to deliver services to clients.
Community One Time Expense	\$0	\$0	\$0	\$2,479	\$2,479	\$2,479	0.0%	onorito.
Equipment Expenses	\$0	\$0	·	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$6,020	\$0	\$6,020	\$9,352	\$9,352	\$3,332		Program pressures required to deliver services to clients.
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$305,255	\$0	\$305,255	\$342,458	\$342,458	\$37,203	12.2%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	(\$0)	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0		\$0		(\$0)	0.0%	
	Ψ	Ψ	Ψ	ΨΟ	ΨΟ	(40)	0.070	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0		0.0%	
FUND TYPE 1 - HOSPITAL	7.0	**	4.0	***	***	4.0		
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES	Ψ	Ψ0	40	Ψ0	Ψ-	40	0.070	
Total Revenue (All Funds)	\$305,255	\$0	\$305,255	\$342,458	\$342,458	\$37,203	12.2%	
Total Expenses (All Funds)	\$305,255	\$0	\$305,255	\$342,458	\$342,458	\$37,203	12.2%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0		\$0	\$0	\$0		0.0%	
Total Admin Expenses Allocated to the TPBEs	40		**•	+	**	•	0.070	
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0 \$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$1	\$1	\$1	0.0%	
Admin & Support Services	\$1	\$0	\$1	\$1	\$1	\$0	0.0%	
Management Clinical Services	\$0	\$0 \$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0 \$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$0 \$1	\$0	\$1	\$1	\$1	\$0	0.0%	
PAYMASTER AGREEMENTS	ΨΙ	ΨΟ	Ψ1	Ψι	ΨΊ	40	0.0 /0	
I ATMIAGTER AGREEMENTO	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0 \$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0 \$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0 \$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0 \$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS	ΨΟ	ΨΟ	ΨΟ	Ψ	ΨΟ	ΨΟ	0.070	
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	25.2%	0.0%	25.2%	32.5%	32.5%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	22.0%	0.0%	22.0%	21.1%	21.1%	7.3%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	95.9%	0.0%	95.9%	93.6%	93.6%	(0.0%)	0.0%	
70 Total Compensation (MCC & OFF) / Total Expenses	30.370	0.070	30.370	33.070	33.070	(0.070)	0.070	
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0		\$0	\$0	\$0		0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services								
MOS FTE - Direct	1.60	0.00	1.60	0.00	0.00	-1.60	(100.0%)	change of staffing
UPP FTE - Direct	1.60	0.00	1.60	3.42	3.42	1.82	<u> </u>	3.42 UPP FTE's and 0 MOS FTE's.
Salaries (Worked hours + Benefit hours cost) - Direct	\$228,249	\$0	\$228,249	\$252,697	\$252,697	\$24,448	10.7%	
Benefit Contributions - Direct	\$64,386	\$0	\$64,386	\$67,700	\$67,700	\$3,314	5.1%	
# of Volunteers - Direct	2.00	0.00	2.00	8.00	8.00	6.00	300.0%	Additional student volunteers

Volunteer Hours - Direct	731.00	0.00	731.00	343.50	343.50	-387.50	(/	Lower Hours from the student volunteers than expected
Total Direct Services FTE	0.00	0.00	3.20	3.42	3.42	0.22	6.9%	
Total Direct Services Total Compensation	\$0	\$0	\$292,635	\$320,397	\$320,397	\$27,762	9.5%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$91,448	\$93,683	\$93,683	\$126,191	138.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	11.7%	5.2%	5.2%	-90.3%	(771.0%)	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0		\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0		\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY			-					
MOS FTE	1.60	0.00	1.60	0.00	0.00	(1.60)	(100.0%)	
UPP FTE	1.60	0.00	1.60	3.42	3.42	1.82	113.8%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff								
Total FTE	3.20	0.00	3.20	3.42	3.42	0.22	6.9%	
TOTAL PROGRAM FTE Compensation			40	A	A	4		
Worked hours Cost	\$228,249	\$0		\$252,697	\$252,697	\$24,448	10.7%	
Benefit hours cost (includes contributions)	\$64,386	\$0	\$64,386	\$67,700	\$67,700	\$3,314	5.1%	
Total Compensation	\$292,635	\$0		\$320,397	\$320,397	\$27,762	9.5%	
Average Cost Per FTE	\$91,448	\$0	\$91,448	\$93,683	\$93,683	\$2,235	2.4%	
TOTAL PROGRAM Volunteer Summary								
# of Volunteers	2	0		8	8	6	300.0%	
Volunteer Hours	731	0	731	344	344	(388)	(53.0%)	
VH as % of Total FTE	11.7%	0.0%	11.7%	5.2%	5.2%	-6.6%	(56.0%)	

Q4 2015-16

Community Support Services (CSS) - Funding & FTE Planning
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Return to Main Page								
LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue	•	•	-					
LHIN Global Base Allocation	\$401,726	\$0	\$401,726	\$401,726	\$401,726	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$2,694	\$0	\$2,694	\$5,667	\$5,667	\$2,973	110.4%	Received more funding than originally expected
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$100,138	\$0	\$100,138	\$90,591	\$90,591	(\$9,547)	(9.5%)	
Subtotal Revenue LHIN/MOHLTC	\$504,558	\$0	\$504,558	\$497,984	\$497,984	(\$6,574)	(1.3%)	
Recoveries from External/Internal Sources	\$6,000	\$0	\$6,000	\$3,784	\$3,784	(\$2,216)	(36.9%)	Recovered less items than expected
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$10,221	\$10,221	\$10,221	0.0%	Municipal funding used for additional supplies and contracted out expenses
Subtotal Other Revenues	\$6,000	\$0	\$6,000	\$14,005	\$14,005	\$8,005	133.4%	
TOTAL REVENUE FUND TYPE 2	\$510,558	\$0	\$510,558	\$511,989	\$511,989	\$1,431	0.3%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$361,699	\$0	\$361,699	\$353,031	\$353,031	(\$8,669)	(2.4%)	
Benefit Contributions (Row 88+99)	\$98,391	\$0	\$98,391	\$91,977	\$91,977	(\$6,415)	(6.5%)	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs			<u> </u>					
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$19,958	\$0	\$19,958	\$23,571	\$23,571	\$3,613		Covered by municipal funding
Community One Time Expense	\$0	\$0	\$0	\$5,955	\$5,955	\$5,955	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$158	\$158	\$158	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$30,510	\$0	\$30,510	\$37,297	\$37,297	\$6,787		Covered by municipal funding
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$510,558	\$0	\$510,558	\$511,989	\$511,989	\$1,431	0.3%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	(\$0)	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	(\$0)	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL	·			<u>-</u>		<u> </u>		
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES				**		**		
Total Revenue (All Funds)	\$510,558	\$0	\$510,558	\$511,989	\$511,989	\$1,431	0.3%	
Total Expenses (All Funds)	\$510,558	\$0	\$510,558	\$511,989	\$511,989	\$1,431	0.3%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0		0.0%	
Total Admin Expenses Allocated to the TPBEs		**		**		(3.5)		
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$1	\$1	\$1	0.0%	
Admin & Support Services	\$1	\$0	\$1	\$1	\$1	\$0	0.0%	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$1	\$0	\$1	\$1	\$1	\$0	0.0%	
PAYMASTER AGREEMENTS	V -	***	*.1	*.	Ψ.	40		
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS				· •	•	-		
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	20.8%	0.0%	20.8%	20.4%	20.4%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	21.4%	0.0%	21.4%	20.7%	20.7%	(0.4%)	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	90.1%	0.0%	90.1%	86.9%	86.9%	(0.0%)	0.0%	
		,	•	•	'			
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services								
MOS FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Direct	5.60	0.00	5.60	6.00	6.00	0.40	7.1%	
Salaries (Worked hours + Benefit hours cost) - Direct	\$361,699	\$0	\$361,699	\$353,031	\$353,031	(\$8,669)	(2.4%)	
Benefit Contributions - Direct	\$98,391	\$0	\$98,391	\$91,977	\$91,977	(\$6,415)	(6.5%)	
# of Volunteers - Direct	12.00	0.00	12.00	78.00	78.00	66.00	550.0%	Underestimated Carleton Lodge Day Centre volunteers.

Volunteer Hours - Direct	1,600.00	0.00	1,600.00	1,449.50	1,449.50	-150.50	(9.4%)	
Total Direct Services FTE	0.00	0.00	5.60	6.00	6.00	0.40	7.1%	
Total Direct Services Total Compensation	\$0	\$0	\$460,090	\$445,007	\$445,007	(\$15,083)	(3.3%)	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$82,159	\$74,168	\$74,168	(\$37,708)	(45.9%)	
Direct Services VH as % of Total FTE	0.0%	0.0%	14.7%	12.4%	12.4%	-19.3%	(131.7%)	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY	_							
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	5.60	0.00	5.60	6.00	6.00	0.40	7.1%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff Total FTE	5.60	0.00	5.60	6.00	6.00	0.40	7.1%	
TOTAL PROGRAM FTE Compensation	5.60	0.00	5.60	6.00	6.00	0.40	7.170	
Worked hours Cost	\$361,699	\$0	\$361,699	\$353,031	\$353,031	(\$8,669)	(2.4%)	
Benefit hours cost (includes contributions)	\$361,699	\$0 \$0	\$361,699	\$353,031	\$353,031	(\$6,415)	(6.5%)	
Total Compensation	\$460,090	\$0 \$0	\$460,090	\$445,007	\$91,977 \$445,007	(\$15,083)	(8.5%)	
Average Cost Per FTE	\$460,090	\$0 \$0	\$460,090 \$82,159	\$445,007 \$74,168	\$445,007 \$74,168	(\$7,991)	(3.3%)	
TOTAL PROGRAM Volunteer Summary	\$0∠,139	\$0	φο∠, i 39	ψ/4,108	φ/4,108	(1,88,14)	(9.1%)	
# of Volunteers	12	0	12	78	78	66	550.0%	
Volunteers Volunteer Hours	1,600	0	1,600	1,450	1,450	(151)	(9.4%)	
VH as % of Total FTE	1,800	0.0%	1,000	1,450	1,450	-2.3%	(15.4%)	
VITAS 70 OF TOTALL IL	14.7%	0.0%	14.7%	12.4%	12.4%	-2.3%	(13.4%)	

Palliative Care (PALC) - Funding & FTE Planning
Return to Main Page

Return to Main Page LHIN Program: Revenue & Expenses								<u> </u>
Enily Program. Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue	•				-	•	•	
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0		\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs	I						1	
Med/Surgical Supplies & Drugs	\$0	\$0		\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0		\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL	**		40	- 40	***	4.0	0.070	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES	**		40	40	**	40	0.070	
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs	7.		**			**		
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
PAYMASTER AGREEMENTS	7.		**			**		
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS				· •				
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	•		•	•		.	<u> </u>	
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services								
MOS FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	0.0	\$0	\$0	\$0	\$0	\$0	0.0%	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0							
Benefit Contributions - Direct	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
· · · · · · · · · · · · · · · · · · ·						\$0 0.00 0.00	0.0% 0.0% 0.0%	

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY						Ì	·	
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff Total FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
TOTAL PROGRAM FTE Compensation Worked hours Cost	60	40	40	60	60	60	0.00/	
Benefit hours cost (includes contributions)	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0% 0.0%	
,			\$0 \$0		\$0 \$0		0.0%	
Total Compensation Average Cost Per FTE	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
TOTAL PROGRAM Volunteer Summary	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers		0	0	0	0	0	0.00/	
# or volunteers Volunteer Hours	0	0	0	0	0	0	0.0% 0.0%	
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
VII as 70 UI TUIAIFTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Attendant Outreach (AO) - Funding & FTE Planning

LHIN Program: Revenue & Expenses								
Erina Program. Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue								
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs								
Med/Surgical Supplies & Drugs	\$0	\$0		\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	•	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0		0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0		0.0%	
FUND TYPE 1 - HOSPITAL	***	***	- 40	40	***	40	0.070	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0		0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0		0.0%	
ALL FUND TYPES	**	4.0	Ţ,	40	***	40	0.070	
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0		\$0		0.0%	
Total Admin Expenses Allocated to the TPBEs	7.1	**			*-			
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0		0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$0	\$0		0.0%	
Admin & Support Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0		0.0%	
Medical Resources	\$0	\$0	\$0	\$0	\$0		0.0%	
Total Admin & Undistributed Expenses	\$0	\$0	\$0		\$0		0.0%	
PAYMASTER AGREEMENTS	7.1	**	*-	**	*-			
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0		0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0		0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0		\$0		0.0%	
GLOBAL INDICATORS				· •				
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		•				· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services								
				0.00	0.00	0.00	0.0%	
MOS FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0 /0	
MOS FTE - Direct UPP FTE - Direct	0.00	0.00 0.00	0.00 0.00	0.00	0.00	0.00	0.0%	
MOS FTE - Direct	0.00 \$0			0.00 \$0		0.00		
MOS FTE - Direct UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct Benefit Contributions - Direct	0.00 \$0 \$0	0.00	0.00	0.00 \$0 \$0	0.00	0.00	0.0%	
MOS FTE - Direct UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	0.00 \$0	0.00 \$0	0.00 \$0	0.00 \$0	0.00 \$0	0.00 \$0 \$0 0.00	0.0% 0.0%	

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
NP FTE	0.00	* -	0.00	* -	• -	0.00		
Salaries (Worked hours + Benefit hours cost) - NP		0.00		0.00	0.00		0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY		•		•				
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff								
Total FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
TOTAL PROGRAM FTE Compensation								
Worked hours Cost	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit hours cost (includes contributions)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM Volunteer Summary								
# of Volunteers	0	0	0	0	0	0	0.0%	
Volunteer Hours	0	0	0	0	0	0	0.0%	
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Supportive Housing (SH) - Funding & FTE Planning Return to Main Page

LHIN Program: Revenue & Expenses								
Linin Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue								
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs								
Med/Surgical Supplies & Drugs	\$0	\$0		\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	•	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL	Ψ0	40	40	40	40	ΨΟ	0.0 /0	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0 \$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
ALL FUND TYPES	\$ 0	Ф О	φU	ΨU	ΨU	\$ 0	0.076	
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0 \$0	\$0	\$0	\$0 \$0	0.0%	
Total Admin Expenses Allocated to the TPBEs	\$0	φU	ŞU	\$ 0	φu	\$ 0	0.0%	
Undistributed Accounting Centres	¢o.	eo l	¢o.	eo l	**	# 0	0.00/	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
PAYMASTER AGREEMENTS	A.		40			•••		
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS	1				1	1		
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
LUIN December 1975 Disease in the								
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0		0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services	1	-				ı		
	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
MOS FTE - Direct		0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Direct	0.00						-	
UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct Benefit Contributions - Direct	\$0 \$0	\$0 \$0	\$0	\$0	\$0	\$0	0.0%	
UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0						

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY								
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff		2.22	2.22		2.22		2.00/	
Total FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
TOTAL PROGRAM FTE Compensation	40					4.5	0.00/	
Worked hours Cost	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit hours cost (includes contributions)	\$0	\$0 \$0	\$0	\$0	\$0 \$0	\$0 \$0	0.0%	
Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM Volunteer Summary		ام	٥		اه	ام	0.00/	
# of Volunteers Volunteer Hours	0	0	0	0	0	0	0.0% 0.0%	
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.00/	0.0%	0.0%	
VIT do 70 UT TOTAL FIE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Q4 2015-16

Community Health Centre (CHC) - Funding & FTE Planning
Return to Main Page

Return to Main Page								
LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue	•				•			
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs								
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL	**		40	- 40	***	4.0	0.070	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES	**		40	40	**	40	0.070	
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs	7.		**			**		
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
PAYMASTER AGREEMENTS	7.		**			**		
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS				· •				
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	•		•	•		.	<u> </u>	
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services								
MOS FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	0.0	\$0	\$0	\$0	\$0	\$0	0.0%	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0							
Benefit Contributions - Direct	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
· · · · · · · · · · · · · · · · · · ·						\$0 0.00 0.00	0.0% 0.0% 0.0%	

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY						Ì	·	
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff Total FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
TOTAL PROGRAM FTE Compensation Worked hours Cost	60	40	40	60	60	60	0.00/	
Benefit hours cost (includes contributions)	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0% 0.0%	
,			\$0 \$0		\$0 \$0		0.0%	
Total Compensation Average Cost Per FTE	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
TOTAL PROGRAM Volunteer Summary	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers		0	0	0	0	0	0.00/	
# or volunteers Volunteer Hours	0	0	0	0	0	0	0.0% 0.0%	
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
VII as 70 UI TUIAIFTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Q4 2015-16

Community Care Access Centre (CCAC) - Funding & FTE Planning Return to Main Page

Return to Main Page								
LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue	•			•			•	
LHIN Global Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Subtotal Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions (Row 88+99)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs	•							
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL			, ,	*-1	• • • • • • • • • • • • • • • • • • • •	**		
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES				· 1		<u>-</u>	<u></u>	
Total Revenue (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (All Funds)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs			•					
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
PAYMASTER AGREEMENTS				· .	· .			
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS								
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
					_			
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services								
	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
MOS FTE - Direct				0.00	0.00	0.00	0.0%	
UPP FTE - Direct	0.00	0.00	0.00					
UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	0.00 \$0	\$0	\$0	\$0	\$0	\$0	0.0%	
UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct Benefit Contributions - Direct	0.00 \$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0% 0.0%	
UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	0.00 \$0	\$0	\$0	\$0	\$0	\$0	0.0%	

Total Direct Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY						•		
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff	2.22	2.00	2.22	2.22	2.22	2.22	2.00/	
Total FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
TOTAL PROGRAM FTE Compensation	0.0	امه	40	00	0.0	40	2 20/	
Worked hours Cost	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit hours cost (includes contributions)	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost Per FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM Volunteer Summary	ام	اه	اه	ام	ما	ام	0.00/	
# of Volunteers Volunteer Hours	0	0	0	0	0	0	0.0%	
VH as % of Total FTE		•	· ·		0.007			
vn as % or rotalfie	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Q4 2015-16

TOTAL LHIN MANAGED FUNDING

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LHIN Program: Revenue & Expenses								
	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue		•					•	
LHIN Global Base Allocation	\$629,972	\$0	\$629,972	\$629,972	\$629,972	\$0	0.0%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$2,694	\$0	\$2,694	\$8,500	\$8,500	\$5,806	215.5%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 75)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$126,259	\$0	\$126,259	\$113,413	\$113,413	(\$12,846)	(10.2%)	
Subtotal Revenue LHIN/MOHLTC	\$758,925	\$0	\$758,925	\$751,885	\$751,885	(\$7,040)	(0.9%)	
Recoveries from External/Internal Sources	\$6,000	\$0	\$6,000	\$3,784	\$3,784	(\$2,216)	(36.9%)	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$50,888	\$0	\$50,888	\$98,778	\$98,778	\$47,890	94.1%	
Subtotal Other Revenues	\$56,888	\$0	\$56,888	\$102,562	\$102,562	\$45,674	80.3%	
TOTAL REVENUE FUND TYPE 2	\$815,813	\$0	\$815,813	\$854,447	\$854,447	\$38,634	4.7%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 87+98)	\$589,948	\$0	\$589,948	\$605,728	\$605,728	\$15,780	2.7%	
Benefit Contributions (Row 88+99)	\$162,777	\$0	\$162,777	\$159,677	\$159,677	(\$3,101)	(1.9%)	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 125)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 126)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 127)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 128)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs								
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$26,558	\$0	\$26,558	\$33,801	\$33,801	\$7,243	27.3%	
Community One Time Expense	\$0	\$0	\$0	\$8,434	\$8,434	\$8,434	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$158	\$158	\$158	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$36,530	\$0	\$36,530	\$46,649	\$46,649	\$10,119	27.7%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$815,813	\$0	\$815,813	\$854,447	\$854,447	\$38,634	4.7%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	(\$0)	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	(\$0)	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL				• • •				
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES				• • •				
Total Revenue (All Funds)	\$815,813	\$0	\$815,813	\$854,447	\$854,447	\$38,634	4.7%	
Total Expenses (All Funds)	\$815,813	\$0	\$815,813	\$854,447	\$854,447	\$38,634	4.7%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs				<u> </u>	· •	<u>_</u>		
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$2	\$2	\$2	0.0%	
Admin & Support Services	\$2	\$0	\$2	\$2	\$2	\$0	0.0%	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$2	\$0	\$2	\$2	\$2	\$0	0.0%	
PAYMASTER AGREEMENTS						<u>-</u>		
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS			•	•	•	•	•	
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	22.4%	0.0%	22.4%	25.3%	25.3%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	21.6%	0.0%						
% Total Compensation (MOS & UPP) / Total Expenses		0.0%	21.6%	20.9%	20.9%	2.8%	0.0%	
	92.3%	0.0%	92.3%	20.9% 89.6%	20.9% 89.6%	(0.0%)	0.0% 0.0%	
LUND STEEL !	92.3%							
LHIN Program: FTE Planning	92.3%							
721 FTE- Administration and Support Services	92.3%							
	0.00							
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support		0.0%	92.3%	89.6%	89.6%	(0.0%)	0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support	0.00	0.0%	0.00	0.00	0.00	0.00	0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support	0.00	0.0%	92.3% 0.00 0.00	0.00	0.00	0.00	0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support	0.00	0.0% 0.00 0.00 \$0	92.3% 0.00 0.00	0.00 0.00 \$0	0.00	0.00 0.00 0.00 \$0	0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support	0.00 0.00 \$0 \$0	0.0% 0.00 0.00 \$0 \$0	92.3% 0.00 0.00 \$0 \$0	0.00 0.00 \$0 \$0	0.00 0.00 0.00 \$0 \$0	0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support	0.00 0.00 \$0 \$0 0.00	0.0% 0.00 0.00 \$0 \$0 0.00	92.3% 0.00 0.00 \$0 \$0 0.00	0.00 0.00 \$0 \$0 0.00	0.00 0.00 0.00 \$0 \$0 0.00	0.00 0.00 0.00 \$0 \$0 0.00	0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support	0.00 0.00 \$0 \$0 0.00	0.0% 0.00 0.00 \$0 \$0 0.00 0.00	92.3% 0.00 0.00 \$0 \$0 0.00 0.00	0.00 0.00 \$0 \$0 0.00 0.00	0.00 0.00 0.00 \$0 \$0 0.00	0.00 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE	0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	92.3% 0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0	0.00 0.00 \$0 \$0 0.00 0.00	0.00 0.00 0.00 \$0 \$0 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE	0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0	92.3% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0	0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.00 0.00 \$0 \$0 0.00 0.00 0.00	0.00 0.00 0.00 \$0 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0	0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0	92.3% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0	(0.0%) 0.00 0.00 \$0 0.00 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0 \$0 1.60	0.0% 0.00 0.00 \$0 \$0 0.00 0.00 \$0 0.00 0.00	92.3% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 \$0 1.60	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0	(0.0%) 0.00 0.00 \$0 0.00 0.00 0.00 0.00 \$0 \$0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct UPP FTE - Direct	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0 \$0 1.60 7.20	0.0% 0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00	92.3% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 \$0 9.42	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 \$0 0.00 9.42	(0.0%) 0.00 0.00 \$0 0.00 0.00 0.00 0.00 \$0 0.00 -1.60 2.22	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0 \$0 0.0%	0.0% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0	92.3% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 \$0 0.00 \$0 9.42	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0 0.00 \$0 9.42 \$605,728	(0.0%) 0.00 0.00 \$0 0.00 0.00 0.00 0.00 \$0 0.00 \$1 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct Benefit Contributions - Direct	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.0% 0.00 0.00 \$0 0.00 0.00 0.00 \$0 \$	92.3% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 \$0 9.42	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 \$0 0.00 9.42	(0.0%) 0.00 0.00 \$0 0.00 0.00 0.00 0.00 \$0 0.00 \$1 0.00 \$2 \$15,780 (\$3,101)	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0%	
721 FTE- Administration and Support Services MOS FTE - Admin & Support UPP FTE - Admin & Support Salaries (Worked hours + Benefit hours cost) - Admin & Support Benefit Contributions - Admin & Support # of Volunteers - Admin & Support Volunteer Hours - Admin & Support Total Admin & Support Services FTE Total Admin & Support Services Total Compensation Average Cost per Admin & Support Services FTE Admin & Support Services VH as % of Total FTE 725 FTE- Direct Services MOS FTE - Direct UPP FTE - Direct Salaries (Worked hours + Benefit hours cost) - Direct	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0 \$0 0.0%	0.0% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0	92.3% 0.00 0.00 \$0 0.00 0.00 0.00 0.00 0.00	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 0.00 \$0 0.00 \$0 9.42	0.00 0.00 \$0 \$0 0.00 0.00 0.00 \$0 \$0 0.00 \$0 9.42 \$605,728	(0.0%) 0.00 0.00 \$0 0.00 0.00 0.00 0.00 \$0 0.00 \$1 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Total Direct Services FTE	8.80	0.00	8.80	9.42	9.42	0.62	7.0%	
Total Direct Services Total Compensation	\$752,725	\$0	\$752,725	\$765,404	\$765,404	\$12,679	1.7%	
Average Cost Per Direct Servicers FTE	\$85,537	\$0	\$85,537	\$81,253	\$81,253	\$20,450	23.9%	
Direct Services VH as % of Total FTE	13.6%	0.0%	13.6%	9.8%	9.8%	-44.5%	(327.6%)	

FTE- Medical Staff Remuneration								
Physician FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY							·	
MOS FTE	1.60	0.00	1.60	0.00	0.00	(1.60)	(100.0%)	
UPP FTE	7.20	0.00	7.20	9.42	9.42	2.22	30.8%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff Total FTE	0.00	0.00	0.00	0.40	0.40	0.00	7.00/	
	8.80	0.00	8.80	9.42	9.42	0.62	7.0%	
TOTAL PROGRAM FTE Compensation Worked hours Cost	\$500.040	***	¢590.040	¢605 700	\$60E 700	¢4E 700	9.70/	
Benefit hours cost (includes contributions)	\$589,948 \$162,777	\$0 \$0	\$589,948	\$605,728 \$159,677	\$605,728	\$15,780	2.7% (1.9%)	
,			\$162,777 \$752,725		\$159,677	(\$3,101)		
Total Compensation Average Cost Per FTE	\$752,725	\$0 \$0	\$752,725	\$765,404	\$765,404 \$94,353	\$12,679 (\$4,294)	1.7%	
TOTAL PROGRAM Volunteer Summary	\$85,537	\$0	\$85,537	\$81,253	\$81,253	(\$4,284)	(5.0%)	
# of Volunteers	14	0	14	96	oe!	70	514.3%	
# or volunteers Volunteer Hours	2,331	0	2,331	1,793	86 1,793	72 (538)	(23.1%)	
VH as % of Total FTE	13.6%	0.0%	13.6%	9.8%	9.8%	-3.8%	(23.1%)	
VII as 70 UI TUIAIFTE	13.6%	0.0%	13.6%	9.8%	9.8%	-3.8%	(28.1%)	

Community Quarterly Report LHIN Managed Funding

HSP Name: City Of Ottawa - Adult Day Programs

Q4 2015-16

SERVICE SELECTION SCREEN

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SERVICE SELECTION SCREEN	
Enter an "x" under the "LHIN Funded Services" column below for each service that your agence	y provides.
	LHIN
	Funded
	Services
Total Administration Expenses	
Undistributed Accounting Centres	82*
Administration and Support Services	72 1* X
COM Clinical Management	72 5 05
COM Medical Resources	72 5 07
Diagnostic and Therapeutic Services 72 4* (Community Health Centres)	
LAB Pre/Post Analysis	72 4 10 21
MI Combined Functions	72 4 15 99
NV Non - Invasive Cardiology - Combined	72 4 30 20
CMH&A Centralized/Coordinated Access 72 5 08*	
CMH&A Centralized/Coordinated Access	72 5 08
Case Management 72 5 09*	
Case Management (CCAC)	72 5 09 30
Case Management/Supportive Counselling & Services - Mental Health	72 5 09 76
Case Management/Supportive Counselling & Services - Addictions Supportive Housing	72 5 09 78 10
Case Management Addictions - Substance Abuse	72 5 09 78 11
Case Management Addictions - Problem Gambling	72 5 09 78 12
Primary Care- Clinics/Programs 72 5 10*	
Clinics/Programs - Primary Care Practice	72 5 10 05
Clinics/Programs - Walk In Clinic	72 5 10 10
Clinics/Programs - Nursing Clinic	72 5 10 15
Clinics/Programs - General Clinic	72 5 10 20
Clinics/Programs - Combined Clinic	72 5 10 30
Clinics/Programs - Therapy Clinic	72 5 10 40
Clinics/Programs - Therapy Clinic - General	72 5 10 40 10
Clinics/Programs - Therapy Clinic - Foot Care	72 5 10 40 20

Clinics/Programs - Therapy Clinic - Naturopathy	72 5 10 40 30
Clinics/Programs - Therapy Clinic - Pharmacy	72 5 10 40 40
Clinics/Programs - Therapy Clinic - Nutrition	72 5 10 40 45
Clinics/Programs - Therapy Clinic - Physiotherapy	72 5 10 40 50
Clinics/Programs - Therapy Clinic - Occupational Therapy	72 5 10 40 55
Clinics/Programs - Therapy Clinic - Counselling	72 5 10 40 60
Clinics/Programs - Therapy Clinic - Speech and Language Pathology	72 5 10 40 62
Clinics/Programs - Therapy Clinic - Massage Therapy	72 5 10 40 64
Clinics/Programs – Oral Health Clinic	72 5 10 45
Clinics/Programs – Chronic Disease Clinic	72 5 10 50
Clinics/Programs - Chronic Disease - General Clinic	72 5 10 50 10
Clinics/Programs - Chronic Disease - Diabetes Clinic	73 5 10 50 20
Clinics/Programs - Chronic Disease - Asthma Clinic	74 5 10 50 30
Clinics/Programs - Chronic Disease - Hepatitis C and/or HIV/AIDS Clinic	75 5 10 50 40
Clinics/Programs – CHC Other Clinic	72 5 10 55
Clinics/Programs - Oncology - Treatment Outreach Clinic	72 5 10 66 10
Clinics/Programs - Oncology - Preventative Clinics	72 5 10 66 20
Clinics Programs - MH Counseling and Treatment	72 5 10 76 12
MH Assertive Community Treatment Teams	72 5 10 76 20
MH Community Clinic	72 5 10 76 30
MH Vocational/Employment	72 5 10 76 40
MH Clubhouses	72 5 10 76 41
MH Concurrent Disorders	72 5 10 76 45
MH Child/Adolescent	72 5 10 76 50
MH Early Intervention	72 5 10 76 51
MH Forensic	72 5 10 76 55
MH Diversion and Court Support	72 5 10 76 56
MH Abuse Services	72 5 10 76 60
MH Eating Disorders	72 5 10 76 70
MH Social Rehab./Recreation	72 5 10 76 81
MH Dual Diagnosis	72 5 10 76 95
MH Psycho-geriatric	72 5 10 76 96
Other MH Services not elsewhere identified	72 5 10 76 99
Addictions Treatment-Substance Abuse	72 5 10 78 11
Addictions Treatment-Problem Gambling	72 5 10 78 12
Addictions Withdrawal Mgmt.	72 5 10 78 20
Initial Assessment and Treatment Planning	72 5 10 78 30
Crisis Intervention 72 5 15*	

Crisis Intervention - Hot Lines	72 5 15 10
Crisis Intervention - Abuse Services	72 5 15 15
Crisis Intervention - Quick Response	72 5 15 20
Crisis Intervention - Victim Services	72 5 15 25
Crisis Intervention - Combined	72 5 15 30
Crisis Intervention - Mental Health	72 5 15 76
Day/Night Care 72 5 20*	
Day/Night Combined	72 5 20 30
Day/Night Care Mental Health General	72 5 20 76 10
Day/Night Care Mental Health MH eating Disorder	72 5 20 76 70
Day/Evening Addictions Treatment	72 5 20 78 10
COM Day Care - Rehab Medical	72 5 20 81 10
COM Day Care - Rehab Trauma	72 5 20 81 28
Day Care - Rehab Combined	72 5 20 81 30
COM Day Care - Rehab Burn	72 5 20 81 35
COM Day Care - Rehab Cardiac	72 5 20 81 42
COM Day Care - Rehab Head Injury/Acquired Brain Injury	72 5 20 81 61
COM Day Care - Rehab Spinal Cord	72 5 20 81 63
COM Day Care - Rehab Oncology	72 5 20 81 66
COM Day Care - Rehab Orthopedic	72 5 20 81 72
COM Day Care - Rehab Amputee Rehab	72 5 20 81 73
COM Day Care - Rehab Care Pediatric	72 5 20 81 74
COM Day Care Regional Geriatric	72 5 20 96
In-Home Health Professional Services (HPS) Home Care 72 5 30 40*	
In-Home HPS - Nursing - Visiting	72 5 30 40 11
In-Home HPS - Nursing - Shift	72 5 30 40 12
In-Home HPS - Respiratory Services	72 5 30 40 35
In-Home HPS – Medication Management	72 5 30 40 40
In-Home HPS - Nutrition/Dietetic	72 5 30 40 45
In-Home HPS - Physiotherapy	72 5 30 40 50
In-Home HPS - Occupational Therapy	72 5 30 40 55
In-Home HPS - Speech Lang. Path.	72 5 30 40 62
In-Home HPS - Social Work	72 5 30 40 70
In-Home HPS - Psychology	72 5 30 40 75
Private/Home School Health Professional Services (SHPS) 72 5 30 42*	
Private/Home SHPS - Nursing - Visiting	72 5 30 42 11
Private/Home SHPS - Nursing - Shift	72 5 30 42 12
Private/Home SHPS - Nutrition/Dietetic	72 5 30 42 45

Private/Home SHPS - Physiotherapy	72 5 30 42 50
Private/Home SHPS - Occupational Therapy	72 5 30 42 55
Private/Home SHPS - Speech Lang. Path.	72 5 30 42 62
Public School Health Professional Servcies (SHPS) 72 5 30 44*	1.2 000 1.2 0.2
Public SHPS - Nursing - Visiting	72 5 30 44 11
Public SHPS - Nursing - Shift	72 5 30 44 12
Public SHPS - Nutrition/Dietetic	72 5 30 44 45
Public SHPS - Physiotherapy	72 5 30 44 50
Public SHPS - Occ. Therapy	72 5 30 44 55
Public SHPS - Speech Lang. Path.	72 5 30 44 62
Mental Health Home Care 72 5 30 76*	
MH Home Care - Psychiatric Follow-Up	72 5 30 76 10
MH Home Care - Psychiatric Acute	72 5 30 76 25
MH Home Care - Child/Adolescent	72 5 30 76 50
MH Home Care - Forensic Psychiatry	72 5 30 76 55
MH Home Care - Psychiatric Rehab	72 5 30 76 81
MH Home Care - Psychiatric Crisis	72 5 30 76 90
MH Home Care - Longer Term	72 5 30 76 95
MH Home Care - Geriatric Psych. Assess.	72 5 30 76 96
Addictions Home Care 72 5 30 78	
Addictions Home Care - Addictions	72 5 30 78 10
Other In-Home Services 72 5 30 66 / 86 / 94	
Onlcology Home Care	72 5 30 66
Dialysis Home Care	72 5 30 86
Palliative Home Care	72 5 30 94
In-Home Support Services 72 5 35 40*	
In-Home Support - Personal Support	72 5 35 40 10
In-Home Support - Homemaking Services	72 5 35 40 20
In-Home Support - Comb. PS and HM Services	72 5 35 40 30
School Health Personal Supoport Services (SHPSS) 72 5 35 42	
School Health Personal Supoport Services (SHPSS)	72 5 35 42 10
Respite Services 72 5 35 45	
Respite Service	72 5 35 45
Residential Services 72 5 40 76*	
Res. Mental Health - Homes for Special Care	72 5 40 76 10
Res. Mental Health - Support within Housing	72 5 40 76 30
Res. Mental Health - Housing Bricks & Mortar	72 5 40 76 40
Res. Mental Health - Rent Supplement Program	72 5 40 76 50

Res. Mental Health - Short Term Crisis Support Beds	72 5 40 76 60
Residential-Addictions 72 5 40 78*	
COM Residential Addiction - Treatment Services-Substance Abuse	72 5 40 78 11
COM Residential Addiction - Treatment Services-Problem Gambling	72 5 40 78 12
COM Residential Addiction - Supportive Treatment	72 5 40 78 30
COM Residential Addictions - Housing Bricks & Mortar	72 5 40 78 40
COM Residential Addiction - Withdrawal Management Centres	72 5 40 78 45
COM - Residential Addiction - Substance Abuse - Rent Supplement Program	72 5 40 75 50
Residential Hospice- End of Life (EOL) 72 5 40 95*	
Residential Hospice - EOL-Nursing Visiting	72 5 40 95 11
Residential Hospice - EOL-Nursing Shift	72 5 40 95 12
Residential Hospice - EOL-Combined PS and HM Services	72 5 40 95 30
Residential Hospice - EOL-Nutrition/Dietetic	72 5 40 95 45
Residential Hospice - EOL-Physiotherapy	72 5 40 95 50
Residential Hospice - EOL-Occupational Therapy	72 5 40 95 55
Residential Hospice - EOL-Speech Language Pathology	72 5 40 95 62
Residential Hospice - EOL-Social Work	72 5 40 95 70
Health Promotion and Education 72 5 50	
Health Prom/Educ & Dev - General	72 5 50 10
COM Health Prom/Educ.& Com. Dev. – Health Promotion & Community Development	72 5 50 12
COM Health Prom/Educ. & Com.Dev. – Community Engagement and Capacity Building	72 5 50 14
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- General	72 5 50 35 10
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- Diabetes	72 5 50 35 20
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- Asthma	73 5 50 35 30
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- Hepetitis C / HIV/AIDS	73 5 50 35 40
Health Prom/Educ.& Dev Diabetes Regional Coordination Centres	72 5 50 40 10
Health Prom/Educ.& Com. Dev. – Heart and Stroke General	72 5 50 42 10
Health Prom/Educ.& Com. Dev. – Stroke Strategy (Practice Guidelines)	72 5 50 42 20
Health Prom/Educ.& Com. Dev – Personal Health and Wellness	72 5 50 45
Health Prom/Educ.& Com. Dev Family Clinics	72 5 50 50
Health Promotion/Education - Oncology General	72 5 50 66 10
Health Promotion/Education - Oncology Practice Guidelines	72 5 50 66 20
Health Promotion/Education - Mental Health & Additictions (CCAC Sector Only)	72 5 50 75 10
Health Prom. /Education MH - Awareness	72 5 50 76 10
Health Promo. /Education MH - Women	72 5 50 76 30
Health Promo. /Education MH - Community Development	72 5 50 76 40
Health Prom./Educ. Addictions - Drug Awareness	72 5 50 78 10
Health Prom./Educ Addictions - Problem Gambling Awareness	72 5 50 78 20

Health Prom./Educ. Addictions - Community Development-Substance Abuse	72 5 50 78 40
CHC Client Support Services	72 5 85
Health Prom. /Educ - Palliative Care Interdisciplinary	72 5 50 94 10
Health Prom. /Educ - Palliative Care Physician	72 5 50 94 90
Health Prom. /Educ - Palliative Care Pain and Symptom Management	72 5 50 94 91
Health Prom/Educ & Dev - General Geriatric	72 5 50 96 10
Health Prom/Educ & Dev - Psycho-Geriatric	72 5 50 96 76
Consumer/Survivor/Family Initiatives 72 5 51 76*	
Consumer Survivor Initiatives - Peer/Self Help	72 5 51 76 11
Consumer Survivor Initiatives - Alternative Businesses	72 5 51 76 12
Consumer Survivor Initiatives - Family Initiatives	72 5 51 76 20
Other Initiatives 72 5*	
COM Comm. Disease Prev. and Control – General	72 5 54
COM Promotion and Prevention	72 5 58
COM Environmental Health	72 5 60
COM Licensing	72 5 65
Information and Referral Service 72 5 70*	
Information and Referral Service - General	72 5 70 10
Information and Referral Service - Provincial Mental Health	72 5 70 76
Information and Referral Service - Provincial - Substance Abuse	72 5 70 78 11
Information and Referral Service - Provincial - Problem Gambling	72 5 70 78 12
Provincial & Regional Health System Development 72 5 75	
Provincial & Regional Health System Development	72 5 75
CSS In-Home and Community Services (CSS IH COM) 72 5 82*	
CSS IH - Service Arrangement/Coordination	72 5 82 05
CSS IH - Case Management	72 5 82 09
CSS IH - Meals Delivery	72 5 82 10
CSS IH - Social and Congregate Dining	72 5 82 12
CSS IH - Transportation - Client	72 5 82 14
CSS IH - Crisis Intervention and Support	72 5 82 15
CSS IH - Day Services	72 5 82 20
CSS IH - Homemaking	72 5 82 31
CSS IH - Home Maintenance	72 5 82 32
CSS IH - Personal Support/Independence Training	72 5 82 33
CSS IH - Respite	72 5 82 34
CSS IH - Comb. PS/HM/Respite Services	72 5 82 35
CSS IH - Overnight Stay Care	72 5 82 40
CSS IH - Assisted Living Services	72 5 82 45

CSS IH - Caregiver Support	72 5 82 50
CSS IH - Emergency Response Support Services	72 5 82 55
CSS IH - Visiting - Social and Safety	72 5 82 60
CSS IH - Visiting - Hospice Services	72 5 82 65
CSS IH - Foot Care Services	72 5 82 70
CSS IH - Vision Impaired Care Services	72 5 82 75
CSS IH - Deaf, Deafened and Hard of Hearing Care Services	72 5 82 77
CSS IH - Elderly Person Centre Services	72 5 82 80
CSS-ABI Services 72 5 83*	
CSS ABI - Day Services	72 5 83 20
CSS ABI - Vocational Training and Education Services	72 5 83 30
CSS ABI - Personal Support/Independence Training	72 5 83 33
CSS ABI - Assisted Living Services	72 5 83 45
CSS Community Support Initiatives 72 5 84	
CSS Com Sup Init - Support Service Training	72 5 84 10
CSS Com Sup Init - Self Managed Attendant Services	72 5 84 20
CSS Com Sup Init - Personal Support Worker Training	72 5 84 30
CHC Community Health Centres	
CHC Research - Community Health and Social Services	7*7 50
CCAC- Community Care Access Centre Educaton	
Education-In Service (CCAC Only)	72 8 40

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ACTIVITY SUMMARY
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Functional/Accounting Centre Service						0105	010/5	
	Budget	Budget	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to	Q4 % Forecast Variance to	Comments Explanations are required where
Show HSP Specific Show All	Laagot	Adjustments		112710144	2110100001	Budget	Budget	the variance is outside of the MSAA corridors
Undistributed Accounting Centres 82*								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	0	0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Administration and Support Services 72 1*								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	1	0	1	2	2	1	100.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinical Management 72 5 05								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	0	0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Medical Resources 72 5 07								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	

Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0		0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	0	0	0	0.0%	
Group Participant Attendances	0	0	_	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0	_	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
LAB Pre/Post Analysis 72 4 10 21	0.00	0.00	0.00	0.00	0.00	1		
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	-	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre Attendance Days	0	0	-	0	0	0	0.0%	
Group Sessions	0	0	-	0	0	0	0.0%	
Meal Delivered-Combined	0	0	-	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	-	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0	0	-	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MI Combined Functions 72 4 15 99								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	_	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	ŭ	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0		\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions NV Non - Invasive Cardiology - Combined 72 4 30 20	0	U		U	U	0	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00		0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	-	0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
0 1 0 11 14 2	0	0	0	0	0	0	0.0%	
Service Provider Interactions								
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions Mental Health Sessions	0	0	0	0	0	0	0.0% 0.0%	
Service Provider Group Interactions	0.00	•		0.00	0.00	0.00		

Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
	\$0	\$0	90	\$0	\$0	0		
Total Cost for Functional Centre	Ψ0	Ψ0	Ψ0	Ψ0	Ψ0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0		0	0	0	0	0.0%	
Service Provider Group Interactions	U	0	0	0	U	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Case Management (CCAC) 72 5 09 30								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
	Ψ0	Ψ0	Ψ0	Ψ0	Ψ0	0		
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	U	0	U	U	U	0	0.0%	
Case Management/Supportive Counselling & Services					0.00		•	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Case Management/Supportive Counselling & Services	- Addictions S	unnortive House	ing 72 5 00 79 4	•	<u>_</u>	U	0.0%	
	0.00	upportive nous	ong 72 5 09 78 1	0.00	0.00	0.00	0.004	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0		0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
	·		<u> </u>				0.070	
Case Management Addictions - Substance Abuse 72 5	09 78 11							

Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Case Management Addictions - Problem Gambling 72								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	\$0	\$0	0.0	0.0	0	0	0.0%	
Total Cost for Functional Centre	φ0	φ0	Φ0	Φ0	Φ0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
	U	V	O	O	O	U	0.0%	
Clinics/Programs - Primary Care Practice 72 5 10 05	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE) Visits	0.00		0	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	0.00 0 0	0	0	0.00 0 0	0.00	0	0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	0.00 0 0 0	0	0	0.00 0 0 0	0.00 0 0 0	0	0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	0.00 0 0 0 0	0 0	0	0.00 0 0 0 0	0.00 0 0 0 0	0	0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	0.00 0 0 0 0	0 0	0	0.00 0 0 0 0 0	0.00	0	0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	0.00 0 0 0 0 0 0	0 0 0	0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0.00 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0	0.00 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0.00 0 0 0 0 0 0 0 0 0	0 0 0 0 0	0	0.00 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE)	0.00 0 0 0 0 0 0 0 0 \$0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Inpatient/Resident Days Individuals Served by Functional Centre	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Walk In Clinic 72 5 10 10 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Clinics/Programs - Nursing Clinic 72 5 10 15								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - General Clinic 72 5 10 20			-			Ŭ	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - Combined Clinic 72 5 10 30			-			· ·	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	-		
Total Cost for Functional Centre	CO.					()	0.0%	
	D U	\$0	\$0	\$0	\$0	0	0.0%	
IGroup Participant Attendances	0	\$0 0	\$0 0	\$0 0	\$0 0	0	0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions	0	·	\$0 0 0	\$0 0	\$0 0 0	0	0.0% 0.0%	
Service Provider Interactions	0 0	0	\$0 0 0	0	\$0 0 0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0 0 0	0	\$0 0 0 0	0	\$0 0 0 0	0	0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	0 0	0	\$0 0 0	0	\$0 0 0 0	0	0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40	0.00	0	\$0 0 0 0 0	0	\$0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	0	0 0 0	\$0 0 0 0 0	0 0	0 0 0	0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits	0	0.00	\$0 0 0 0 0	0 0	0 0 0	0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	0	0.00	0.00 0 0 0 0 0	0 0	0 0 0	0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits	0	0.00	0.00 0 0 0 0 0	0.00	0 0 0	0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	0	0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0.00 0.00 0.00	0 0 0	0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	0	0.00 0.00 0.00 0.00 0.00	0.00 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0 0 0	0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0	0.000 0.000 0.000 0.000 0.000 0.000 0.000	0 0 0	0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0.00 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0.00 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0.00 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Therapy Clinic 72 5 10 40 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - General 72 5 10 40	10							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00		
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	0	0	0	0	0		
Inpatient/Resident Days	0	0	0	0	0	0		
Individuals Served by Functional Centre	0	0	0	0	0	0	0.070	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0		
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	5 5 5 5	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0		
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Foot Care 72 5 10	40 20							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0		
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0		
Mental Health Sessions	0	0	0	0	0	0	5.575	
Clinics/Programs - Therapy Clinic - Naturopathy 72 5 1	0 40 30					ŭ	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Pharmacy 72 5 10	40 40					<u> </u>		
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	0	0	0	0	0		
Inpatient/Resident Days	0	0	0	0	0	0		
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0		
Group Sessions	0	0	0	0	0	0	5.575	
Meal Delivered-Combined	0	0	0	0	0	0	0.070	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0		
Service Provider Interactions	0	0	0	0	0	0	0.0%	
	•	•	O	•	•	U	U.U./U	

Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Nutrition 72 5 10 4	0 45							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0		0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0		0	0	0	0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	\$0	0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	Φ0	\$0 0	Φ0	Φ0	Φ0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0		0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Physiotherapy 72	5 10 40 50	· ·				U	0.078	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions Mental Health Sessions	0	0		0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Occupational Ther	rany 72 5 10 40					U	0.076	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions Mental Health Sessions	0	0	0	0	0	0	0.0% 0.0%	
Clinics/Programs - Therapy Clinic - Counselling 72 5 1	0.40.60	U			U	U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	

0 1 0 11 11 2	0	0	1 0	0	1 0		0.00/	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	U	U	U	0	0.0%	
Clinics/Programs - Therapy Clinic - Speech and Langu							T	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Massage Therapy								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs – Oral Health Clinic 72 5 10 45								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0		
Clinics/Programs - Chronic Disease Clinic 72 5 10 50								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0		
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0		
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0		
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
. Stat. Soci for Fariotional Solitic	ų,	Ψ0	ΨΟ	-	70	U	0.070	

D D (1) 1 1 1 1	0	Λ.	0	0	0		0.00/	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	•	0	0	U	0	0.0%	
Mental Health Sessions	0	0	U	U	U	0	0.0%	
Clinics/Programs – Chronic Disease Clinic - General C			0.00		0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0		0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - Chronic Disease Clinic - Diabetes	Clinic 72 5 10 5	0 20						
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
COM Clinics/Programs - Chronic Disease - Asthma/Co	OPD Clinic 72 5	10 50 30□				, and the second	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs – Chronic Disease Clinic - Hepatitis	C and/or HIV/AI		10 50 40				5.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.50	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
ivieai Delivered-Combined	U	U	U	U	U	U	0.0%	

Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - CHC Other Clinic 72 5 10 55								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - Oncology - Treatment Outreach Cl	inic 72 5 10 66 1	0					0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0		
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	_	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0		
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - Oncology - Preventative Clinics 72	E 10 66 20					0	0.0%	
	0.00	0.00	0.00	0.00	0.00	0.00	0.007	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Clinics/Programs - MH Counseling and Treatment 72								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	

Maral Dallian and Oranda and	0	0	0	0	0	0	0.00/	—
Meal Delivered-Combined	\$0	\$0	<u>0</u>	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	φ0	\$0	φ0	\$0	φ0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	· ·		0	0	0	0	0.0%	
Mental Health Sessions	0	0	U	U	U	0	0.0%	
MH Assertive Community Treatment Teams 72 5 10 76	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	0.00		0.00	0.00	0.00	0.00	0.0%	
Visits	•	0	0		0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0		0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Community Clinic 72 5 10 76 30								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Vocational/Employment 72 5 10 76 40							<u> </u>	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Clubhouses 72 5 10 76 41								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
/ Mondanoo Dayo	v	·	Ŭ	•	J	U	0.070	

Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Concurrent Disorders 72 5 10 76 45 (No longer in u								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0% 0.0%	
Attendance Days Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Child/Adolescent 72 5 10 76 50								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined Total Cost for Functional Centre	\$0	\$0	02	\$0	\$0	0	0.0%	
Group Participant Attendances	φ0 0	φ ₀	φ0	0	Φ0	0	0.0% 0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Early Intervention 72 5 10 76 51						U	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0 0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions MH Forensic 72 5 10 76 55	<u> </u>	0				0	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.50	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	

Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	_	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	_	0	0	0	0.0%	
MH Diversion and Court Support 72 5 10 76 56							0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Abuse Services 72 5 10 76 60							5.575	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Eating Disorders 72 5 10 76 70								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Social Rehab./Recreation 72 5 10 76 81								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	

1 5 1 1 2 11 5 5 12 1	0	0	0	0	<u> </u>		0.007	 1
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	•	0	0	U	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	_	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0		0		0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Dual Diagnosis 72 5 10 76 95 (No longer in use)								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	n	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	φ0	0	φ0	Ψ0	0	0	0.0%	-
	0	0	0	0	0	0		
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	U	U	U	U	U	0	0.0%	
MH Psycho-geriatric 72 5 10 76 96	0.00		0.00		0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Other MH Services not elsewhere identified 72 5 10 76	-						0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.50	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	-
	0	0	0	0	0			
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0		0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Addictions Treatment-Substance Abuse 72 5 10 78 11							•	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
i iouis oi Cale	U	U	U	U	U	U	U.U /0	

Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	**	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0		0	0	0	0.0%	
Addictions Treatment-Problem Gambling 72 5 10 78 1	12					<u> </u>	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Addictions Withdrawal Mgmt. 72 5 10 78 20								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	ŭ	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Initial Assessment and Treatment Planning 72 5 10 78								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
		0	0	0	0	0	0.0%	
Meal Delivered-Combined	0		ΦΔ					
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre Group Participant Attendances	\$0	\$0 0	\$0 0	\$0 0	0	0	0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	\$0	\$0 0	\$0 0	\$0 0	0	0	0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	\$0 0 0	\$0 0 0	0	\$0 0 0	0	0	0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	\$0 0 0 0	\$0 0	0	\$0 0 0 0	0 0	v	0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Crisis Intervention - Hot Lines 72 5 15 10	0 0 0	\$0 0 0 0	0	\$0 0 0 0	0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Crisis Intervention - Hot Lines 72 5 15 10 Full-time equivalents (FTE)	0.00	\$0 0 0	0	\$0 0 0 0 0	0.00	0	0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Crisis Intervention - Hot Lines 72 5 15 10	0 0 0	\$0 0 0 0	0.00	0.00	0.00	0	0.0% 0.0% 0.0% 0.0%	

Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Crisis Intervention - Abuse Services 72 5 15 15						Ū	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Crisis Intervention - Quick Response 72 5 15 20						0	0.078	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Crisis Intervention - Victim Services 72 5 15 25							3.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Crisis Intervention - Combined 72 5 15 30							3.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0.00	0	0	0	0.00	0.0%	
VIOLO	Ŭ	· ·	· ·	· ·	· ·	U	0.070	

Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Crisis Intervention - Mental Health 72 5 15 76	0.00	0.00	0.00		0.00	Ī	•	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	0	0	~	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	-	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Day/Night Combined 72 5 20 30						-	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	U	0	0	U	U	0	0.0%	
Day/Night Care Mental Health General 72 5 20 76 10	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Day/Night Care MH Eating Disorders 72 5 20 76 70								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	

•							1	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0		
Day/Evening Addictions Treatment 72 5 20 78 10								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	Ψ0	0	Ψ0	Ψ0	Ψ0	0		
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.070	
Service Provider Group Interactions	0		0	0	0	0	0.0%	
Mental Health Sessions	U	0	U	U	U	0	0.0%	
Day Care - Rehab Medical 72 5 20 81 10	0.001	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0		0	0	0		
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.070	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Day Care - Rehab Trauma 72 5 20 81 28								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0		
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Day Care - Rehab Combined 72 5 20 81 30	<u> </u>	0			· ·	U	0.0%	

Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Day Care - Rehab Burn 72 5 20 81 35								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0		\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Day Care - Rehab Cardiac 72 5 20 81 42								
	0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE) Visits	0.00	0	0	0.00	0.00	0	0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	0.00	0	0	0.00	0.00	0.00	0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	0.00 0 0 0	0 0	0 0	0.00	0.00 0 0	0	0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	0.00 0 0 0	0 0 0	0 0	0.00 0 0 0 0	0.00 0 0 0	0	0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	0.00 0 0 0 0	0 0 0 0	0 0	0.00 0 0 0 0	0.00 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0.00 0 0 0 0 0	0 0 0 0	0 0	0.00 0 0 0 0	0.00 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0.00 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0	0.00 0 0 0 0 0 0 0	0.00 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0.00 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0.00 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0	0.00 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	0.00 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	0.00 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0.000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0.000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0.000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Day Care - Rehab Head Injury/Acquired Brain Injury 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0.000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Day Care - Rehab Spinal Cord 72 5 20 81 63								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Day Care - Rehab Oncology 72 5 20 81 66	0.00	0.00	0.00	0.00	0.00	T	· · · · · · · · · · · · · · · · · · ·	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	~	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	\$0	\$0	0.2	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	φ0 0	0	φ0	φ0 0	φ0	0	0.0%	
Group Participant Attendances Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Day Care - Rehab Orthopedic 72 5 20 81 72	Ü	·	ŏ			U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Day Care - Rehab Amputee Rehab 72 5 20 81 73								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
		\$0	\$0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	φυ							
Group Participant Attendances	0	0	0	0	0	0	0.0%	
	0		0	0	0	0		

Supplement Company C	Mental Health Sessions	0	0	0	0	0	0	0.0%	
Full-time aguivalent (FTE) 000 000 000 000 000 000 000							0		
Note Unquelly Identified Service Recipient Interactions		0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions O		0	0	0	0	0			
Hours of Care 0 0 0 0 0 0 0 0 0		0	0	0	0	0			
Incidentify Resident Days Incidentify Functional Center O		0	0	0	0	0			
invisibility Server by Functional Centre 0		0			0	0		5 5 5 5	
Attendance Doys One Story Sessions One Story		0	0	0	0	0			
Group Sessions 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0	0.0%	
Metal Deliverso Contributed		0	0	0	0	0	0		
Total Cost for functional Centre \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		0	0	0	0	0	0	5 5 5 5	
Stup Participant Attendences		\$0	\$0	\$0	\$0	\$0	0		
Service Provider frementations 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0	0.0%	
Service Provider Group Interactions		0	0	0	0	0	0	0.0%	
Mental Health Sessions		0	0	0	0	0			
Day Care Regional Geriatric 72 5 20 96		0	0	0	0	0	0		
Visits	Day Care Regional Geriatric 72 5 20 96						- 1		
Visits	Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions		0	0	0	0	0	0		
Hours of Care Ingosement Resident Days		0	0	0	0	0	0		
Inpatient/Resident Days 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0		
Individuals Served by Functional Centre		0	0	0	0	0	0	5 5 5 5	
Attendance Days 0		0	0	0	0	0	0		
Group Sessions		0	0	0	0	0	0	0.0%	
Meal Delivered-Combined 0 0 0 0 0 0.0% 0.0% 0 0.0% 0 0.0% 0.0% 0.0% 0.0% 0 0.0% 0.0% 0 0.0% 0.0% 0 0 0.0% 0 0 0.0% 0		0	0	0	0	0	0		
Total Cost for Functional Centre		0	0	0	0	0	0		
Group Participant Attendances		\$0	\$0	\$0	\$0	\$0	0		
Service Provider Interactions		0	0	0	0	0	0	0.0%	
Service Provider Group Interactions		0	0	0	0	0	0	0.0%	
Mental Health Sessions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0	0.0%	
In-Home HPS - Nursing - Visiting 72 5 30 40 11	Mental Health Sessions	0	0	0	0	0	0	0.0%	
Visits 0 0 0 0 0 0 0.0% Not Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0.0% Hours of Care 0 0 0 0 0 0.0% 0.0% Inpatient/Resident Days 0 0 0 0 0 0.0% 0.0% Altendance Days 0 0 0 0 0 0.0% 0.0% Altendance Days 0 0 0 0 0 0.0% 0.0% Group Sessions 0 0 0 0 0 0.0% 0.0% Meal Delivered-Combined 0 0 0 0 0 0.0% 0.0% Total Cost for Functional Centre \$0 \$0 \$0 0 0 0.0% 0.0% Service Provider Interactions 0 0 0 0 0 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	In-Home HPS - Nursing - Visiting 72 5 30 40 11								
Not Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Hours of Care	Visits	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Individuals Served by	Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	Hours of Care	0	0	0	0	0	0	0.0%	
Attendance Days Group Sessions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Group Sessions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined 0 0 0 0 0 0.0% Total Cost for Functional Centre \$0 \$0 \$0 \$0 0 0.0% Group Participant Attendances 0 0 0 0 0 0 0 0 Service Provider Interactions 0 <td>Attendance Days</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0.0%</td> <td></td>	Attendance Days	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre		0	× .	0	0	0	0	0.0%	
Total Cost for Functional Centre		0	-	0	0	0	0		
Service Provider Interactions 0 0 0 0 0 0 0 0 0	Total Cost for Functional Centre	\$0		\$0	\$0	\$0	0	0.0%	
Service Provider Group Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Group Participant Attendances	0		0	0	0	0	0.0%	
Mental Health Sessions 0 0 0 0 0 0 0.0% In-Home HPS - Nursing - Shift 72 5 30 40 12 Full-time equivalents (FTE) 0.00 <	Service Provider Interactions	0	0	0	0	0	0	0.0%	
In-Home HPS - Nursing - Shift 72 5 30 40 12		0	× .	0	0	0	0	0.0%	
Full-time equivalents (FTE) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00% Visits 0 0 0 0 0 0 0.00% Not Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0.00% Hours of Care 0 0 0 0 0 0 0.00% Inpatient/Resident Days 0 0 0 0 0 0 0 0 0.00% Individuals Served by Functional Centre 0 0 0 0 0 0 0 0.00% Attendance Days 0 0 0 0 0 0 0 0.00% Attendance Days 0 0 0 0 0 0 0.00% Group Sessions 0 0 0 0 0 0.00% Meal Delivered-Combined 0 0 0 0 0 0		0	0	0	0	0	0	0.0%	
Visits 0 0 0 0 0 0.0% Not Uniquely Identified Service Recipient Interactions 0 <td>In-Home HPS - Nursing - Shift 72 5 30 40 12</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	In-Home HPS - Nursing - Shift 72 5 30 40 12								
Not Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Hours of Care 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Hours of Care	0			0	0	0	0.0%	
Attendance Days 0		0			0	0	0	0.0%	
Group Sessions 0	Individuals Served by Functional Centre	0			0	0	0	0.0%	
Meal Delivered-Combined 0 0 0 0 0 0.0% Total Cost for Functional Centre \$0 \$0 \$0 \$0 0 0.0% Group Participant Attendances 0 0 0 0 0 0.0%	Attendance Days	0			0	0	0	0.0%	
Meal Delivered-Combined 0 0 0 0 0 0.0% Total Cost for Functional Centre \$0 \$0 \$0 \$0 0 0 0.0% Group Participant Attendances 0 0 0 0 0 0.0%		0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre \$0 \$0 \$0 \$0 0 0.0% Group Participant Attendances 0 0 0 0 0 0 0.0%	Meal Delivered-Combined	0		0	•	0	0	0.0%	
	Total Cost for Functional Centre	\$0		\$0	\$0	\$0	0	0.0%	
	Group Participant Attendances	0	0	0	0	0	0	0.0%	
V VVV	Service Provider Interactions	0	0	0	0	0	0	0.0%	

Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
In-Home HPS - Respiratory Services 72 5 30 40 35								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	•	U	U	U	U	0	0.0%	
In-Home HPS – Medication Management 72 5 30 40 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE) Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
In-Home HPS - Nutrition/Dietetic 72 5 30 40 45								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions Mental Health Sessions	0	0	0	0	0	0	0.0% 0.0%	
In-Home HPS - Physiotherapy 72 5 30 40 50	U	U	O	U	U	U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	

Service Provider Group Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			•		_	•	_		
Interlate MS-Secondarional Therapy 7.2 \$3.04.05 Valuetine equivalents (TE)	Service Provider Interactions	Ü		0	0	U		,.	
International Participant Control (Participant Cont		0			0	0	0		
Published Equivalential (FTE)		0	0	0	0	0	0	0.0%	
Vieta Viet									
Note Company	Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Source Color Col	Visits	0	0	0	0	0	0	0.0%	
New York Provided Resident Days 0 0 0 0 0 0 0 0 0	Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre 0	Hours of Care	0	0	0	0	0	0	0.0%	
Name Company	Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
According Continued Cont	Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Mean Delivered Combined	Attendance Days	0	0	0	0	0	0	0.0%	
Mean Delivered Combined	Group Sessions	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre		0	0	0	0	0	0	0.0%	
Strop Participant Attendences 0 0 0 0 0 0 0 0 0		\$0	\$0	\$0	\$0	\$0	0		
Rentice Provider for Corp Interactions 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0		
Service Provider Group Internations		0	0	0	0	0	0		
Mental Health Sessions		0	0	0	0	0	0		
Unit-line equivalents (FTE) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		0	-	-	0	0	- v		
Full-time equivalents (FTE)							0	0.070	
Visits V		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Not Uniquely Identified Service Recipient Interactions		0.00	0.00	0.00	0.00	0.50	0.00		
Hours of Care		0	0	0	0	0	0		
Injustic Description Des		0		0	0	0	0		
Individuals Served by Functional Centre		0	•	0	0	0	0		
Name Company		0		0	0	0	0		
Size		0	~	0	0	0	0		
Meal Delivered-Combined		0			0	0	U		
Total Cost for Functional Centre		0			0	0	v		
Stroup Participant Attendances		•				•			
Service Provider Interactions		\$0				\$0			
Service Provider Group Interactions		0				0	0		
Mental Health Sessions		ŭ	-	-		0	•		
n-Home HPS - Social Work 72.5 30.40.70 Visits		0			0	0	0		
Full-time equivalents (FTE) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		0	0	0	0	0	0	0.0%	
Saists	In-Home HPS - Social Work 72 5 30 40 70								
Not Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Hours of Care	Visits	0	0	0	0	0	0	0.0%	
Impatient/Resident Days 0 0 0 0 0 0 0 0 0	Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	Hours of Care	0	0	0	0	0	0	0.0%	
Attendance Days Attendance Days O	Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Attendance Days Attendance Days O	Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Group Sessions	Attendance Days	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined 0 0 0 0 0 0.0% Fortal Cost for Functional Centre \$0 \$0 \$0 \$0 0 0.0% Group Participant Attendances 0 0 0 0 0 0.0% Service Provider Interactions 0 0 0 0 0 0.0% Service Provider Group Interactions 0 0 0 0 0 0.0% Mental Health Sessions 0 0 0 0 0 0.0% Mental Health Sessions 0 0 0 0 0 0.0% Mental Health Sessions 0 0 0 0 0 0.0% Mental Health Sessions 0 0 0 0 0 0.0% Mental Health Sessions 0 0 0 0 0 0 Full-time equivalents (FTE) 0.00 0.00 0 0 0 0 Visits 0	Group Sessions	0	0	0	0	0	0		
Solid Cost for Functional Centre	Meal Delivered-Combined	0	0	0	0	0	0		
Caroup Participant Attendances		\$0	\$0	\$0	\$0	\$0	0		
Service Provider Interactions 0 0 0 0 0 0 0 0 0		0			0	0	0		
Service Provider Group Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0		
Mental Health Sessions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		_	0	0	- v		
Note that Note No		0	-	0	0	0	•		
Full-time equivalents (FTE) 0.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0.070</td><td></td></t<>							0	0.070	
Visits		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Note Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. , ,	0.00		0.00	0.00	0.50	0.00		
Hours of Care 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0		
npatient/Resident Days 0		0	0	0	0	0	0		
Individuals Served by Functional Centre		0	~	-	0	0	0		
Attendance Days 0 0 0 0 0 0 0.0% Group Sessions 0 0 0 0 0 0 0 0.0% Meal Delivered-Combined 0 0 0 0 0 0 0.0%		0	-	-	0	0	0		
Group Sessions 0 0 0 0 0 0 0.0% Meal Delivered-Combined 0 0 0 0 0 0 0 0 0.0%		0	-	0	0	0	0		
Meal Delivered-Combined 0 0 0 0 0 0.0%		0	,	0	0	0	0		
		0			·	0			
Fotal Cost for Functional Centre 50 50 50 0 0.0%		0	_	-	•	0	٥		
	Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	

0 0 0	٥	0	0	0	·		0.00/	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	U	0	U	0	0.0%	
Private/Home SHPS - Nursing - Visiting 72 5 30 42 11	0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0		
Individuals Served by Functional Centre	0	0	0	0	0	0		
Attendance Days	0	0	0	0	0	0	0.070	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0		
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0		
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0		
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Private/Home SHPS - Nursing - Shift 72 5 30 42 12								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Private/Home SHPS - Nutrition/Dietetic 72 5 30 42 45								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0		
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Private/Home SHPS - Physiotherapy 72 5 30 42 50								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
						·	2.370	

Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Private/Home SHPS - Occupational Therapy 72 5 30 42	55							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Private/Home SHPS - Speech Lang. Path. 72 5 30 42 62)					0	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0		
Group Sessions	0		0	0	0	0	0.0%	
Meal Delivered-Combined	0 \$0	<u>0</u> \$0	0	0 \$0	_	0	0.070	
Total Cost for Functional Centre	90		Φ0		φ0 0	0	0.0%	
Group Participant Attendances	0	0		0	•	0		
Service Provider Interactions		_			0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	U	0	0	U	U	0	0.0%	
Public SHPS - Nursing - Visiting 72 5 30 44 11	0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Public SHPS - Nursing - Shift 72 5 30 44 12								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0		
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Croup Coccions	, and the second	•	· ·	•		U	0.070	

Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Public SHPS - Nutrition/Dietetic 72 5 30 44 45						ŭ	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Public SHPS - Physiotherapy 72 5 30 44 50						<u>_</u>	3.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Public SHPS - Occ. Therapy 72 5 30 44 55							51670	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Public SHPS - Speech Lang. Path. 72 5 30 44 62								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
-7								

Group Sessions	n	n	n	0	Ω	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	<u>\$0</u>	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	Ψ0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Home Care - Psychiatric Follow-Up 72 5 30 76 10	<u> </u>	•	· ·		· ·	U	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Home Care - Psychiatric Acute 72 5 30 76 25								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Home Care - Child/Adolescent 72 5 30 76 50								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Home Care - Forensic Psychiatry 72 5 30 76 55								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	

Attendence Dave	0	0	0	0	0	0	0.00/	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre		0		0	φ0	0	0.0%	
Group Participant Attendances	V			·	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0		, and the second	0	0	0.0%	
Mental Health Sessions	0	0	U	0	U	0	0.0%	
MH Home Care - Psychiatric Rehab 72 5 30 76 81	0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	U	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0		0	U	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
MH Home Care - Psychiatric Crisis 72 5 30 76 90								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	-
MH Home Care - Longer Term 72 5 30 76 95								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	-
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0		0	0	0	0.0%	
MH Home Care - Geriatric Psych. Assess. 72 5 30 76 9	•					0	V.V/0	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	U	U	U	U	U	U	U.U70	

Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	**	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0		0	0	0	0.0%	
Addictions Home Care - Addictions 72 5 30 78 10						U	0.076	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0		0	0	0	0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0		0	0	0	0.0%	
Onlcology Home Care 72 5 30 66						U	0.076	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0		0	0	0	0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0		
Dialysis Home Care 72 5 30 86						Ü	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Palliative Home Care 72 5 30 94							2.2,2	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.30	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
							0.070	

li e up il ip	Δ١	0	0	0	1		0.00/	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	Ÿ	•	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0		
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0		
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
In-Home Support - Personal Support 72 5 35 40 10	0.00	0.00	0.00					
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
In-Home Support - Homemaking Services 72 5 35 40 2	.0							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
In-Home Support - Comb. PS and HM Services 72 5 35	40 30							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
School Health Personal Supoport Services (SHPSS) 72	2 5 35 42 10						2.270	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
						•	3.370	

lu (0	0	0	0	0	0		0.00/	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	U	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Respite Service 72 5 35 45								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Res. Mental Health - Homes for Special Care 72 5 40 76	6 10						0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Res. Mental Health - Support within Housing 72 5 40 70	3.30					U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0		
Inpatient/Resident Days	0		0	0	0	v	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0		0	_	0	0	0.0%	
Meal Delivered-Combined		0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0 0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	•	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Res. Mental Health - Housing Bricks & Mortar 72 5 40 7								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	

Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Res. Mental Health - Rent Supplement Program 72 5 4								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0	~	0	0	0	0.0%	
Meal Delivered-Combined	0	0	-	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	~	0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	70 5 40 70 00	0	U	U	U	0	0.0%	
Res. Mental Health - Short Term Crisis Support Beds	0.00	0.00	0.00	0.00	0.00	0.00	0.00(
Full-time equivalents (FTE) Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0		0	0	0	0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
COM Residential Addiction - Treatment Services-Subs								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
INdental Health Cassians	. ()	0	ı 0	0	0	0	0.0%	
Mental Health Sessions		TO E 40 TO 40						
COM Residential Addiction - Treatment Services-Prob Full-time equivalents (FTE)	lem Gambling 7	72 5 40 78 12	0.00	0.00	0.00	0.00	0.0%	

	•						1	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
COM Residential Addiction - Supportive Treatment 72	5 40 78 30							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0		
Mental Health Sessions COM Residential Addictions - Housing Bricks & Morta	* 72 F 40 79 40	0	U	0	U U	U	0.0%	
	0.00	0.00	0.00	0.00	0.00	0.00	0.007	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.070	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	U	0		
Group Sessions	0	0	0	0	U	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0		
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
COM Residential Addiction - Withdrawal Management								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0		
Mental Health Sessions	0	0	0	0	0	0	0.0%	
COM - Residential Addiction - Substance Abuse - Rer	nt Supplement I	Program 72 5 40	75 50				3.370	
The state of the s	,p	9 0						

Edition and design (FFF)	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE) Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
- 1-	0	0	0	0	0	0		
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0		0	0	0		
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions Meal Delivered-Combined	0			0	0	0	0.0%	
Total Cost for Functional Centre	\$0		\$0	\$0	\$0	0	0.0%	
	0	0		0	Ψ0 0			
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0		0	0	0	0.0%	
Residential Hospice - EOL-Nursing Visiting 72 5 40 95	•	V	•	V	· ·	U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	_	02	\$0	\$0	0	0.0%	
	0	0	Ψ0	0	Ψ0 0	Ŭ	0.0%	
Group Participant Attendances Service Provider Interactions	0	0	0	0	0	0	0.0%	
	0	0	0	0	0	0		
Service Provider Group Interactions Mental Health Sessions	0	· ·	0	0	0	0	0.0%	
Residential Hospice - EOL-Nursing Shift 72 5 40 95 12	0	U	0	U	٧	U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	0.00	0.00	0.00	0.00		0.00	0.076	
Vicite	0	0	0	0	0	Λ	0.0%	
Visits Not Uniquely Identified Service Recipient Interactions	0	•	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0		0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care	0	0	0	0	0 0 0	0	0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	0 0 0	0	0	0	0 0 0 0	0	0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	0	0 0 0	0	0	0 0 0 0	0	0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0	0 0 0	0 0 0	0	0 0 0 0	0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0	0 0 0	0 0 0 0	0 0 0	0 0 0 0 0 0	0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0 0 0 0 0	0 0 0 0 0 0	0 0 0 0	0 0 0	0 0 0 0 0 0 0 0	0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0	0 0 0 0 0 0 0	0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 \$0	0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 \$0	0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 \$0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 \$0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 \$0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 \$0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Residential Hospice - EOL-Combined PS and HM Serv Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Residential Hospice - EOL-Nutrition/Dietetic 72 5 40 9	5 45							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	•	-	0	0	0	0.0%	
Service Provider Group Interactions	0	0	_	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Residential Hospice - EOL-Physiotherapy 72 5 40 95 5								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	-	0	0	0	0.0%	
Hours of Care	0	0	-	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	-	0	0	0	0.0%	
Group Sessions	0	0	-	0	0	0	0.0%	
Meal Delivered-Combined	0	0	-	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0		\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	-	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0	-	0	0	0	0.0%	
Mental Health Sessions Residential Hospice - EOL-Occupational Therapy 72 5	- 40 0E EE		0	U	U U	0	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	_	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Residential Hospice - EOL-Speech Language Pathological	gy 72 5 40 95 62						-	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
	0	0	ŭ	0	0	0	0.0%	
Hours of Care		0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	U	_					
Inpatient/Resident Days Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0 0 0	0 0	0	0 0	0 0	0 0 0	0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0 0 0 0	0 0 0	0	0 0 0	0 0	0 0 0	0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0 0 0 0 0 0 0 \$0	0 0 0 0 0 \$0	0 0 \$0	0 0 0 0 \$0	0 0 0 \$0	0 0 0 0	0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0 0 0 0 0 0 \$0	0 0 0 0 \$0	0 0 \$0	0 0 0 0 \$0	0 0 0 0 \$0	0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0 0 0 0 0 \$0	0 0 0 0 0 \$0	0 0 \$0 0	0 0 0 0 \$0	0 0 0 0 \$0	0 0 0 0 0	0.0% 0.0% 0.0% 0.0%	

Mental Health Sessions	Ω	n	n	0	Ω	0	0.0%	
Residential Hospice - EOL-Social Work 72 5 40 95 70					· ·	U	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00		
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0		
	0	0	0	0	0			
Inpatient/Resident Days	0	0	0	0	0	0	51575	
Individuals Served by Functional Centre	0	0	0	0	0	0	51575	
Attendance Days	0	0	0	0	0	- v	0.0%	
Group Sessions	0	0	0	0	0	0	21272	
Meal Delivered-Combined	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	φ0 0	0	φ0	ΨU	φ0	0	21272	
Group Participant Attendances	0	0	0	0	0	v	0.0%	
Service Provider Interactions	0	0	0	0	0	0		
Service Provider Group Interactions	0	0	0	0	0	V	0.0%	
Mental Health Sessions	U	U	U	U	U	0	0.0%	
Health Prom/Educ & Dev - General 72 5 50 10	0.00	0.00	0.00	0.00	0.00	0.00	0.004	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	× .	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	_	0	0	0	3.070	
Service Provider Group Interactions	0	0	-	0	0	0	0.070	
Mental Health Sessions	0	0		0	0	0	0.0%	
Health Prom/Educ.& Com. Dev Health Promotion &					0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	21272	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	_	0	0	0	0.0%	
Health Prom/Educ. & Com.Dev Community Engagen								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0		0	0	0	0.070	
Hours of Care	0	0		0	0	0	0.070	
Inpatient/Resident Days	0	0	0	0	0	0	0.070	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
							•	

Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Prom/Educ. & Com. Dev Chronic Disease Edu	cation, Awaren	ess and Preven	tion- General 7	2 5 50 35 10				
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	U Augus	0	_	70 F F0 2F 20	U	0	0.0%	
Health Prom/Educ. & Com. Dev Chronic Disease Edu	0.00	ess and Preven	0 00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0% 0.0%	
	0	0	0	0	0	0		
Hours of Care Inpatient/Resident Days	0	0	0	0	0	0	0.0% 0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
COM Health Prom/Educ.& Com. Dev COM Chronic D	isease Education	on, Awareness	and Prevention	- Asthma/COP	D 73 5 50 35	30		
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	ootion Awaren	•	tion Honotitic	C / HIV/AIDE 73	0 F F0 3F 40	0	0.0%	
Health Prom/Educ. & Com. Dev Chronic Disease Edu	0.00	ess and Preven	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE) Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0% 0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
C. Cap . a. a. parit / ttoridariood						V	0.070	

[a · a ·	0	0	0	<u> </u>			0.00/	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	U	U	U	0	0.0%	
Health Prom/Educ.& Dev. – Diabetes Regional Coordin			0.00					
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Prom/Educ.& Com. Dev Heart and Stroke Ge	neral 72 5 50 42	10						
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Prom/Educ.& Com. Dev Stroke Strategy (Pra	ctice Guideline	s) 72 5 50 42 20				U	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0.00	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0		
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0		
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	0.0	\$0	\$0	0		
	φ0	0	φ0	Φ0	Φ0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0		
Service Provider Interactions	0	0		0	0			
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions Health Prom/Educ.& Com. Dev – Personal Health and	Wellpage 72 F F			U	U	0	0.0%	
	0.00	0.00	0.00	0.00	0.00	0.00	0.007	
Full-time equivalents (FTE)	0.00			0.00	0.00	0.00	0.0%	
Visits	0	0	0	•	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	-	0	0	0		
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	

D D C : 1 AU 1		0	0	0	0		0.00/	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	U	0	0.0%	
Service Provider Group Interactions	0	•	0	0	U	0	0.0%	
Mental Health Sessions	0	0	0	U	U	0	0.0%	
Health Prom/Educ.& Com. Dev Family Clinics 72 5 5	0 50	0.00	0.00		0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0		0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Promotion/Education - Oncology General 72 5	50 66 10							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Promotion/Education - Oncology Practice Guid	lelines 72 5 50 6	6 20					•	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Triefactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Promotion/Education - Mental Health & Addition	tions (CCAC Se		50 75 10			0	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre	0	0	0	0	0	0		
	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	U	U	U	U	U	0	0.0%	

Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
	Ψ0	0	Ψ0	0	Ψ0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0		
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	•	U	U	U	U	0	0.0%	
Health Prom. /Education MH - Awareness 72 5 50 76 10		0.00	0.00	0.00	0.00		2 221	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	U	0	0.0%	
Hours of Care	0	0	0	0	U	0	0.0%	
Inpatient/Resident Days	0	0	0	0	U	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	·
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Promo. /Education MH - Women 72 5 50 76 30								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Promo. /Education MH - Community Developm	nent 72 5 50 76	40						
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
	0	0	φ0	0	·	0	0.0%	
Group Participant Attendances	0	0	0	0	0		0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	v		
Mental Health Sessions Health Prom./Educ. Addictions - Drug Awareness 72 5	_	U	U	U	U	0	0.0%	
	0.00	0.00	0.00	0.00	0.00	0.00	0.004	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	× .	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	

Meal Delivered-Combined	0	1 0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0		0	0	0	0.0%	
Health Prom./Educ Addictions - Problem Gambling A	wareness 72 5		0	·	V	U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	0		0	0	0	0.0%	
	0	0		0	0	0		
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	\$0	\$0	02	\$0	\$0	0		
Total Cost for Functional Centre	Φ0	90	Φ0	\$ 0	φU 0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0		0	0	0		
Health Prom./Educ. Addictions - Community Develop	mont Cubotono		-	U	U	U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	0	0	0	0	0	0		
Not Uniquely Identified Service Recipient Interactions Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CHC Client Support Services 72 5 85						Ü	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Prom. /Educ - Palliative Care Interdisciplinary 7	2 5 50 94 10							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	

Group Sessions	Λ	Λ	Λ	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	<u>\$0</u>	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	Ψ0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Triteractions Service Provider Group Interactions	0		0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Prom. /Educ - Palliative Care Physician 72 5 50	94 90	· ·	ŏ		, and the second	U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Prom. /Educ - Palliative Care Pain and Sympton	m Management	72 5 50 94 91						
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Prom/Educ & Dev - General Geriatric 72 5 50 96								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Health Prom/Educ & Dev - Psycho-Geriatric 72 5 50 96		0.00	0.00	0.00	0.00		0.001	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	

Attandana Dava	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0		
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre		0	· ·	0	φ0	0	0.0%	
Group Participant Attendances	V			·	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0		,	0	0	0.0%	
Mental Health Sessions	0	0	0	0	U	0	0.0%	
Consumer Survivor Initiatives - Peer/Self Help 72 5 51								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	<u> </u>
Consumer Survivor Initiatives - Alternative Businesse	s 72 5 51 76 12							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Consumer Survivor Initiatives - Family Initiatives 72 5	51 76 20							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Comm. Disease Prev. and Control – General 72 5 54								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
						U	0.070	

In this day at a Comment to a Franchism of Commen	0	0	0	0	0	0	0.00/	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	\$0	\$0	-	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	φ ₀				\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0				0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	21272	
Mental Health Sessions	U	0	U	U	U	0	0.0%	
Promotion and Prevention 72 5 58	0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	-	0	0	0	0	0.0%	
Hours of Care	0	0		0	0	0	0.0%	
Inpatient/Resident Days	0	-		0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
COM Environmental Health 72 5 60								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0		0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0		0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0		\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
COM Licensing 72 5 65								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0		0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	-	0	0	0	0.0%	
Attendance Days	0	0		0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Information and Referral Service - General 72 5 70 10								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
							· · · · · · · · · · · · · · · · · · ·	

Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	-	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0		0	0	0	0.0%	
Service Provider Interactions	0	0	_	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	_	0	0	0	0.0%	
Information and Referral Service - Provincial Mental H	ealth 72 5 70 76					U	0.078	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	_	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	-
Meal Delivered-Combined	0	0	-	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	-
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	-	0	0	0	0.0%	
Mental Health Sessions	0	0	-	0	0	0	0.0%	
Information and Referral Service - Provincial - Substat	nce Abuse 72 5	_				U	0.078	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	-
Hours of Care	0	0	-	0	0	0	0.0%	
Inpatient/Resident Days	0	0	_	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	-	0	0	0	0.0%	
Group Sessions	0	0	-	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Information and Referral Service - Provincial - Problem	n Gambling 72	5 70 78 12				<u> </u>	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Provincial & Regional Health System Development 72	5 75					U		
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	

	0	0	0	0	<u> </u>	0	0.00/	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	U	0	0.0%	
Group Sessions	0	0	0	0	U	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Service Arrangement/Coordination 72 5 82 05								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Case Management 72 5 82 09						0	0.078	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
	0	0	0	0	0	0		
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	Ğ		0	Ÿ	0	0	0.0%	
Meal Delivered-Combined	0 \$0	0 \$0	0	0 \$0	\$0	0	0.0%	
Total Cost for Functional Centre	Φ0		Φ0		Φυ	0	0.0%	
Group Participant Attendances	0	0	0	0	U	0	,	
Service Provider Interactions	0	0	0	0	U	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	U	0	0	U	U	0	0.0%	
CSS IH - Meals Delivery 72 5 82 10							•	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	,	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Social and Congregate Dining 72 5 82 12							0.076	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0.00	0	0	0	0.00	0.0%	
Viole	V	•	V		•	U	0.076	

•				_	_			
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Transportation - Client 72 5 82 14							510,0	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0		
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Crisis Intervention and Support 72 5 82 15								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
	φο	Ψ0	Ψ0	0	0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0		
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Day Services 72 5 82 20							•	
Full-time equivalents (FTE)	5.60	0.00	5.60	6.00	6.00	(0.40)	(7.1%)	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	140	0	140	121	121	(19)	(13.6%)	4 clients discharged from program into LTC and 1 into respite
Attendance Days	6786	0	6786	4949	4949	(1,837)	(27.1%)	Discharge of 4 clients from program into LTC and 1 into respite
Group Sessions	0	0	0	0	0	Ó	0.0%	· •
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$498,972	\$0	\$498,972	\$511,989	\$511,989	13,017	2.6%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Homemaking 72 5 82 31	<u> </u>	U	U	U	U	U	0.0%	
000 III - Homemaking 12 3 02 31								

Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Home Maintenance 72 5 82 32	Ü	<u> </u>	ŭ	•		U _I	0.076	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
	0	0	0	0	0	0		
Hours of Care Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
	0	0	0	0	0	0		
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	90	•	φυ	Φ0	φ0		0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	5.00.00	U	U	U	U	0	0.0%	
CSS IH - Personal Support/Independence Training 72	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0		
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0		*****	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	U	U		0.0%	
Group Sessions Meal Delivered-Combined	U			0	0	0		
		-	0	0	0	0	0.0%	
	0	0	0	0	0 0 0		0.0% 0.0%	
Total Cost for Functional Centre	\$0 \$0	0 \$0	\$0	0 0 \$0	0 0 \$0		0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances	0	0 \$0 0	0 \$0 0	0	0 0 \$0 0	0 0 0	0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	0 \$0 0	0 \$0 0	0 \$0 0	0	0 0 \$0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	0	0 \$0 0 0	0 \$0 0 0	0	0 0 \$0 0	0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	0	0 \$0 0	\$0 \$0 0 0	0	0 0 \$0 0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Respite 72 5 82 34	0 0	0 \$0 0 0 0	\$0 \$0 0 0	0 \$0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Respite 72 5 82 34 Full-time equivalents (FTE)	0	0 \$0 0 0 0	0 \$0 0 0 0 0	0	0 0 \$0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits	0 0	0 \$0 0 0 0	0.000 0.000	0 \$0 0 0 0	0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	0.00	0 \$0 0 0 0 0	0.00 0.00 0.00	0 \$0 0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	0.00 0.00 0.00 0.00	0 \$0 0 0 0 0 0	0.00 0.00 0.00	0 \$0 0 0 0 0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	0.00	0 \$0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	0.00 0.00 0.00 0.00	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0.00 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CCS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0.00 0.00 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CCSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0.00 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CCSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	0.00 0.00 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CCSS IH - Respite 72 5 82 34 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	0.00 0.00 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Comb. PS/HM/Respite Services 72 5 82 35						0	0.070	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0		
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	,.	
Group Participant Attendances	0	0	0	0	0	0		
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Triteractions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	_	0	0	0	0.0%	
CSS IH - Overnight Stay Care 72 5 82 40	Ü	· ·	•		Š	U	0.076	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0		
Individuals Served by Functional Centre	0	0	0	0	0	0		
	0	0	0	0	0	0	0.070	
Attendance Days	0	0	0	0	0	0		
Group Sessions	0	0	0	0	0	٥	0.0%	
Meal Delivered-Combined	\$0	\$0	0.2	\$0	\$0	0	,.	
Total Cost for Functional Centre	Ψ0		Ψ0	0	Ψ0	0	,.	
Group Participant Attendances	0	0	0	0	0	0		
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	U	U	U	U	U	0	0.0%	
CSS IH - Assisted Living Services 72 5 82 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.070	
Hours of Care	0			0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0		
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0			0	0	0	,.	
Group Sessions	0	0		0	0	0	,.	
Meal Delivered-Combined	\$0	\$0	0	\$0	\$0	0	,.	
Total Cost for Functional Centre		0	90	φ0	Φ0	0	0.070	
Group Participant Attendances	0		0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0		0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Caregiver Support 72 5 82 50				0.00	0.00			
	0.00	^ ^^			0.00	0.00	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	^			
Full-time equivalents (FTE) Visits	0.00	0	0	0	0	0	0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	0.00	0	0	0.00	0	0	0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	0.00 0 0	0 0 0	0 0 0	0 0	0 0	0	0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0 0	0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	0 0 0	0 0 0 0	0 0 0 0	0 0 0	0 0 0 0	0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Service Provider Group Interactions O		0	_		0	_		0.00/	
Moteral Harlah Seasons Support Services 72 8 25 5 0 0 0.00 0.00 0.00 0.00 0.00 0.00	Service Provider Interactions	0	0	0	0	0	0	0.0%	
CSS H - Emergency Response Support Services 7.2 62.2 55		0	0	0	0	0	0		
Full-time equivalent (FTE)		0	U	U	U	U	0	0.0%	
Valis Multi-Disput Multi-Dispu			0.00	0.00	0.00	0.00			
Not Unaquely Identified Service Recipient Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.00	0.00	0.00	0.00	0.00	0.00		
Hours of Care		0	0	0	0	0	0		
Impation/Resident Days		0	0	0	0	0	0		
Individuals Served by Functional Centre		0	0	0	0	0	0		
Attendance Days O		0	0	0	0	0	0		
Group Sessiones		0	0	0	0	0	0		
Mean Debeverack-Combined 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0		
Total Cost for Functional Centre \$0		0	0	0	0	0	0		
Group Participant Attendances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_		0	•	0	0	,	
Service Provider Interactions		·		\$0			0		
Service Provider Group Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0		
Montal Health Sessions 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0		
CSS H - Visiting - Social and Safety 72 5 82 60		0	0	0	0	0	0	0.0%	
Full-time equivalents (FTE)		0	0	0	0	0	0	0.0%	
Visits Color Col	CSS IH - Visiting - Social and Safety 72 5 82 60	_							
Not Uniquely Identified Service Recipient Interactions 0	Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00		
Hours of Care 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0	0.0%	
Incatent/Resident Days	Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	Hours of Care	0	0	0	0	0	0	0.0%	
Attendance Days O	Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Group Sessions	Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Attendance Days	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	Group Sessions	0	0	0	0	0	0	0.0%	
Group Participant Attendances	Meal Delivered-Combined	~		0	-	0	0	0.0%	
Service Provider Interactions	Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Service Provider Group Interactions	Group Participant Attendances	0	0	0	0	0	0	0.0%	
Mental Health Sessions	Service Provider Interactions	0	0	0	0	0	0	0.0%	
CSS III - Visiting - Hospice Services 72 5 82 65	Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Full-time equivalents (FTE)	Mental Health Sessions	0	0	0	0	0	0	0.0%	
Visits V	CSS IH - Visiting - Hospice Services 72 5 82 65								
Not Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Hours of Care	Visits	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days		0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	Hours of Care	0	0	0	0	0	0	0.0%	
Attendance Days Group Sessions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Group Sessions	Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined 0 0 0 0 0 0.0% Total Cost for Functional Centre \$0 \$0 \$0 \$0 0 0.0% Group Participant Attendances 0 0 0 0 0 0 0 0.0% Service Provider Interactions 0 0 0 0 0 0 0 0.0% Service Provider Group Interactions 0 0 0 0 0 0 0.0% Mental Health Sessions 0 0 0 0 0 0 0.0% CSSIH - Foot Care Services 72 582 70 Full-time equivalents (FTE) 0.00 0.00 0.00 0.00 0.00 0.0% Visits 0 0 0 0 0 0.0% 0.0% Not Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0 0.0% Hours of Care 0 0 0 0 0 0	Attendance Days	0	0	0	0	0	0	0.0%	
Solid Cost for Functional Centre		0		0	•	0	0		
Group Participant Attendances 0 0 0 0 0 0 0 0 0		_		0	-	0	0		
Service Provider Interactions 0		\$0	\$0	\$0	\$0	\$0	0		
Service Provider Group Interactions 0		0	0	0	0	0	0		
Mental Health Sessions 0		0	0	0	0	0	0	0.0%	
CSS IH - Foot Care Services 72 5 82 70		0	0	0	0	0	0	0.0%	
Full-time equivalents (FTE) 0.00 <t< td=""><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0.0%</td><td></td></t<>		0	0	0	0	0	0	0.0%	
Visits 0 0 0 0 0 0 0.0% Not Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0 0 0.0% Hours of Care 0	CSS IH - Foot Care Services 72 5 82 70								
Not Uniquely Identified Service Recipient Interactions 0 0 0 0 0 0 0.0% Hours of Care 0 <t< td=""><td>Full-time equivalents (FTE)</td><td>0.00</td><td>0.00</td><td>0.00</td><td>0.00</td><td>0.00</td><td>0.00</td><td>0.0%</td><td></td></t<>	Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Hours of Care 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0	0	0		
Inpatient/Resident Days 0 0 0 0 0 0.0% Individuals Served by Functional Centre 0 </td <td>Not Uniquely Identified Service Recipient Interactions</td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td>	Not Uniquely Identified Service Recipient Interactions	0		0	0	0	0		
Individuals Served by Functional Centre 0				0	0	0	0		
Attendance Days 0 0 0 0 0 0 0.0% Group Sessions 0 0 0 0 0 0 0.0%		0		0	0	0	0		
Group Sessions 0 0 0 0 0 0 0 0.0%		0		0	0	0	0		
		0	0	0	0	0	0		
Meal Delivered-Combined 0 0 0.0%		0	0	0	0	0	0		
	Meal Delivered-Combined	0	0	0	0	0	0	0.0%	

	A 0	40	00	00		1		
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Vision Impaired Care Services 72 5 82 75								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider True actions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0		
CSS IH - Deaf, Deafened and Hard of Hearing Care Ser	vices 72 5 92 7			0		0	0.0%	
	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0		
Hours of Care	0	•	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	ŭ	0	0	, and the second	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.070	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS IH - Elderly Person Centre Services 72 5 82 80 (No								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS ABI - Day Services 72 5 83 20							0.070	
Full-time equivalents (FTE)	3.20	0.00	3.20	3.42	3.42	(0.22)	(6 9%)	The ABI budget is 3.2 FTE's, 1.6 FTE's in each of the MOS
Visits	0.20	0.00	0.20	0.12	0.12	(0.22)	0.0%	THE ALPHDUUGETTO S.Z.T. T.E.S., T.O.F.T.E.S. III Edult OF THE INIOS
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0		
	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	55	0	55	36	36	(19)		Dudget reflects 1000/ energting consolity actual consolity
Individuals Served by Functional Centre	15840	0	15840	11556	11556	(:•)		Budget reflects 100% operating capacity, actual capacity
Attendance Days	10040	U	15040	11000	11000	(4,284)	(27.0%)	Budget reflects 100% operating capacity, actual capacity

		^		•			0.004	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	#20E 2EE	•	©20E 2EE	T242 450	C242 4E0	0	0.0%	
Total Cost for Functional Centre	\$305,255	\$0	\$305,255	\$342,458	\$342,458	37,203	12.2%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0		0	0	0	0.0%	
Service Provider Group Interactions	0	0	_	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS ABI - Vocational Training and Education Services			0.00				•	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS ABI - Personal Support/Independence Training 72								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS ABI - Assisted Living Services 72 5 83 45	0.00		0.00				T	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS Com Sup Init - Support Service Training 72 5 84 1								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	

Francisco de la companya della companya della companya de la companya de la companya della compa	Δ.	_		•			0.004	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	<u> </u>	0	0	U #0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS Com Sup Init - Self Managed Attendant Services								
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CSS Com Sup Init - Personal Support Worker Training	72 5 84 30							
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
CHC Research - Community Health and Social Service	s 7*7 50						510,0	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Education-In Service (CCAC Only) 72 8 40	<u> </u>				· ·	U	0.0%	
Full-time equivalents (FTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	0	0	0	0	0	0	0.0%	
INOL Uniquely Identified Service Recipient Interactions	U	U	U	U	U	0	U.U%	

Hours of Care	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	0	0	0	0	0	0	0.0%	
Attendance Days	0	0	0	0	0	0	0.0%	
Group Sessions	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	0	0	0	0	0	0	0.0%	
Service Provider Interactions	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	0	0	0	0	0	0	0.0%	
Mental Health Sessions	0	0	0	0	0	0	0.0%	
Total Full-Time Equivalents for all F/C	8.80	0.00	8.80	9.42	9.42	-0.62	(7.0%)	
Total Visits for all F/C	0	0	0	0	0	0	0.0%	
Total Not Uniquely Identified Service Recipient							0.0%	
Interactions for all F/C	0	0	0	0	0	0		
Total Hours of Care for all F/C	0	0	0	0	0	0	0.0%	
Total Inpatient/Resident Days for all F/C	0	0	0	0	0	0	0.0%	
Total Individuals Served by Functional Centre for all							19.5%	
F/C	195	0	195	157	157	38		
Total Attendance Days for all F/C	22626	0	22626	16505	16505	6121	27.1%	
Total Group Sessions for all F/C	0	0	0	0	0	0	0.0%	
Total Meals Delivered for all F/C	0	0	0	0	0	0	0.0%	
Total Group Participants for all F/C	0	0	0	0	0	0	0.0%	
Total Service Provider Interactions for all F/C	0	0	0	0	0	0	0.0%	
Total Mental Health Sessions for all F/C	0	0	0	0	0	0	0.0%	
Total Cost for all F/C	\$804,228	\$0	\$804,228	\$854,449	\$854,449	\$50,221	(6.2%)	

Community Quarterly Report LHIN Managed Funding HSP Name: City Of Ottawa - Adult Day Programs Q4 2015-16 COMMENTS **Return to Main Page** HEALTH SERVICE PROVIDER COMMENTS Note: Press ALT+Enter to insert a line break as you are typing

LHIN CONSULTANT NOTES

Note: Press ALT+Enter to insert a line break as you are typing					

EDIT CHECKS										
The HSP Identification Screen is Complete	©									
All Fund Type 2 expenses for YTD Actual are allocated to Functional Centres on the Activity Screen.	©									
All Fund Type 2 expenses for Forecast are allocated to Functional Centres on the Activity Screen.	©									
Total FTE's from the Financial pages for YTD Actual balances to the Total FTE's at the bottom of the Activity Page	©									
Total FTE's from the Financial for Forecast pages balances to the Total FTE's at the bottom of the Activity Page	0									
TPBE SPECIFIC EDIT CHECKS		CMHP 1	SF	ABI	PG	SAP	POMS	СМН	css	
Fund Type 2: YTD and Forecasted Programs are Balanced or in Surplus		0	0	©	©	0	©	0	0	
										Т

All Active Programs have Administration Expenses Entered

AO	HS	СНС	CCAC
☺	☺	©	©
0	0	0	0

Document 4- Reports submitted to the Champlain LHIN under the MSAA

Supplementary Reporting Q2 2016

Community Quarterly Report Li (SRI)

Fiscal Year: 2016-17

Reporting Quarter: Q2

LHIN: 11. Champlain

INSTRUCTIONS: Please read the user guide prior to completing this file Complete your Community Information above before proceeding.

Use the Navigation Links provided below or click on the worksheet tab

Identification

Community Mental Health (CMHP1) - Funding & FTE Planni
Sessional Fees (SF) - Funding & FTE Planning
Substance Abuse Program (SAP) - Funding & FTE Planning
Problem Gambling (PG) - Funding & FTE Planning
Psychiatric Outpatient Medical Salaries (POMS) - Funding &

Childrens Mental Health (CMH) - Funding & FTE Planning

✓ Acquired Brain Injury (ABI) - Funding & FTE Planning

✓ Community Support Services (CSS) - Funding & FTE Plannin

Palliative Care (PALC) - Funding & FTE Planning

Attendant Outreach (AO) - Funding & FTE Planning

Supportive Housing (SH) - Funding & FTE Planning

Community Health Centre (CHC) - Funding & FTE Planning

Community Care Access Centre (CCAC) - Funding & FTE Plan

Financial & FTE Program Summary Page - Information

Budget Adjustments Year to Date

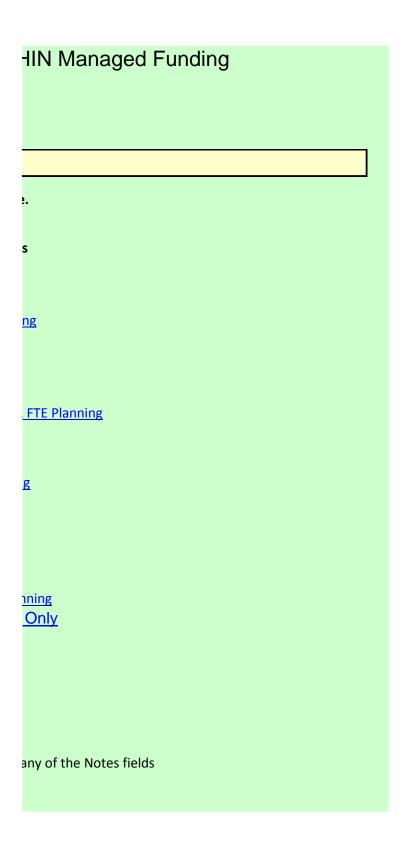
Service Selection Page

Activity Reporting Page

Additional Comments

Verify the Edit Checks

Note: On Forms the cells with a Blue font are for data entry along with a



Community Quarterly Report LHIN Managed Funding

HSP Name: City Of Ottawa

Q2 2016-17 IDENTIFICATION

Return to Main Page

* Mandatory Fields

<u>Description</u>	<u>Details</u>
*Facility No.	4444
*Recipient # (IFIS #)	272
*Period (Select on Main Page)	2016-17: Q2
*LHIN Name	11. Champlain
*Service Provider Name	City Of Ottawa
*Service Provider Legal Name	City Of Ottawa

Service Provider Address

*Address 1	100 Constellation Cres. 7th Floor W.
Address 2	Mail Code 26-90
*City	Ottawa
*Postal Code	K2G 6J8

Executive Director

*Name	Dean Lett
*Position Name	Administrator
*Telephone	613 580-2424 ext. 30026
*Email	Dean.Lett@Ottawa.ca

Finance Contact

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Board Chair/Signing Authority

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*Position Name	Manager, Community and Social Services Direct
	Operations
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Board Co-chair/Signing Authority (if required)

Name	
Position Name	
Telephone	
Email	

Community Quarterly Report LHIN Managed Funding HSP Name: City Of Ottawa

Q2 2016-17

Acquired Brain Injury (ABI) - Funding & FTE Planning

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LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue								
LHIN Global Base Allocation	\$228,246	\$0	\$228,246	\$114,126	\$228,246	\$0	0.0%	<u> </u>
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0		\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0		\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0		\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0		\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	· ·	\$0	0.0%	
Paymaster Flow Through (Row 80)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$26,121	\$0	* -	\$24,574	**	\$453		Most of the revenue is in for the year (registrations are completed).
Subtotal Revenue LHIN/MOHLTC	\$254,367	\$0	\$254,367	\$138,700	\$254,820	\$453	0.2%	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$55,278	\$0	\$55,278	\$10,029	\$64,538	\$9,260	16.8%	Compensation continues to be a pressure with contracted COLA yearly increases
Subtotal Other Revenues	\$55,278	\$0	\$55,278	\$10,029	\$64,538	\$9,260	16.8%	
TOTAL REVENUE FUND TYPE 2	\$309,645	\$0	\$309,645	\$148,729	\$319,358	\$9,713	3.1%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$231,673	\$0	\$231,673	\$107,060	\$239,996	\$8,323	3.6%	Compensation amount should include vacation
Benefit Contributions (Row 93+104)	\$65,352	\$0	\$65,352	\$37,410	\$67,044	\$1,692	2.6%	Adjust benefits for vacation (s/b in Comp)
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 131)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 133)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 134)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs								
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$6,600	\$0	\$6,600	\$2,765	\$6,530	(\$70)	(1.1%)	Program does not run during the summer, costs are not linear
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$6,020	\$0	\$6,020	\$1,494	\$5,788	(\$232)	(3.9%)	Program does not run during the summer, costs are not linear. Missing Audit costs
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$309,645	\$0	\$309,645	\$148,729	\$319,358	\$9,713	3.1%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL	\$ 0	ΨΟ	ΨΟ	ΨΟ	Ψ0[Ψ	0.070	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES	\$ 0	40	φυ	ΨΟ	\$0	40	0.0 /8	
Total Revenue (All Funds)	\$309,645	\$0	\$309,645	\$148,729	\$319,358	\$9,713	3.1%	
Total Expenses (All Funds)	\$309,645	\$0	\$309,645	\$148,729	\$319,358	\$9,713	3.1%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs	\$0	40	40	ΨΟ	\$0	40	0.0 /8	
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0 \$0	0.0%	
Information Systems Support	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
General Administration	\$0 \$1	\$0 \$0	\$0 \$1	\$0 \$1	\$0 \$1	\$0 \$0	0.0%	
Other Administrative Expense	\$0	\$0 \$0	\$1 \$0	\$0	\$1 \$0	\$0 \$0	0.0%	
Admin & Support Services	\$0 \$1	\$0 \$0	\$0 \$1	\$0 \$1	\$0 \$1	\$0 \$0	0.0%	
Management Clinical Services	\$0	\$0 \$0	\$1 \$0	\$0		\$0 \$0	0.0%	
Medical Resources					\$0			
	\$0	\$0	\$0 \$1	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses PAYMASTER AGREEMENTS	\$2	\$0	\$1	\$1	\$1	\$0	0.0%	
PATMASTER AGREEMENTS	¢o.	60	¢o.	¢o.	¢o.	to.	0.00/	
	\$0	\$0	\$0 \$0	\$0	\$0	\$0	0.0%	
	\$0 \$0	\$0	\$0 \$0	\$0	\$0	\$0	0.0%	
	·	\$0	• -	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Daymanta/Flow Through (transfers to line 40 above)	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above) GLOBAL INDICATORS	\$0	\$0	\$ 0	\$0	\$0	\$0	0.0%	
	26.3%	0.0%	00.00/	23.3%	00.5%	0.00/	0.00/	
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support			26.3%		28.5%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0% 0.0%	0.0%	0.0%	0.0%	0.0%	
		0.0%		25.9%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	22.0%		22.0% 95.9%	25.9% 97.1%	21.8%	2.2%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	95.9%	0.0%	95.9%	97.1%	96.1%	(0.0%)	0.0%	
LUND STEP :								
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services		2.00		9.00		1.00	(400.000)	
MOS FTE - Direct	1.60	0.00	1.60	0.00	0.00	-1.60	(100.0%)	0.40 LIDD ETEI- on 10 MOO ETE!
UPP FTE - Direct	1.60	0.00	1.60	3.42	3.42	1.82		3.42 UPP FTE's and 0 MOS FTE's
Salaries (Worked hours + Benefit hours cost) - Direct	\$231,673	\$0	\$231,673	\$107,060	\$239,996	\$8,323	3.6%	
Benefit Contributions - Direct	\$65,352	\$0	\$65,352	\$37,410	\$67,044	\$1,692	2.6%	Management
# of Volunteers - Direct	2.00	0.00	2.00	4.00	4.00	2.00	100.0%	More volunteers than expected

Volunteer Hours - Direct	731.00	0.00	731.00	257.00	514.00	-217.00	(29.7%)	no student volunteer program in summer months
Total Direct Services FTE	0.00	0.00	3.20	3.42	3.42	0.22	6.9%	
Total Direct Services Total Compensation	\$0	\$0	\$297,025	\$144,470	\$307,040	\$10,015	3.4%	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$92,820	\$42,243	\$89,778	\$45,523	49.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	11.7%	3.9%	7.7%	-50.6%	(431.8%)	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0		\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0		\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0		\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0		\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0		\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	* -	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY			-			·		
MOS FTE	1.60	0.00	1.60	0.00	0.00	(1.60)	(100.0%)	
UPP FTE	1.60	0.00	1.60	3.42	3.42	1.82	113.8%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff	2.00	0.00	2.00	2.40	2.40	0.00	C 00/	
Total FTE	3.20	0.00	3.20	3.42	3.42	0.22	6.9%	
TOTAL PROGRAM FTE Compensation Worked hours Cost	\$004.070	**	¢004.070	£407.000	#220.000	#0.555	2 00/	
	\$231,673	\$0 \$0		\$107,060	\$239,996	\$8,323	3.6%	
Benefit hours cost (includes contributions)	\$65,352	\$0 \$0	\$65,352	\$37,410	\$67,044	\$1,692 \$40,045	2.6%	
Total Compensation Average Cost Per FTE	\$297,025	\$0	. ,	\$144,470	\$307,040	\$10,015	3.4%	
TOTAL PROGRAM Volunteer Summary	\$92,820	\$0	\$92,820	\$42,243	\$89,778	(\$3,043)	(3.3%)	
# of Volunteers	0	0	2	41		2	100.0%	
# or volunteers Volunteer Hours	731	0	731	257	514	(217)	(29.7%)	
VH as % of Total FTE	11.7%	0.0%	731 11.7%	3.9%	7.7%	-4.0%	(34.2%)	
VIT d5 % ULTULALFTE	11.7%	0.0%	11.7%	3.9%	7.7%	-4.0%	(34.2%)	

Community Quarterly Report LHIN Managed Funding HSP Name: City Of Ottawa

Q2 2016-17

Community Support Services (CSS) - Funding & FTE Planning Return to Main Page

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LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue	•		-					
LHIN Global Base Allocation	\$390,140	\$0	\$390,140	\$212,207	\$424,403	\$34,263	8.8%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 80)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$100,138	\$0	\$100,138	\$49,167	\$98,334	(\$1,804)	(1.8%)	
Subtotal Revenue LHIN/MOHLTC	\$490,278	\$0	\$490,278	\$261,374	\$522,737	\$32,459	6.6%	
Recoveries from External/Internal Sources	\$6,000	\$0	\$6,000	\$0	\$0	(\$6,000)	(100.0%)	Recoveries take place in the second half of the year
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$637	\$1,285	\$1,285	0.0%	
Subtotal Other Revenues	\$6,000	\$0	\$6,000	\$637	\$1,285	(\$4,715)	(78.6%)	
TOTAL REVENUE FUND TYPE 2	\$496,278	\$0	\$496,278	\$262,011	\$524,022	\$27,744	5.6%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$366,265	\$0	\$366,265	\$167,385	\$334,770	(\$31,495)	(8.6%)	
Benefit Contributions (Row 93+104)	\$99,551	\$0	\$99,551	\$47,522	\$95,044	(\$4,507)	(4.5%)	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 131)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 133)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 134)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs	. 1						T	
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$11,537	\$0	\$11,537	\$11,531	\$23,062	\$11,525	99.9%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$18,924	\$0	\$18,924	\$35,573	\$71,146	\$52,222	276.0%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$496,278	\$0	\$496,278	\$262,011	\$524,022	\$27,744	5.6%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	(\$0)	0.0%	
Amortization - Grants/Donations Revenue	\$0 \$0	\$0	\$0	\$0	\$0 \$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	(\$0)	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL	Ψ0	ΨΟ	Ψ	ΨΟ	Ψ0	ΨΟ	0.070	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
ALL FUND TYPES	Ψ0	φυ	φυ	ΨΟ	40	φυ	0.0 /6	
Total Revenue (All Funds)	\$496,278	\$0	\$496,278	\$262,011	\$524,022	\$27,744	5.6%	
Total Expenses (All Funds)	\$496,278	\$0	\$496,278	\$262,011	\$524,022 \$524,022	\$27,744	5.6%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$490,278	\$0	\$490,270	\$202,011	\$0	\$27,744	0.0%	
Total Admin Expenses Allocated to the TPBEs	ΨU	ψU	φU	ΨU	\$ 0	ΦU	0.0%	
Undistributed Accounting Centres	\$0	\$0	\$0	¢0	\$0	\$0	0.0%	
Plant Operations	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
Volunteer Services					-		0.0%	
	\$0	\$0	\$0 ***	\$0	\$0	\$0		
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$1 \$0	\$0	\$1 \$0	\$1 60	\$1 CO	\$0 \$0	0.0%	
Other Administrative Expense	\$0	\$0	\$0 04	\$0	\$0	\$0	0.0%	
Admin & Support Services	\$1	\$0	\$1	\$1	\$1	\$0	0.0%	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Admin & Undistributed Expenses	\$2	\$0	\$1	\$1	\$1	\$0	0.0%	
PAYMASTER AGREEMENTS								
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
GLOBAL INDICATORS				T				
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	21.4%	0.0%	21.4%	19.0%	19.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	21.4%	0.0%	21.4%	22.1%	22.1%	(2.4%)	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	93.9%	0.0%	93.9%	82.0%	82.0%	(0.0%)	0.0%	
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services								
MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services								
MOS FTE - Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Direct	6.00	0.00	6.00	6.00	6.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Direct	\$366,265	\$0	\$366,265	\$167,385	\$334,770	(\$31,495)	(8.6%)	
Benefit Contributions - Direct	\$99,551	\$0	\$99,551	\$47,522	\$95,044	(\$4,507)	(4.5%)	
# of Volunteers - Direct	35.00	0.00	35.00	53.00	53.00	18.00	51.4%	More volunteers than expected
				_		_		

Volunteer Hours - Direct	1,600.00	0.00	1,600.00	556.00	1,500.00	-100.00	(6.3%)	
Total Direct Services FTE	0.00	0.00	6.00	6.00	6.00	0.00	0.0%	
Total Direct Services Total Compensation	\$0	\$0	\$465,817	\$214,907	\$429,814	(\$36,003)	(7.7%)	
Average Cost Per Direct Servicers FTE	\$0	\$0	\$77,636	\$35,818	\$71,636	\$0	0.0%	
Direct Services VH as % of Total FTE	0.0%	0.0%	13.7%	4.8%	12.8%	0.0%	0.0%	

FTE- Medical Staff Remuneration								
Physician FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY								
MOS FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE	6.00	0.00	6.00	6.00	6.00	0.00	0.0%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff Total FTE	6.00	0.00	6.00	6.00	6.00	0.00	0.0%	
TOTAL PROGRAM FTE Compensation	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Worked hours Cost	\$366,265	\$0	\$366,265	\$167,385	\$334,770	(\$31,495)	(8.6%)	
Benefit hours cost (includes contributions)	\$99,551	\$0	\$99.551	\$47,522	\$95.044	(\$4,507)	(4.5%)	
Total Compensation	\$465,817	\$0	\$465,817	\$214,907	\$429,814	(\$36,003)	(7.7%)	
Average Cost Per FTE	\$77,636	\$0	\$77,636	\$35,818	\$71,636	(\$6,000)	(7.7%)	
TOTAL PROGRAM Volunteer Summary	ψ11,030	40	ψι ι ,030	ψυυ,υ10	ψ11,030	(\$0,000)	(1.170)	
# of Volunteers	35	0	35	53	53	18	51.4%	
Volunteer Hours	1,600	0	1,600	556	1,500	(100)	(6.3%)	
VH as % of Total FTE	13.7%	0.0%	13.7%	4.8%	12.8%	-0.9%	(6.2%)	
VII ao 70 OFTOlait I L	13.1%	0.0%	13.7%	4.0%	12.0%	-0.9%	(0.2%)	

Community Quarterly Report LHIN Managed Funding HSP Name: City Of Ottawa

Q2 2016-17

TOTAL LHIN MANAGED FUNDING

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LHIN Program: Revenue & Expenses	Budget	Budget Adjustments	Total	YTD Actual	Q4 Forecast	Q4 \$ Forecast Variance to Budget	Q4 % Forecast Variance to Budget	Comments Explanations are required where the Q4 Forecasted % exceeds +/-10%
Revenue		•			-		•	
LHIN Global Base Allocation	\$618,386	\$0	\$618,386	\$326,333	\$652,649	\$34,263	5.5%	
HBAM Funding (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Quality-Based Procedures (CCAC only)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
LHIN One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Paymaster Flow Through (Row 80)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$126,259	\$0	\$126,259	\$73,741	\$124,908	(\$1,351)	(1.1%)	
Subtotal Revenue LHIN/MOHLTC	\$744,645	\$0	\$744,645	\$400,074	\$777,557	\$32,912	4.4%	
Recoveries from External/Internal Sources	\$6,000	\$0	\$6,000	\$0	\$0	(\$6,000)	(100.0%)	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$55,278	\$0	\$55,278	\$10,666	\$65,823	\$10,545	19.1%	
Subtotal Other Revenues	\$61,278	\$0	\$61,278	\$10,666	\$65,823	\$4,545	7.4%	
TOTAL REVENUE FUND TYPE 2	\$805,923	\$0	\$805,923	\$410,740	\$843,380	\$37,457	4.6%	
EXPENSES								
Compensation								
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$597,938	\$0	\$597,938	\$274,445	\$574,766	(\$23,172)	(3.9%)	
Benefit Contributions (Row 93+104)	\$164,903	\$0	\$164,903	\$84,932	\$162,088	(\$2,815)	(1.7%)	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant Compensation (Row 131)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 133)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 134)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Sessional Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Costs								
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$18,137	\$0	\$18,137	\$14,296	\$29,592	\$11,455	63.2%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization on Major Equip, Software License & Fees	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$24,944	\$0	\$24,944	\$37,067	\$76,934	\$51,990	208.4%	
Buildings & Grounds Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Building Amortization	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	\$805,923	\$0	\$805,923	\$410,740	\$843,380	\$37,457	4.6%	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	(\$0)	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	\$0	\$0	\$0	(\$0)	0.0%	

FUND TYPE 3 - OTHER								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
FUND TYPE 1 - HOSPITAL	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	0.070	
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	\$0	\$0	\$0 \$0	\$0	0.0%	
ALL FUND TYPES	φ0	40	φυ	φυ	φ0	40	0.0 /6	
Total Revenue (All Funds)	\$805,923	\$0	\$805,923	\$410,740	\$843,380	\$37,457	4.6%	
Total Expenses (All Funds)	\$805,923	\$0	\$805,923	\$410,740	\$843,380	\$37,457	4.6%	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$003,923	\$0	\$005,325	\$410,740	\$043,380	\$0	0.0%	
Total Admin Expenses Allocated to the TPBEs	40	40	φυ	φυ	φ0	40	0.0 /6	
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0 \$0	\$0	\$0 \$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	0.0%	
General Administration	\$2	\$0	\$0 \$2	\$2	\$0 \$2		0.0%	
Other Administrative Expense	\$2 \$0	\$0 \$0	\$2 \$0	\$2 \$0	\$2 \$0	\$0 \$0	0.0%	
Admin & Support Services	\$0 \$2	\$0 \$0	\$0 \$2	\$0 \$2	\$0 \$2	\$0 \$0	0.0%	
Management Clinical Services	\$2 \$0	\$0 \$0	\$2 \$0		\$2 \$0		0.0%	
Medical Resources				\$0		\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0 \$0	\$0		
Total Admin & Undistributed Expenses PAYMASTER AGREEMENTS	\$4	\$0	\$2	\$2	\$2	\$0	0.0%	
PATMASTER AGREEMENTS	¢o.	¢o.	¢o.	¢o.	to.	¢o.	0.0%	
	\$0	\$0 \$0	\$0	\$0	\$0 \$0	\$0	0.0%	
	\$0	\$0 \$0	\$0	\$0	\$0	\$0 ***	0.0%	
	\$0		\$0	\$0	\$0	\$0		
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Daymanatay/Flagge Through (transfers to line 40 shage)	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0% 0.0%	
Total Paymaster/Flow Through (transfers to line 18 above) GLOBAL INDICATORS	\$0	ΨU	\$ 0	\$0	φu	\$ 0	0.0%	
	23.3%	0.0%	23.3%	20.5%	22.6%	0.0%	0.0%	
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only) % Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support % Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
·	21.6%	0.0%	21.6%	23.6%	22.0%	(0.7%)	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	94.7%		94.7%	87.5%	87.4%	(0.7%)	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	94.7%	0.0%	94.7%	07.5%	07.4%	(0.0%)	0.0%	
LUIN December FTF Discusion								
LHIN Program: FTE Planning								
721 FTE- Administration and Support Services MOS FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
UPP FTE - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	0.0%	
Benefit Contributions - Admin & Support	\$0		\$0		·		0.0%	
# of Volunteers - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Volunteer Hours - Admin & Support	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Total Admin & Support Services Total Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per Admin & Support Services FTE	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
725 FTE- Direct Services	4.00	0.00	4.65	0.00	0.00	4 00	(400.000)	
MOS FTE - Direct	1.60	0.00	1.60	0.00	0.00	-1.60	(100.0%)	
UPP FTE - Direct	7.60	0.00	7.60	9.42	9.42	1.82	23.9%	
Salaries (Worked hours + Benefit hours cost) - Direct	597,938.44	\$0	\$597,938	\$274,445	\$574,766	(\$23,172)	(3.9%)	
Benefit Contributions - Direct	\$164,903	\$0	\$164,903	\$84,932	\$162,088	(\$2,815)	(1.7%)	
# of Volunteers - Direct	37.00	0.00	37.00	57.00	57.00	20.00	54.1%	

Volunteer Hours - Direct	2,331.00	0.00	2,331.00	813.00	2,014.00	-317.00	(13.6%)	
Total Direct Services FTE	9.20	0.00	9.20	9.42	9.42	0.22	2.4%	
Total Direct Services Total Compensation	\$762,842	\$0	\$762,842	\$359,377	\$736,854	(\$25,988)	(3.4%)	
Average Cost Per Direct Servicers FTE	\$82,918	\$0	\$82,918	\$38,150	\$78,222	(\$118,127)	(142.5%)	
Direct Services VH as % of Total FTE	13.0%	0.0%	13.0%	4.4%	11.0%	-73.9%	(568.7%)	

FTE- Medical Staff Remuneration								
Physician FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Assistant FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
NP FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0 \$0	\$0	0.0%	
Physiotherapist FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Physician Assist	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	0.0%	
Chiropractor FTE	\$0 \$0	\$0 \$0	0.00	0.00	0.00	0.00	0.0%	
•	*-							
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff FTE	\$0	\$0	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Other Med	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Chiropractors	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Compensation - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physician Assistant	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - NP	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Physiotherapists	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Chiropractor	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Average Cost per FTE - Other Medical Staff	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
TOTAL PROGRAM FTE SUMMARY					•	•		
MOS FTE	1.60	0.00	1.60	0.00	0.00	(1.60)	(100.0%)	
UPP FTE	7.60	0.00	7.60	9.42	9.42	1.82	23.9%	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Chiropractor, Other Med Staff								
Total FTE	9.20	0.00	9.20	9.42	9.42	0.22	2.4%	
TOTAL PROGRAM FTE Compensation								
Worked hours Cost	\$597,938	\$0	\$597,938	\$274,445	\$574,766	(\$23,172)	(3.9%)	
Benefit hours cost (includes contributions)	\$164,903	\$0	\$164,903	\$84,932	\$162,088	(\$2,815)	(1.7%)	
Total Compensation	\$762,842	\$0	\$762,842	\$359,377	\$736,854	(\$25,988)	(3.4%)	
Average Cost Per FTE	\$82,918	\$0	\$82,918	\$38,150	\$78,222	(\$4,695)	(5.7%)	
TOTAL PROGRAM Volunteer Summary							. 1	
# of Volunteers	37	0	37	57	57	20	54.1%	
No. 1 and 1	2,331	0	2,331	813	2,014	(317)	(13.6%)	
Volunteer Hours	2,00				2,017	(0177	(10.0701	

Community Quarterly Report LHIN Managed Funding

HSP Name : City Of Ottawa

Q2 2016-17

SERVICE SELECTION SCREEN

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Return to Main Page							
SERVICE SELECTION SCREEN							
Enter an "x" under the "LHIN Funded Services" column below for each service that your agency provides.							
	LHIN						
	Funded						
	Services						
Total Administration Expenses							
Undistributed Accounting Centres	82*						
Administration and Support Services	72 1* X						
COM Clinical Management	72 5 05						
COM Medical Resources	72 5 07						
Diagnostic and Therapeutic Services 72 4* (Community Health Centres)							
LAB Pre/Post Analysis	72 4 10 21						
MI Combined Functions	72 4 15 99						
NV Non - Invasive Cardiology - Combined	72 4 30 20						
CMH&A Centralized/Coordinated Access 72 5 08*							
CMH&A Centralized/Coordinated Access	72 5 08						
Case Management 72 5 09*							
Case Management (CCAC)	72 5 09 30						
Case Management/Supportive Counselling & Services - Mental Health	72 5 09 76						
Case Management/Supportive Counselling & Services - Addictions Supportive Housing	72 5 09 78 10						
Case Management Addictions - Substance Abuse	72 5 09 78 11						
Case Management Addictions - Problem Gambling	72 5 09 78 12						
Primary Care- Clinics/Programs 72 5 10*							
Clinics/Programs - Primary Care Practice	72 5 10 05						
Clinics/Programs - Walk In Clinic	72 5 10 10						
Clinics/Programs - Nursing Clinic	72 5 10 15						
Clinics/Programs - General Clinic	72 5 10 20						
Clinics/Programs - Combined Clinic	72 5 10 30						
Clinics/Programs - Therapy Clinic	72 5 10 40						
Clinics/Programs - Therapy Clinic - General	72 5 10 40 10						
Clinics/Programs - Therapy Clinic - Foot Care	72 5 10 40 20						

Clinics/Programs - Therapy Clinic - Naturopathy	72 5 10 40 30
Clinics/Programs - Therapy Clinic - Pharmacy	72 5 10 40 40
Clinics/Programs - Therapy Clinic - Nutrition	72 5 10 40 45
Clinics/Programs - Therapy Clinic - Physiotherapy	72 5 10 40 50
Clinics/Programs - Therapy Clinic - Occupational Therapy	72 5 10 40 55
Clinics/Programs - Therapy Clinic - Counselling	72 5 10 40 60
Clinics/Programs - Therapy Clinic - Speech and Language Pathology	72 5 10 40 62
Clinics/Programs - Therapy Clinic - Massage Therapy	72 5 10 40 64
Clinics/Programs – Oral Health Clinic	72 5 10 45
Clinics/Programs – Chronic Disease Clinic	72 5 10 50
Clinics/Programs - Chronic Disease - General Clinic	72 5 10 50 10
Clinics/Programs - Chronic Disease - Diabetes Clinic	73 5 10 50 20
Clinics/Programs - Chronic Disease - Asthma Clinic	74 5 10 50 30
Clinics/Programs - Chronic Disease - Hepatitis C and/or HIV/AIDS Clinic	75 5 10 50 40
Clinics/Programs – CHC Other Clinic	72 5 10 55
Clinics/Programs - Oncology - Treatment Outreach Clinic	72 5 10 66 10
Clinics/Programs - Oncology - Preventative Clinics	72 5 10 66 20
Clinics Programs - MH Counseling and Treatment	72 5 10 76 12
MH Assertive Community Treatment Teams	72 5 10 76 20
MH Community Clinic	72 5 10 76 30
MH Vocational/Employment	72 5 10 76 40
MH Clubhouses	72 5 10 76 41
MH Concurrent Disorders	72 5 10 76 45
MH Child/Adolescent	72 5 10 76 50
MH Early Intervention	72 5 10 76 51
MH Forensic	72 5 10 76 55
MH Diversion and Court Support	72 5 10 76 56
MH Abuse Services	72 5 10 76 60
MH Eating Disorders	72 5 10 76 70
MH Social Rehab./Recreation	72 5 10 76 81
MH Dual Diagnosis	72 5 10 76 95
MH Psycho-geriatric	72 5 10 76 96
Other MH Services not elsewhere identified	72 5 10 76 99
Addictions Treatment-Substance Abuse	72 5 10 78 11
Addictions Treatment-Problem Gambling	72 5 10 78 12
Addictions Withdrawal Mgmt.	72 5 10 78 20
Initial Assessment and Treatment Planning	72 5 10 78 30
Crisis Intervention 72 5 15*	

Crisis Intervention - Hot Lines	70 5 45 40
Crisis Intervention - Hot Lines Crisis Intervention - Abuse Services	72 5 15 10
	72 5 15 15
Crisis Intervention - Quick Response	72 5 15 20
Crisis Intervention - Victim Services	72 5 15 25
Crisis Intervention - Combined	72 5 15 30
Crisis Intervention - Mental Health	72 5 15 76
Day/Night Care 72 5 20*	
Day/Night Combined	72 5 20 30
Day/Night Care Mental Health General	72 5 20 76 10
Day/Night Care Mental Health MH eating Disorder	72 5 20 76 70
Day/Evening Addictions Treatment	72 5 20 78 10
COM Day Care - Rehab Medical	72 5 20 81 10
COM Day Care - Rehab Trauma	72 5 20 81 28
Day Care - Rehab Combined	72 5 20 81 30
COM Day Care - Rehab Burn	72 5 20 81 35
COM Day Care - Rehab Cardiac	72 5 20 81 42
COM Day Care - Rehab Head Injury/Acquired Brain Injury	72 5 20 81 61
COM Day Care - Rehab Spinal Cord	72 5 20 81 63
COM Day Care - Rehab Oncology	72 5 20 81 66
COM Day Care - Rehab Orthopedic	72 5 20 81 72
COM Day Care - Rehab Amputee Rehab	72 5 20 81 73
COM Day Care - Rehab Care Pediatric	72 5 20 81 74
COM Day Care Regional Geriatric	72 5 20 96
In-Home Health Professional Services (HPS) Home Care 72 5 30 40*	
In-Home HPS - Nursing - Visiting	72 5 30 40 11
In-Home HPS - Nursing - Shift	72 5 30 40 12
In-Home HPS - Self-Managed Home Care	72 5 30 40 13
In-Home HPS - Wound Care Outcome	72 5 30 40 20
In-Home HPS - Orthopedic Care Outcome	72 5 30 40 25
In-Home HPS - Respiratory Services	72 5 30 40 35
In-Home HPS – Medication Management	72 5 30 40 40
In-Home HPS - Nutrition/Dietetic	72 5 30 40 45
In-Home HPS - Physiotherapy	72 5 30 40 50
In-Home HPS - Occupational Therapy	72 5 30 40 55
In-Home HPS - Speech Lang. Path.	72 5 30 40 62
In-Home HPS - Social Work	72 5 30 40 70
In-Home HPS - Psychology	72 5 30 40 75
Private/Home School Health Professional Services (SHPS) 72 5 30 42*	
· · ·	

	<u> </u>
Private/Home SHPS - Nursing - Visiting	72 5 30 42 11
Private/Home SHPS - Nursing - Shift	72 5 30 42 12
Private/Home SHPS - Nutrition/Dietetic	72 5 30 42 45
Private/Home SHPS - Physiotherapy	72 5 30 42 50
Private/Home SHPS - Occupational Therapy	72 5 30 42 55
Private/Home SHPS - Speech Lang. Path.	72 5 30 42 62
Public School Health Professional Servcies (SHPS) 72 5 30 44*	
Public SHPS - Nursing - Visiting	72 5 30 44 11
Public SHPS - Nursing - Shift	72 5 30 44 12
Public SHPS - Nutrition/Dietetic	72 5 30 44 45
Public SHPS - Physiotherapy	72 5 30 44 50
Public SHPS - Occ. Therapy	72 5 30 44 55
Public SHPS - Speech Lang. Path.	72 5 30 44 62
Mental Health Home Care 72 5 30 76*	
MH Home Care - Psychiatric Follow-Up	72 5 30 76 10
MH Home Care - Psychiatric Acute	72 5 30 76 25
MH Home Care - Child/Adolescent	72 5 30 76 50
MH Home Care - Forensic Psychiatry	72 5 30 76 55
MH Home Care - Psychiatric Rehab	72 5 30 76 81
MH Home Care - Psychiatric Crisis	72 5 30 76 90
MH Home Care - Longer Term	72 5 30 76 95
MH Home Care - Geriatric Psych. Assess.	72 5 30 76 96
Addictions Home Care 72 5 30 78	
Addictions Home Care - Addictions	72 5 30 78 10
Other In-Home Services 72 5 30 66 / 86 / 94	
Onlcology Home Care	72 5 30 66
Dialysis Home Care	72 5 30 86
Palliative Home Care	72 5 30 94
In-Home Support Services 72 5 35 40*	
In-Home Support - Personal Support	72 5 35 40 10
In-Home Support - Homemaking Services	72 5 35 40 20
In-Home Support - Comb. PS and HM Services	72 5 35 40 30
School Health Personal Supoport Services (SHPSS) 72 5 35 42	
School Health Personal Supoport Services (SHPSS)	72 5 35 42 10
Respite Services 72 5 35 45	
Respite Service	72 5 35 45
Residential Services 72 5 40 76*	
Res. Mental Health - Homes for Special Care	72 5 40 76 10

Res. Mental Health - Support within Housing	72 5 40 76 30
Res. Mental Health - Housing Bricks & Mortar	72 5 40 76 30
Res. Mental Health - Rent Supplement Program	72 5 40 76 40
Res. Mental Health - Short Term Crisis Support Beds	72 5 40 76 60
Residential-Addictions 72 5 40 78*	72 5 40 76 60
COM Residential Addiction - Treatment Services-Substance Abuse	72 5 40 78 11
COM Residential Addiction - Treatment Services-Substance Abuse COM Residential Addiction - Treatment Services-Problem Gambling	72 5 40 78 12
COM Residential Addiction - Supportive Treatment	72 5 40 78 30
COM Residential Addictions - Housing Bricks & Mortar	72 5 40 78 40
COM Residential Addictions - Housing Bricks & Mortal COM Residential Addiction - Withdrawal Management Centres	72 5 40 78 45
COM – Residential Addiction - Substance Abuse – Rent Supplement Program	72 5 40 75 50
Residential Hospice- End of Life (EOL) 72 5 40 95*	72 5 40 75 50
Residential Hospice - EOL-Nursing Visiting	72 5 40 95 11
Residential Hospice - EOL-Nursing Shift	72 5 40 95 11
Residential Hospice - EOL-Combined PS and HM Services	72 5 40 95 12
Residential Hospice - EOL-Nutrition/Dietetic	72 5 40 95 30
Residential Hospice - EOL-Physiotherapy	72 5 40 95 50
Residential Hospice - EOL-Occupational Therapy	72 5 40 95 55
Residential Hospice - EOL-Speech Language Pathology	72 5 40 95 62
Residential Hospice - EOL-Social Work	72 5 40 95 70
Health Promotion and Education 72 5 50	12 3 40 93 10
Health Prom/Educ & Dev - General	72 5 50 10
COM Health Prom/Educ.& Com. Dev. – Health Promotion & Community Development	72 5 50 12
COM Health Prom/Educ. & Com.Dev. – Community Engagement and Capacity Building	72 5 50 14
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- General	72 5 50 35 10
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- Diabetes	72 5 50 35 20
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- Asthma	73 5 50 35 30
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- Hepetitis C / HIV/AIDS	73 5 50 35 40
Health Prom/Educ.& Dev. – Diabetes Regional Coordination Centres	72 5 50 40 10
Health Prom/Educ.& Com. Dev. – Heart and Stroke General	72 5 50 42 10
Health Prom/Educ.& Com. Dev. – Stroke Strategy (Practice Guidelines)	72 5 50 42 20
Health Prom/Educ.& Com. Dev – Personal Health and Wellness	72 5 50 45
Health Prom/Educ.& Com. Dev Family Clinics	72 5 50 50
Health Promotion/Education - Oncology General	72 5 50 66 10
Health Promotion/Education - Oncology Practice Guidelines	72 5 50 66 20
Health Promotion/Education - Mental Health & Additictions (CCAC Sector Only)	72 5 50 75 10
Health Prom. /Education MH - Awareness	72 5 50 76 10
Health Promo. /Education MH - Women	72 5 50 76 30

Health Promo. /Education MH - Community Development	72 5 50 76 40
Health Prom./Educ. Addictions - Drug Awareness	72 5 50 78 10
Health Prom./Educ Addictions - Problem Gambling Awareness	72 5 50 78 20
Health Prom./Educ. Addictions - Community Development-Substance Abuse	72 5 50 78 40
CHC Client Support Services	72 5 85
Health Prom. /Educ - Palliative Care Interdisciplinary	72 5 50 94 10
Health Prom. /Educ - Palliative Care Physician	72 5 50 94 90
Health Prom. /Educ - Palliative Care Pain and Symptom Management	72 5 50 94 91
Health Prom/Educ & Dev - General Geriatric	72 5 50 96 10
Health Prom/Educ & Dev - Psycho-Geriatric	72 5 50 96 76
Consumer/Survivor/Family Initiatives 72 5 51 76*	
Consumer Survivor Initiatives - Peer/Self Help	72 5 51 76 11
Consumer Survivor Initiatives - Alternative Businesses	72 5 51 76 12
Consumer Survivor Initiatives - Family Initiatives	72 5 51 76 20
Other Initiatives 72 5*	
COM Comm. Disease Prev. and Control – General	72 5 54
COM Promotion and Prevention	72 5 58
COM Environmental Health	72 5 60
COM Licensing	72 5 65
Information and Referral Service 72 5 70*	
Information and Referral Service - General	72 5 70 10
Information and Referral Service - Provincial Mental Health	72 5 70 76
Information and Referral Service - Provincial - Substance Abuse	72 5 70 78 11
Information and Referral Service - Provincial - Problem Gambling	72 5 70 78 12
Provincial & Regional Health System Development 72 5 75	
Provincial & Regional Health System Development	72 5 75
CSS In-Home and Community Services (CSS IH COM) 72 5 82*	
CSS IH - Service Arrangement/Coordination	72 5 82 05
CSS IH - Case Management	72 5 82 09
CSS IH - Meals Delivery	72 5 82 10
CSS IH - Social and Congregate Dining	72 5 82 12
CSS IH - Transportation - Client	72 5 82 14
CSS IH - Crisis Intervention and Support	72 5 82 15
CSS IH - Day Services	72 5 82 20
CSS IH - Homemaking	72 5 82 31
CSS IH - Home Maintenance	72 5 82 32
CSS IH - Personal Support/Independence Training	72 5 82 33
CSS IH - Respite	72 5 82 34

CSS IH - Comb. PS/HM/Respite Services	72 5 82 35
CSS IH - Overnight Stay Care	72 5 82 40
CSS IH - Assisted Living Services	72 5 82 45
CSS IH - Caregiver Support	72 5 82 50
CSS IH - Emergency Response Support Services	72 5 82 55
CSS IH - Visiting - Social and Safety	72 5 82 60
CSS IH - Visiting - Hospice Services	72 5 82 65
CSS IH - Foot Care Services	72 5 82 70
CSS IH - Vision Impaired Care Services	72 5 82 75
CSS IH - Deaf, Deafened and Hard of Hearing Care Services	72 5 82 77
CSS IH - Elderly Person Centre Services	72 5 82 80
CSS-ABI Services 72 5 83*	
CSS ABI - Day Services	72 5 83 20
CSS ABI - Vocational Training and Education Services	72 5 83 30
CSS ABI - Personal Support/Independence Training	72 5 83 33
CSS ABI - Assisted Living Services	72 5 83 45
CSS Community Support Initiatives 72 5 84	
CSS Com Sup Init - Support Service Training	72 5 84 10
CSS Com Sup Init - Self Managed Attendant Services	72 5 84 20
CSS Com Sup Init - Personal Support Worker Training	72 5 84 30
CHC Community Health Centres	
CHC Research - Community Health and Social Services	7*7 50
CCAC- Community Care Access Centre Educaton	
Education-In Service (CCAC Only)	72 8 40

Community Quarterly Report LHIN Managed Funding

HSP Name: City Of Ottawa

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ACTIVITY SUMMARY
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							1			
Functional/Account	ting Centre Service	MIO E/O	D 1	Budget	-	VTD 4	045	Q4 \$ Forecast	Q4 % Forecast	Comments
Show HSP Specific	Show All	MIS F/C	Budget	Adjustments	Total	YTD Actual	Q4 Forecast	Variance to Budget	Variance to Budget	Explanations are required where the variance is outside of the MSAA corridors
								Dauger	Daagot	and variables to extend of the me, at contact
Undistributed Accounting	Centres 82*									
Full-time equivalents (FTE))	82*	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits		82*	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service	ce Recipient Interactions	82*	0	0	0	0	0	0	0.0%	
Hours of Care	oc recipioni interactiono	82*	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days		82*	0	0	0	0	0	0	0.0%	
Individuals Served by Function	onal Centre	82*	0	0	0	0	0	0	0.0%	
Attendance Days		82*	0	0	0	0	0	0	0.0%	
Group Sessions		82*	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined		82*	0	0	0	0	0	0	0.0%	
Total Cost for Functional C	entre	82*	\$0	\$0	\$0	0	0	0	0.0%	
Group Participant Attendance		82*	0	0	0	0	0	0	0.0%	
Service Provider Interactions		82*	0	0	0	0	0	0	0.0%	
Service Provider Group Intera		82*	0	0	0	0	0	0	0.0%	
Mental Health Sessions		82*	0	0	0	0	0	0	0.0%	
Administration and Suppor	rt Services 72 1*	•					•	-	•	
Full-time equivalents (FTE)		72 1*	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits		72 1*	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service	ce Recipient Interactions	72 1*	0	0	0	0	0	0	0.0%	
Hours of Care	•	72 1*	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days		72 1*	0	0	0	0	0	0	0.0%	
Individuals Served by Function	onal Centre	72 1*	0	0	0	0	0	0	0.0%	
Attendance Days		72 1*	0	0	0	0	0	0	0.0%	
Group Sessions		72 1*	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined		72 1*	0	0	0	0	0	0	0.0%	
Total Cost for Functional C	entre	72 1*	2	0	2	2	2	0	0.0%	
Group Participant Attendance	es	72 1*	0	0	0	0	0	0	0.0%	
Service Provider Interactions		72 1*	0	0	0	0	0	0	0.0%	
Service Provider Group Intera	actions	72 1*	0	0	0	0	0	0	0.0%	
Mental Health Sessions		72 1*	0	0	0	0	0	0	0.0%	
Clinical Management 72 5 (05							-		
Full-time equivalents (FTE))	72 5 05	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits		72 5 05	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service	ce Recipient Interactions	72 5 05	0	0	0	0	0	0	0.0%	
Hours of Care	•	72 5 05	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days		72 5 05	0	0	0	0	0	0	0.0%	
Individuals Served by Function	onal Centre	72 5 05	0	0	0	0	0	0	0.0%	
Attendance Days		72 5 05	0	0	0	0	0	0	0.0%	
Group Sessions		72 5 05	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined		72 5 05	0	0	0	0	0	0	0.0%	
Total Cost for Functional C	Centre	72 5 05	\$0	\$0	\$0	0	0	0	0.0%	
Group Participant Attendance	es	72 5 05	0	0	0	0	0	0	0.0%	
Service Provider Interactions	S	72 5 05	0	0	0	0	0	0	0.0%	
Service Provider Group Inter-		72 5 05	0	0	0	0	0	0	0.0%	
Mental Health Sessions		72 5 05	0	0	0	0	0	0	0.0%	
Medical Resources 72 5 07										
Full-time equivalents (FTE)		72 5 07	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits		72 5 07	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service	ce Recipient Interactions	72 5 07	0	0	0	0	0	0	0.0%	
Hours of Care	•	72 5 07	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days		72 5 07	0	0	0	0	0	0	0.0%	
Individuals Served by Function	onal Centre	72 5 07	0	0	0	0	0	0	0.0%	
Attendance Days		72 5 07	0	0	0	0	0	0	0.0%	

						_			,
Group Sessions	72 5 07	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 07	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 07	\$0	\$0	\$0	0	0	0	0.0%	
Group Participant Attendances	72 5 07	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 07	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 07	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 07	0	0	0	0	0	0	0.0%	
LAB Pre/Post Analysis 72 4 10 21									
Full-time equivalents (FTE)	72 4 10 21	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 4 10 21	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 4 10 21	0	0	0	0	0	0	0.0%	
Hours of Care	72 4 10 21	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 4 10 21	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 4 10 21	0	0	0	0	0	0	0.0%	
Attendance Days	72 4 10 21	0	0	0	0	0	Ů	0.0%	
Group Sessions	72 4 10 21	0	0	0	0	0	Ů	0.0%	
Meal Delivered-Combined	72 4 10 21	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 4 10 21	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 4 10 21	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 4 10 21	0	0		0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 4 10 21	0	0		0	0	0	0.0%	
Mental Health Sessions	72 4 10 21	0	0		0	0	0	0.0%	
	124 10 21	U	U	U	U	U	U	0.0%	
MI Combined Functions 72 4 15 99	70 4 45 00	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	T
Full-time equivalents (FTE)	72 4 15 99	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 4 15 99	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 4 15 99	0		0	0	0	0	0.0%	
Hours of Care	72 4 15 99	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 4 15 99	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 4 15 99	0	0	0	0	0	0	0.0%	
Attendance Days	72 4 15 99	0	0	0	0	0	0	0.0%	
Group Sessions	72 4 15 99	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 4 15 99	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 4 15 99	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	73 4 15 99	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 4 15 99	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 4 15 99	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 4 15 99	0	0	0	0	0	0	0.0%	
NV Non - Invasive Cardiology - Combined 72 4 30 20									
Full-time equivalents (FTE)	72 4 30 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 4 30 20	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 4 30 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 4 30 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 4 30 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 4 30 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 4 30 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 4 30 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 4 30 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 4 30 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 4 30 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 4 30 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Interactions	72 4 30 20	0	0		0	0	0	0.0%	
Mental Health Sessions	72 4 30 20	0	0	0	0	0	0	0.0%	
CMH&A Centralized/Coordinated Access 72 5 08	1.2 7 30 20	<u> </u>	· ·	· ·		•		0.0%	
Full-time equivalents (FTE)	72 5 08	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 08	0.50	0.00	0.50	0.00	0.00	0.00	0.0%	
	72 5 08	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 08	0	0	0	0	0	0		
Hours of Care		0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 08	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 08	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 08	0		0	0	0	0	0.0%	
Group Sessions	72 5 08	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 08	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	72 5 08	\$0	\$0	\$0	\$0	\$0	0	0.0%	

In the second second	70.5.00		0	0	0	0			
Group Participant Attendances	72 5 08	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 08	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 08	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 08	0	0	0	0	0	0	0.0%	
Case Management (CCAC) 72 5 09 30									
Full-time equivalents (FTE)	72 5 09 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 09 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 09 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 09 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 09 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 09 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 09 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 09 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 09 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 09 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 09 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 09 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 09 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 09 30	0	0	0	0	0	0	0.0%	
Case Management/Supportive Counselling & Service									
Full-time equivalents (FTE)	72 5 09 76	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 09 76	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 09 76	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 09 76	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 09 76	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 09 76	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 09 76	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 09 76	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 09 76	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 09 76	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 09 76	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 09 76	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 09 76	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 09 76	0	0	0	0	0	0	0.0%	
Case Management/Supportive Counselling & Service	s - Addictions S	upportive Hous	ing 72 5 09 78 1	0					
Full-time equivalents (FTE)	72 5 09 78 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 09 78 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 09 78 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 09 78 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 09 78 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 09 78 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 09 78 10	0	0	0	0	0			
Group Sessions	72 5 09 78 10				U	U	0	0.0%	
Meal Delivered-Combined		0	0	0	0	0	0	0.0% 0.0%	
militar Danielou Combinou	72 5 09 78 10	0	0	0	0	0	0		
Total Cost for Functional Centre		0 0 \$0		0 0 \$0	0 0 \$0	0 0 \$0	0 0 0	0.0%	
	72 5 09 78 10	0 0 \$0 0	0	0 0 \$0 0	0 0 \$0	0 0 \$0	0 0 0 0	0.0% 0.0%	
Total Cost for Functional Centre	72 5 09 78 10 72 5 09 78 10	0 0 \$0 0	0 \$0	0 0 \$0 0	0 0 \$0 0	0 0 \$0 0	0 0 0 0	0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances	72 5 09 78 10 72 5 09 78 10 72 5 09 78 10	0 \$0 \$0 0	0 \$0 0	0 0 \$0 0 0	0 0 \$0 0	0 0 \$0 0 0	0 0 0	0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	72 5 09 78 10 72 5 09 78 10 72 5 09 78 10 72 5 09 78 10	0 \$0 \$0 0 0	0 \$0 0	0 0 \$0 0 0 0 0	0 0 \$0 0 0	0 0 \$0 0 0	0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	72 5 09 78 10 72 5 09 78 10	0 \$0 \$0 0 0	0 \$0 0 0	0 0 \$0 0 0 0	0 0 \$0 0 0 0	0 0 \$0 0 0	0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	72 5 09 78 10 72 5 09 78 10	0 0 \$0 0 0 0	0 \$0 0 0	0 0 \$0 0 0 0	0 0 \$0 0 0 0	0 0 \$0 0 0 0	0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72	72 5 09 78 10 72 5 09 78 11	0 0 0	0 \$0 0 0	0 0 \$0 0 0 0 0	0 0	0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE)	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11	0 0 0	0 \$0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0	0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11 72 5 09 78 11	0 0 0	0 \$0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0	0 0 0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11 72 5 09 78 11 72 5 09 78 11 72 5 09 78 11	0 0 0	0 \$0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11	0 0 0	0 \$0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11	0 0 0	0.00 0.00 0.00 0.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11	0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11	0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11	0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11	0 0 0	0.00 0.00 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Case Management Addictions - Substance Abuse 72 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 09 78 10 72 5 09 78 11 72 5 09 78 11	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Mental Health Sessions	72 5 09 78 11	0	0	0	0	0		0.0%	T
Case Management Addictions - Problem Gambling 72		ongor in uso)	<u>`</u>	<u> </u>			U	0.0%	
	72 5 09 78 12 (10)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	T T T T T T T T T T T T T T T T T T T
Full-time equivalents (FTE)	72 5 09 78 12	0.00	0.00	0.00	0.00	0.00	0.00		
Visits		0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 09 78 12	0		0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 09 78 12	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 09 78 12	0	0	0	0	0	0	0.0%	
Clinics/Programs - Primary Care Practice 72 5 10 05		-					<u> </u>	0.070	
Full-time equivalents (FTE)	72 5 10 05	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	72 5 10 05	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits		0	0	0	0	0	0		
Not Uniquely Identified Service Recipient Interactions	72 5 10 05	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 05	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 05	0	•	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 05	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 05	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 05	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 05	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 05	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 05	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 05	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 05	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 05	0	0	0	0	0	0	0.0%	
Clinics/Programs - Walk In Clinic 72 5 10 10								0.070	
Full-time equivalents (FTE)	72 5 10 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	I
Visits	72 5 10 10	0	0	0	0.00	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 10	0	0	0	0	0	0	0.0%	
	72 5 10 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days		0	0	0	0	0	0	0.070	
Individuals Served by Functional Centre	72 5 10 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 10	0		0	0	0	0	0.0%	
Group Sessions	72 5 10 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 10	0	0	0	0	0	0	0.0%	
Clinics/Programs - Nursing Clinic 72 5 10 15									
Full-time equivalents (FTE)	72 5 10 15	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 15	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 15	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 15	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 15	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 15	0	0	0	0	0	0	0.0%	
		0	0	0	0	0	0		
Attendance Days	72 5 10 15	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 15	0		0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 15	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 15	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 15	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 15	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 15	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 15	0	0	0	0	0	0	0.0%	
Clinics/Programs - General Clinic 72 5 10 20									
Full-time equivalents (FTE)	72 5 10 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	

	1							1	,
Visits	72 5 10 20	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 10 20	0	0	0	0	0	0	0.0%	
		0	0	0	0	0	0		
Mental Health Sessions 72 5 10 20 0 0 0 0 0 0.0% Clinics/Programs - Combined Clinic 72 5 10 30									
	70 5 40 00	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	T
Full-time equivalents (FTE)	72 5 10 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 30	0	· ·	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 30	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic 72 5 10 40			l.			l .		0.070	
Full-time equivalents (FTE)	72 5 10 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40	0	0	0	0	0	0	0.0%	
	72 5 10 40	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 40	0	0	0	0	0	0		
Group Sessions		0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 40	0	\$0	ΦO	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40	\$0	· ·	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 40	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - General 72 5 10 4									
Full-time equivalents (FTE)	72 5 10 40 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 10	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Foot Care 72 5 10			<u> </u>	U	0			0.0%	
	72 5 10 40 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE)	72 5 10 40 20	0.00	0.00	0.00	0.00	0.00	0.00		
Visits		0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40 20	0	U	0	0	0	0	0.0%	

file at the control of	70 5 40 40 00	0	0	0	0	0			T
Inpatient/Resident Days	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 20	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Naturopathy 72 5									
Full-time equivalents (FTE)	72 5 10 40 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 30	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Pharmacy 72 5 10				, ,				0.070	
Full-time equivalents (FTE)	72 5 10 40 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 40	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40 40	0	0	0	0	0	0	0.0%	
	72 5 10 40 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 40 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 40	0	0	0	0	0	0		
Attendance Days	72 5 10 40 40	0	0	0	0	0	0	0.0%	
Group Sessions		0	0	0	0	0	0		
Meal Delivered-Combined	72 5 10 40 40	0	\$0	0	0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40 40	\$0	0	Φ0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 40 40	0		0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 40	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 40 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 40	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Nutrition 72 5 10 4									
Full-time equivalents (FTE)	72 5 10 40 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 40 45	0	0	_	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40 45	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 40 45	0	0	-	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 45	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Physiotherapy 72	5 10 40 50								
Full-time equivalents (FTE)	72 5 10 40 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 50	0	0	0	0	0	n	0.0%	
Hours of Care	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 40 50	0	0	0	0	0	0	0.0%	
/ Mondanoo Dayo	. 2 0 10 70 00	U	•	U	U	U	U	0.070	I

	70 5 40 40 50	0	0	0	0			0.00/	T
Group Sessions	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40 50	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 50	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Occupational The	erapy 72 5 10 40	55		_			_		
Full-time equivalents (FTE)	72 5 10 40 55	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40 55	\$0	\$0	\$0	\$0	\$0	0	0.0%	
	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Group Participant Attendances	72 5 10 40 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 55	0	0	0	0	0	0		
Service Provider Group Interactions		0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 55	U	U	U	U	U	0	0.0%	
Clinics/Programs - Therapy Clinic - Counselling 72 5		0.00	0.00	0.00	0.00	0.00		T	
Full-time equivalents (FTE)	72 5 10 40 60	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40 60	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 40 60	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 60	0	0	0	0	0	o O	0.0%	
Clinics/Programs - Therapy Clinic - Speech and Lang		72 5 10 40 62					<u> </u>	0.070	
Full-time equivalents (FTE)	72 5 10 40 62	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40 62	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 62	0	0	0	0	0	0	0.0%	
	72 5 10 40 62	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40 62	0	0	0	0	0	0		
Inpatient/Resident Days		0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 62	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 40 62	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 40 62	0	~	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 40 62	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 40 62	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 40 62	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 62	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 40 62	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 62	0	0	0	0	0	0	0.0%	
Clinics/Programs - Therapy Clinic - Massage Therapy	72 5 10 40 64								
Full-time equivalents (FTE)	72 5 10 40 64	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 40 64	0	0	n	0	0	0	0.0%	
Attendance Days	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 40 64	0	0		0	0	0	0.0%	
	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined		\$0	\$0	<u>\$0</u>	\$0	\$0	0		
Total Cost for Functional Centre	72 5 10 40 64	\$0	\$ U	\$ U	\$0	\$ U	0	0.0%	

T=	T== =	•		0	0	0	_		
Group Participant Attendances	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 40 64	0	0	0	0	0	0	0.0%	
Clinics/Programs – Oral Health Clinic 72 5 10 45									
Full-time equivalents (FTE)	72 5 10 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 45	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 45	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 45	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 45	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 45	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 45	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 45	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 45	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 45	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 10 45	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 10 45	0	0	0	0	0	0	0.0%	
Clinics/Programs – Chronic Disease Clinic 72 5 10 50			L O	U	U	U	U	0.0%	<u> </u>
	72 5 10 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE)	72 5 10 50	0.00	0.00	0.00	0.00	0.00	0.00		
Visits		0	•	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 50	0	× .	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 50	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 50	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 50	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 50	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 50	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 50	0	0		0	0	0	0.0%	
Service Provider Interactions	72 5 10 50	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 50	0	0	0	0	0	0	0.0%	
Clinics/Programs - Chronic Disease Clinic - General	Clinic 72 5 10 50	10							
Full-time equivalents (FTE)	72 5 10 50 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 50 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 50 10				•	0	^	0.0%	
Hours of Care		U	0	0	0	U	U	0.076	
	72 5 10 50 10	0	0	0	0	0	0	0.0%	
	72 5 10 50 10 72 5 10 50 10	0	•	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 50 10	0 0	0	0 0 0	0	0 0	0	0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre	72 5 10 50 10 72 5 10 50 10	0 0	0	0	0 0	0 0 0 0	0 0	0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	72 5 10 50 10 72 5 10 50 10 72 5 10 50 10	0 0 0 0	0	0	0 0 0	0 0	0 0 0	0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10	0 0 0 0 0	0 0	0	0 0 0 0	0 0 0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 10 50 10 72 5 10 50 10	0 0 0 0 0 0	0 0 0	0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 10 50 10 72 5 10 50 10	0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0 0	0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 \$0	0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	72 5 10 50 10 72 5 10 50 10	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0	000000000000000000000000000000000000000	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	72 5 10 50 10 72 5 10 50 10	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0	0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 \$0	000000000000000000000000000000000000000	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	72 5 10 50 10 72 5 10 50 10	0 0 0 0 0 0 0 0 \$0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 \$0 0 0	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	72 5 10 50 10 72 5 10 50 10	0 0 0	0 0 0 0 0 0 0 \$0 0	0 0 0 0 \$0 0 0	0 0 0 0 0 0 0 \$0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs – Chronic Disease Clinic - Diabetes	72 5 10 50 10 72 5 10 50 10	0 0 0 0 0 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 \$0 0 0	0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs – Chronic Disease Clinic - Diabetes Full-time equivalents (FTE)	72 5 10 50 10 72 5 10 50 20	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 \$0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits	72 5 10 50 10 72 5 10 50 20	0 0 0 0 0 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 \$0 0 0	0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	72 5 10 50 10 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	72 5 10 50 10 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs – Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	72 5 10 50 10 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	72 5 10 50 10 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	72 5 10 50 10 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs – Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	72 5 10 50 10 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 20	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0	000 000 000 000 000 000 000 000 000 00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 20	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	000 000 000 000 000 000 000 000 000 00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs – Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	72 5 10 50 10 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 20	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0	000 000 000 000 000 000 000 000 000 00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 10 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs – Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 10 50 10 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00000000000000000000000000000000000000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Clinics/Programs - Chronic Disease Clinic - Diabetes Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	72 5 10 50 10 72 5 10 50 20 72 5 10 50 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Mantal Haalth Carainna	72 5 10 50 20	0	0	0	0	0		0.00/	
Mental Health Sessions		40.50.20□	U	U	U	U	0	0.0%	
COM Clinics/Programs - Chronic Disease - Asthma/C		0.00	0.00	0.00	0.00	0.00	0.00	0.001	
Full-time equivalents (FTE)	72 5 10 50 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 50 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 50 30	0	0	0	0	0	0	0.0%	
Clinics/Programs - Chronic Disease Clinic - Hepatitis	C and/or HIV/Al	DS Clinic 72 5 1	0 50 40						
Full-time equivalents (FTE)	72 5 10 50 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 50 40	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 50 40	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 50 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 50 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 50 40	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 50 40	0	0	0	0	0	0	0.0%	
	72 5 10 50 40	0	0	0	0	0	0	0.0%	
Group Sessions		0	0	0	0	0	0		
Meal Delivered-Combined	72 5 10 50 40	U	~	U	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 50 40	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 50 40	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 50 40	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 50 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 50 40	0	0	0	0	0	0	0.0%	
Clinics/Programs – CHC Other Clinic 72 5 10 55									
Full-time equivalents (FTE)	72 5 10 55	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 55	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 55	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 55	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 55	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 55	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 55	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 55	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 55	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 55	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 10 55	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 55	0	0	0	0	0	0	0.0%	
Clinics/Programs - Oncology - Treatment Outreach C		10	•	· ·	· ·	V		0.0%	
	72 5 10 66 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE)	72 5 10 66 10	0.00	0.00	0.00	0.00	0.00	0.00		
Visits		0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 66 10	0	•	0	0	0	0	0.0%	
Hours of Care	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 66 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 66 10	0	0	0	0	0	0	0.0%	
Clinics/Programs - Oncology - Preventative Clinics 72								3.070	
Full-time equivalents (FTE)	72 5 10 66 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
						0.00	0.00	0.070	ı

	1		0.1					1	T
Visits	72 5 10 66 20	U	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 66 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 10 66 20	0	0	0	0	0	0	0.0%	
	72 5 10 66 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions Clinics/Programs - MH Counseling and Treatment 72		U	· ·	O .	U		U	0.0%	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	T
Full-time equivalents (FTE)	72 5 10 76 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 12	0	·	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 12	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 12	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 12	0	0	0	0	0	0	0.0%	
MH Assertive Community Treatment Teams 72 5 10 7								0.070	
Full-time equivalents (FTE)	72 5 10 76 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 20	0.00	0	0	0.00	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 20	0	0	0	0	0	0	0.0%	
	72 5 10 76 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 20	0	0	0	0	0	0		
Individuals Served by Functional Centre		0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 20	0	•	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 20	0	0	0	0	0	0	0.0%	
MH Community Clinic 72 5 10 76 30									
Full-time equivalents (FTE)	72 5 10 76 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 30	0	0	n	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 10 76 30	0	0	0	0	0	0	0.0%	
	72 5 10 76 30	0	0	0	0	0	0		
Mental Health Sessions	12510/630	U	U	U	U	<u> </u>	0	0.0%	
MH Vocational/Employment 72 5 10 76 40	70 5 40 70 40	0.00	0.00	0.00	0.00	0.00	0.00	0.001	
Full-time equivalents (FTE)	72 5 10 76 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 40	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care	72 5 10 76 40	0	~	0	0	0	0	0.0%	
	72 5 10 76 40	. 0	0	0	0	0	. 0	0.0%	

I	72 5 10 76 40	0	0	0	0	0		0.00/	T
Inpatient/Resident Days	72 5 10 76 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 40	0	0	0	0	0	0	0.0%	
Attendance Days		0	•	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 40	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 40	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 40	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 40	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 40	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 40	0	0	0	0	0	0	0.0%	
MH Clubhouses 72 5 10 76 41	I=0 = 10 =0 11	0.00	0.00	0.00	0.00	0.00		T	
Full-time equivalents (FTE)	72 5 10 76 41	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 41	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 41	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 41	0	0		0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 41	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 41	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 41	0	0		0	0	0	0.0%	
Group Sessions	72 5 10 76 41	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 41	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 41	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 41	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 41	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 41	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 41	0	0	0	0	0	0	0.0%	
MH Concurrent Disorders 72 5 10 76 45 (No longer in									
Full-time equivalents (FTE)	72 5 10 76 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 45	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 45	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 45	0	0	0	0	0	0	0.0%	
MH Child/Adolescent 72 5 10 76 50									
Full-time equivalents (FTE)	72 5 10 76 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 50	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 50	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 50	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 50	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 50	0	0		0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 50	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 50	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 50	0	0	_	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 50	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 50	0	0	0	0	0	0	0.0%	
MH Early Intervention 72 5 10 76 51									
Full-time equivalents (FTE)	72 5 10 76 51	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 51	0	0	0	0	0	0	0.0%	

	70 5 40 70 54	Δ.	0	0	0	0		0.00/	T
Group Sessions	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 51	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 51	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 51	0	0	0	0	0	0	0.0%	
MH Forensic 72 5 10 76 55									
Full-time equivalents (FTE)	72 5 10 76 55	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 55	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 10 76 55	0	0		0	0	0	0.0%	
	72 5 10 76 55	0	0	0	0	0	0	0.0%	
Mental Health Sessions MH Diversion and Court Support 72 5 10 76 56	12 3 10 /0 55	U U	U	U	U		0	0.0%	
	70 5 40 70 50	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	T
Full-time equivalents (FTE)	72 5 10 76 56	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 56	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 56	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 56	0	0	0	0	0	0	0.0%	
MH Abuse Services 72 5 10 76 60									
Full-time equivalents (FTE)	72 5 10 76 60	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 60	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 60	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 60	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 60	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 60	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 60	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 60	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 60	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 60	\$0	\$0	\$0	\$0	\$0	0	0.0%	
	72 5 10 76 60	φ0	0	φ0	Ψ0	0	0	0.0%	
Group Participant Attendances		0	0	0	0	0	0		
Service Provider Interactions	72 5 10 76 60	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 60	0			0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 60	U	0	U	U	U	0	0.0%	
MH Eating Disorders 72 5 10 76 70	70 5 40 70 70	0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 10 76 70	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 70	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 70	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 70	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 70	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 70	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 70	0	0		0	0	0	0.0%	
Group Sessions	72 5 10 76 70	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 70	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 70	\$0	\$0	\$0	\$0	\$0	0	0.0%	
							- <u> </u>		

Group Participant Attendances	72 5 10 76 70	0	0	0	01	0	0	0.0%	
Service Provider Interactions	72 5 10 76 70	0	0	0	0	0	0	0.0%	
	72 5 10 76 70	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 70	0	0	0	0	0	0	0.0%	
Mental Health Sessions	123 10 10 10	U	· ·	<u> </u>	<u> </u>		U	0.0%	
MH Social Rehab./Recreation 72 5 10 76 81	70 5 40 70 04	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	72 5 10 76 81	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 81	0	· ·	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 81	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 81	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 81	0	0	0	0	0	0	0.0%	
MH Dual Diagnosis 72 5 10 76 95 (No longer in use)									
Full-time equivalents (FTE)	72 5 10 76 95	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 95	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 95	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 76 95	0	0	0	0	0	0	0.0%	
MH Psycho-geriatric 72 5 10 76 96								010,10	
Full-time equivalents (FTE)	72 5 10 76 96	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 96	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 96	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 96	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 96	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 96	0	0	0	0	0	0	0.0%	
	72 5 10 76 96	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 96	0	0	0	0	0	0	0.0%	
Group Sessions Meal Delivered-Combined	72 5 10 76 96	0	0	0	0	0	0	0.0%	
	72 5 10 76 96	0	\$0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 96	φ0	0	φ0 Ω	0	φ0 0	0	0.0%	
Group Participant Attendances	72 5 10 76 96	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 96	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 96	0		0	0	0	0		
Mental Health Sessions		U	0	U	U	U	0	0.0%	
Other MH Services not elsewhere identified 72 5 10 7		0.00	0.001	0.00	0.001	0.00			
Full-time equivalents (FTE)	72 5 10 76 99	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 76 99	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 76 99	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 76 99	0	0	0	0	0	0	0.0%	
	•								

Mantal Haalib Caraina	72 5 10 76 99	<u></u>	0	0	0	0		0.00/	T
Mental Health Sessions Addictions Treatment-Substance Abuse 72 5 10 78 11		U	U	U	0	U	0	0.0%	
		0.00	0.001	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 10 78 11	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 78 11	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 78 11	0	0	0	0	0	0	0.0%	
Addictions Treatment-Problem Gambling 72 5 10 78		ŭ	٠	<u> </u>		- C	0	0.078	
Full-time equivalents (FTE)	72 5 10 78 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
		0.00	0.00	0.00	0.00	0.00	0.00		
Visits	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 12	0	•	0	0	0	0	0.0%	
Hours of Care	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 78 12	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 78 12	0	0	0	0	0	0	0.0%	
Addictions Withdrawal Mgmt. 72 5 10 78 20								0.070	
Full-time equivalents (FTE)	72 5 10 78 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 78 20	0	0	0	0.00	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 78 20	0	0	0	0	0	0	0.0%	
	72 5 10 78 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days		0	0	0	0	0	0	0.070	
Individuals Served by Functional Centre	72 5 10 78 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 10 78 20	0		0	0	0	0	0.0%	
Group Sessions	72 5 10 78 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 10 78 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 10 78 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 78 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 78 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 78 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 78 20	0	0	0	0	0	0	0.0%	
Initial Assessment and Treatment Planning 72 5 10 78	3 30 (No longer in	n use)							
Full-time equivalents (FTE)	72 5 10 78 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 10 78 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 10 78 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 10 78 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 10 78 30	0	0	n	0	0	0	0.0%	
Attendance Days	72 5 10 78 30	0	0	n	0	0	0	0.0%	
Group Sessions	72 5 10 78 30	0	0	0	0	0	0	0.0%	
	72 5 10 78 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined		\$0	•	0	\$0	0	0		
Total Cost for Functional Centre	72 5 10 78 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 10 78 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 10 78 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 10 78 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 10 78 30	0	0	0	0	0	0	0.0%	
Crisis Intervention - Hot Lines 72 5 15 10									
Full-time equivalents (FTE)	72 5 15 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
i dil-tille equivalents (i TE)									

Visits 72 5 15 10	
Hours of Care 72 5 15 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Inpatient/Resident Days	
Individuals Served by Functional Centre	
Attendance Days 72 5 15 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Group Sessions 72 5 15 10 0 0 0 0 0 0 0 0 0	
Meal Delivered-Combined 72 5 15 10 0 0 0 0 0 0 0 0 0	
Total Cost for Functional Centre 72 5 15 10 \$0 \$0 \$0 \$0 0.0% Group Participant Attendances 72 5 15 10 0 0 0 0 0 0.0% Service Provider Interactions 72 5 15 10 0 0 0 0 0 0.0% Service Provider Group Interactions 72 5 15 10 0 0 0 0 0 0.0% Mental Health Sessions 72 5 15 10 0 0 0 0 0 0.0% Crisis Intervention - Abuse Services 72 5 15 15 72 5 15 15 0.00 0.00 0.00 0.00 0.00 0.00 Visits 72 5 15 15 0 0 0 0 0 0 0.0% Not Uniquely Identified Service Recipient Interactions 72 5 15 15 0 0 0 0 0 0.0%	
Group Participant Attendances 72 5 15 10 0 0 0 0 0 0 0 0 0 0 0.0% Service Provider Interactions 72 5 15 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Service Provider Interactions 72 5 15 10 0 0 0 0 0 0 0 0 0	
Service Provider Interactions 72 5 15 10 0 0 0 0 0 0 0 0 0	
Service Provider Group Interactions 72 5 15 10 0 0 0 0 0 0 0 0 0	
Mental Health Sessions 72 5 15 10 0 0 0 0 0 0 0.0% Crisis Intervention - Abuse Services 72 5 15 15 Full-time equivalents (FTE) 72 5 15 15 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0% 0.0	
Crisis Intervention - Abuse Services 72 5 15 15 Full-time equivalents (FTE) 72 5 15 15 0.00 </td <td></td>	
Full-time equivalents (FTE) 72 5 15 15 0.00	
Visits 72 5 15 15 0 0 0 0 0 0.0% Not Uniquely Identified Service Recipient Interactions 72 5 15 15 0 0 0 0 0 0 0.0%	
Not Uniquely Identified Service Recipient Interactions 72 5 15 15 0 0 0 0 0 0 0 0.0%	
Inpatient/Resident Days 72 5 15 15 0 0 0 0 0 0 0.0%	
Individuals Served by Functional Centre 72 5 15 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Widdl Bellivered Combined	
Group Participant Attendances 72.5 15.15 0 0 0 0 0 0 0 0.0%	
Service Provider Interactions 72 5 15 15 0 0 0 0 0 0 0.0%	
<u>Service Provider Group Interactions</u> 72 5 15 15 0 0 0 0 0 0 0.0%	
Mental Health Sessions 72 5 15 15 0 0 0 0 0 0 0.0%	
Crisis Intervention - Quick Response 72 5 15 20	
Full-time equivalents (FTE) 72 5 15 20 0.00 0.00 0.00 0.00 0.00 0.00 0.00	
Visits 72 5 15 20 0 0 0 0 0 0 0 0 0 0.0%	
Not Uniquely Identified Service Recipient Interactions 72 5 15 20 0 0 0 0 0 0 0.0%	
Hours of Care 72 5 15 20 0 0 0 0 0 0 0 0 0.0%	
Inpatient/Resident Days 72 5 15 20 0 0 0 0 0 0 0 0.0%	
Individuals Served by Functional Centre 72 5 15 20 0 0 0 0 0 0.0%	
Attendance Days 72 5 15 20 0 0 0 0 0 0 0 0.0%	
Group Sessions 72 5 15 20 0 0 0 0 0 0 0 0.0%	
Meal Delivered-Combined 72 5 15 20 0 0 0 0 0 0 0.0%	
Total Cost for Functional Centre 72.5.15.20 \$0 \$0 \$0 \$0 0 0.0%	
Group Participant Attendances 72.5.15.20 0 0 0 0 0 0 0 0.0%	
Service Provider Interactions 72 5 15 20 0 0 0 0 0 0 0 0.0%	
Service Provider Group Interactions 72 5 15 20 0 0 0 0 0 0 0 0.0%	
Mental Health Sessions 72 5 15 20 0 0 0 0 0 0 0 0.0%	
Crisis Intervention - Victim Services 72 5 15 25	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Visits 72 5 15 25 0 0 0 0 0 0 0 0.0% Not Uniquely Identified Service Recipient Interactions 72 5 15 25 0 0 0 0 0 0 0.0% Hours of Care 72 5 15 25 0 0 0 0 0 0 0.0%	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	
Full-time equivalents (FTE) 72 5 15 25 0.00	

Inpatient/Resident Days	72 5 15 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 15 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 15 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 15 30	0	0	0	0	0	0	0.0%	
	72 5 15 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 15 30	\$0	\$0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre		Φ0	φ0 0	Φ0	Φ0	Φ0	0		
Group Participant Attendances	72 5 15 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 15 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 15 30	0		0	0	0	0	0.0%	
Mental Health Sessions	72 5 15 30	U	0	U	U	U	0	0.0%	
Crisis Intervention - Mental Health 72 5 15 76	70 5 45 70	0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 15 76	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 15 76	0	•	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 15 76	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 15 76	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 15 76	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 15 76	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 15 76	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 15 76	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 15 76	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 15 76	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 15 76	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 15 76	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 15 76	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 15 76	0	0	0	0	0	0	0.0%	
Day/Night Combined 72 5 20 30									
Full-time equivalents (FTE)	72 5 20 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 30	0	0	0	0	0	0	0.0%	
Day/Night Care Mental Health General 72 5 20 76 10	.202000						<u> </u>	0.070	
Full-time equivalents (FTE)	72 5 20 76 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 76 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 76 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 76 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 76 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 76 10	0	0	0	0	0	0	0.0%	
	72 5 20 76 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 76 10	0	0	0	0	0	0	0.0%	
Group Sessions Meal Delivered-Combined	72 5 20 76 10	0	0	0	0	0	0	0.0%	
	72 5 20 76 10	\$0	\$0	0	\$0	\$0	0		
Total Cost for Functional Centre	72 5 20 76 10	\$0	φ ₀	Φ0	\$0	φ0	0	0.0%	
Group Participant Attendances		0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 76 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 76 10	0	· ·	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 76 10	U	0	U	0	0	0	0.0%	
Day/Night Care MH Eating Disorders 72 5 20 76 70	70 5 00 70 70	0.00	0.00	0.00	0.00	0.00	0.00	0.601	
Full-time equivalents (FTE)	72 5 20 76 70	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 76 70 72 5 20 76 70	0	0	0	0	0	0	0.0%	
Attendance Days			0					0.0%	

0 0 :	70 5 00 70 70	Δ.	0	0	0	0		0.00/	T
Group Sessions	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 76 70	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 76 70	0	0	0	0	0	0	0.0%	
Day/Evening Addictions Treatment 72 5 20 78 10									
Full-time equivalents (FTE)	72 5 20 78 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 78 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Group Participant Attendances	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 78 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	12 5 20 16 10	U U	U	U	U		0	0.0%	
Day Care - Rehab Medical 72 5 20 81 10	70 5 00 04 40	0.00	0.00	0.00	0.00	0.00	0.00	0.001	1
Full-time equivalents (FTE)	72 5 20 81 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 10	0	0	0	0	0	0	0.0%	
Day Care - Rehab Trauma 72 5 20 81 28	•								
Full-time equivalents (FTE)	72 5 20 81 28	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 28	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 28	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 28	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 28	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 28	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 28	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 28	0	0	n	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 81 28	0	0	0	0	0	0	0.0%	
	72 5 20 81 28	\$0	\$0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 28	φ0	0	φ0	Ψ0	0	0	0.0%	
Group Participant Attendances		0	0	0	0	0	0		
Service Provider Interactions	72 5 20 81 28	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 81 28	0		0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 28	U	0	U	U	U	0	0.0%	
Day Care - Rehab Combined 72 5 20 81 30	70 5 00 01 0	0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 20 81 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
			* -			, , ,		2.370	

	70 5 00 04 00	0	0	0	0	0	_		1
Group Participant Attendances	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 30	0	0	0	0	0	0	0.0%	
Day Care - Rehab Burn 72 5 20 81 35									
Full-time equivalents (FTE)	72 5 20 81 35	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 35	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 35	0	0	0	0	0	0	0.0%	
Day Care - Rehab Cardiac 72 5 20 81 42									
Full-time equivalents (FTE)	72 5 20 81 42	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 42	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 42	0	0	0	0	0	0	0.0%	
Day Care - Rehab Head Injury/Acquired Brain Injury								010,10	
Full-time equivalents (FTE)	72 5 20 81 61	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 61	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 61	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 61	0	0	0	0	0	0	0.0%	
Day Care - Rehab Spinal Cord 72 5 20 81 63	12 0 20 01 01		•	, and the second				0.070	
Full-time equivalents (FTE)	72 5 20 81 63	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 63	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 63	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 63	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 63	0	0	0	0	0	0	0.0%	
	72 5 20 81 63	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 63	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 63	0	0	0	0	0	0	0.0%	
Group Sessions		0	0	0	0	0	0		
Meal Delivered-Combined	72 5 20 81 63	60	\$0	φ <u>υ</u>	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 63	\$0	20	Φ0	\$0	\$ 0	0	0.0%	
							- ()	0.0%	n e e e e e e e e e e e e e e e e e e e
Group Participant Attendances	72 5 20 81 63	0		0	0	0	0		
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	72 5 20 81 63 72 5 20 81 63 72 5 20 81 63	0	0	0	0	0	0	0.0%	

Mental Health Sessions	72 5 20 81 63	0	0	0	0	0		0.0%	T
Day Care - Rehab Oncology 72 5 20 81 66	12 3 20 61 03	· ·	<u> </u>	Ŭ	U	V	U	0.0%	
Full-time equivalents (FTE)	72 5 20 81 66	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	72 5 20 81 66	0.00	0.00	0.00	0.00	0.00	0.00		
Visits		0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 66	0	-	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 66	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 66	0	0	0	0	0	0	0.0%	
Day Care - Rehab Orthopedic 72 5 20 81 72	•		•						
Full-time equivalents (FTE)	72 5 20 81 72	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 72	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 72	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 72	0	0	0	0	0	n	0.0%	
Inpatient/Resident Days	72 5 20 81 72	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 72	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 72	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 72	0	0	0	0	0	0	0.0%	
	72 5 20 81 72	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 81 72	\$0	\$0	02	\$0	\$0	0	0.0%	
Total Cost for Functional Centre		Φ0	90	ΦΟ	Φ0	Φ0	0		
Group Participant Attendances	72 5 20 81 72	0	-	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 81 72	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 81 72	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 72	0	0	U	0	0	0	0.0%	
Day Care - Rehab Amputee Rehab 72 5 20 81 73		0.00	0.001	0.00	0.00	0.00		T	
Full-time equivalents (FTE)	72 5 20 81 73	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 73	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 73	0	0	0	0	0	0	0.0%	
Day Care - Rehab Care Pediatric 72 5 20 81 74								2.370	
Full-time equivalents (FTE)	72 5 20 81 74	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 20 81 74	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 74	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 81 74	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 81 74	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 81 74	0	0	0	0	0	0	0.0%	
,	72 5 20 81 74	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 81 74	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 81 74	0	0	0	0	0	0		
Meal Delivered-Combined		U	•	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 81 74	\$0	\$0	\$ 0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 81 74	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 81 74	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 81 74	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 81 74	0	0	0	0	0	0	0.0%	
Day Care Regional Geriatric 72 5 20 96									
Full-time equivalents (FTE)	72 5 20 96	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	

							•	,	<u>, </u>
Visits	72 5 20 96	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 20 96	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 20 96	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 20 96	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 20 96	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 20 96	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 20 96	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 20 96	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 20 96	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 20 96	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 20 96	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 20 96	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 20 96	0	0	0	0	0	0	0.0%	
In-Home HPS - Nursing - Visiting 72 5 30 40 11									
Full-time equivalents (FTE)	72 5 30 40 11	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 40 11	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 11	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 11	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 11	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 11	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 11	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 11	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 11	0	0	0	0	0	0	0.0%	
	72 5 30 40 11	0	\$0	90	\$0	\$0	0	0.0%	
Total Cost for Functional Centre		Ψ0	0	Ψ0	0	90	0		
Group Participant Attendances	72 5 30 40 11	0	0	•	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 11	0			0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 40 11	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 40 11	U	U	U	U	U	0	0.0%	
In-Home HPS - Nursing - Shift 72 5 30 40 12	T	0.00	0.00	0.00		1 000	•	1	
Full-time equivalents (FTE)	72 5 30 40 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 12	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 12	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 40 12	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 40 12	0	0	0	0	0	0	0.0%	
In-Home HPS - Self-Managed Home Care 72 5 30 40	13					•	•	•	
Full-time equivalents (FTE)	72 5 30 40 13	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 13	0	0		0	0	0	0.0%	
Group Sessions	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 13	\$0	\$0	-	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 30 40 13	0	0		0	0	0	0.0%	
		U	U	. 0	U	U	∎ U	0.0%	
		Λ	^	^	0	<u> </u>	^	0.007	
Mental Health Sessions	72 5 30 40 13	0	0	0	0	0	0	0.0%	
Mental Health Sessions In-Home HPS – Wound Care Outcome 72 5 30 40 20	72 5 30 40 13	0.00		0 00	0.00	0.00	0		
Mental Health Sessions In-Home HPS – Wound Care Outcome 72 5 30 40 20 Full-time equivalents (FTE)	72 5 30 40 13 72 5 30 40 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Mental Health Sessions In-Home HPS – Wound Care Outcome 72 5 30 40 20 Full-time equivalents (FTE) Visits	72 5 30 40 13 72 5 30 40 20 72 5 30 40 20	0.00	0.00	0	0.00	0.00	0.00	0.0%	
Mental Health Sessions In-Home HPS – Wound Care Outcome 72 5 30 40 20 Full-time equivalents (FTE)	72 5 30 40 13 72 5 30 40 20	0.00	0.00	0	0.00	0.00	0.00	0.0%	

Inpatient/Resident Days	72 5 30 40 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 40 20	Ψ0	0	Ψ0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 20	0	0	0	0	0	0	0.0%	
	72 5 30 40 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 40 20	0	0	0	0	0	0		
Mental Health Sessions In-Home HPS - Orthopedic Care Outcome 72 5 30 40		U	U	U	U	U	U	0.0%	
	72 5 30 40 25	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE) Visits	72 5 30 40 25	0.00	0.00	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 25 72 5 30 40 25	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 25	0	0	0	0	0	0		
Inpatient/Resident Days	72 5 30 40 25	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre		0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 25	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 25	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 25	0	•	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 25	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	73 5 30 40 25	0	0	0	0	0	0	0.0%	
Service Provider Interactions	74 5 30 40 25	0	×.	0	0	0	0	0.0%	
Service Provider Group Interactions	75 5 30 40 25	0	0	0	0	0	0	0.0%	
Mental Health Sessions	76 5 30 40 25	0	0	0	0	0	0	0.0%	
In-Home HPS - Respiratory Services 72 5 30 40 35									
Full-time equivalents (FTE)	72 5 30 40 35	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 35	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 40 35	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 40 35	0	0	0	0	0	0	0.0%	
In-Home HPS – Medication Management 72 5 30 40 4									
Full-time equivalents (FTE)	72 5 30 40 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 40	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 40 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 40 40	0	0	0	0	0	0	0.0%	
In-Home HPS - Nutrition/Dietetic 72 5 30 40 45									
Full-time equivalents (FTE)	72 5 30 40 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 45	0	0	0	0	0	0	0.0%	
				_				2.070	1

			_						
Group Sessions	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 45	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 40 45	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 40 45	0	0	0	0	0	0	0.0%	
In-Home HPS - Physiotherapy 72 5 30 40 50									
Full-time equivalents (FTE)	72 5 30 40 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 40 50	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 50	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 50	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 50	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 50	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 50	0	0	0	0	0	0	0.0%	
	72 5 30 40 50	0	\$0	02	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 50	Ψ0	0	φ0	0	Ψ0	0	0.0%	
Group Participant Attendances		0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 50	0	0	0	0	0	0		
Service Provider Group Interactions	72 5 30 40 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 40 50	U	U	U	U	U	0	0.0%	
In-Home HPS - Occupational Therapy 72 5 30 40 55	170 5 00 40 55	0.001	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 30 40 55	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 55	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 40 55	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 40 55	0	0	0	0	0	0	0.0%	
In-Home HPS - Speech Lang. Path. 72 5 30 40 62									
Full-time equivalents (FTE)	72 5 30 40 62	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 40 62	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 62	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 40 62	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 62	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 62	0	0	0	0	0	n	0.0%	
Attendance Days	72 5 30 40 62	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 62	0	0	0	0	0	n	0.0%	
Meal Delivered-Combined	72 5 30 40 62	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 62	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 40 62	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 40 62	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 30 40 62	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 40 62	0	0	0	0	0	0	0.0%	
In-Home HPS - Social Work 72 5 30 40 70	1 2 3 30 40 02	<u> </u>	U	U	0	U	0	0.0%	
	72 5 30 40 70	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE)	72 5 30 40 70	0.00	0.00	0.00	0.00	0.00	0.00		
Visits		0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 70	0		0	0	0	0	0.0%	
Hours of Care	72 5 30 40 70	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 40 70	Û	•	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 40 70	0	0	-	0	0	0	0.0%	
Attendance Days	72 5 30 40 70	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 40 70	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 40 70	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 40 70	\$0	\$0	\$0	\$0	\$0	0	0.0%	

Service Provider Depresentations	C		0	0.1	0	0				T
Sensie Provider Group Inventional 72 5 50 40 70 0 0 0 0 0 0 0 0 0	Group Participant Attendances	72 5 30 40 70	0	0	0	0	0	0	0.0%	
Moral Horse Psychology 22.50 40 75 Pulson a reproductive (**1) Pulson a reproductive (0	V	0	0	0	0		
The State Psychology 72 5 30 49 75 Well-drive equivalent (FTE) 7, 5, 50 40 75 No. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			0	•	0	0	0	0		
Full-time equivalents (FTE)		72 5 30 40 70	0	0	0	0	0	0	0.0%	
Vision Sur Linguily visited 2 Service Recipient Interactions 75.5 to 40.775										
Not Urraped Inferritied Service Recipient Interestations 75 5 9 40 75 0 0 0 0 0 0 0 0 0			0.00	0.00	0.00	0.00	0.00	0.00		
Hours of Clear 72 5 30 40 75 9			0	0	0	0	0	0		
Programmer Pro			0		0	0	0	0		
Individuals Served by Functional Cortex			0	0	0	0	0	0		
Attendance Dany Many Steelores 72 \$ 30 40 75 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Inpatient/Resident Days		0	0	0	0	0	0	0.0%	
Group Seasons 72 5 30 40 75	Individuals Served by Functional Centre		0	-	0	0	0	0		
Mail Deliverand Continued	Attendance Days	72 5 30 40 75	0	0	0	0	0	0	0.0%	
Total Centre Centre	Group Sessions		0	0	0	0	0	0	0.0%	
Group Participant Attendances 72 53 40 4775 0 0 0 0 0 0 0 0 0			0	_	0	•	0	0		
Service Provider from internations	Total Cost for Functional Centre		\$0	\$0	\$0	\$0	\$0	0	0.0%	
Service Provider Group Interactions 72 5 30 40 75 0 0 0 0 0 0 0 0 0	Group Participant Attendances		0	0	0	0	0	0	0.0%	
Mortal Health Sessions	Service Provider Interactions	72 5 30 40 75	0	0	0	0	0	0	0.0%	
Private Provider Group Internations (FTE) 72 5 30 42 11 0.00	Service Provider Group Interactions	72 5 30 40 75	0	0	0	0	0	0	0.0%	
Full-time equivalents (FTE) 72 5 30 42 11		72 5 30 40 75	0	0	0	0	0	0	0.0%	
Value Value Value	Private/Home SHPS - Nursing - Visiting 72 5 30 42 11									
Visits	Full-time equivalents (FTE)	72 5 30 42 11	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Hours of Care			0	0	0	0	0	0		
Hours of Care	Not Uniquely Identified Service Recipient Interactions	72 5 30 42 11	0	0	0	0	0	0	0.0%	
Impatent/Resident Days 12 8 30 42 11 0 0 0 0 0 0 0 0 0			0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre			0	0	0	0	0	0		
Aftendance Days 72 5 30 42 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0	0	0		
Group Sassions			0	0	0	0	0	0		
Meal Delivered-Combined 72 5 30 42 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		72 5 30 42 11	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre			0	0	0	0	0	0		
Group Participant Attendances 72 5 30 42 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			\$0	\$0	\$0	\$0	\$0	0		
Service Provider Interactions			0	0	0	0	0	0		
Service Provider Group Interactions			0	0	0	0	0	0		
Mental Health Sessions			0	0	0	0	0	0		
Private Home SHPS - Nursing - Shift 72 5 30 42 12			0		0	0	0	0		
Full-time equivalents (FTE) 72 5 30 42 12 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Valis 72 5 30 42 12 0 0 0 0 0 0 0 0 0						-		, and the second	0.070	
Visits		72 5 30 42 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	I
Not Uniquely Identified Service Recipient Interactions 72 5 30 42 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0	0	0.00		
Hours of Care			0	0	0	0	0	0		
Inpatient/Resident Days			0	0	0	0	0	0		
Individuals Served by Functional Centre			0	0	0	0	0	0		
Attendance Days			0	-	0	0	0	0		
Group Sessions 72 5 30 42 12			0	•	0	0	0	0		
Meal Delivered-Combined 72 5 3 0 42 12 0 0 0 0 0 0 0.0% Total Cost for Functional Centre 72 5 3 0 42 12 \$0 \$0 0			0	v	0	0	0	0		
Total Cost for Functional Centre			0		0	0	0	0		
Group Participant Attendances 72 5 30 42 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			90	_	\$0	\$0	\$0	0		
Service Provider Interactions 72 5 30 42 12 0 0 0 0 0 0 0.0% Service Provider Group Interactions 72 5 30 42 12 0			0		0	0	n O	0		
Service Provider Group Interactions 72 5 30 42 12 0 0 0 0 0 0 0 0 0			0		0	0	0	0		
Mental Health Sessions 72 5 30 42 12 0 0 0 0 0 0 0.0% Private/Home SHPS - Nutrition/Dietetic 72 5 30 42 45 Full-time equivalents (FTE) 72 5 30 42 45 0.00 0.			0		0	0	0	0		
Private/Home SHPS - Nutrition/Dietetic 72 5 30 42 45 0.00			0	v	0	0	0	0		
Full-time equivalents (FTE) 72 5 30 42 45 0.00	Private/Home SHPS - Nutrition/Dietotic 72 5 20 42 45	12 3 30 42 12	U	U	U	U	U		0.0%	
Visits 72 5 30 42 45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		72 5 20 42 45	0.00	0.001	0.00	0.00	0.00	0.00	0.007	
Not Uniquely Identified Service Recipient Interactions 72 5 30 42 45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0.00		0.00	0.00	0.00	0.00		
Hours of Care 72 5 30 42 45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	v	0	0	0	0		
Inpatient/Resident Days			0	·	0	0	0	0		
Individuals Served by Functional Centre 72 5 30 42 45 0 0 0 0 0 0 0.0% Attendance Days 72 5 30 42 45 0 0 0 0 0 0 0 0.0% Group Sessions 72 5 30 42 45 0			0		0	0	0	0		
Attendance Days 72 5 30 42 45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0		0	0	0	0		
Group Sessions 72 5 30 42 45 0 0 0 0 0 0.0% Meal Delivered-Combined 72 5 30 42 45 0 0 0 0 0 0.0% Total Cost for Functional Centre 72 5 30 42 45 \$0 \$0 \$0 \$0 0.0% Group Participant Attendances 72 5 30 42 45 0 0 0 0 0.0% Service Provider Interactions 72 5 30 42 45 0 0 0 0 0.0%			0	•	0	0	0	0		
Meal Delivered-Combined 72 5 30 42 45 0 0 0 0 0 0.0% Total Cost for Functional Centre 72 5 30 42 45 \$0 \$0 \$0 \$0 0 0.0% Group Participant Attendances 72 5 30 42 45 0 0 0 0 0 0 0.0% Service Provider Interactions 72 5 30 42 45 0 0 0 0 0 0.0%			0		0	0	0	0		
Total Cost for Functional Centre 72 5 30 42 45 \$0 \$0 \$0 \$0 0 0.0% Group Participant Attendances 72 5 30 42 45 0 0 0 0 0 0 0.0% Service Provider Interactions 72 5 30 42 45 0 0 0 0 0 0.0%			0	v	0	0	0	0		
Group Participant Attendances 72 5 30 42 45 0 0 0 0 0 0.0% Service Provider Interactions 72 5 30 42 45 0 0 0 0 0 0.0%			0	•	0	0	0	0		
Service Provider Interactions 72 5 30 42 45 0 0 0 0 0 0.0%			\$0		\$0	\$0	\$0	0	0.070	
			0	v	0	0	0	0		
Service Provider Group Interactions 72 5 30 42 45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0		0	0	0	0		
	Service Provider Group Interactions	72 5 30 42 45	0	0	0	0	0	0	0.0%	

Mantal Hanks Consists	72 5 30 42 45	٥١	0	0	0	1 0	1	0.00/	
Mental Health Sessions Private/Home SHPS - Physiotherapy 72 5 30 42 50	72 5 30 42 45	U	U	U	U	U	U	0.0%	<u> </u>
, , , , , ,	70 5 20 40 50	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	72 5 30 42 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 42 50	0	0	0	0	0	0	0.0%)
Individuals Served by Functional Centre	72 5 30 42 50	0	0	0	0	0	0	0.070	
Attendance Days	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 42 50	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 42 50	0	0	0	0	0	0	0.0%	
Private/Home SHPS - Occupational Therapy 72 5 30 4								0.070	
Full-time equivalents (FTE)	72 5 30 42 55	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
		0.00	0.00	0.00	0.00	0.00	0.00		
Visits	72 5 30 42 55	o o		0	0	0	0	0.0%)
Not Uniquely Identified Service Recipient Interactions	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 42 55	0	0	0	0	0	0	0.0%	b Company of the Comp
Attendance Days	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 42 55	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 42 55	0	0	0	0	0	0	0.0%	
Private/Home SHPS - Speech Lang. Path. 72 5 30 42								0.070	
Full-time equivalents (FTE)	72 5 30 42 62	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 42 62	0	0	0	0.00	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 42 62	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 42 62	0	0	0	0	0	0	0.0%	
	72 5 30 42 62	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days		0	0	0	0	0	0)
Individuals Served by Functional Centre	72 5 30 42 62	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 42 62	0		0	0	0	0	0.0%	
Group Sessions	72 5 30 42 62	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 42 62	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 42 62	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 42 62	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 42 62	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 42 62	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 42 62	0	0	0	0	0	0	0.0%	
Public SHPS - Nursing - Visiting 72 5 30 44 11			,	•					·
Full-time equivalents (FTE)	72 5 30 44 11	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	,
Visits	72 5 30 44 11	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 11	0	0	0	0	0	0	0.0%	,
Hours of Care	72 5 30 44 11	0	0	n	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 44 11	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 44 11	0	0	0	0	0	0	0.0%	
		0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 44 11	0	0	0	0	0	0)
Group Sessions	72 5 30 44 11	Û		0	0	0	0	0.0%	<u> </u>
Meal Delivered-Combined	72 5 30 44 11	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 44 11	\$0	\$0	\$0	\$0	\$0	0	0.0%)
Group Participant Attendances	72 5 30 44 11	0	0	0	0	0	0	0.0%	b
Service Provider Interactions	72 5 30 44 11	0	0	0	0	0	0	0.0%	
	72 5 30 44 11	0	0	0	0	0	0	0.0%	<u> </u>
Service Provider Group Interactions									
Mental Health Sessions	72 5 30 44 11	0	0	0	0	0	0	0.0%	
		0	0	0	0	0	0	0.0%	
Mental Health Sessions		0.00	0.00	0.00	0.00	0.00	0.00	0.0%	

Visits	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 44 12	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 44 12	0	0	0	0	0	0	0.0%	
Public SHPS - Nutrition/Dietetic 72 5 30 44 45	12 3 30 44 12	Ū	-	· ·		U		0.0%	
Full-time equivalents (FTE)	72 5 30 44 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 44 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 45	0	0	0	0	0	0	0.0%	
	72 5 30 44 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 44 45	0	0	0	0	0	0		
Inpatient/Resident Days	72 5 30 44 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre		0	0	0	0	0	0		
Attendance Days	72 5 30 44 45	0	0	_	0	0	0	0.0%	
Group Sessions	72 5 30 44 45	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 44 45	0	0 \$0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 30 44 45	\$0		Φ0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 44 45	0	0		0	0	0	0.0%	
Service Provider Interactions	72 5 30 44 45	0	0	•	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 44 45	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 30 44 45	0	0	0	0	0	0	0.0%	
Public SHPS - Physiotherapy 72 5 30 44 50							•	•	
Full-time equivalents (FTE)	72 5 30 44 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 44 50	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 44 50	0	0	0	0	0	0	0.0%	
Public SHPS - Occ. Therapy 72 5 30 44 55									
Full-time equivalents (FTE)	72 5 30 44 55	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 44 55	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 44 55	0	0	_	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 44 55	0	0	0	0	0	0	0.0%	
Public SHPS - Speech Lang. Path. 72 5 30 44 62									
Full-time equivalents (FTE)	72 5 30 44 62	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 44 62	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 62	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 44 62	0	0	0	0	0	0	0.0%	

Inpatient/Resident Days	72 5 30 44 62	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 44 62	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 44 62	0	0	0	0	0	0	0.0%	
	72 5 30 44 62	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 44 62	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 44 62	\$0	\$0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre		\$0	9 0	Φ0	Φ0	Φ0	0		
Group Participant Attendances	72 5 30 44 62	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 44 62	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 44 62	0		0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 44 62	U	0	U	U	U	0	0.0%	
MH Home Care - Psychiatric Follow-Up 72 5 30 76 10		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	72 5 30 76 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 76 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 10	0		0	0	0	0	0.0%	
Hours of Care	72 5 30 76 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 76 10	0	· ·	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 76 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 76 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 76 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 76 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 76 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 76 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 76 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 76 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 76 10	0	0	0	0	0	0	0.0%	
MH Home Care - Psychiatric Acute 72 5 30 76 25									
Full-time equivalents (FTE)	72 5 30 76 25	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 76 25	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 76 25	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 76 25	0	0	0	0	0	0	0.0%	
MH Home Care - Child/Adolescent 72 5 30 76 50					•	•	•		
Full-time equivalents (FTE)	72 5 30 76 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 76 50	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 76 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 76 50	0	0	0	0	0	0	0.0%	
MH Home Care - Forensic Psychiatry 72 5 30 76 55	0 00 . 0 00	<u> </u>					<u> </u>	3.070	
Full-time equivalents (FTE)	72 5 30 76 55	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 76 55	0.50	0.50	0.30	0.00	0.50	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Allendance Days	12 3 30 10 33	U	U	U	U	U	U	0.0%	

						_			
Group Sessions	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 76 55	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 76 55	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 76 55	0	0	0	0	0	0	0.0%	
MH Home Care - Psychiatric Rehab 72 5 30 76 81									
Full-time equivalents (FTE)	72 5 30 76 81	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 76 81	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 81	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 76 81	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 76 81	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 76 81	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 76 81	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 76 81	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 76 81	0	0	0	0	0	0	0.0%	
	72 5 30 76 81	02	\$0	02	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 30 76 81	Ψ0	0	φ0	0	Ψ0	0	0.0%	
Group Participant Attendances	72 5 30 76 81	0	0	,	0	0	0	0.0%	
Service Provider Interactions		0			0	0	0		
Service Provider Group Interactions	72 5 30 76 81	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 30 76 81	U	0	U	U	U	0	0.0%	
MH Home Care - Psychiatric Crisis 72 5 30 76 90		0.00		0.00	0.00		-		
Full-time equivalents (FTE)	72 5 30 76 90	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 76 90	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 76 90	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 76 90	0	0	0	0	0	0	0.0%	
MH Home Care - Longer Term 72 5 30 76 95						L			
Full-time equivalents (FTE)	72 5 30 76 95	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 76 95	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 95	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 76 95	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 76 95	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 76 95	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 76 95	0	0		0	0	0	0.0%	
Group Sessions	72 5 30 76 95	0	0	0	0	0	0	0.0%	
	72 5 30 76 95	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 76 95	0	\$0	<u>Ф</u> О	\$0	\$0	0		
Total Cost for Functional Centre		Φ0		Φ0	Φ0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 76 95	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 76 95	0			0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 76 95	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 76 95	0	0	0	0	0	0	0.0%	
MH Home Care - Geriatric Psych. Assess. 72 5 30 76								T	
Full-time equivalents (FTE)	72 5 30 76 96	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 76 96	\$0	\$0	\$0	\$0	\$0	0	0.0%	
			**					2.370	

0 0 0 0	70 5 00 70 00	0	^	0	0	0	•	0.00/	
Group Participant Attendances	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 76 96	0	0	0	0	0	0	0.0%	
Addictions Home Care - Addictions 72 5 30 78 10									
Full-time equivalents (FTE)	72 5 30 78 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 78 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 30 78 10	0	0	0	0	0	0	0.0%	
Onlcology Home Care 72 5 30 66									
Full-time equivalents (FTE)	72 5 30 66	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 66	0	0	0	0	0	0.30	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 66	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 66	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 30 66	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 66	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 66	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 66	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 66	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 66	\$0	\$0	\$0	\$0	\$0	0	0.0%	
	72 5 30 66	0	0	Ψ0	Ψ0	Ψ0	0	0.0%	
Group Participant Attendances Service Provider Interactions	72 5 30 66	0	0	0	0	0	0		
	72 5 30 66	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 30 66	0	0	0	0	0	0		
Mental Health Sessions Dialysis Home Care 72 5 30 86	72 5 30 66	0	U	U	U	U	U	0.0%	
	70 5 00 00	0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 30 86	0.00		0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 30 86	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 30 86	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 30 86	0	0	0	0	U	0	0.0%	
Inpatient/Resident Days	72 5 30 86	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 30 86	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 30 86	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 30 86	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 30 86	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 30 86	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances							0		
	72 5 30 86	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 30 86	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 30 86 72 5 30 86	0 0 0	0	0	0	0 0 0	0	0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	72 5 30 86	0 0 0	0	0 0 0	0 0	0 0 0	0 0	0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94	72 5 30 86 72 5 30 86 72 5 30 86	0 0 0	0 0	0 0	0	0 0 0	0	0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94	0 0 0 0	0	0.00	0.00	0.00	0 0 0	0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94	0 0 0 0	0.00	0.00 0.00	0	0 0 0 0 0	0	0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE)	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94	0 0 0 0 0.00 0	0.00	0 0 0 0 0	0	0.00 0 0.00 0	0	0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94	0.00 0.00 0.00 0.00	0.00	0.00 0.00 0.00	0	0.00 0 0.00 0 0	0	0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94 72 5 30 94 72 5 30 94	0.00 0.00 0.00 0.00 0.00	0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00	0	0.00 0.00 0.00 0.00	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94 72 5 30 94 72 5 30 94 72 5 30 94	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0.00 0	0.00 0 0 0.00 0 0 0	0	0.000 0.000 0.000 0.000	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94 72 5 30 94 72 5 30 94 72 5 30 94	0 0 0 0 0 0 0 0 0 0 0	0.00 0 0.00 0 0	0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94	0.00 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0.00 0 0 0	0 0 0 0	0.00 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94	0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0.00 0 0 0 0 0	0 0 0 0	0.00 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	0.00 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Palliative Home Care 72 5 30 94 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 30 86 72 5 30 86 72 5 30 86 72 5 30 94 72 5 30 94	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Mental Health Sessions	72 5 30 94	0	01	0	0	0	ı .	0.0%	T
In-Home Support - Personal Support 72 5 35 40 10	12 5 50 94	Ū		٥			U	0.0%	
	72 5 35 40 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE)	72 5 35 40 10	0.00	0.00	0.00	0.00	0.00	0.00		
Visits		0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 35 40 10	0	-	0	0	0	0	0.0%	
Hours of Care	72 5 35 40 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 35 40 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 35 40 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 35 40 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 35 40 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 35 40 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 35 40 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 35 40 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 35 40 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 35 40 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 35 40 10	0	0	0	0	0	0	0.0%	
In-Home Support - Homemaking Services 72 5 35 40		-		1			<u>_</u>	0.070	
Full-time equivalents (FTE)	72 5 35 40 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	72 5 35 40 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits		0	0	0	0	0	0		
Not Uniquely Identified Service Recipient Interactions	72 5 35 40 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 35 40 20	0		0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 35 40 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 35 40 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 35 40 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 35 40 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 35 40 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 35 40 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 35 40 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 35 40 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 35 40 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 35 40 20	0	0	0	0	0	0	0.0%	
In-Home Support - Comb. PS and HM Services 72 5 3									
Full-time equivalents (FTE)	72 5 35 40 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 35 40 30	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 35 40 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 35 40 30	0	0	0	0	0	0	0.0%	
		0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 35 40 30	0	0	0	0	0	0	0.070	
Individuals Served by Functional Centre	72 5 35 40 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 35 40 30	0		0	0	0	0	0.0%	
Group Sessions	72 5 35 40 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 35 40 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 35 40 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 35 40 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 35 40 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 35 40 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 35 40 30	0	0	0	0	0	0	0.0%	
School Health Personal Supoport Services (SHPSS)	72 5 35 42 10		,	•					
Full-time equivalents (FTE)	72 5 35 42 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 35 42 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 35 42 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 35 42 10	0	0	n	0	0	0	0.0%	
Inpatient/Resident Days	72 5 35 42 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 35 42 10	0	0	0	0	0	0	0.0%	
,		0	0	0	0	0	0		
Attendance Days	72 5 35 42 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 35 42 10	0		0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 35 42 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 35 42 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 35 42 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 35 42 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 35 42 10	0	0	0	0	0	0	0.0%	
NA (111 NI O)	72 5 35 42 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	12 3 33 42 10							0.070	
Respite Service 72 5 35 45	72 3 33 42 10					<u> </u>		0.070	
	72 5 35 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	

	1			0			•		
Visits	72 5 35 45	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 35 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 35 45	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 35 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 35 45	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 35 45	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 35 45	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 35 45	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 35 45	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 35 45	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 35 45	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 35 45	0	0	0	0	0	0	0.0%	
	72 5 35 45	0	0	0	0	0	0	0.0%	
Mental Health Sessions Res. Mental Health - Homes for Special Care 72 5 40		0	· ·	- U	0		U	0.0%	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	72 5 40 76 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 76 10	0	v	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 76 10	\$0	\$ 0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 76 10	0	0	0	0	0	0	0.0%	
Res. Mental Health - Support within Housing 72 5 40			<u> </u>					0.070	
Full-time equivalents (FTE)	72 5 40 76 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 76 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 30	0	0	0	0	0	0		
	72 5 40 76 30	0	0	0	0	0	0	0.0%	
Hours of Care		0	0	0	0	0	0		
Inpatient/Resident Days	72 5 40 76 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 76 30	0	•	0	0	0	0	0.0%	
Attendance Days	72 5 40 76 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 76 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 76 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 76 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 76 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 76 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 76 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 76 30	0	0	0	0	0	0	0.0%	
Res. Mental Health - Housing Bricks & Mortar 72 5 40	76 40							•	
Full-time equivalents (FTE)	72 5 40 76 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 76 40	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 40	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 76 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 76 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 76 40	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 76 40	0	0	0	0	0	0	0.0%	
	72 5 40 76 40	0	0	0	0	0	0	0.0%	
Group Sessions Meal Delivered-Combined	72 5 40 76 40	0	0	0	0	0	0	0.0%	
		90	\$0	0	\$0	\$0	0		
Total Cost for Functional Centre	72 5 40 76 40	φ0	0	Φ0	Φ0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 76 40	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 76 40	0	•	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 76 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 76 40	0	0	0	0	0	0	0.0%	
Res. Mental Health - Rent Supplement Program 72 5									
Full-time equivalents (FTE)	72 5 40 76 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 76 50	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 76 50	0	0	0	0	0	0	0.0%	

Innatiant/Desident Days	72 5 40 76 50	ı	Ι 0	1 0	0	0		0.00/	
Inpatient/Resident Days	72 5 40 76 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 76 50	0	0	· ·	0	0	0	0.0%	
Attendance Days	72 5 40 76 50	0			0	0	0	0.0%	
Group Sessions	72 5 40 76 50	0	0	· ·	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 76 50	0.00	\$0		\$0	\$0	0		
Total Cost for Functional Centre		φ0	90		Φ0	Φ0	0	0.070	
Group Participant Attendances	72 5 40 76 50 72 5 40 76 50	0	0	· ·	0	0	0	0.0%	
Service Provider Interactions		0	0	~	0	0	Ü	0.0%	
Service Provider Group Interactions	72 5 40 76 50	0		~	0	0	Ü	0.0%	
Mental Health Sessions Res. Mental Health - Short Term Crisis Support Beds	72 5 40 76 50	U	0	U	U	U	U	0.0%	
• • • • • • • • • • • • • • • • • • • •		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	T
Full-time equivalents (FTE)	72 5 40 76 60 72 5 40 76 60	0.00	0.00		0.00	0.00	0.00	0.0%	
Visits		0	0	·	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 60	0	0		0	0	0	0.0%	
Hours of Care	72 5 40 76 60	0	0		0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 76 60	0	· ·	, and the second	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 76 60	0	0		0	0	0	0.0%	
Attendance Days	72 5 40 76 60	0	0	~	0	0	0	0.0%	
Group Sessions	72 5 40 76 60	0	0		0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 76 60	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 76 60	\$0	\$0		\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 76 60	0	0		0	0	0	0.0%	
Service Provider Interactions	72 5 40 76 60	0	0	~	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 76 60	0	0	~	0	0	0	0.0%	
Mental Health Sessions	72 5 40 76 60	0	0	0	0	0	0	0.0%	
COM Residential Addiction - Treatment Services-Sub									
Full-time equivalents (FTE)	72 5 40 78 11	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 78 11	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 11	0	0	· ·	0	0	0	0.0%	
Hours of Care	72 5 40 78 11	0	0		0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 78 11	0	0		0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 78 11	0	0	_	0	0	0	0.0%	
Attendance Days	72 5 40 78 11	0	0		0	0	0	0.0%	
Group Sessions	72 5 40 78 11	0	0		0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 78 11	0	_		0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 78 11	\$0	\$0	* -	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 78 11	0	0		0	0	0	0.0%	
Service Provider Interactions	72 5 40 78 11	0	0		0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 78 11	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 40 78 11	0	0	0	0	0	0	0.0%	
COM Residential Addiction - Treatment Services-Pro									
Full-time equivalents (FTE)	72 5 40 78 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 78 12	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 12	0	0		0	0	0	0.0%	
Hours of Care	72 5 40 78 12	0	0	, and the same of	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 78 12	0	0	, and the second	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 78 12	0	0	· ·	0	0	0	0.070	
Attendance Days	72 5 40 78 12	0	0	· ·	0	0	0	0.0%	
Group Sessions	72 5 40 78 12	0	0		0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 78 12	0	_		0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 78 12	\$0			\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 78 12	0	0	, and the same of	0	0	0	0.0%	
Service Provider Interactions	72 5 40 78 12	0	0		0	0	0	0.070	
Service Provider Group Interactions	72 5 40 78 12	0	0	_	0	0	0	0.0%	
Mental Health Sessions	72 5 40 78 12	0	0	0	0	0	0	0.0%	
COM Residential Addiction - Supportive Treatment 7									
Full-time equivalents (FTE)	72 5 40 78 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 78 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 30	0	0		0	0	0	0.0%	
Hours of Care	72 5 40 78 30	0	0		0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 78 30	0	0	_	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 78 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 78 30	0	0	0	0	0	0	0.0%	

Group Sessions	72 5 40 78 30	0	01	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 78 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 78 30	\$0	\$0	90	\$0	\$0	0	0.0%	
	72 5 40 78 30	Ψ0	0	ψ0 0	Ψ0	Ψ0	0	0.0%	
Group Participant Attendances		0	0	0	0	0	0		
Service Provider Interactions	72 5 40 78 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 78 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 78 30	U	U	U	U	U	0	0.0%	
COM Residential Addictions - Housing Bricks & Mort		0.001	0.001	0.00	0.00	0.00		T	
Full-time equivalents (FTE)	72 5 40 78 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 78 40	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 78 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 78 40	0	0	0	0	0	0	0.0%	
COM Residential Addiction - Withdrawal Managemen		0 78 45	,						
Full-time equivalents (FTE)	72 5 40 78 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 78 45	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 78 45	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 78 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 78 45	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 78 45	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 78 45	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 78 45	0	0	0	0	0	0	0.0%	
	72 5 40 78 45	0	\$0	90	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 40 78 45	Ψ0	0	ψ0 0	Ψ0	Ψ0	0	0.0%	
Group Participant Attendances	72 5 40 78 45	0	0	0	0	0	0		
Service Provider Interactions	72 5 40 78 45	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions		0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 78 45	70 5 40		U	0	U	0	0.0%	
COM - Residential Addiction - Substance Abuse - Re				0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 40 75 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 75 50	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 75 50	0	0	0	0	0	0	0.0%	
Residential Hospice - EOL-Nursing Visiting 72 5 40 9	5 11								
Full-time equivalents (FTE)	72 5 40 95 11	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 95 11	0	0	n	0	0	0	0.0%	
Group Sessions	72 5 40 95 11	0	0	n	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 95 11	© 0	\$0	90	\$0	\$0	0	0.0%	
		• 20	3 U	Φ U	20	3 U	- ()	1 0.0%	1

In the second second	70 5 40 05 44	0	01	0	0	0	_		1
Group Participant Attendances	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 95 11	0	0	0	0	0	0	0.0%	
Residential Hospice - EOL-Nursing Shift 72 5 40 95 12									
Full-time equivalents (FTE)	72 5 40 95 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 95 12	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 95 12	0	0	0	0	0	0	0.0%	
Residential Hospice - EOL-Combined PS and HM Ser	vices 72 5 40 95								
Full-time equivalents (FTE)	72 5 40 95 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 95 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 95 30	0	0	0	0	0	0	0.0%	
Residential Hospice - EOL-Nutrition/Dietetic 72 5 40 9							, and the second	0.070	
Full-time equivalents (FTE)	72 5 40 95 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 95 45	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 95 45	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 95 45	0	0	n	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 95 45	0	0	0	0	0	0	0.0%	
Residential Hospice - EOL-Physiotherapy 72 5 40 95				_			<u> </u>	0.070	
Full-time equivalents (FTE)	72 5 40 95 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 95 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 95 50	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 95 50	0	0	Ō	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 95 50	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 95 50	0	0	0	0	0	0	0.0%	
	72 5 40 95 50	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 95 50	0	0	0	0	0	0		
Meal Delivered-Combined Total Cost for Functional Centre	72 5 40 95 50 72 5 40 95 50	υ •Λ	\$0	ΦΩ 0	\$0	\$0	0	0.0%	
	1// 2/41/42/20	20	φU	5 U	20	φU	. 0	0.0%	1
		^	^	^	0	^	^	0.007	
Group Participant Attendances	72 5 40 95 50	0	0	0	0	0	0	0.0%	
		0	0	0	0	0	0	0.0% 0.0% 0.0%	

Mental Health Sessions	72 5 40 95 50	0	0	0	0	0	1	0.0%	T
Residential Hospice - EOL-Occupational Therapy 72		•	<u>`</u>	Ů			U	0.0%	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	T
Full-time equivalents (FTE)	72 5 40 95 55	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 95 55	0	0	0	0	0	0	0.070	
Attendance Days	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 95 55	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 95 55	0	0	0	0	0	0	0.0%	
Residential Hospice - EOL-Speech Language Patholo)						0.070	
Full-time equivalents (FTE)	72 5 40 95 62	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	72 5 40 95 62	0.00	0.00	0.00	0.00	0.00	0.00		
Visits		0		0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 95 62	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 95 62	0	0	0	0	0	0	0.0%	
Residential Hospice - EOL-Social Work 72 5 40 95 70				<u> </u>				0.070	
Full-time equivalents (FTE)	72 5 40 95 70	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 40 95 70	0	0	0	0.00	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 70	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 40 95 70	0	0	0	0	0	0	0.0%	
	72 5 40 95 70	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days		0	0	0	0	0	0	0.070	
Individuals Served by Functional Centre	72 5 40 95 70	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 40 95 70	0		0	0	0	0	0.0%	
Group Sessions	72 5 40 95 70	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 40 95 70	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 40 95 70	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 40 95 70	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 40 95 70	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 40 95 70	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 40 95 70	0	0	0	0	0	0	0.0%	
Health Prom/Educ & Dev - General 72 5 50 10									
Full-time equivalents (FTE)	72 5 50 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 10	n	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 10	0	0	0	0	0	0	0.0%	
,		0	0	0	0	0	0		
Attendance Days	72 5 50 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 10	0		0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 10	0	0	0	0	0	0	0.0%	
Health Prom/Educ.& Com. Dev Health Promotion &	Community De	velopment 72 5	50 12						
Full-time equivalents (FTE)	72 5 50 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	· I

f				0	0	0			
Visits	72 5 50 12	U	Ü	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 12	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 12	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 12	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 12	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 12	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 12	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 12	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 12	0	0		0	0	0	0.0%	
Health Prom/Educ. & Com.Dev. – Community Engag		rity Building 72					0	0.078	
Full-time equivalents (FTE)	72 5 50 14	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 14	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	72 5 50 14	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions		0	0	0	0	0	0		
Hours of Care	72 5 50 14	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 14	0	•	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 14	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 14	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 14	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 14	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 14	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 14	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 14	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 14	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 14	0	0	0	0	0	0	0.0%	
Health Prom/Educ. & Com. Dev Chronic Disease E	ducation. Awaren	ess and Preve	ntion- General 7	2 5 50 35 10					
Full-time equivalents (FTE)	72 5 50 35 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 35 10	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 35 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 35 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 35 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 35 10	0	0	0	0	0	0	0.0%	
	72 5 50 35 10	0	0	0	0	0	0		
Attendance Days		0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 35 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 35 10	0	_	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 35 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 35 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 35 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 35 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 35 10	0	0		0	0	0	0.0%	
Health Prom/Educ. & Com. Dev Chronic Disease E		ess and Preve		72 5 50 35 20					
Full-time equivalents (FTE)	72 5 50 35 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 35 20	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 35 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 35 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 35 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 35 20	0	0	0	0	0	n	0.0%	
Attendance Days	72 5 50 35 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 35 20	0	0	n	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 35 20	0	0	n	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 35 20	\$0	\$0	02	\$0	\$0	0	0.0%	
	72 5 50 35 20	Ψ0	0	φ0	Ψ0	90	0	0.0%	
Group Participant Attendances		0	0	0	0	0	0		
Service Provider Interactions	72 5 50 35 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 35 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 35 20	0	0	0	0	0	0	0.0%	
				- Acthma/COD	D 73 5 50 35 30				
COM Health Prom/Educ.& Com. Dev COM Chronic								1	
Full-time equivalents (FTE)	73 5 50 35 30	on, Awareness 0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE) Visits	73 5 50 35 30 73 5 50 35 30		0.00				0.00	0.0%	
Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	73 5 50 35 30 73 5 50 35 30 73 5 50 35 30						0.00	0.0% 0.0%	
Full-time equivalents (FTE) Visits	73 5 50 35 30 73 5 50 35 30		0.00				0.00 0 0	0.0%	

Inpatient/Resident Days	73 5 50 35 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	73 5 50 35 30	0	0	0	0	0	0	0.0%	
Attendance Days	73 5 50 35 30	0	0	0	0	0	0	0.0%	
Group Sessions	73 5 50 35 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	73 5 50 35 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	73 5 50 35 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	73 5 50 35 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	73 5 50 35 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	73 5 50 35 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions	73 5 50 35 30	0	0	0	0	0	0	0.0%	
Health Prom/Educ. & Com. Dev Chronic Disease Ed		ess and Preven	tion- Henetitis	C / HIV/AIDS 73	5 50 35 40		<u> </u>	0.070	
Full-time equivalents (FTE)	73 5 50 35 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	73 5 50 35 40	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Hours of Care	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Attendance Days	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Group Sessions	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	73 5 50 35 40	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Service Provider Interactions	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	73 5 50 35 40	0	0	0	0	0	0	0.0%	
Health Prom/Educ.& Dev. – Diabetes Regional Coord		72 5 50 40 10						0.070	
Full-time equivalents (FTE)	72 5 50 40 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 40 10	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 40 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 40 10	0	0	0	0	0	0	0.0%	
Health Prom/Educ.& Com. Dev. – Heart and Stroke G		2 10						0.070	
Full-time equivalents (FTE)	72 5 50 42 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 42 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 42 10	0	0	0	0	0	0	0.0%	
Health Prom/Educ.& Com. Dev Stroke Strategy (Pr		s) 72 5 50 42 20						3.570	<u></u>
Full-time equivalents (FTE)	72 5 50 42 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 42 20	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 42 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 42 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 42 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 42 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 42 20	0	0	0	0	0	0	0.0%	
								5.570	

0 0 :	70 5 50 40 00	0	0	0	0			0.00/	T
Group Sessions	72 5 50 42 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 42 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 42 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 42 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 42 20	0	0		0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 42 20	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 50 42 20	0	0	0	0	0	0	0.0%	
Health Prom/Educ.& Com. Dev - Personal Health and	Wellness 72 5 5	0 45					_		
Full-time equivalents (FTE)	72 5 50 45	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 45	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 45	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 45	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 45	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 45	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 45	0	0		0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 45	\$0	\$0	\$0	\$0	\$0	0	0.0%	
	72 5 50 45	0	0	Ψ0	0	0	0	0.0%	
Group Participant Attendances	72 5 50 45	0	0	0	0	0	0	0.0%	
Service Provider Interactions		0	0		0	0	0		
Service Provider Group Interactions	72 5 50 45	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 45	U	U	U	U	U	0	0.0%	
Health Prom/Educ.& Com. Dev Family Clinics 72 5 5		0.00	0.00	0.00	0.00				
Full-time equivalents (FTE)	72 5 50 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 50	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 50	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 50	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 50	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 50	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 50	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 50	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 50	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 50	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 50	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 50	0	0	0	0	0	o O	0.0%	
Health Promotion/Education - Oncology General 72 5							<u> </u>	0.070	
Full-time equivalents (FTE)	72 5 50 66 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 66 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 66 10	0	0	0	0	0	0	0.0%	
	72 5 50 66 10	0	0	0	0	0	0	0.0%	
Hours of Care		0	0	0	0	0	0		
Inpatient/Resident Days	72 5 50 66 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 66 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 66 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 66 10	0		0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 66 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 66 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 66 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 66 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 66 10	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 50 66 10	0	0	0	0	0	0	0.0%	
Health Promotion/Education - Oncology Practice Guid	delines 72 5 50 6	66 20							
Full-time equivalents (FTE)	72 5 50 66 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 66 20	0	0		0	0	0	0.0%	
	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined		\$0	\$0	Φ <u>0</u>	\$0	\$0	0		
Total Cost for Functional Centre	72 5 50 66 20	\$0	\$ U	\$ U	\$0	\$0	0	0.0%	

	70 5 50 00 00			0	0	0			
Group Participant Attendances	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 66 20	0	0	0	0	0	0	0.0%	
Health Promotion/Education - Mental Health & Addit									
Full-time equivalents (FTE)	72 5 50 75 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 75 10	0	0	0	0	0	0	0.0%	,
Hours of Care	72 5 50 75 10	0	0	0	0	0	0	0.0%	,
Inpatient/Resident Days	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 75 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 75 10	0	0	0	0	0	0	0.0%	
Health Prom. /Education MH - Awareness 72 5 50 76								2.070	
Full-time equivalents (FTE)	72 5 50 76 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 76 10	0	0	0	0	0	0.50	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 76 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 76 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 76 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 76 10	0	0	0	0	0	0	0.0%	
,	72 5 50 76 10	0	0	0	0	0	0	0.0%	+
Attendance Days	72 5 50 76 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 76 10	0	0	0	0	0	0		
Meal Delivered-Combined		0	\$0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 50 76 10	\$0	90	Φ0	Φ0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 76 10	0		0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 76 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 76 10	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 50 76 10		0	U	U		0	0.0%	
Health Promo. /Education MH - Women 72 5 50 76 30		0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 50 76 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 76 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 76 30	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 76 30	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 50 76 30	0	0	0	0	0	0	0.0%	,
Health Promo. /Education MH - Community Develop									
Full-time equivalents (FTE)	72 5 50 76 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 76 40	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 76 40	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 76 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 76 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 76 40	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 76 40	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 76 40	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 76 40	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 76 40	\$0	\$0	\$0	\$0	\$0	0	0.0%	
		1	0	0	0	0	<u> </u>	0.0%	
Group Participant Attendances	/2 5 50 76 40	U.							
Group Participant Attendances Service Provider Interactions	72 5 50 76 40 72 5 50 76 40	0	0	0	0	0	0		
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	72 5 50 76 40 72 5 50 76 40 72 5 50 76 40	0	•	0	0	0	0	0.0%	

Mental Health Sessions	72 5 50 76 40	0	01	0	0			0.0%	1
Health Prom./Educ. Addictions - Drug Awareness 72		Ů		Ů			U	0.0%	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	72 5 50 78 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 78 10	0	0	0	0	0	0	0.0%)
Individuals Served by Functional Centre	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 78 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 78 10	0	0	0	0	0	0	0.0%	
Health Prom./Educ Addictions - Problem Gambling		50 78 20					<u> </u>	0.070	
Full-time equivalents (FTE)	72 5 50 78 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	72 5 50 78 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits		0	0	0	0	0	0		
Not Uniquely Identified Service Recipient Interactions	72 5 50 78 20	0	0	0	0	0	0	0.0%)
Hours of Care	72 5 50 78 20	0	0	0	0	0	0	0.0%)
Inpatient/Resident Days	72 5 50 78 20	0	v	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 78 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 78 20	0	0	0	0	0	0	0.0%)
Group Sessions	72 5 50 78 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 78 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 78 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 78 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 78 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 78 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 78 20	0	0	0	0	0	0	0.0%	
Health Prom./Educ. Addictions - Community Develop	oment-Substanc	e Abuse 72 5 50	78 40					0.070	
Full-time equivalents (FTE)	72 5 50 78 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 78 40	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 78 40	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 78 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 78 40	0	0	0	0	0	0	0.0%	
	72 5 50 78 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 78 40	0	0	0	0	0	0	0.0%)
Attendance Days		0	0	0	0	0	0		
Group Sessions	72 5 50 78 40	0	•	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 78 40	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 78 40	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 78 40	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 78 40	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 78 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 78 40	0	0	0	0	0	0	0.0%	
CHC Client Support Services 72 5 85									
Full-time equivalents (FTE)	72 5 85	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 85	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 85	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 85	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 85	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 85	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 85	0	0	0	0	0	0	0.0%	
	72 5 85	0	0	0	0	0	0	0.0%	9
Group Sessions		0	0	0	0	0	0		<u> </u>
Meal Delivered-Combined	72 5 85	U	•	0	0	0	0	0.0%	<u> </u>
Total Cost for Functional Centre	72 5 85	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 85	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 85	0	0	0	0	0	0	0.0%	b
Service Provider Group Interactions	72 5 85	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 85	0	0	0	0	0	0	0.0%	
	72 5 50 94 10	0		0	0	0	0	0.0%	
Mental Health Sessions		0.00	0.00	0.00	0.00	0.00	0.00	0.0%	

	1		0.1	-	^			1	
Visits	72 5 50 94 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 94 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 94 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 94 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 94 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 94 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 94 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 94 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 94 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 94 10	0	0	0	0	0	0	0.0%	
	72 5 50 94 10	0	0	0	0	0	0		
Service Provider Interactions		0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 94 10	0	~	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 94 10	U	0	U	U	U	0	0.0%	
Health Prom. /Educ - Palliative Care Physician 72 5 5								1	
Full-time equivalents (FTE)	72 5 50 94 90	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 94 90	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 94 90	0	0	0	0	0	0	0.0%	
	72 5 50 94 90	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 94 90	0	0	0	0	0	0		
Mental Health Sessions		70 5 50 04 04	<u> </u>	U	U	U	0	0.0%	
Health Prom. /Educ - Palliative Care Pain and Sympton			0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 50 94 91	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 94 91	Ü	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 94 91	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 94 91	0	0	0	0	0	0	0.0%	
Health Prom/Educ & Dev - General Geriatric 72 5 50 9			- 1				Ü	0.070	
Full-time equivalents (FTE)	72 5 50 96 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 96 10	0.00	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 96 10	0	0	0	0	0	0	0.0%	
	72 5 50 96 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 96 10	0	0	0	0	0	0		
Inpatient/Resident Days		0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 96 10	0	•	0	0	0	0	0.0%	
Attendance Days	72 5 50 96 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 96 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 96 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 50 96 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 50 96 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 96 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 96 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 50 96 10	0	0	0	0	0	0	0.0%	
Health Prom/Educ & Dev - Psycho-Geriatric 72 5 50 9	6 76								
Full-time equivalents (FTE)	72 5 50 96 76	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 50 96 76	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 50 96 76	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 50 96 76	0	0	0	0	0	0	0.0%	
			~					5.570	1

Inpatient/Resident Days	72 5 50 96 76	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 50 96 76	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 50 96 76	0	0	0	0	0	0	0.0%	
	72 5 50 96 76	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 50 96 76	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 50 96 76	\$0	\$0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre		\$0	90	Φ0	Φ0	Φ0	0		
Group Participant Attendances	72 5 50 96 76	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 50 96 76	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 50 96 76	0		~	0	0	0	0.0%	
Mental Health Sessions	72 5 50 96 76	U	0	U	U	U	0	0.0%	
Consumer Survivor Initiatives - Peer/Self Help 72 5 5		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	72 5 51 76 11	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 51 76 11	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 51 76 11	0		0	0	0	0	0.0%	
Hours of Care	72 5 51 76 11	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 51 76 11	0	Ÿ	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 51 76 11	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 51 76 11	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 51 76 11	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 51 76 11	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 51 76 11	\$0	\$0		\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 51 76 11	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 51 76 11	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 51 76 11	0	0		0	0	0	0.0%	
Mental Health Sessions	72 5 51 76 11	0	0	0	0	0	0	0.0%	
Consumer Survivor Initiatives - Alternative Business									
Full-time equivalents (FTE)	72 5 51 76 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 51 76 12	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 51 76 12	0	0	0	0	0	0	0.0%	
Consumer Survivor Initiatives - Family Initiatives 72 !	5 51 76 20					•	•		
Full-time equivalents (FTE)	72 5 51 76 20	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 51 76 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 51 76 20	0	0	0	0	0	0	0.0%	
Comm. Disease Prev. and Control – General 72 5 54	:= 0 0 0 20						<u> </u>	3.070	
Full-time equivalents (FTE)	72 5 54	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 54	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 54	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 54	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 54	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 54	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 54	0	0	0	0	0	0	0.0%	
, mondano Days	. 2 0 0 7	V	•	ı	V	•	U	0.076	

0 0 :	72 5 54	Λ.	0	0	0	0	_	0.00/	T
Group Sessions		0	•	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 54	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 54	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 54	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 54	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 54	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 54	0	0	0	0	0	0	0.0%	
Promotion and Prevention 72 5 58		_							
Full-time equivalents (FTE)	72 5 58	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 58	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 58	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 58	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 58	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 58	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 58	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 58	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 58	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 58	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 58	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 58	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 58	0	0	0	0	0	n	0.0%	
Mental Health Sessions	72 5 58	0	0	0	0	0	0		
COM Environmental Health 72 5 60	72 0 00							0.070	
Full-time equivalents (FTE)	72 5 60	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 60	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 60	0	0	0	0	0	0	0.0%	
	72 5 60	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 60	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 60	0	0	0	0	0	0		
Individuals Served by Functional Centre		0	0	0	0	0	0	0.0%	
Attendance Days	72 5 60	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 60	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 60	0		0	\$0	0	0	0.0%	
Total Cost for Functional Centre	72 5 60	\$0	\$0 0	Φ0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 60	0		0	0	0	0	0.0%	
Service Provider Interactions	72 5 60	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 60	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 60	0	0	U	0	0	0	0.0%	
COM Licensing 72 5 65	1	0.00	0.00	0.00	0.00	0.00	•	1	
Full-time equivalents (FTE)	72 5 65	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 65	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 65	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 65	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 65	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 65	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 65	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 65	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 65	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 65	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 65	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 65	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 65	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 65	0	0	0	0	0	0		
Information and Referral Service - General 72 5 70 10									
Full-time equivalents (FTE)	72 5 70 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 70 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 70 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 70 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 70 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 70 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 70 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 70 10	0	0	0	0	0	0		
Meal Delivered-Combined	72 5 70 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 70 10	<u>و</u> 0	\$0	0.2	\$0	0.2	0	0.0%	
rotal cost for Functional Centre	1231010	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	U	0.0%	

	70 5 70 40		0.1	0	01	0			
Group Participant Attendances	72 5 70 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 70 10	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 70 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 70 10	0	0	0	0	0	0	0.0%	
Information and Referral Service - Provincial Mental									
Full-time equivalents (FTE)	72 5 70 76	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 70 76	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 70 76	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 70 76	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 70 76	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 70 76	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 70 76	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 70 76	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 70 76	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 70 76	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 70 76	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 70 76	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 70 76	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 70 76	0	0	0	0	0	0	0.0%	
Information and Referral Service - Provincial - Substa	ance Abuse 72 5	70 78 11							
Full-time equivalents (FTE)	72 5 70 78 11	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 70 78 11	0	0	0	0	0	0.30	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 70 78 11	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 70 78 11	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 70 78 11	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 70 78 11	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 70 78 11	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 70 78 11	0	0	0	0	0	0	0.0%	
	72 5 70 78 11	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined Total Cost for Functional Centre	72 5 70 78 11	90	\$0	90	\$0	\$0	0	0.0%	
	72 5 70 78 11	Ψ0	0	Ψ0	Ψ0	Ψ0	0	0.0%	
Group Participant Attendances	72 5 70 78 11	0	0	0	0	0	0	,	
Service Provider Interactions	72 5 70 78 11	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions		0	0	0	0	0	0		
Mental Health Sessions Information and Referral Service - Provincial - Proble	72 5 70 78 11	70 70 40	U	U	U	U	U	0.0%	
		0.00	0.00	0.00	0.00	0.00	0.00	0.007	
Full-time equivalents (FTE)	72 5 70 78 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 70 78 12	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 70 78 12	0	v	0	0	0	0	0.0%	
Hours of Care	72 5 70 78 12	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 70 78 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 70 78 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 70 78 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 70 78 12	0	0	()	() [0	<u> </u>		
Meal Delivered-Combined	72 5 70 78 12			<u> </u>	•		U	0.0%	
		. 0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 70 78 12	\$0	\$0	0	0	0 \$0	0	0.0% 0.0%	
Group Participant Attendances	72 5 70 78 12 72 5 70 78 12	0 \$0 0	\$0 0	0 \$0 0	0 \$0 0	0 \$0 0	0 0	0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions	72 5 70 78 12 72 5 70 78 12 72 5 70 78 12	0 \$0 0	\$0 0	0 \$0 0	0 \$0 0	0 \$0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	72 5 70 78 12 72 5 70 78 12 72 5 70 78 12 72 5 70 78 12	0 \$0 0	\$0 0 0	0 \$0 0	0 \$0 0	0 \$0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	72 5 70 78 12 72 5 70 78 12	0 \$0 0 0	\$0 0	0 \$0 0 0	0 \$0 0 0	0 \$0 0 0	0 0 0 0 0	0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7	72 5 70 78 12 72 5 70 78 12 25 75	0 0 0	\$0 0 0	0 \$0 0 0 0	0 0 0	0 0 0	0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	72 5 70 78 12 72 5 70 78 12 25 75 72 5 75	0 \$0 0 0 0	\$0 0 0	0 \$0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits	72 5 70 78 12 72 5 70 78 12 25 75 72 5 75 72 5 75	0 0 0	\$0 0 0 0 0 0	0 \$0 0 0 0 0	0 0 0	0 0 0	0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE)	72 5 70 78 12 72 5 70 78 12 25 75 72 5 75 72 5 75	0 0 0	\$0 0 0 0 0 0	0,000 0,000 0,000	0 0 0	0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits	72 5 70 78 12 72 5 70 78 12 25 75 72 5 75 72 5 75	0 0 0	\$0 0 0 0 0 0	0 \$0 0 0 0 0 0 0	0 0 0	0 0 0	0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	72 5 70 78 12 72 5 70 78 12 25 75 72 5 75 72 5 75	0 0 0	\$0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00	0 0 0	0 0 0	0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	72 5 70 78 12 72 5 70 78 12 25 75 72 5 75 72 5 75 72 5 75 72 5 75 72 5 75	0 0 0	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0.000 0.000 0.000 0.000	0 0 0	0 0 0	0.00 0.00 0.00 0.00 0.00 0.00	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	72 5 70 78 12 72 5 75 72 5 75 72 5 75 72 5 75 72 5 75 72 5 75 72 5 75	0 0 0	\$0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	72 5 70 78 12 72 5 70 78 12 25 75 72 5 75	0 0 0	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0	0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	72 5 70 78 12 72 5 70 78 12 25 75 72 5 75	0 0 0	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 70 78 12 72 5 70 78 12 25 75 72 5 75	0 0 0	\$0 0 0 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 70 78 12 72 5 75 72 5 75	0 0 0	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	72 5 70 78 12 72 5 75 72 5 75	0 0 0	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Provincial & Regional Health System Development 7 Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 70 78 12 72 5 75 72 5 75	0 0 0	\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

Mandal Harlib Caraina	70 F 7F	0	0	0	0	0		0.00/	
Mental Health Sessions CSS IH - Service Arrangement/Coordination 72 5 82 0	72 5 75	U	U	U	U	U	0	0.0%	
	72 5 82 05	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	T
Full-time equivalents (FTE)	72 5 82 05	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits Not Uniquely Identified Service Recipient Interactions	72 5 82 05	0	0	0	0	0	0	0.0%	
		0	0	0	0	0	0		
Hours of Care Inpatient/Resident Days	72 5 82 05 72 5 82 05	0	0	0	0	0	0	0.0%	
	72 5 82 05	0	0	0	0	0	0		
Individuals Served by Functional Centre Attendance Days	72 5 82 05	0	0	0	0	0	0	0.0%	
,	72 5 82 05	0	0	0	0	0	0	0.0%	
Group Sessions Meal Delivered-Combined	72 5 82 05	0	0	0	0	0	0	0.0%	
	72 5 82 05	0	\$0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre Group Participant Attendances	72 5 82 05	Ψ0	0	ψ0 0	0	Ψ0	0	0.0%	
	72 5 82 05	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 82 05	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 05	0	0	0	0	0	0	0.0%	
CSS IH - Case Management 72 5 82 09	12 3 62 03	Ů		<u> </u>	· ·		U	0.0%	
	72 5 82 09	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE) Visits	72 5 82 09	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	72 5 82 09	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions Hours of Care	72 5 82 09	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 09	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 09	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 09	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 09	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 09	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 09	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 09	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 09	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 09	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 09	0	0	0	0	0	0		
CSS IH - Meals Delivery 72 5 82 10	72 3 02 03	, and the second	<u>_</u>		-		U	0.078	
Full-time equivalents (FTE)	72 5 82 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 10	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 10	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 82 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 10	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 82 10	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 10	0	0	0	0	0	0	0.0%	
CSS IH - Social and Congregate Dining 72 5 82 12	1.2002.0							0.070	<u></u>
Full-time equivalents (FTE)	72 5 82 12	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 12	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 12	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 82 12	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 12	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 12	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 12	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 12	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 12	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 12	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 12	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 82 12	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 12	0	0	0	0	0	0	0.0%	
CSS IH - Transportation - Client 72 5 82 14							<u> </u>	3.570	<u></u>
Full-time equivalents (FTE)	72 5 82 14	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
							3.00	2.070	

Visits Not Uniquely Identified Service Recipient Interactions Hours of Care		^	0.1	0					
Hours of Care	72 5 82 14	0	0	0	0	0	0	0.0%	
	72 5 82 14	0	0	0	0	0	0	0.0%	
	72 5 82 14	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 14	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 14	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 14	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 14	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 14	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 14	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 14	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 14	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 14	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 14	0	0	0	0	0	0	0.0%	
CSS IH - Crisis Intervention and Support 72 5 82 15			- 1				J	0.070	
Full-time equivalents (FTE)	72 5 82 15	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 15	0	0	0	0	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 15	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 82 15	0	0	0	0	0	0	0.0%	
	72 5 82 15	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 15	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre		0	0	0	0	0	0		
Attendance Days	72 5 82 15	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 15	0	•	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 15	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 15	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 15	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 15	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 15	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 15	0	0	0	0	0	0	0.0%	
CSS IH - Day Services 72 5 82 20									
Full-time equivalents (FTE)	72 5 82 20	6.00	0.00	6.00	6.00	6.00	0.00	0.0%	
Visits	72 5 82 20	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 82 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 20	140	0	140	92	140	0	0.0%	
Attendance Days	72 5 82 20	6786	0	6786	2758	6120	(666)	(9.8%)	
Group Sessions	72 5 82 20	0.00	0	0.00	0	0.20	(000)	0.0%	
Meal Delivered-Combined	72 5 82 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 20	\$496,278	\$0	\$496,278	\$262,011	\$524,022	27.744	5.6%	
		φ-100,210	0	φ100,210	Ψ202,011	02-1,022	21,144	0.0%	
Group Participant Attendances	72 5 82 20	0	•	0	0	0	0		
Service Provider Interactions	72 5 82 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 20	0	0	0	0	0	0	0.0%	
CSS IH - Homemaking 72 5 82 31									
Full-time equivalents (FTE)	72 5 82 31	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 31	0	0	0	0	0	0	0.0%	
	72 5 82 31	0	0	0		0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions		ŭ		U	U	U	U		
Hours of Care	72 5 82 31	0	0	0	0	0	0	0.0%	
	72 5 82 31 72 5 82 31	0		0	0	0	0		
Hours of Care	72 5 82 31 72 5 82 31 72 5 82 31	0 0 0	0	0 0	0 0	0	0 0	0.0%	
Hours of Care Inpatient/Resident Days	72 5 82 31 72 5 82 31	0 0	0	0 0	0 0 0 0	0 0	0 0 0	0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	72 5 82 31 72 5 82 31 72 5 82 31 72 5 82 31	0 0 0	0	0 0 0	0 0 0 0	0 0 0	0 0 0 0	0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	72 5 82 31 72 5 82 31 72 5 82 31	0 0 0 0 0 0	0 0 0	0 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 82 31 72 5 82 31	0 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0	0	0 0 0 0 0	0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 82 31 72 5 82 31	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0	0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	72 5 82 31 72 5 82 31	0 0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	000000000000000000000000000000000000000	0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	72 5 82 31 72 5 82 31	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 \$0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 \$0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	72 5 82 31 72 5 82 31	0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$0 0 0	0 0 0 \$0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	72 5 82 31 72 5 82 31	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 \$0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Home Maintenance 72 5 82 32	72 5 82 31 72 5 82 31	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 80 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Home Maintenance 72 5 82 32 Full-time equivalents (FTE)	72 5 82 31 72 5 82 31	0 0 0 0 0 0 0 0 \$0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$0 0 0 0	0 0 0 \$0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Home Maintenance 72 5 82 32 Full-time equivalents (FTE) Visits	72 5 82 31 72 5 82 31	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$0 0 0 0 0 0 0 0 0 0 0	0 0 0 \$0 0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS IH - Home Maintenance 72 5 82 32 Full-time equivalents (FTE)	72 5 82 31 72 5 82 31	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 80 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

	T							1	
Inpatient/Resident Days	72 5 82 32	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 32	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 32	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 32	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 32	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 32	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 32	0	0	10	0	0	0	0.0%	
		0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 32	0	0	0	0	0	0		
Service Provider Group Interactions	72 5 82 32	0		0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 32	0	0	0	0	0	0	0.0%	
CSS IH - Personal Support/Independence Training 7									
Full-time equivalents (FTE)	72 5 82 33	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 33	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 33	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 82 33	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 33	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 33	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 33	0	0	0	0	0	0	0.0%	
	72 5 82 33	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 33	0	0	0	0	0	0		
Meal Delivered-Combined		\$0	\$0	0	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 82 33	\$0		Φ0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 33	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 33	0	0		0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 33	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 33	0	0	0	0	0	0	0.0%	
CSS IH - Respite 72 5 82 34									
Full-time equivalents (FTE)	72 5 82 34	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 34	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
	72 5 82 34	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions		0	0	0	0	0	0		
Hours of Care	72 5 82 34	0		0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 34	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 34	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 34	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 34	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 34	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 34	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 34	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 34	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 34	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 34	0	0	0	0	0	0	0.0%	
CSS IH - Comb. PS/HM/Respite Services 72 5 82 35	12 3 02 34	Ü	•	, i			U	0.0%	
	70 5 00 05	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	72 5 82 35	0.00		0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 35	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 35	0	0		0	0	0	0.0%	
Hours of Care	72 5 82 35	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 35	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 35	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 35	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 35	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 35	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 35	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 35	0	0	0	0	0	0	0.0%	
		0	0	0	0	0	0		
Service Provider Interactions	72 5 82 35	0	0		0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 35	0		0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 35	0	0	U	0	0	0	0.0%	
CSS IH - Overnight Stay Care 72 5 82 40									
	72 5 82 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Full-time equivalents (FTE)				0		0	0	0.0%	
Visits	72 5 82 40	0	0		•				
,		0	0	0	0	0	0	0.0%	
Visits	72 5 82 40	0	0	_	0	0	0	0.0%	
Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	72 5 82 40 72 5 82 40	0 0 0		_	0 0	0 0	0		
Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	72 5 82 40 72 5 82 40 72 5 82 40 72 5 82 40 72 5 82 40	0 0 0	0	0	0 0	0 0	0 0	0.0%	
Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	72 5 82 40 72 5 82 40 72 5 82 40	0 0 0 0	0	0	0 0 0	0 0 0	0 0 0	0.0% 0.0%	

Mod Deviced Continued 72 5 8 2 40 10 0 0 0 0 0 0 0 0		70 5 00 40	0	0	0	0	0		0.00/	T
Total Cost for Frunchional Centre 75 58 20 5 5 5 5 5 5 5 5 5	Group Sessions	72 5 82 40	0	0	0	0	0	0	0.0%	
Clasp Parliagner Aleranteneses			0		0	0	0	0		
Service Provide Corporal private Control 72,5,5,6,6 0 0 0 0 0 0 0 0 0			\$0		\$0	\$0	\$0	0		
School Provider Graup Internations 72 5 8 2 40 0 0 0 0 0 0 0 0 0			0		0	0	0	0		
Named Humber Schemer Full-Mile equivalents (FTE) Full-Mile			0		_	0	0	0		
Color Colo			0		0	0	0	0	0.070	
Fruit-demic equivalents (FTE)		72 5 82 40	0	0	0	0	0	0	0.0%	
Value Multipupply blandfield Service Recipient Interactions										
Not Disripant Intention Service Recipient Intentations 7 5 86 245 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. ,		0.00	0.00	0.00	0.00	0.00	0.00		
House of Cales 72.5 82.45 0 0 0 0 0 0 0 0 0			0	0	0	0	0	0		
Invasional Front Days	Not Uniquely Identified Service Recipient Interactions		0			0	0	0		
Individual Served by Fundamil Centre	Hours of Care		0	<u>*</u>	0	0	0	0		
Attendance Days 72 5 82 45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Inpatient/Resident Days		0	0	0	0	0	0	0.0%	
Group Sensors (mile Delivered Combined 72 5 82 45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Individuals Served by Functional Centre		0		0	0	0	0		
Nau Deleverad-Combined	Attendance Days		0		0	0	0	0	0.0%	
Total Cost for Functional Centre	Group Sessions		0		0	0	0	0	0.0%	
Group Participant Alternations 72 5 82 45 0 0 0 0 0 0 0 0 0	Meal Delivered-Combined	72 5 82 45	0		0	0	0	0	0.0%	
Service Provider four interactions	Total Cost for Functional Centre	72 5 82 45	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Service Provider forecastions 7,2 5,8 24,5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Group Participant Attendances	72 5 82 45	0	0	0	0	0	0	0.0%	
Sentice Provider Group Internations	Service Provider Interactions	72 5 82 45	0	0	0	0	0	0	0.0%	
Mental Health Sessions 72 56 24 5		72 5 82 45	0	0	0	0	0	0	0.0%	
CSS III - Caregiver Support 72 5 82 50		72 5 82 45	0	0	0	0	0	0	0.0%	
Full-time equivalents (FTE)		•								
Visits Mot Uniquely Identified Service Recipient Interactions 7,2 5 82 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		72 5 82 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Islantified Service Recipient Interactions 72.5 82.50 0 0 0 0 0 0 0 0 0			0	0	0	0	0	0		
Hours of Care 72 5 62 50			0	0	0	0	0	0		
Inpatient/Resident Days			0	0	0	0	0	0		
Individuals Served by Functional Centre			0	0	0	0	0	0		
Attendance Days			0	0	0	0	0	0		
Group Sassions			0	0	0	0	0	0		
Meal Delivered Combined 72 5 82 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0	0	0		
Total Cost for Functional Centre			0	0	0	0	0	0		
Croup Participant Attendances			\$0	\$0	\$0	\$0	\$0	0		
Service Provider Interactions			0		0	0	0	0		
Service Provider Group Interactions			0		0	0	0	0		
Mental Health Sessions			0		0	0	0	0		
CSS IH - Emergency Response Support Services 72.5 82.55			0	<u>*</u>	0	0	0	0		
Full-time equivalents (FTE)			Ü		Ŭ		•	0	0.078	
Visits 72 5 82 55 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Not Uniquely Identified Service Recipient Interactions 72 5 82 55 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0.00	0.00	0.00	0.00	0.00	0.00		
Hours of Care			0	0	0	0	0	0		
Inpatient/Resident Days			0		0	0	0	0		
Individuals Served by Functional Centre 72 5 82 55 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0		0	0	0	0		
Attendance Days 72 5 82 55 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	<u>*</u>	0	0	0	0		
Group Sessions 72 5 82 55 0 0 0 0 0 0 0.0% Meal Delivered-Combined 72 5 82 55 0 0 0 0 0 0.0% Total Cost for Functional Centre 72 5 82 55 \$0 \$0 \$0 0 0.0% Group Participant Attendances 72 5 82 55 0 0 0 0 0 0.0% Service Provider Interactions 72 5 82 55 0 0 0 0 0 0.0% Service Provider Group Interactions 72 5 82 55 0 0 0 0 0 0.0% Mental Health Sessions 72 5 82 55 0 0 0 0 0 0.0% CSS IH - Visiting - Social and Safety 72 5 82 60 0 0 0 0 0 0 0.0% CSS IH - Visiting - Social and Safety 72 5 82 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0			0	0	0		
Meal Delivered-Combined 72 5 82 55 0 0 0 0 0 0 0,0% Total Cost for Functional Centre 72 5 82 55 \$0 \$0 \$0 \$0 0 0,0% Group Participant Attendances 72 5 82 55 0 <td></td> <td></td> <td>0</td> <td><u>*</u></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0.070</td> <td></td>			0	<u>*</u>	0	0	0	0	0.070	
Total Cost for Functional Centre 72 5 82 55 \$0 \$0 \$0 \$0 \$0 \$0 \$0			0	<u>*</u>	0	0	0	0		
Group Participant Attendances 72 5 82 55 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ΦΩ		02	•	\$0	0		
Service Provider Interactions 72 5 82 55 0 0 0 0 0 0.0% Service Provider Group Interactions 72 5 82 55 0 0 0 0 0 0 0.0% Mental Health Sessions 72 5 82 55 0			\$0		φ0	\$ 0	90	0		
Service Provider Group Interactions 72 5 82 55 0 0 0 0 0 0 0 0 0			0		0	0	0	0		
Mental Health Sessions 72 5 82 55 0 0 0 0 0 0 0.0% CSS IH - Visiting - Social and Safety 72 5 82 60 Full-time equivalents (FTE) 72 5 82 60 0.00			0		_	0	0	0		
CSS H - Visiting - Social and Safety 72 5 82 60			0		0	0	0	0		
Full-time equivalents (FTE) 72 5 82 60 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00% </td <td></td> <td>72 5 82 55</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0.0%</td> <td></td>		72 5 82 55	0	0	0	0	0	0	0.0%	
Visits 72 5 82 60 0 0 0 0 0 0.0% Not Uniquely Identified Service Recipient Interactions 72 5 82 60 0		I== = == ==	0.00	0.00	0.00	0.00	0.00		1	
Not Uniquely Identified Service Recipient Interactions 72 5 82 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0.00	0.00	0.00	0.00	0.00	0.00		
Hours of Care 72 5 82 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0	0	0		
Inpatient/Resident Days 72 5 82 60 0 0 0 0 0 0 0 0 0			0			0	0	0		
Individuals Served by Functional Centre 72 5 82 60 0 0 0 0 0 0.0% Attendance Days 72 5 82 60 0 0 0 0 0 0.0% Group Sessions 72 5 82 60 0 0 0 0 0 0.0% Meal Delivered-Combined 72 5 82 60 0 0 0 0 0 0.0%			0		0	0	0	0		
Attendance Days 72 5 82 60 0 0 0 0 0 0.0% Group Sessions 72 5 82 60 0 0 0 0 0 0 0.0% Meal Delivered-Combined 72 5 82 60 0 0 0 0 0 0 0 0.0%			0	<u>*</u>	0	0	0	0		
Group Sessions 72 5 82 60 0 0 0 0 0 0.0% Meal Delivered-Combined 72 5 82 60 0 0 0 0 0 0 0.0%			0		_	0	0	0		
Meal Delivered-Combined 72 5 82 60 0 0 0 0 0 0 0 0.0%	Attendance Days		0		0	0	0	0		
			0		0	0	0	0		
Total Cost for Functional Centre 72 5 82 60 \$0 \$0 \$0 \$0 0 0.0%			0		0		0	0		
	Total Cost for Functional Centre	72 5 82 60	\$0	\$0	\$0	\$0	\$0	0	0.0%	

O B 6 : 140 L	70 5 00 00		0	0	0	0		0.00/	
Group Participant Attendances	72 5 82 60	0	_	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 60	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 60	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 60	0	0	Ü	0	0	0	0.0%	
CSS IH - Visiting - Hospice Services 72 5 82 65	1	0.00	0.00	0.00	0.00	0.00	.	1	
Full-time equivalents (FTE)	72 5 82 65	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 65	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 65	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 82 65	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 65	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 65	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 65	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 65	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 65	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 65	\$0	\$0		\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 65	0	0		0	0	0	0.0%	
Service Provider Interactions	72 5 82 65	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 65	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 65	0	0	0	0	0	0	0.0%	
CSS IH - Foot Care Services 72 5 82 70									
Full-time equivalents (FTE)	72 5 82 70	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 70	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 70	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 82 70	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 70	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 70	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 70	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 70	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 70	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 70	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 70	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 70	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 82 70	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 70	0	0		0	0	0		
CSS IH - Vision Impaired Care Services 72 5 82 75	1200210			, and the second				0.070	
Full-time equivalents (FTE)	72 5 82 75	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 75	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 75	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 82 75	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 75	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 75	0	0	0	0	0	0	0.0%	
	72 5 82 75	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 75	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 75	0	0		0	0	0	0.0%	
Meal Delivered-Combined		\$0	\$0	ΦΩ	\$0	\$0	0	0.0%	
Total Cost for Functional Centre	72 5 82 75	20	0	\$0	90	\$0	0	0.0%	
Group Participant Attendances	72 5 82 75	0	_		0	0	0		
Service Provider Interactions	72 5 82 75	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 75	0	•	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 75	0	0	U	0	0	0	0.0%	
CSS IH - Deaf, Deafened and Hard of Hearing Care So			0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 82 77	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 82 77	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 77	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 82 77	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 77	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 77	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 77	0	0		0	0	0	0.0%	
Group Sessions	72 5 82 77	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 77	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 77	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 77	0	0		0	0	0	0.0%	
Service Provider Interactions	72 5 82 77	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 77	0	0	0	0	0	0	0.0%	
							<u>`</u>	2.370	

Montal Llagith Cassians	72 5 82 77	0	0	0	0	0	0	0.00/	
Mental Health Sessions CSS IH - Elderly Person Centre Services 72 5 82 80 (N		U	U	U	U	U	0	0.0%	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00/	T
Full-time equivalents (FTE)	72 5 82 80 72 5 82 80	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits		0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 82 80	0	· ·	0	0	0	0	0.0%	
Hours of Care	72 5 82 80	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 82 80	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 82 80	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 82 80	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 82 80	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 82 80	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 82 80	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 82 80	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 82 80	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 82 80	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 82 80	0	0	0	0	0	0	0.0%	
CSS ABI - Day Services 72 5 83 20	72 3 02 00		<u> </u>				0	0.078	
Full-time equivalents (FTE)	72 5 83 20	3.04	0.00	3.04	3.42	3.42	(0.38)	(12.5%)	
		3.04		3.04	3.42	3.42	(0.38)		
Visits	72 5 83 20	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 83 20	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 83 20	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 83 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 83 20	55	0	55	38	55	0	0.0%	
Attendance Days	72 5 83 20	15840	0	15840	6492	12984	(2,856)	(18.0%)	
Group Sessions	72 5 83 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 83 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 83 20	\$309,645	\$0	\$309,645	\$148,729	\$319,358	9,713	3.1%	
Group Participant Attendances	72 5 83 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 83 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 83 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 83 20	0	0	0	0	0	0	0.0%	
CSS ABI - Vocational Training and Education Service							,	0.070	
Full-time equivalents (FTE)	72 5 83 30	0.00	0.001	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 83 30	0	0.00	0	0.00	0	0.00	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 83 30	0	ŭ	0		•	0		
			n	()	()	()			
		0	0	0	0	0	0	0.0%	
Hours of Care	72 5 83 30	0	0	0	0	0	0	0.0%	
Hours of Care Inpatient/Resident Days	72 5 83 30 72 5 83 30	0	0	0	0	0	0	0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	72 5 83 30 72 5 83 30 72 5 83 30	0	0 0	0	0 0	0	0	0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	72 5 83 30 72 5 83 30 72 5 83 30 72 5 83 30	0 0	0 0 0	0 0 0 0	0 0 0	0 0	0 0	0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	72 5 83 30 72 5 83 30	0 0 0	0 0 0 0	0 0 0 0 0 0 0	0 0 0	0 0 0	0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 83 30 72 5 83 30	0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	72 5 83 30 72 5 83 30	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 83 30 72 5 83 30	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 83 30 72 5 83 30	0 0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	72 5 83 30 72 5 83 30	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions	72 5 83 30 72 5 83 30	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 \$0	0 0 0 0 0 0 0 0 \$0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions	72 5 83 30 72 5 83 30	0 0 0 0 0 0 0 \$0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training	72 5 83 30 72 5 83 30	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training in Full-time equivalents (FTE)	72 5 83 30 72 5 83 30	0 0 0	0 0 0 0 0 0 0 \$0 0	0	0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Teull-time equivalents (FTE) Visits	72 5 83 30 72 5 83 33 72 5 83 33 72 5 83 33	0 0 0	0 0 0 0 0 0 0 \$0 0 0 0 0 0	0	0 0 0	0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions	72 5 83 30 72 5 83 33 72 5 83 33 72 5 83 33 72 5 83 33 72 5 83 33	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0	0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care	72 5 83 30 72 5 83 33 72 5 83 33	0 0 0	0 0 0 0 0 0 0 \$0 0 0 0 0	0	0 0 0	0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions Mental Health Sessions Total Cost of Functional Centre CSS ABI - Personal Support/Independence Training in Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days	72 5 83 30 72 5 83 33 72 5 83 33	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0	0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre	72 5 83 30 72 5 83 33 72 5 83 33	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0	0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days	72 5 83 30 72 5 83 33 72 5 83 33	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0	0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Tull-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions	72 5 83 30 72 5 83 33 72 5 83 33	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0	0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Teul-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 83 30 72 5 83 33 72 5 83 33	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training in Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 83 30 72 5 83 33 72 5 83 33	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0	0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Teul-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined	72 5 83 30 72 5 83 33 72 5 83 33	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training in Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre	72 5 83 30 72 5 83 33 72 5 83 33	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Teult-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances	72 5 83 30 72 5 83 33 72 5 83 33	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions	72 5 83 30 72 5 83 33 72 5 83 33	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Group Interactions Service Provider Group Interactions	72 5 83 30 72 5 83 33 72 5 83 33	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	
Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Service Provider Group Interactions Mental Health Sessions CSS ABI - Personal Support/Independence Training in Full-time equivalents (FTE) Visits Not Uniquely Identified Service Recipient Interactions Hours of Care Inpatient/Resident Days Individuals Served by Functional Centre Attendance Days Group Sessions Meal Delivered-Combined Total Cost for Functional Centre Group Participant Attendances Service Provider Interactions Mental Health Sessions	72 5 83 30 72 5 83 33 72 5 83 33	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	

	I== = == :=			0					,
Visits	72 5 83 45	U	0	U	U	U	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 83 45	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 83 45	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 83 45	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 83 45	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 83 45	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 83 45	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 83 45	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 83 45	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 83 45	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 83 45	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 83 45	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 83 45	0	0	0	0	0	0	0.0%	
CSS Com Sup Init - Support Service Training 72 5 84	10						•		
Full-time equivalents (FTE)	72 5 84 10	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 84 10	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 84 10	0	0	0	0	0	0		
Hours of Care	72 5 84 10	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 84 10	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 84 10	0	0	0	0	0	0		
Attendance Days	72 5 84 10	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 84 10	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 84 10	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 84 10	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 84 10	0	0	0	0	0	0	0.0%	
	72 5 84 10	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 84 10	0	0	-	0	0	0		
Service Provider Group Interactions		0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 84 10	U	U	U	U	U	0	0.0%	
CSS Com Sup Init - Self Managed Attendant Services		0.00	0.00	0.00	0.00	0.00			
Full-time equivalents (FTE)	72 5 84 20	0.00		0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 84 20	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 84 20	0	0	0	0	U	0	0.0%	
Hours of Care	72 5 84 20	U	0	U	U	U	0	0.0%	
Inpatient/Resident Days	72 5 84 20	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 84 20	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 84 20	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 84 20	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 84 20	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 84 20	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 84 20	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 84 20	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 5 84 20	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 5 84 20	0	0	0	0	0	0	0.0%	
CSS Com Sup Init - Personal Support Worker Trainir	g 72 5 84 30								
Full-time equivalents (FTE)	72 5 84 30	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 5 84 30	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 5 84 30	0	0	0	0	0	0	0.0%	
Hours of Care	72 5 84 30	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 5 84 30	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 5 84 30	0	0	0	0	0	0	0.0%	
Attendance Days	72 5 84 30	0	0	0	0	0	0	0.0%	
Group Sessions	72 5 84 30	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 5 84 30	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 5 84 30	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 5 84 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 5 84 30	0	0	0	0	0	0	0.0%	
Service Provider Interactions Service Provider Group Interactions	72 5 84 30	0	0	0	0	0	0	0.0%	
	72 5 84 30	0	0	0	0	0	0	0.0%	
Mental Health Sessions CHC Research - Community Health and Social Servi		U	U	U	U		0	0.0%	
•	7*7 50	0.00	0.00	0.00	0.00	0.00	0.00	0.00/	
Full-time equivalents (FTE)	7*7 50 7*7 50	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits		0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	7*7 50	U	0	U	0	0	0	0.0%	
Hours of Care	7*7 50								

Inpatient/Resident Days	7*7 50	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	7*7 50	0	0	0	0	0	0	0.0%	
Attendance Days	7*7 50	0	0	0	0	0	0	0.0%	
Group Sessions	7*7 50	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	7*7 50	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	7*7 50	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	7*7 50	0	0	0	0	0	0	0.0%	
Service Provider Interactions	7*7 50	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	7*7 50	0	0	0	0	0	0	0.0%	
Mental Health Sessions	7*7 50	0	0	0	0	0	0	0.0%	
Education-In Service (CCAC Only) 72 8 40									
Full-time equivalents (FTE)	72 8 40	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Visits	72 8 40	0	0	0	0	0	0	0.0%	
Not Uniquely Identified Service Recipient Interactions	72 8 40	0	0	0	0	0	0	0.0%	
Hours of Care	72 8 40	0	0	0	0	0	0	0.0%	
Inpatient/Resident Days	72 8 40	0	0	0	0	0	0	0.0%	
Individuals Served by Functional Centre	72 8 40	0	0	0	0	0	0	0.0%	
Attendance Days	72 8 40	0	0	0	0	0	0	0.0%	
Group Sessions	72 8 40	0	0	0	0	0	0	0.0%	
Meal Delivered-Combined	72 8 40	0	0	0	0	0	0	0.0%	
Total Cost for Functional Centre	72 8 40	\$0	\$0	\$0	\$0	\$0	0	0.0%	
Group Participant Attendances	72 8 40	0	0	0	0	0	0	0.0%	
Service Provider Interactions	72 8 40	0	0	0	0	0	0	0.0%	
Service Provider Group Interactions	72 8 40	0	0	0	0	0	0	0.0%	
Mental Health Sessions	72 8 40	0	0	0	0	0	0	0.0%	
Total Full-Time Equivalents for all F/C		9.04	0.00	9.04	9.42	9.42	-0.38	(4.2%)	
Total Visits for all F/C		0	0	0	0	0	0	0.0%	
Total Not Uniquely Identified Service Recipient								0.0%	
Interactions for all F/C		0	0	0	0	0	0		
Total Hours of Care for all F/C		0	0	0	0	0	0	0.0%	
Total Inpatient/Resident Days for all F/C		0	0	0	0	0	0	0.0%	
Total Individuals Served by Functional Centre for all	1							0.0%	
F/C		195	0	195	130	195	0		
Total Attendance Days for all F/C		22626	0	22626	9250	19104	3522	15.6%	
Total Group Sessions for all F/C		0	0	0	0	0	0	0.0%	
Total Meals Delivered for all F/C		0	0	0	0	0	0	0.0%	
Total Group Participants for all F/C		0	0	0	0	0	0	0.0%	
Total Service Provider Interactions for all F/C		0	0	0	0	0	0	0.0%	
Total Mental Health Sessions for all F/C		0	0	0	0	0	0	0.0%	
Total Cost for all F/C		\$805,925	\$0	\$805,925	\$410,742	\$843,382	\$37,457	(4.6%)	

Document 4- Reports submitted to the Champlain LHIN under the MSAA

• 2015 Annual Reconciliation

INSTRUCTIONS

2015/16 Annual Reconciliation Report Submission For all CMH&A, CHC, CSS and CCAC Organizations

(I) Due Date

The 2015-16 ARR submission contains both online and paper copy submission. The deadline for the submission of both is June 30, 2016.

Paper Copy Submission

The following printed documents are required for the paper copy submission otherwise the Annual Reconciliation Report submission is deemed to be incomplete:

- 1. All forms of the Annual Reconciliation Report, duly signed
- 2. Audited Financial Statements, applicable to the Fiscal Year 2015-16
- 3. The signed and unaltered Auditor's Report

<u>Please send your paper copy submission to:</u> Financial Reports – Community

Financial Reports – Community Financial Management Branch Ministry of health and Long-Term Care 5700 Yonge Street, 12/F Toronto ON M2M 4K5

- AND/OR -

Financial Reports – Community Mental Health & Addictions Financial Management Branch Ministry of Health and Long-Term Care 5700 Yonge Street, 12/F Toronto ON M2M 4K5

Funding recipients who received both CSS Funding and Mental Health & Addictions Funding must provide 2 (two) copies of ARR Submissions

Online Submission to SRI

Upon completion and approval of your ARR, please upload the ARR Template to the SRI.

Please note all organizations must submit BOTH the paper copy and the online copy on or before June 30, 2016.

(II) Ontario Healthcare Reporting Standards (OHRS) Definitions

For definitions of accounts required to complete this package, please refer to the OHRS V9.2 applicable to the Fiscal Year 2015-16. OHRS documentation is available at www.hsimi.on.ca. Please note the access to this website requires pre-registration.

(III) Where to start

- (1) Complete all Data Input forms in the template where applicable in sequential order below. Please note all data input tabs in the template are Green coloured. All Report Tabs are Purple coloured.
- (2) Upon completion of the data input, select each Purple coloured tab for print. Please note unused columns in ARRFin2 and ARRFin3 reports must be hidden prior to printing. Simply click the button to unhide columns.

 | HIDE blank | Columns | Col
- (3) Warning Please do not insert, edit or delete any tab, row or column. Please contact the Ministry's Financial Management Branch if you have any questions or concerns on the use of this template.

Forms included in the Annual Reconciliation Report Template

	ins included in the Annual Reconciliation Report Template									
Tab Name	Purpose	Description								
Data Input - ID	Data Input	Identification of organization. Each organization must provide a contact name in the event that there are questions about the information submitted.								
Data Input – LHIN	Data Input	 This form must be completed by TPBE (Transfer Payment Business Entity). Please include any Sessional Fee funding and expenses in the program TPBE column. The funding amount by TPBE must agree to the Ministry's final Payment Notice. 								

Data Input – MMP	Data Input	 This form must be completed by TPBE (Transfer Payment Business Entity). The funding amount by TPBE must agree to the Ministry's final Payment Notice.
Data Input – Other MMP	Data Input	This form reports all other MOHLTC programs where separate or no reconciliation is required. This includes, but not limited to the following: - French Language Services - CCIM funding - Nurse Practitioner - Mental Health Supportive Housing (CMHSH) - AIDS - Asthma - Osteo The CMHSH TPBE under the Other MMP relates to the Supportive Housing and Mental Health Homelessness programs and is included to assist in reconciling Type 2 Funding. AIR (Annual Information Returns) are still required to be submitted for annual settlement reconciliation of the Supportive Housing and Mental Health Homelessness Programs.
Data Input – FT1 & FT3	Data Input	Fund Type 1 For Hospital only Fund Type 3 All other non-funded items.
Report - ID	Printing for submission	No input to this tab is required.
Report – TOTAL AGENCY ARRFin1	Printing for submission	No input to this tab is required. This report is a consolidation of all LHIN programs, Ministry Managed programs and non-funded programs. The Table G of this report must agree to the organization's Income Statements of the Audited Financial Statements.
Report – LHIN – ARRFin2	Printing for submission	No input to this tab is required.
Report – MMP – ARRFin3	Printing for submission	No input to this tab is required.
Report – Other MMP – ARRFin4	Printing for submission	No input to this tab is required.
Auditor's Report	Printing for submission	An audit of ARRFin1, ARRFin2 and ARRFin3 are required where funding exists. This template should not be revised and it must be signed by your external auditor. If it is not signed or there are any material alterations to the wording of the template, your report will be deemed incomplete and may be subject to financial penalties by the LHIN and the Ministry as per Multi-Sectoral Accountability Agreement or Ministry Funding Agreements.
Certification by Provider	Printing for submission	This form must be signed by two (2) signing officers of the organization.
Proxy Pay Equity	Printing for submission	This form is to be completed by Transfer Payment organization where proxy pay equity funding was provided by the MOHLTC, pursuant to the April 23, 2003 memorandum.

Assistance: Contact Information

7.0010tar100. Cornact information	
Type of Inquiry	Contact Information
For all SRI technical support including password reset	(800) 495-9986 or SRI@ontario.ca
Completion of the ARR including policy	Ministry's Financial Management Branch
inquiries	(Please refer to the table below)

Financial Management Branch Contact

Program Name	FMB Representative	E-mail
Mental Health & Addiction	Susana Maldonado	Susana.Maldonado@ontario.ca
	Sam Wang	Sam.H.Wang@ontario.ca
CCAC, Community Services & CHC	Kelvin Wong	Kelvin.Wong2@ontario.ca
	Marie Marchese	Marie.Marchese@ontario.ca

IFIS / Recipient #
SRI Organization Code
LHIN Name
Service Provider Name
Service Provider Legal Name

Service Provider Address

COLVICO I TOVICOI / CACIOCO
Address 1
Address 2
City
Postal Code

HSP Contact Name
HSP Contact Position
HSP Contact Phone Number
HSP Contact E-mail Address

2	72
4444	
Champlain	
City Of Ottawa	
City Of Ottawa	

100 Constellation Dr.
7th Floor West - 26-90
Ottawa
K2G 6J8

Katelyn Pirie	
Finance Officer	
613 580-2424 ext. 13537	
katelyn.pirie@ottawa.ca	

							Click to select the	Click to select the TPBE	Click to select the	Click to select the TPBE	Click to select the	Click to select the TPBE	Click to select the	Click to select the TPBE
Select TPBE (Transfer Payment Business Unit)		TOTAL	LHIN - CSS	LHIN - CSS Comments	LHIN - ABI	LHIN - ABI Comments	TPBE	Comments	TPBE	Comments	TPBE	Comments	TPBE	Comments
Select IFBE (Transfer Fayinetit Business Offit)	_	TOTAL		Erint Goo dominents		Erint Aut Comments		Comments		Commence		Comments		Comments
			Select Funding Initiative (where		Select Funding Initiative (where		Select Funding Initiative (where		Select Funding Initiative (where		Select Funding Initiative (where		Select Funding Initiative (where	
Funding Initiative (Please select from drop down)			applicable)		applicable)		applicable)		applicable)		applicable)		applicable)	
r arraing annuality (r loads solder from all op down)	+													
Table B	Line #													
LHIN Cash Flow:	_												-	
	1	600.070	401,726		228,246									
Funding - Local Health Integrated Networks Funding - Provincial MOHLTC (Allocation)	2	029,912	401,726		220,240									
Funding - LHINs One Time	3	8.500	5,667		2.833									
Funding - MOHLTC One Time	4	-												
Sessional fee funding - LHIN	5	-												
Sessional fee funding - MOHLTC	6													
Total LHIN/MOHLTC funding as per cash flow	7 8	638,472	407,393		231,079		-		-		-		-	
Service Recipient Revenue Recoveries from External/Internal Sources	9	3 784	90,591 3,784		22,822		1				_		l	
Donations External/Internal Sources	10	3,704	3,704											
Other Funding Sources and Other Revenue	11	98,778	10,221	Municipal Funding	88,557	Municipal Funding					i			
Other revenue adjustments (detailed comments required)	12	-												
Total revenue adjustments	13	215,975	104,596		111,379		-		-		-		-	
Total FUND TYPE 2 funding for settlement purposes	14	854,447	511,989		342,458									
Deferred LHIN funding used to purchase capitalized items in the	15													
current year (Enter as Negative Amount) Amortization of donation revenue and LHIN funding in the current														
fiscal year	16	_												
Other Adjustments including LHIN/MOHLTC recovery (detailed	17													
comments required)		- 13,900	- 10,300		- 3,600									
Total Revenue FUND TYPE 2	18	840,547	501,689		338,858		-		-		-			
EXPENSES- Fund Type 2														
Compensation Salaries and Wages (Worked + Benefit + Purchased)	19													
Salaries and Wages (Worked + Benefit + Purchased) Benefit Contributions	20	605,728	353,031 91,977		252,697 67,700									
Employee Future Benefit Compensation	21	139,677	91,977		67,700									
Nurse Practitioner Remuneration	22	-												
Medical Staff Remuneration	23	-												
Sessional Fees	24	-												
Service Costs														
Med/Surgical Supplies and Drugs Supplies and Sundry Expenses (excl. Med/Surg Supplies &	25	_												
Drugs)	26	33,801	23 571		10.230									
Community One Time Expense	27	9.059	5,955		3 104									
Equipment Expenses	28	158	158											
Amortization on Major Equip and Software License and Fees	29	-		-					-	-				
Contracted Out Expense	30	46,024	37,297		8,727									
Buildings and Grounds Expenses Building Amortization	31 32	_												
TOTAL EXPENSES Fund Type 2	32	854.447	511,989		342.458									
Depreciation/Amortization of Capital Assets for the Program and		334,447	311,303		342,430									
Admin & Support	34	-	-		-		-		-		-		-	
Total Capitalized Purchases and Services in current year	35	9,059	5,955		3,104		-		-				-	
(CHC & CCAC purposes only) Inadmissible salary expenses	36	-												
(CHC & CCAC purposes only) Less: Other adjustments Total Expenses for Settlement Purposes	37 38	863.505	517.944		345.561									
Total Expenses for Settlement Purposes Less sessional fee expenses (Enter as Negative Amount)	38	863,505	517,944		345,561		-		-				-	
Less sessional lee expenses (Enter as regative Amount)	39						1				1			
	1	-												
Less one time expenses as per listing below (Negative sum of line 63 & 79)	40	- 9,059	- 5,955		- 3,104		-		-		-		-	
Total operating expenses for settlement purposes	41	854,447	511,989		342,458		-		-				-	
Operating Recovery	42	-	-		-		-		-		-		-	
Sessional Fee Recovery One Time Recovery	43 44		-		-		-		-		-		-	
Total Settlement Recovery	44	+ -												
rotal Settlement Recovery	45		-						-					

Select TPBE (Transfer Payment Business Unit)		TOTAL	LHIN - CSS	LHIN - CSS Comments	LHIN - ABI	LHIN - ABI Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments
TABLE C: One-Time Expenses	Line#													
Capitalized purchases from One Time funding Section C-1														
	46	690	240	Chair covers	450	Brain Basics Training								
	47	1,783		Power lift chair	82	Portable speaker								
	48	2,317	1,361	Lift Chair	956	Samsung 52" TV								
	49	1,990		Dining Room Chairs	151	Fitness equipment								
	50	1,654	814	Dining tables	840	Nu Step equipment Music Thearpy Session								
	51	625			625	Music Thearpy Session								
	52 53								_					
	54 55								_					
	56													
	55													
	58								_					
	59													
	60								_					
Total One-time capitalized purchases from One-time funding	61	9.059	5,955		3.104				_		_		_	
Operating expenses from One Time Funding Section C-2		-,												
***********	62													
	63	-											i e	
	64	-							1				1	
	65	-											i e	
	66	-							Î				1	
	67	-							Î				1	
	68	-												
	69	-							Î				1	
	70	-							Î				1	
	71	-												
	72	-							Î				1	
	73	-												
	74	-							Î				1	
	75	-												
	76	-												
Total One-time operating expenses from One-time funding	77													

Select TPBE (Transfer Payment Business Unit)		TOTAL	LHIN - CSS	LHIN - CSS Comments	LHIN - ABI	LHIN - ABI Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments
TABLE D: Operating Expenses	Line#													
Capitalized expenses Sourced from Operating Funding (Section D-1) (All capitalized items regardless of amount)														
	78 79	-												
	80	-												
	81 82	-												
	83													
_	84 85				-									
	86													
	87 88	-												
	89	-												
	90 91													
	92	-												
Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	93	-	-		-		-		-		-		-	
Sourced from Operating Funding (Section D-2)														
Courced from Operating Landing (Section 5-2)	94	690	240 (Chair covers	450	Brain Basics Training								
	95 96	1,783	1,701 F	Power lift chair lift Chair	82	Portable speaker Samsung 52" TV								
	97	1,990	1,839	Dining Room Chairs	151	Fitness equipment								
	98 99		814	Dining tables	840	Nu Step equipment Music Thearpy Session								
	100				623	music friedry Jession								
	101 102													
-	103	-												
	104 105													
	106	-												
	107 108	-												
Total Non-Capitalized One-time expenses >\$5,000 from	109		5,955											
Operating Funding Total One Time Expenses	110	9,059 18,117	11,910		3,104 6,207		-		-		-		-	
TABLE F: Sessional Fees														
Summary														
(Enter the # of Sessions														
Delivered)														
# of Sessions Delivered (From Sessional Fees) Calculated Cost Per Session	111	-												
Calculated Cost Per Session	112	0.00	0.00		0.00		0.00		0.00		0.00		0.00	
TABLE G: Total Agency Reporting														
	Line#													
Summary by Fund Type (Total														
Agency Financials)		TOTAL												
Total Revenue Fund Type 1 Total Expenses Fund Type 1	113 114	-												
Net Surplus/Deficit Fund Type 1 (Hospital)	114	-												
Total Revenue Fund Type 2 (Above)	116	940 547	E01 000		220.050					-				
Total Expenses Fund Type 2 (Above)	117	854,447	511,989		342,458		-							
Net Surplus/Deficit Fund Type 2 (Community Programs)	118	- 13,900	- 10,300		- 3,600		-		-		-		-	
Total Revenue Fund Type 3	119	-			_									
Total Expenses Fund Type 3 Net Surplus/Deficit Fund Type 3 (Other)	120 121	-												
				<u> </u>				<u> </u>						
Total Revenue for the Provider	122 123	840,547 854,447	501,689		338,858		-				-		-	
Total Expenses for the Provider Net Surplus/Deficit	123		511,989 - 10,300		342,458 - 3,600		-				- :			
		,500	,500		3,000									

Out of TRRE (Towns (or Removal Residence Health				Click to select the	Click to select the TPBE	Click to select the	Click to select the TPBE	Click to select the	Click to select the TPBE
Select TPBE (Transfer Payment Business Unit)			TOTAL	TPBE	Comments	TPBE	Comments	TPBE	Comments
Funding Initiative (Please select from drop down)				Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)	
runuing initiative (Flease Select Ironi drop down)				(where applicable)		(where applicable)		(where applicable)	
T.11. D		Line#							
Table B		Line ii							
MMP Cash Flow:									
Funding - Local Health Integrated Networks	T	1							
Funding - Provincial MOHLTC (Allocation)		2	-						
Funding - LHINs One Time		3	-						
Funding - MOHLTC One Time		4	-						
Sessional fee funding - LHIN		5	-						
Sessional fee funding - MOHLTC		6	-						
Total LHIN/MOHLTC funding as per cash flow		7	-	-		-		-	
Service Recipient Revenue		8	-						
Recoveries from External/Internal Sources		9	-		· · · · · · · · · · · · · · · · · · ·				·
Donations		10	-						
Other Funding Sources and Other Revenue		11	-						
Other revenue adjustments (detailed comments required)		12	-						
Total revenue adjustments		13	-						
Total FUND TYPE 2 funding for settlement purposes Deferred LHIN funding used to purchase capitalized items in the		14	-	-		-		-	
current year (Enter as Negative Amount)		15							
Amortization of donation revenue and LHIN funding in the current									
fiscal year		16							
Other Adjustments including LHIN/MOHLTC recovery (detailed			_						
comments required)	1	18	_						
Total Revenue FUND TYPE 2		19	-			-		_	
EXPENSES- Fund Type 2									
Compensation			_						
Salaries and Wages (Worked + Benefit + Purchased)	ı	20	_						
Benefit Contributions		21	-						
Employee Future Benefit Compensation		22	-						
Nurse Practitioner Remuneration		23	-						
Medical Staff Remuneration		24	-						
Sessional Fees		25	-						
Service Costs									
Med/Surgical Supplies and Drugs		26	-						
Supplies and Sundry Expenses (excl. Med/Surg Supplies &	l	27		I 7			<u> </u>		·
Drugs)			-						
Community One Time Expense		28	-	-		-		-	
Equipment Expenses		29	-						
Amortization on Major Equip and Software License and Fees Contracted Out Expense		30 31	-	 					
Contracted Out Expense Buildings and Grounds Expenses		31 32		 					
Buildings and Grounds Expenses Building Amortization	-	32				1		1	
TOTAL EXPENSES Fund Type 2		34		_		_		_	
Depreciation/Amortization of Capital Assets for the Program and									
Admin & Support	l	35							
Total Capitalized Purchases and Services in current year		36	-						
(CHC & CCAC purposes only) Inadmissible salary expenses		37	-						
(CHC & CCAC purposes only) Less: Other adjustments	i	38	-						
Total Expenses for Settlement Purposes		39	-	-		-		-	
Less sessional fee expenses (Enter as Negative Amount)									
	l	40	_						
Less one time expenses as per listing below (Negative sum of line 63 &	79)	42	-	-		-		-	
Total operating expenses for settlement purposes		43	-	-		-		-	
Operating Recovery		44	-	-		-		-	
		45		- 1		-			
Sessional Fee Recovery		40		-				-	
Sessional Fee Recovery One Time Recovery		46	-	-		-		-	

Select TPBE (Transfer Payment Business Unit)			TOTAL	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments
TABLE C: One-Time Expenses		Line #							
Capitalized purchases from One Time funding									
Section C-1									
		48	-						
		49	-						
		50							
		51	-						
		52	-						
		53 54	-						
	\vdash	54 55	-						
		56	-			-		1	
		57	_						
		58	-						
		59	-						
		60							
		61							
		62	-						
		63							
Total One-time capitalized purchases from One-time funding				-		-		-	
Operating expenses from One Time Funding Section C-2									
		64							
		65							
		66	4						
		67	-						
		68	-						
		69	-						
	\vdash	70 71							
		72	-			-		1	
		73	-					 	
		74	-					1	
		75	-						
		76	-						
		77	-						
		78							
Total One-time operating expenses from One-time funding		79	-			-		-	

				Click to select the	Click to select the TPBE	Click to select the	Click to select the TPBE	Click to select the	Click to select the TPBE
Select TPBE (Transfer Payment Business Unit)			TOTAL	TPBE	Comments	TPBE	Comments	TPBE	Comments
Coloct II BE (Iranoloi I aymont Bacinece Cint)		- 1							
TABLE D: Operating Expenses		Line #							
Capitalized expenses Sourced from									
Operating Funding (Section D-1)									
(All capitalized items regardless of amount)									
		80	-						
		81	-						
		82 83	-						
		84							
		85	-						
		86	-						
		87	-						
		88 89	-						
	-	90							
		91	-	_					
		92							
		93 94	-						
Total Capitalized expenses from Operating Funding		94 95				-		_	
Non- capitalized one-time expenses > \$5,000		50							
Sourced from Operating Funding (Section D-2)									
oodiood ii oiii opoidaiii g i aiidaii g (oootioii 2 2)		96	-						
		97	-						
		98							
		99	-						
		100 101	-						
		102							
		103	-						
		104							
		105	-						
		106 107	-			-			
		108							
		109	-						
		110	-						
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding		111							
Total One Time Expenses		112		-					
Exponess									
TABLE F: Sessional Fees					_				
Summary									
(Enter the # of Sessions									
Delivered)									
		113							
# of Sessions Delivered (From Sessional Fees) Calculated Cost Per Session		114	0.00	0.00		0.00		0.00	
Outoutation Oost F Cl Ocosioti		114	0.00	0.00		0.00		0.00	

TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)	Line #	TOTAL				
Total Revenue Fund Type 1	115					
Total Expenses Fund Type 1	116					
Net Surplus/Deficit Fund Type 1 (Hospital)	117	-	-	-		
	_					
Total Revenue Fund Type 2 (Above)	118	-	-	-	•	
Total Expenses Fund Type 2 (Above)	119	-	-		· · · · · · · · · · · · · · · · · · ·	
Net Surplus/Deficit Fund Type 2 (Community Programs)	120	-	-	-	•	
Total Revenue Fund Type 3	121					

Select TPBE (Transfer Payment Business Unit)		TOTAL	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments
Total Expenses Fund Type 3	122	_						
Net Surplus/Deficit Fund Type 3 (Other)	123	-	-					
	_							
Total Revenue for the Provider	124	-	-		-		-	
Total Expenses for the Provider	125	-	-		-		-	
Net Surplus/Deficit	126	-	-		-		-	

_	_								
_	В	С	D	E	F	G	Н	ı	J
				Click to select the	Click to select the TPBE	Click to select the		Click to select the	Click to select the TPBE
2			TOTAL	TPBE	COMMENTS	TPBE	Click to select the TPBE COMMENTS	TPBE	COMMENTS
			TOTAL	IFBE	COMMENTS	IFBE	Click to select the TFBE COMMENTS	IFBE	COMMENTS
	and the same of th								
3	Initiative								
4									
5		Line #							
-									
	REVENUE								
7	Funding - Local Health Integrated Networks	1	-						
8	Funding - Provincial MOHLTC (Allocation)	2	-						
9	Funding - LHINs One Time	3							
10		4	-	-					
11		5							
12		6	-						
13		7	_	-		-		-	
14		8							
15		9	-						
16			-						
		11	-						
18	Other revenue adjustments (detailed comments required) Total revenue adjustments	12	-						
	TOTAL REVENUE FUND TYPE 2	13	-					- :	
		14		-		-		-	
	EXPENSES - Fund Type 2								
	Compensation								
23	Salaries and Wages (Worked + Benefit + Purchased) Benefit Contributions	15	-						
24		16	-						
25	Employee Future Benefit Compensation Nurse Practitioner Remuneration	17	-						
26		18 19	-						
			-						
28 29		20	-						
30		21							
31	Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	21							
32		22							
32		23							
34		25							
35		26	- 1						
36		27	- 1						
27	Building Amortization	28							
	TOTAL EXPENSES Fund Type 2	29	-	-		-		_	
	NET SURPLUS / (DEFICIT) FROM OPERATIONS	30	- :			- :		- :	
40		31							
40	ATHURIZATION - Grants/Duriations Nevertue								
41	SURPLUS/(DEFICIT) Including Amortization of Grants/Donations	32	-			_		-	

TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)	Line#	
Total Revenue Fund Type 1	115	
Total Expenses Fund Type 1	116	
Net Surplus/Deficit Fund Type 1 (Hospital)	117	-
Total Revenue Fund Type 3	121	
Total Expenses Fund Type 3	122	
Net Surplus/Deficit Fund Type 3 (Other)	123	-

IDENTIFICATION

IFIS / Recipient #		272		
SRI Organization Code	4444			
Report Name	2015-16 Account Reconciliation Report			
LHIN Name	Champlain			
Service Provider Name	City Of Ottawa			
Service Provider Legal Name	City Of Ottawa			
Service Provider Address				
Address 1	100 Constellation Dr.			
Address 2	7th Floor West - 26-90			
City	Ottawa			
Postal Code	K2G 6J8			
HSP Contact Name	Katelyn Pirie			
HSP Contact Position	Finance Officer			
HSP Contact Phone Number	613 580-2424 ext. 13537			
HSP Contact E-mail Address	katelyn.pirie@ottawa.ca			

TOTAL AGENCY

Form ARRfin 1- Total LHIN & Ministry Managed- Financial City Of Ottawa

		TOTAL HSP
TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)	Line#	
Total Revenue Fund Type 1	115	-
Total Expenses Fund Type 1	116	-
Net Surplus/Deficit Fund Type 1 (Hospital)	117	-
Total Revenue Fund Type 2 (Above)	118	840,547
Total Expenses Fund Type 2 (Above)	119	854,447
Net Surplus/Deficit Fund Type 2 (Community Programs)	120	- 13,900
Total Revenue Fund Type 3	121	-
Total Expenses Fund Type 3	122	-
Net Surplus/Deficit Fund Type 3 (Other)	123	-
Total Revenue for the Provider	124	840,547
Total Expenses for the Provider	125	854,447
Net Surplus/Deficit	126	- 13,900

Form ARRfin2 - LHIN Managed Programs City Of Ottawa

Table B Funding Initiative	Line #	2015-16 Final	Comments (Max 255 Characters)
			(
r unumg muauve		Salast Funding Ir	sitiative (where applicable)
		Select Funding in	nitiative (where applicable)
LHIN Cash Flow:			
Funding - Local Health Integrated Networks	1	401,726	
Funding - Provincial MOHLTC (Allocation) Funding - LHINs One Time	3	- 5,667	
Funding - MOHLTC One Time Sessional fee funding - LHIN	4 5	-	
Sessional fee funding - MOHLTC	6	-	
Total LHIN/MOHLTC funding as per cash flow Service Recipient Revenue	7 8	407,393 90,591	
Recoveries from External/Internal Sources	9	3,784	
Donations Other Funding Sources and Other Revenue	10 11	10,221	Municipal Funding
Other revenue adjustments (detailed comments required) Total revenue adjustments	12 13	104,596	
Total FUND TYPE 2 funding for settlement purposes	13	511,989	
Deferred LHIN/MMP funding used to purchase capitalized items in the current year (Enter as Negative Amount)	15	_	
Amortization of donation revenue and LHIN funding in the current fiscal year	16	-	
Other Adjustments including LHIN/MOHLTC recovery (detailed comments required)	18	- 10,300	
Total Revenue FUND TYPE 2	19	501,689	
EXPENSES- Fund Type 2 Compensation			
Salaries and Wages (Worked + Benefit + Purchased) Benefit Contributions	20 21	353,031	
Employee Future Benefit Compensation	22	91,977	
Nurse Practitioner Remuneration Medical Staff Remuneration	23 24		
Sessional Fees	25		
Service Costs Med/Surgical Supplies and Drugs	26	-	
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs) Community One Time Expense	27	23,571 5,955	
Equipment Expenses	29	158	
Amortization on Major Equip and Software License and Fees Contracted Out Expense	30 31	37,297	
Buildings and Grounds Expenses	32		
Building Amortization TOTAL EXPENSES Fund Type 2	33 34	511,989	
Depreciation/Amortization of Capital Assets for the Program and Admin &	35	571,555	
Support Total Capitalized Purchases and Services in current year	36	5,955	
(CHC & CCAC purposes only) Inadmissible salary expenses (CHC & CCAC purposes only) Less: Other adjustments	37 38	-	
Total Expenses for Settlement Purposes	39	517,944	
Less sessional fee expenses (Enter as Negative Amount) Less one time expenses as per listing below (Negative sum of line 63 & 79)	40 42	- 5,955	
Total operating expenses for settlement purposes	43	511,989	
Operating Recovery Sessional Fee Recovery	44 45	-	
One Time Recovery Total Settlement Recovery	46 47	-	
•	Line #		Comments
TABLE C: One-Time Expenses	Lille #	2015-16 Final	(Max 255 Characters)
Capitalized purchases from One Time funding Section C-1			
	48 49	240 1,701	Chair covers Power lift chair
	50	1,361	Lift Chair
	51 52	1,839 814	Dining Room Chairs Dining tables
	53	-	
	54 55	-	
	56 57		
	58	-	
	59 60		
	61	-	
Total One-time capitalized purchases from One-time funding	62 63	5,955	
Operating expenses from One Time Funding Section C-2			
OBULION I 0-2	64		
	65 66	-	
	67	-	
	68 69	-	
	70 71	-	
	72	-	
	73 74	-	
	75	-	
	76 77	-	
Total One-time operating expenses from One-time from time	78 79		
Total One-time operating expenses from One-time funding		-	
TABLE D: Operating Expenses	Line #	2015-16 Final	Comments (Max 255 Characters)
		v . IIIai	(max 200 Sharaoters)
Capitalized expenses Sourced from			
<u> </u>			

State Stat	Form ARRfin2 - LHIN Managed Programs			
Solid Soli				
82		_		LHIN - CSS
83			-	
84 -		82	-	
86			-	
86 -			-	
87 -			-	
88			-	
89			-	
90				
91 -				
92				
Total Capitalized expenses from Operating Funding 95 -				
Sourced from Operating Funding 94				
Total Capitalized expenses from Operating Funding 96				
Non-capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2) 96	Total Confeditor Assessment Constitution Fronting			
Sourced from Operating Funding (Section D-2) 96	Non-capitalized expenses from Operating Funding	95	•	
96				
97	Sourced from Operating Funding (Section D-2)			
98		96		
99				
100 814 Dining tables			1,361	Lift Chair
101			1,839	Dining Room Chairs
102			814	Dining tables
103			-	
104				
105				
106				
107 - 108 - 109 - 110 -				
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding Total One Time Expenses TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 118 108 - 119 5,955 111 112 11,910				
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding Total One Time Expenses TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 113 109 - 110 5,955 112 113 0				
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding Total One Time Expenses TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 110 - 111 5,955 112 11,910				
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding Total One Time Expenses 112 TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 113 0				
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding Total One Time Expenses 112 11,910 TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 113 0				
Total One Time Expenses 112 11,910 TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 113 0	Total Non-Capitalized One-time expenses >\$5 000 from Operating Funding	111	5.055	
TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 113 0	Total One Time Expenses	112		
(Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 113 0	Total one time Expenses		11,310	
(Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 113 0	TABLE E. O			
(Enter the # of Sessions Delivered) # of Sessions Delivered (From Sessional Fees) 113 0	TABLE F: Sessional Fees Summary			
# of Sessions Delivered (From Sessional Fees) 113 0				
Calculated Cost Per Session 114 0.00	# of Sessions Delivered (From Sessional Fees)	113	0	
	Calculated Cost Per Session	114	0.00	

Form ARRfin2 - LHIN Managed Programs
City Of Ottawa

City Of Ottawa	1		
			LHIN - ABI Comments
Table B	Line #	2015-16 Final	(Max 255 Characters)
Funding Initiative		Select Funding Ir	nitiative (where applicable)
Tarianing initiative		ociect i unung ii	mative (where applicable)
LHIN Cash Flow:			
Funding - Local Health Integrated Networks	1	228,246	
Funding - Provincial MOHLTC (Allocation) Funding - LHINs One Time	2	2,833	
Funding - MOHLTC One Time	4	-	
Sessional fee funding - LHIN Sessional fee funding - MOHLTC	5 6	-	
Total LHIN/MOHLTC funding as per cash flow	7 8	231,079	
Service Recipient Revenue Recoveries from External/Internal Sources	9	22,822	
Donations Other Funding Sources and Other Revenue	10 11	88,557	Municipal Funding
Other revenue adjustments (detailed comments required)	12		municipal Funding
Total revenue adjustments Total FUND TYPE 2 funding for settlement purposes	13 14	111,379 342,458	
Deferred LHIN/MMP funding used to purchase capitalized items in the current	15		
year (Enter as Negative Amount) Amortization of donation revenue and LHIN funding in the current fiscal year	16	-	
Other Adjustments including LHIN/MOHLTC recovery (detailed comments required)	18	- 3,600	
Total Revenue FUND TYPE 2	19	338,858	
EXPENSES- Fund Type 2 Compensation			
Salaries and Wages (Worked + Benefit + Purchased)	20	252,697	
Benefit Contributions Employee Future Benefit Compensation	21 22	67,700	
Nurse Practitioner Remuneration	23	-	
Medical Staff Remuneration Sessional Fees	24 25	:	
Service Costs			
Med/Surgical Supplies and Drugs Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	26 27	10,230	
Community One Time Expense	28	3,104	
Equipment Expenses Amortization on Major Equip and Software License and Fees	29 30	-	
Contracted Out Expense	31	8,727	
Buildings and Grounds Expenses Building Amortization	32 33	-	
TOTAL EXPENSES Fund Type 2	34	342,458	
Depreciation/Amortization of Capital Assets for the Program and Admin & Support	35		
Total Capitalized Purchases and Services in current year	36	3,104	
(CHC & CCAC purposes only) Inadmissible salary expenses (CHC & CCAC purposes only) Less: Other adjustments	37 38	-	
Total Expenses for Settlement Purposes	39	345,561	
Less sessional fee expenses (Enter as Negative Amount) Less one time expenses as per listing below (Negative sum of line 63 & 79)	40 42	- 3,104	
Total operating expenses for settlement purposes	43 44	342,458	
Operating Recovery Sessional Fee Recovery	44	- :	
One Time Peccycry			
One Time Recovery	46 47		
Total Settlement Recovery	47	-	Comments
TABLE C: One-Time Expenses		2015-16 Final	Comments (Max 255 Characters)
Total Settlement Recovery	47	-	
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	47 Line #	2015-16 Final	(Max 255 Characters) Brain Basics Training
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	47 Line #	2015-16 Final 450 82	(Max 255 Characters) Brain Basics Training Portable speaker
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	48 48 49 50 51	2015-16 Final 450 82 956 151	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	47 Line #	2015-16 Final 450 82 956	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	48 48 49 50 51 52 53 54	2015-16 Final 450 82 956 151 840 625	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	48 48 49 50 51 52 53	2015-16 Final 450 82 956 1151 840 625	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	48 48 49 50 51 52 53 54 55 56	2015-16 Final 450 82 956 151 840 625 -	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	48 49 50 51 52 53 54 55 56	2015-16 Final 450 82 956 151 840 625 -	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	48 49 50 51 52 53 54 55 56 57 58	2015-16 Final 450 82 956 151 840 625	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	48 49 50 51 52 53 54 55 56 57 58 59	2015-16 Final 450 82 956 151 840 625	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding	48 49 50 51 52 53 54 55 56 57 58 60 61	2015-16 Final 450 82 956 151 840 625	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1	48 49 50 51 52 53 54 55 56 57 58 59 60 61 62	2015-16 Final 450 82 956 151 840 625	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 49 50 51 52 53 54 55 56 57 58 60 61 62 63	- 2015-16 Final 450 82 956 151 840 625 3,104	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63	- 2015-16 Final 450 82 956 151 840 625 3,104	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63	- 2015-16 Final 450 82 956 151 840 625 3,104	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 49 50 51 52 53 54 55 56 57 58 60 61 62 63 64 65 66 67 68 69	- 2015-16 Final 450 82 956 151 840 625 3,104	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70	- 2015-16 Final 450 82 956 151 840 625 3,104	(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 48 49 50 51 52 53 54 55 56 57 58 60 61 62 63 64 65 66 67 68 69 70 71 72 73		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding Section C-2	48 48 49 50 51 52 53 54 55 56 57 58 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding	48 48 49 50 51 52 53 54 55 56 57 58 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding Section C-2	48 48 49 50 51 52 53 54 55 56 57 58 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment Music Thearpy Session
Total One-time capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding Section C-2 Total One-time operating expenses from One-time funding Total One-time operating expenses from One-time funding TABLE D: Operating Expenses	48 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment Music Thearpy Session
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding Section C-2 Total One-time operating expenses from One-time funding	48 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment Music Thearpy Session
Total One-time capitalized purchases from One Time funding Section C-1 Total One-time capitalized purchases from One-time funding Operating expenses from One Time Funding Section C-2 Total One-time operating expenses from One-time funding TABLE D: Operating Expenses Capitalized expenses Sourced from	48 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78		(Max 255 Characters) Brain Basics Training Portable speaker Samsung 52" TV Fitness equipment Nu Step equipment Music Thearpy Session

Form ARRfin2 - LHIN Managed Programs			
City Of Ottawa	l		LUBI ADI
	81		LHIN - ABI
	82	-	
	83		
	84		
	85		
	86	_	
	87	_	
	88	-	
	89	-	
	90	-	
	91	-	
	92	•	
	93	-	
	94	-	
Total Capitalized expenses from Operating Funding	95	-	
Non- capitalized one-time expenses > \$5,000			
Sourced from Operating Funding (Section D-2)			
	96		Brain Basics Training
	97		Portable speaker
	98		Samsung 52" TV
	99		Fitness equipment
	100		Nu Step equipment
	101 102		Music Thearpy Session
	102	•	
	103	-	
	104		
	106		
	107		
	108	_	
	109	-	
	110	-	
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding	111	3,104	
Total One Time Expenses	112	6,207	
		2,201	
TABLE F: Sessional Fees Summary			
(Enter the # of Sessions Delivered)			
# of Sessions Delivered (From Sessional Fees)	113	0	
Calculated Cost Per Session	114	0.00	

Form ARRfin3 - Ministry Managed Programs City Of Ottawa

Table B	Line #		
Funding Initiative			
MMP Cash Flow:			
Funding - Local Health Integrated Networks	1		
Funding - Provincial MOHLTC (Allocation)	2		
Funding - LHINs One Time			
Funding - MOHLTC One Time			
Sessional fee funding - MMP			
Sessional fee funding - MOHLTC Total LHIN/MOHLTC funding as per cash flow			
Service Recipient Revenue	7 8		
Recoveries from External/Internal Sources	9		
Donations	10		
Other Funding Sources and Other Revenue	11		
Other revenue adjustments (detailed comments required)	12		
Total revenue adjustments	13		
Total FUND TYPE 2 funding for settlement purposes	14		
Deferred LHIN/MMP funding used to purchase capitalized items in the current year (Enter as Negative Amount)	15		
Amortization of donation revenue and LHIN funding in the current fiscal year	16		
Other Adjustments including LHIN/MOHLTC recovery (detailed comments required)	18		
Total Revenue FUND TYPE 2	19		
EXPENSES- Fund Type 2	-		
Compensation			
Salaries and Wages (Worked + Benefit + Purchased)	20		
Benefit Contributions	21		
Employee Future Benefit Compensation	22		
Nurse Practitioner Remuneration	23		
Medical Staff Remuneration Sessional Fees	24 25		
Service Costs	25		
Med/Surgical Supplies and Drugs	26		
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	27		
Community One Time Expense	28		
Equipment Expenses	29		
Amortization on Major Equip and Software License and Fees	30		
Contracted Out Expense	31		
Buildings and Grounds Expenses	32		
Building Amortization	33		
TOTAL EXPENSES Fund Type 2 Depreciation/Amortization of Capital Assets for the Program and Admin &	34		
Support	35		
Total Capitalized Purchases and Services in current year	36		
(CHC & CCAC purposes only) Inadmissible salary expenses	37		
(CHC & CCAC purposes only) Less: Other adjustments Total Expenses for Settlement Purposes	38		
Less sessional fee expenses (Enter as Negative Amount)	40		
Less one time expenses as per listing below (Negative sum of line 63 & 79)	42		
Total operating expenses for settlement purposes	43		
Operating Recovery	44		
Sessional Fee Recovery	45		
One Time Recovery			
One Time Recovery	47		
One Time Recovery Total Settlement Recovery			
·	Line #		
Total Settlement Recovery TABLE C: One-Time Expenses Capitalized purchases from One Time funding	Line #		
TABLE C: One-Time Expenses	48 49		

Form ARRfin3 - Ministry Managed Programs City Of Ottawa

	51	
	52	
	53	
	54	
	55	
	56	
	57	
	58	
	59	
	60	
	61	
	62	
Total One-time capitalized purchases from One-time funding	63	
Operating expenses from One Time Funding		
(Line 33 above) Section C-2		
(1 35 42515) 55515 5 2	64	
 	65	
	66	
-	67	
-	68	
	69	
	70	
	70	
	71	
<u> </u>		
	73	
	74	
-	75	
-	76	
-	77	
Total One the energian annual from One they for the	78	
Total One-time operating expenses from One-time funding	79	
TABLE D: Operating Expenses	Line #	
Capitalized expenses Sourced from Operating Funding (Section D-1) (All capitalized items regardless of amount)		
Operating Funding (Section D-1)		
	80	
Operating Funding (Section D-1)	80 81	
Operating Funding (Section D-1)		
Operating Funding (Section D-1)	81	
Operating Funding (Section D-1)	81 82	
Operating Funding (Section D-1)	81 82 83	
Operating Funding (Section D-1)	81 82 83 84	
Operating Funding (Section D-1)	81 82 83 84 85	
Operating Funding (Section D-1)	81 82 83 84 85 86	
Operating Funding (Section D-1)	81 82 83 84 85 86 87	
Operating Funding (Section D-1)	81 82 83 84 85 86 87	
Operating Funding (Section D-1)	81 82 83 84 85 86 87 88	
Operating Funding (Section D-1)	81 82 83 84 85 86 87 88 89	
Operating Funding (Section D-1)	81 82 83 84 85 86 87 88 89 90	
Operating Funding (Section D-1) (All capitalized items regardless of amount)	81 82 83 84 85 86 87 88 89 90 91	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding	81 82 83 84 85 86 87 88 89 90 91 92	
Operating Funding (Section D-1) (All capitalized items regardless of amount)	81 82 83 84 85 86 87 88 89 90 91 92 93	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding	81 82 83 84 85 86 87 88 89 90 91 92 93 94	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93 94	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93 94 95	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93 94 95	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93 94 95	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93 94 95	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104	
Operating Funding (Section D-1) (All capitalized items regardless of amount) Total Capitalized expenses from Operating Funding Non- capitalized one-time expenses > \$5,000	81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103	

Form ARRfin3 - Ministry Managed Programs City Of Ottawa

	107
	108
	109
	110
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding	111
Total One Time Expenses	112

Form ARRfin4 - Other Ministry Managed Programs City Of Ottawa

	Line#	
REVENUE		
Funding - Local Health Integrated Networks	1	
Funding - Provincial MOHLTC (Allocation)		
Funding - LHINs One Time	3	
Funding - MOHLTC One Time		
Sessional fee funding - LHIN	5	
Sessional fee funding - MOHLTC	6	
Subtotal Revenue - LHIN/MOHLTC	7	
Service Recipient Revenue	8	
Recoveries from External/Internal Sources	9	
Donations	10	
Other Funding Sources and Other Revenue	11	
Other revenue adjustments (detailed comments required)	12	
Total revenue adjustments	13	
TOTAL REVENUE FUND TYPE 2	14	
EXPENSES - Fund Type 2		
Compensation		
Salaries and Wages (Worked + Benefit + Purchased)	15	
Benefit Contributions	16	
Employee Future Benefit Compensation	17	
Nurse Practitioner Remuneration	18	
Medical Staff Remuneration	19	
Sessional Fees	20	
Service Costs		
Med/Surgical Supplies and Drugs	21	
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	22	
Community One Time Expense	23	
Equipment Expenses	24	
Amortization on Major Equip and Software License and Fees	25	
Contracted Out Expense	26	
Buildings and Grounds Expenses	27	
Building Amortization	28	
TOTAL EXPENSES Fund Type 2	29	
NET SURPLUS / (DEFICIT) FROM OPERATIONS	30	
Amortization - Grants/Donations Revenue	31	
SURPLUS/(DEFICIT) Including Amortization of	32	
Grants/Donations	Į.	

Provider Information	
Provider Legal Name	City Of Ottawa
Recipient No.	272
LHIN Name	Champlain
Period	2015-16

To the Ministry of Health and Long-Term Care and the Local Health Integration Network:

I (We) have audited the accompanying schedules (ARRFin1, ARRFin2, ARRFin3) and the Proxy Pay Equity Reconciliation Report (excluding Statistics and FTEs) (the "Schedules") of City Of Ottawa of the Annual Reconciliation Report for the year ended March 31, 2016. The Schedules have been prepared by management based on the financial reporting provisions in the guidelines in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the Community Financial Policy (2015) issued by the Ministry of Health and Long-Term Care.

Management's Responsibility for the Schedules

Management is responsible for the preparation of the Schedules in accordance with the financial reporting provisions in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the Community Financial Policy (2015) issued by the Ministry of Health and Long-Term Care and for such internal control as management determines is necessary to enable the preparation of Schedules that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My (Our) responsibility is to express an opinion on the Schedules based on our audit. I (We) conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Schedules are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Schedules. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedules, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Schedules in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the Schedules.

I (We) believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

In common with organizations of this type, the City Of Ottawa derives revenue from the general public in the form of donations, the completeness of which is not susceptible to City Of Ottawa satisfactory audit verification. Accordingly, my (our) verification of the donation amounts was limited to amounts recorded in the records of City Of Ottawa. Therefore I (we) was (were) not able to determine whether any adjustments might be necessary to revenues, expenses and net surplus/deficit for the year ended March 31, 2016.

Qualified Opinion

In my (our) opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the Schedules of City Of Ottawa for the year-ended March 31, 2016 is prepared, in all material respects, in accordance with the financial reporting provisions in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and and the Community Financial Policy (2015) issued by the Ministry of Health and Long-Term Care.

Basis of Accounting and Restriction on Distribution and Use

Without modifying our opinion, I (we) draw attention to the Note to the Schedules which describes the basis of accounting. The Schedules are prepared to assist City Of Ottawa to meet with the financial reporting requirements of the Ministry of Health and Long-Term Care and the Local Health Integration Network referred to above. As a result, the Schedules may not be suitable for another purpose. My(Our) report is intended solely for City Of Ottawa and the Ministry of Health and Long-Term Care and the Local Health Integration Network and should not be distributed to or used by parties other than 3 or the Ministry of Health and Long-Term Care and the Local Health Integration Network.

(City)	
(Date)	(Auditors Signature)
	(Auditors Address)

The format of the Auditor's report for audit engagements pertaining to the Ministry's community mental health and additions [or community support services etc...] funding activities has been developed with the assistance of the ICAO and CICA.

Note to Schedules:

These schedules have been prepared in accordance with the financial reporting provisions contained in the following collectively referred to as the "Guidelines":

- 1. The Community Financial Policy (2015)
- 2. Chapters 3 and 4 of the Ontario Healthcare Reporting Standards

The schedules were prepared to assist [Provider legal name] to meet with the reporting requirements of the Ministry of Health and Long-Term Care and the Local Health Integration Network. The schedules are intended solely for the use of [Provider Legal Name] and the Ministry of Health and Long-Term Care and the Local Health Integration Network. Accordingly, readers are cautioned that the schedules may not be suitable for another purpose.

The most significant guidelines and policy sources are:

- > Refer to chapters 3 and 4 of the Ontario Healthcare Reporting Standards (OHRS) when auditing Table G, Fund type 1 and Fund type 3 only.
- Refer to Community Financial Policy (2015)
- > Additional funding reference, the funding approval letters may provide details and specifications or restrictions on specific funding

Certification by Provider Fiscal 2015-16

Having the authority to bind the Health Service Provider, we certify that the information provided in ARRFin1, ARRFin2 and ARRFin3 are complete and accurate

Health Service Provider	
Dean Lett	
Name of Signing Officer	Date
Signing Officer***	
Administrator, Long Term Care Title	
Marlynne Ferguson	
Name of Signing Officer	Date
Signing Officer***	
Mgr, CSS Direct Operations	
Title	

^{***}I have the authority to bind the Health Service Provider

PROXY PAY EQUITY ANNUAL REPORT

This form is to be completed by transfer payment organizations who receive proxy pay equity funding from the Ministry of Health and Long-Term Care, pursuant to the April 23, 2003 Memorandum of Settlement. It must be completed on an annual basis until an organization no longer has a pay equity obligation.

	SECTION 1: BASIC PROGRAM	I INFO	RMATION	
Name of Agency:	City Of Ottawa			
Vendor #:	Reporting Period:	from	to	
Contact Person:	PI	hone:		
	SECTION 2: EXPENDITUR	RE REP	PORT	
Sources of Proxy Pay E	quity Funds			
Ministry of Health and L		\$		Α
Other (Specify)				
TOTAL			0.00	
<u>Expenditures</u>				
Actual Proxy Pay Equity	Expenses			В
Surplus(Deficit)			0.00	A-B
Current Outstanding Liabi	lities			
Total Number of Individua	Is Receiving Proxy Pay Equity			
	SECTION 3: CERTIFIC	ATION	I	
I, knowledge the fina	ancial data is correct and it is reflected in	the yea	hereby certify that to the bar-end settlement.	pest of my
(Signature of Health S	Ti Service Provider Authority)	tle:		

Document 4- Reports submitted to the Champlain LHIN under the MSAA

• 2016 CAPS submission

Community Accountability Planning S (SRI)

Fiscal Year: 2017-18 Reporting Quarter: Budget

LHIN:

111. Champlain

INSTRUCTIONS: Please read the user guide prior to completing this file Complete your Community Information above before proceeding. Use the Navigation Links provided below or click on the worksheet tab

Identification

Community Mental Health (CMHP1) - Funding & FTE Planni

Sessional Fees (SF) - Funding & FTE Planning

Substance Abuse Program (SAP)- Funding & FTE Planning

Problem Gambling (PG) - Funding & FTE Planning

Psychiatric Outpatient Medical Salaries (POMS) - Funding &

Childrens Mental Health (CMH) - Funding & FTE Planning

Acquired Brain Injury (ABI) - Funding & FTE Planning

Community Support Services (CSS) - Funding & FTE Plannin

Palliative Care (PALC) - Funding & FTE Planning

Attendant Outreach (AO) - Funding & FTE Planning

Supportive Housing (SH) - Funding & FTE Planning

Community Health Centre (CHC) - Funding & FTE Planning

Community Care Access Centre (CCAC) - Funding & FTE Plar

Financial & FTE Program Summary Page - Information

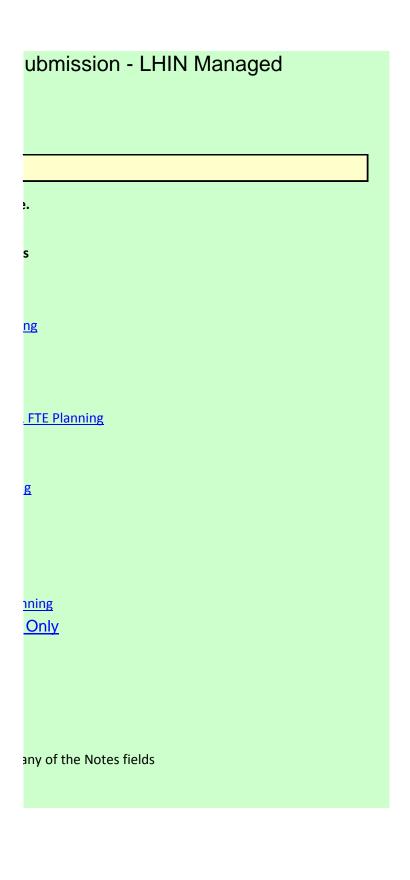
Service Selection Page

Activity Reporting Page

Additional Comments

Verify the Edit Checks

Note: On Forms the cells with a Blue font are for data entry along with a



Community Accountability Planning Submission - LHIN

HSP Name: City Of Ottawa

Budget 2017-18

IDENTIFICATION

Return to Main Page

<u>Description</u>
*Facility No.
*Recipient # (IFIS #)
*Period (Select on Main Page)
*LHIN Name (Select on Main Page)
*Service Provider Name
*Service Provider Legal Name

Service Provider Address

*Address 1	
Address 2	
*City	
*Postal Code	

Executive Director

*Name	
*Position Name	
*Telephone	
*Email	

Finance Contact

*Name	
*Position Name	
*Telephone	
*Email	

Board Chair/Signing Authority

*Name		
*Position Name		
*Telephone		
*Email		

Board Co-chair/Signing Authority (if required)

Name
Position Name
Telephone
Email

I Managed

* Mandatory Fields

* Mandatory Fields
Details 4444
272
2017-18: Budget
11. Champlain
City Of Ottawa
City Of Ottawa
100 Constellation Cres. 7th Floor W.
Mail Code 26-90
Ottawa
K2G 6J8
Dean Lett
Director (A), Long-Term Care
613 580-2424 ext. 44123
Dean.Lett@Ottawa.ca
Katelyn Pirie
Finance Officer, Long-Term Care
613 580-2424 ext. 13537
katelyn.pirie@ottawa.ca
Dean Lett
Director (A), Long-Term Care
613 580-2424 ext. 44123
Dean.Lett@Ottawa.ca

Budget 2017-18

Community Mental Health (CMHP1) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Sessional Fees (SF) - Funding & FTE Planning

LUIN Drawan Davana & Evrance			
LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	
Equipment Expenses	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Substance Abuse Program (SAP)- Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Problem Gambling (PG) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Fundame	\$0	\$0	
Community One Time Expense	ΨU	ΨU	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	

SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES			
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			

721 FTE- Administration and Support Services			
MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Psychiatric Outpatient Medical Salaries (POMS) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Childrens Mental Health (CMH) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Acquired Brain Injury (ABI) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$228,246	\$228,246	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$26,121	\$26,121	
Subtotal Revenue LHIN/MOHLTC	\$254,367	\$254,367	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$55,278	\$66,253	
Subtotal Other Revenues	\$55,278	\$66,253	
TOTAL REVENUE FUND TYPE 2	\$309,645	\$320,620	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$231,673	\$240,000	
Benefit Contributions (Row 93+104)	\$65,352	\$68,000	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$6,600	\$6,600	
Community One Time Expense	\$0	\$0	

Amortization on Major Equip, So	ftware License & Fees	\$0	\$0	
Contracted Out Expense		\$6,020	\$6,020	
Buildings & Grounds Expenses		\$0	\$0	
Building Amortization		\$0	\$0	
TOTAL EXPENSES	FUND TYPE 2	\$309,645	\$320,620	
NET SURPLUS/(DEFICIT) FRO	M OPERATIONS	\$0	\$0	
Amortization - Grants/Donations	Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amor	tization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES			
Total Revenue (All Funds)	\$309,645	\$320,620	
Total Expenses (All Funds)	\$309,645	\$320,620	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$1	\$1	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$1	\$1	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$2	\$2	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS	_		
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	26.3%	28.8%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	22.0%	22.1%	
% Total Compensation (MOS & UPP) / Total Expenses	95.9%	96.1%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	1.60	0.00	
UPP FTE - Direct	1.60	3.42	
Salaries (Worked hours + Benefit hours cost) - Direct	\$231,673	\$240,000	
Benefit Contributions - Direct	\$65,352	\$68,000	
# of Volunteers - Direct	2.00	4.00	
Volunteer Hours - Direct	731.00	514.00	
Total Direct Services FTE	3.20	3.42	
Total Direct Services Total Compensation	\$297,025	\$308,000	
Average Cost Per Direct Servicers FTE	\$92,820	\$90,058	
Direct Services VH as % of Total FTE	11.7%	7.7%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	1.60	0.00	
UPP FTE	1.60	3.42	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	3.20	3.42	
TOTAL PROGRAM FTE Compensation	A	A	
Worked hours Cost	\$231,673	\$240,000	
Benefit hours cost (includes contributions)	\$65,352	\$68,000	

Total Compensation	\$297,025	\$308,000	
Average Cost Per FTE	\$92,820	\$90,058	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	2	4	
Volunteer Hours	731	514	
VH as % of Total FTE	11.7%	7.7%	

Budget 2017-18

Community Support Services (CSS) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$390,140	\$424,403	Per Aug. 2016/17 PMT Summary
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$100,138	\$90,000	
Subtotal Revenue LHIN/MOHLTC	\$490,278	\$514,403	
Recoveries from External/Internal Sources	\$6,000	\$6,000	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$6,000	\$6,000	
TOTAL REVENUE FUND TYPE 2	\$496,278	\$520,403	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$366,265	\$354,565	
Benefit Contributions (Row 93+104)	\$99,551	\$98,652	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$11,537	\$24,000	
Community One Time Expense	\$0	\$5,000	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$18,924	\$38,186	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$496,278	\$520,403	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL		***	
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES			
Total Revenue (All Funds)	\$496,278	\$520,403	
Total Expenses (All Funds)	\$496,278	\$520,403	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$1	\$1	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$1	\$1	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$2	\$2	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	21.4%	18.4%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	21.4%	21.8%	
% Total Compensation (MOS & UPP) / Total Expenses	93.9%	87.1%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	6.00	6.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$366,265	\$354,565	
Benefit Contributions - Direct	\$99,551	\$98,652	
# of Volunteers - Direct	35.00	15.00	
Volunteer Hours - Direct	1,600.00	1,600.00	
Total Direct Services FTE	6.00	6.00	
Total Direct Services Total Compensation	\$465,817	\$453,217	
Average Cost Per Direct Servicers FTE	\$77,636	\$75,536	
Direct Services VH as % of Total FTE	13.7%	13.7%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	6.00	6.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	6.00	6.00	
TOTAL PROGRAM FTE Compensation	40.00	Ac-1	
Worked hours Cost	\$366,265	\$354,565	
Benefit hours cost (includes contributions)	\$99,551	\$98,652	

Total Compensation	\$465,817	\$453,217	
Average Cost Per FTE	\$77,636	\$75,536	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	35	15	
Volunteer Hours	1,600	1,600	
VH as % of Total FTE	13.7%	13.7%	

Budget 2017-18

Palliative Care (PALC) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Attendant Outreach (AO) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Supportive Housing (SH) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Community Health Centre (CHC) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	
Equipment Expenses	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

Community Care Access Centre (CCAC) - Funding & FTE Planning

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$0	\$0	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$0	\$0	
Subtotal Revenue LHIN/MOHLTC	\$0	\$0	
Recoveries from External/Internal Sources	\$0	\$0	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$0	\$0	
Subtotal Other Revenues	\$0	\$0	
TOTAL REVENUE FUND TYPE 2	\$0	\$0	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$0	\$0	
Benefit Contributions (Row 93+104)	\$0	\$0	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$0	\$0	
Community One Time Expense	\$0	\$0	

Amortization on Major Equip, Software License & Fees	\$0	\$0	
Contracted Out Expense	\$0	\$0	
Buildings & Grounds Expenses	\$0	\$0	
Building Amortization	\$0	\$0	
TOTAL EXPENSES FUND TYPE 2	\$0	\$0	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES		· .	
Total Revenue (All Funds)	\$0	\$0	
Total Expenses (All Funds)	\$0	\$0	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$0	\$0	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$0	\$0	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$0	\$0	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	0.0%	0.0%	
% Total Compensation (MOS & UPP) / Total Expenses	0.0%	0.0%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	0.00	0.00	
UPP FTE - Admin & Support	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	0.00	0.00	
Volunteer Hours - Admin & Support	0.00	0.00	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	0.00	0.00	
UPP FTE - Direct	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Direct	\$0	\$0	
Benefit Contributions - Direct	\$0	\$0	
# of Volunteers - Direct	0.00	0.00	
Volunteer Hours - Direct	0.00	0.00	
Total Direct Services FTE	0.00	0.00	
Total Direct Services Total Compensation	\$0	\$0	
Average Cost Per Direct Servicers FTE	\$0	\$0	
Direct Services VH as % of Total FTE	0.0%	0.0%	

FTE- Medical Staff Remuneration			
Physician FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	0.00	0.00	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	0.00	0.00	
UPP FTE	0.00	0.00	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	0.00	0.00	
TOTAL PROGRAM FTE Compensation			
Worked hours Cost	\$0	\$0	
Benefit hours cost (includes contributions)	\$0	\$0	

Total Compensation	\$0	\$0	
Average Cost Per FTE	\$0	\$0	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	0	0	
Volunteer Hours	0	0	
VH as % of Total FTE	0.0%	0.0%	

Budget 2017-18

TOTAL LHIN MANAGED FUNDING

LHIN Program: Revenue & Expenses	2016/17 Budget	2017/18 Budget	Comments
Revenue			
LHIN Global Base Allocation	\$618,386	\$652,649	
HBAM Funding (CCAC only)	\$0	\$0	
Quality-Based Procedures (CCAC only)	\$0	\$0	
MOHLTC Base Allocation	\$0	\$0	
MOHLTC Other funding envelopes	\$0	\$0	
LHIN One Time	\$0	\$0	
MOHLTC One Time	\$0	\$0	
Paymaster Flow Through (Row 80)	\$0	\$0	
Service Recipient Revenue	\$126,259	\$116,121	
Subtotal Revenue LHIN/MOHLTC	\$744,645	\$768,770	
Recoveries from External/Internal Sources	\$6,000	\$6,000	
Donations	\$0	\$0	
Other Funding Sources & Other Revenue	\$55,278	\$66,253	
Subtotal Other Revenues	\$61,278	\$72,253	
TOTAL REVENUE FUND TYPE 2	\$805,923	\$841,023	
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	\$597,938	\$594,565	
Benefit Contributions (Row 93+104)	\$164,903	\$166,652	
Employee Future Benefit Compensation	\$0	\$0	
Physician Compensation (Row 130)	\$0	\$0	
Physician Assistant Compensation (Row 131)	\$0	\$0	
Nurse Practitioner Compensation (Row 132)	\$0	\$0	
Physiotherapist Compensation (Row 133)	\$0	\$0	
Chiropractor Compensation (Row 134)	\$0	\$0	
All Other Medical Staff Compensation (Row 135)	\$0	\$0	
Sessional Fees	\$0	\$0	
Service Costs			
Med/Surgical Supplies & Drugs	\$0	\$0	
Supplies & Sundry Expenses	\$18,137	\$30,600	
Community One Time Expense	\$0	\$5,000	
Equipment Expenses	\$0	\$0	

Amortization on Major Equip, So	oftware License & Fees	\$0	\$0	
Contracted Out Expense		\$24,944	\$44,206	
Buildings & Grounds Expenses		\$0	\$0	
Building Amortization		\$0	\$0	
TOTAL EXPENSES	FUND TYPE 2	\$805,923	\$841,023	
NET SURPLUS/(DEFICIT) FRO	OM OPERATIONS	\$0	\$0	
Amortization - Grants/Donations	Revenue	\$0	\$0	
SURPLUS/DEFICIT Incl. Amor	tization of Grants/Donations	\$0	\$0	

FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	\$0	\$0	
Total Expenses (Type 3)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	\$0	\$0	
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	\$0	\$0	
Total Expenses (Type 1)	\$0	\$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	\$0	\$0	
ALL FUND TYPES			
Total Revenue (All Funds)	\$805,923	\$841,023	
Total Expenses (All Funds)	\$805,923	\$841,023	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	\$0	\$0	
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	\$0	\$0	
Plant Operations	\$0	\$0	
Volunteer Services	\$0	\$0	
Information Systems Support	\$0	\$0	
General Administration	\$2	\$2	
Other Administrative Expense	\$0	\$0	
Admin & Support Services	\$2	\$2	
Management Clinical Services	\$0	\$0	
Medical Resources	\$0	\$0	
Total Admin & Undistributed Expenses	\$4	\$4	
PAYMASTER AGREEMENTS			
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
	\$0	\$0	
Total Paymaster/Flow Through (transfers to line 18 above)	\$0	\$0	
GLOBAL INDICATORS			
% Non-LHIN/MOHLTC Global Revenue (Fund Type 2 only)	23.3%	22.4%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	0.0%	0.0%	
% Total Benefits / Total Compensation (incl. ben. contr.)	21.6%	21.9%	
% Total Compensation (MOS & UPP) / Total Expenses	94.7%	90.5%	
LHIN Program: FTE Planning			
721 FTE- Administration and Support Services			

MOS FTE - Admin & Support	-	-	
UPP FTE - Admin & Support	-	-	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	
Benefit Contributions - Admin & Support	\$0	\$0	
# of Volunteers - Admin & Support	-	-	
Volunteer Hours - Admin & Support	-	-	
Total Admin & Support Services FTE	0.00	0.00	
Total Admin & Support Services Total Compensation	\$0	\$0	
Average Cost per Admin & Support Services FTE	\$0	\$0	
Admin & Support Services VH as % of Total FTE	0.0%	0.0%	
725 FTE- Direct Services			
MOS FTE - Direct	1.60	-	
UPP FTE - Direct	7.60	9.42	
Salaries (Worked hours + Benefit hours cost) - Direct	\$597,938	\$594,565	
Benefit Contributions - Direct	\$164,903	\$166,652	
# of Volunteers - Direct	37.00	19.00	
Volunteer Hours - Direct	2,331.00	2,114.00	
Total Direct Services FTE	9.20	9.42	
Total Direct Services Total Compensation	\$762,842	\$761,217	
Average Cost Per Direct Servicers FTE	\$82,918	\$80,809	
Direct Services VH as % of Total FTE	13.0%	11.5%	

FTE- Medical Staff Remuneration			
Physician FTE	\$0	\$0	
Salaries (Worked hours + Benefit hours cost) - Physician	\$0	\$0	
Benefit Contributions - Physician	\$0	\$0	
Physician Assistant FTE	\$0	\$0	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
NP FTE	\$0	\$0	
Salaries (Worked hours + Benefit hours cost) - NP	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
Physiotherapist FTE	\$0	\$0	
Salaries (Worked hours + Benefit hours cost) - Physician Assist	\$0	\$0	
Benefit Contributions - Physician Assist	\$0	\$0	
Chiropractor FTE	\$0	\$0	
Salaries (Worked hours + Benefit hours cost) - Chiropractor	\$0	\$0	
Benefit Contributions - NP	\$0	\$0	
All Other Medical Staff FTE	\$0	\$0	
Salaries (Worked hours + Benefit hours cost) - Other Med	\$0	\$0	
Benefit Contributions - Other Med	\$0	\$0	
Total Compensation - Physician	\$0	\$0	
Total Compensation - Physician Assistant	\$0	\$0	
Total Compensation - NP	\$0	\$0	
Total Compensation - Physiotherapists	\$0	\$0	
Total Compensation - Chiropractors	\$0	\$0	
Total Compensation - Other Medical Staff	\$0	\$0	
Average Cost per FTE - Physician	\$0	\$0	
Average Cost per FTE - Physician Assistant	\$0	\$0	
Average Cost per FTE - NP	\$0	\$0	
Average Cost per FTE - Physiotherapists	\$0	\$0	
Average Cost per FTE - Chiropractor	\$0	\$0	
Average Cost per FTE - Other Medical Staff	\$0	\$0	
TOTAL PROGRAM FTE SUMMARY			
MOS FTE	1.60	0.00	
UPP FTE	7.60	9.42	
Total FTE Physician, Physician Asst, NP, Physiotherapists,	0.00	0.00	
Chiropractor, Other Med Staff			
Total FTE	9.20	9.42	
TOTAL PROGRAM FTE Compensation	A	A	
Worked hours Cost	\$597,938		
Benefit hours cost (includes contributions)	\$164,903	\$166,652	

Total Compensation	\$762,842	\$761,217	
Average Cost Per FTE	\$82,918	\$80,809	
TOTAL PROGRAM Volunteer Summary			
# of Volunteers	37	19	
Volunteer Hours	2,331	2,114	
VH as % of Total FTE	13.0%	11.5%	

Community Accountability Planning Submission - LHIN Managed

HSP Name: City Of Ottawa

Budget 2017-18

SERVICE SELECTION SCREEN

Return to Main Page		
SERVICE SELECTION SCREEN		
Enter an "x" under the "LHIN Funded Services" column below for each service that your agency provides.		
	LHIN Eunded Serv	rices
Total Administration Expenses		
Undistributed Accounting Centres	82*	
Administration and Support Services	72 1*	Χ
COM Clinical Management	72 5 05	
COM Medical Resources	72 5 07	
Diagnostic and Therapeutic Services 72 4* (Community Health Centres)		
LAB Pre/Post Analysis	72 4 10 21	
MI Combined Functions	72 4 15 99	
NV Non - Invasive Cardiology - Combined	72 4 30 20	
CMH&A Centralized/Coordinated Access 72 5 08*		
CMH&A Centralized/Coordinated Access	72 5 08	
Case Management 72 5 09*		
Case Management (CCAC)	72 5 09 30	
Case Management/Supportive Counselling & Services - Mental Health	72 5 09 76	
Case Management/Supportive Counselling & Services - Addictions Supportive Housing	72 5 09 78 10	
Case Management Addictions - Substance Abuse	72 5 09 78 11	
Case Management Addictions - Problem Gambling	72 5 09 78 12	
Primary Care- Clinics/Programs 72 5 10*		
Clinics/Programs - Primary Care Practice	72 5 10 05	
Clinics/Programs - Walk In Clinic	72 5 10 10	
Clinics/Programs - Nursing Clinic	72 5 10 15	
Clinics/Programs - General Clinic	72 5 10 20	
Clinics/Programs - Combined Clinic	72 5 10 30	
Clinics/Programs - Therapy Clinic	72 5 10 40	
Clinics/Programs - Therapy Clinic - General	72 5 10 40 10	
Clinics/Programs - Therapy Clinic - Foot Care	72 5 10 40 20	

Clinics/Programs - Therapy Clinic - Naturopathy	72 5 10 40 30
Clinics/Programs - Therapy Clinic - Pharmacy	72 5 10 40 40
Clinics/Programs - Therapy Clinic - Nutrition	72 5 10 40 45
Clinics/Programs - Therapy Clinic - Physiotherapy	72 5 10 40 50
Clinics/Programs - Therapy Clinic - Occupational Therapy	72 5 10 40 55
Clinics/Programs - Therapy Clinic - Counselling	72 5 10 40 60
Clinics/Programs - Therapy Clinic - Speech and Language Pathology	72 5 10 40 62
Clinics/Programs - Therapy Clinic - Massage Therapy	72 5 10 40 64
Clinics/Programs – Oral Health Clinic	72 5 10 45
Clinics/Programs – Chronic Disease Clinic	72 5 10 50
Clinics/Programs - Chronic Disease - General Clinic	72 5 10 50 10
Clinics/Programs - Chronic Disease - Diabetes Clinic	73 5 10 50 20
Clinics/Programs - Chronic Disease - Asthma Clinic	74 5 10 50 30
Clinics/Programs - Chronic Disease - Hepatitis C and/or HIV/AIDS Clinic	75 5 10 50 40
Clinics/Programs – CHC Other Clinic	72 5 10 55
Clinics/Programs - Oncology - Treatment Outreach Clinic	72 5 10 66 10
Clinics/Programs - Oncology - Preventative Clinics	72 5 10 66 20
Clinics Programs - MH Counseling and Treatment	72 5 10 76 12
MH Assertive Community Treatment Teams	72 5 10 76 20
MH Community Clinic	72 5 10 76 30
MH Vocational/Employment	72 5 10 76 40
MH Clubhouses	72 5 10 76 41
MH Concurrent Disorders	72 5 10 76 45
MH Child/Adolescent	72 5 10 76 50
MH Early Intervention	72 5 10 76 51
MH Forensic	72 5 10 76 55
MH Diversion and Court Support	72 5 10 76 56
MH Abuse Services	72 5 10 76 60
MH Eating Disorders	72 5 10 76 70
MH Social Rehab./Recreation	72 5 10 76 81
MH Dual Diagnosis	72 5 10 76 95
MH Psycho-geriatric	72 5 10 76 96
Other MH Services not elsewhere identified	72 5 10 76 99
Addictions Treatment-Substance Abuse	72 5 10 78 11
Addictions Treatment-Problem Gambling	72 5 10 78 12
Addictions Withdrawal Mgmt.	72 5 10 78 20
Initial Assessment and Treatment Planning	72 5 10 78 30
Crisis Intervention 72 5 15*	

Origin Intermediate Liet Lines	T
Crisis Intervention - Hot Lines	72 5 15 10
Crisis Intervention - Abuse Services	72 5 15 15
Crisis Intervention - Quick Response	72 5 15 20
Crisis Intervention - Victim Services	72 5 15 25
Crisis Intervention - Combined	72 5 15 30
Crisis Intervention - Mental Health	72 5 15 76
Day/Night Care 72 5 20*	
Day/Night Combined	72 5 20 30
Day/Night Care Mental Health General	72 5 20 76 10
Day/Night Care Mental Health MH eating Disorder	72 5 20 76 70
Day/Evening Addictions Treatment	72 5 20 78 10
COM Day Care - Rehab Medical	72 5 20 81 10
COM Day Care - Rehab Trauma	72 5 20 81 28
Day Care - Rehab Combined	72 5 20 81 30
COM Day Care - Rehab Burn	72 5 20 81 35
COM Day Care - Rehab Cardiac	72 5 20 81 42
COM Day Care - Rehab Head Injury/Acquired Brain Injury	72 5 20 81 61
COM Day Care - Rehab Spinal Cord	72 5 20 81 63
COM Day Care - Rehab Oncology	72 5 20 81 66
COM Day Care - Rehab Orthopedic	72 5 20 81 72
COM Day Care - Rehab Amputee Rehab	72 5 20 81 73
COM Day Care - Rehab Care Pediatric	72 5 20 81 74
COM Day Care Regional Geriatric	72 5 20 96
In-Home Health Professional Services (HPS) Home Care 72 5 30 40*	
In-Home HPS - Nursing - Visiting	72 5 30 40 11
In-Home HPS - Nursing - Shift	72 5 30 40 12
In-Home HPS - Self-Managed Home Care	72 5 30 40 13
In-Home HPS - Wound Care Outcome	72 5 30 40 20
In-Home HPS - Orthopedic Care Outcome	72 5 30 40 25
In-Home HPS - Respiratory Services	72 5 30 40 35
In-Home HPS – Medication Management	72 5 30 40 40
In-Home HPS - Nutrition/Dietetic	72 5 30 40 45
In-Home HPS - Physiotherapy	72 5 30 40 50
In-Home HPS - Occupational Therapy	72 5 30 40 55
In-Home HPS - Speech Lang. Path.	72 5 30 40 62
In-Home HPS - Social Work	72 5 30 40 70
In-Home HPS - Psychology	72 5 30 40 75
Private/Home School Health Professional Services (SHPS) 72 5 30 42*	

Private/Home SHPS - Nursing - Visiting	72 5 30 42 11
Private/Home SHPS - Nursing - Shift	72 5 30 42 12
Private/Home SHPS - Nutrition/Dietetic	72 5 30 42 45
Private/Home SHPS - Physiotherapy	72 5 30 42 50
Private/Home SHPS - Occupational Therapy	72 5 30 42 55
Private/Home SHPS - Speech Lang. Path.	72 5 30 42 62
Public School Health Professional Servcies (SHPS) 72 5 30 44*	
Public SHPS - Nursing - Visiting	72 5 30 44 11
Public SHPS - Nursing - Shift	72 5 30 44 12
Public SHPS - Nutrition/Dietetic	72 5 30 44 45
Public SHPS - Physiotherapy	72 5 30 44 50
Public SHPS - Occ. Therapy	72 5 30 44 55
Public SHPS - Speech Lang. Path.	72 5 30 44 62
Mental Health Home Care 72 5 30 76*	
MH Home Care - Psychiatric Follow-Up	72 5 30 76 10
MH Home Care - Psychiatric Acute	72 5 30 76 25
MH Home Care - Child/Adolescent	72 5 30 76 50
MH Home Care - Forensic Psychiatry	72 5 30 76 55
MH Home Care - Psychiatric Rehab	72 5 30 76 81
MH Home Care - Psychiatric Crisis	72 5 30 76 90
MH Home Care - Longer Term	72 5 30 76 95
MH Home Care - Geriatric Psych. Assess.	72 5 30 76 96
Addictions Home Care 72 5 30 78	
Addictions Home Care - Addictions	72 5 30 78 10
Other In-Home Services 72 5 30 66 / 86 / 94	
Onlcology Home Care	72 5 30 66
Dialysis Home Care	72 5 30 86
Palliative Home Care	72 5 30 94
In-Home Support Services 72 5 35 40*	
In-Home Support - Personal Support	72 5 35 40 10
In-Home Support - Homemaking Services	72 5 35 40 20
In-Home Support - Comb. PS and HM Services	72 5 35 40 30
School Health Personal Supoport Services (SHPSS) 72 5 35 42	
School Health Personal Supoport Services (SHPSS)	72 5 35 42 10
Respite Services 72 5 35 45	
Respite Service	72 5 35 45
Residential Services 72 5 40 76*	
Res. Mental Health - Homes for Special Care	72 5 40 76 10

Dec Mantal Health Comment within Hereing	
Res. Mental Health - Support within Housing	72 5 40 76 30
Res. Mental Health - Housing Bricks & Mortar	72 5 40 76 40
Res. Mental Health - Rent Supplement Program	72 5 40 76 50
Res. Mental Health - Short Term Crisis Support Beds	72 5 40 76 60
Residential-Addictions 72 5 40 78*	,
COM Residential Addiction - Treatment Services-Substance Abuse	72 5 40 78 11
COM Residential Addiction - Treatment Services-Problem Gambling	72 5 40 78 12
COM Residential Addiction - Supportive Treatment	72 5 40 78 30
COM Residential Addictions - Housing Bricks & Mortar	72 5 40 78 40
COM Residential Addiction - Withdrawal Management Centres	72 5 40 78 45
COM – Residential Addiction - Substance Abuse – Rent Supplement Program	72 5 40 75 50
Residential Hospice- End of Life (EOL) 72 5 40 95*	
Residential Hospice - EOL-Nursing Visiting	72 5 40 95 11
Residential Hospice - EOL-Nursing Shift	72 5 40 95 12
Residential Hospice - EOL-Combined PS and HM Services	72 5 40 95 30
Residential Hospice - EOL-Nutrition/Dietetic	72 5 40 95 45
Residential Hospice - EOL-Physiotherapy	72 5 40 95 50
Residential Hospice - EOL-Occupational Therapy	72 5 40 95 55
Residential Hospice - EOL-Speech Language Pathology	72 5 40 95 62
Residential Hospice - EOL-Social Work	72 5 40 95 70
Health Promotion and Education 72 5 50	
Health Prom/Educ & Dev - General	72 5 50 10
COM Health Prom/Educ.& Com. Dev. – Health Promotion & Community Development	72 5 50 12
COM Health Prom/Educ. & Com.Dev. – Community Engagement and Capacity Building	72 5 50 14
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- General	72 5 50 35 10
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- Diabetes	72 5 50 35 20
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- Asthma	73 5 50 35 30
Health Prom/Educ. & Com. Dev Chronic Disease Education, Awareness and Prevention- Hepetitis C / HIV/AIDS	73 5 50 35 40
Health Prom/Educ.& Dev Diabetes Regional Coordination Centres	72 5 50 40 10
Health Prom/Educ.& Com. Dev. – Heart and Stroke General	72 5 50 42 10
Health Prom/Educ.& Com. Dev. – Stroke Strategy (Practice Guidelines)	72 5 50 42 20
Health Prom/Educ.& Com. Dev – Personal Health and Wellness	72 5 50 45
Health Prom/Educ.& Com. Dev Family Clinics	72 5 50 50
Health Promotion/Education - Oncology General	72 5 50 66 10
Health Promotion/Education - Oncology Practice Guidelines	72 5 50 66 20
Health Promotion/Education - Mental Health & Additictions (CCAC Sector Only)	72 5 50 75 10
Health Prom. /Education MH - Awareness	72 5 50 76 10
Health Promo. /Education MH - Women	72 5 50 76 30
	-

Health Promo. /Education MH - Community Development	72 5 50 76 40
Health Prom./Educ. Addictions - Drug Awareness	72 5 50 78 10
Health Prom./Educ Addictions - Problem Gambling Awareness	72 5 50 78 20
Health Prom./Educ. Addictions - Community Development-Substance Abuse	72 5 50 78 40
CHC Client Support Services	72 5 85
Health Prom. /Educ - Palliative Care Interdisciplinary	72 5 50 94 10
Health Prom. /Educ - Palliative Care Physician	72 5 50 94 90
Health Prom. /Educ - Palliative Care Pain and Symptom Management	72 5 50 94 91
Health Prom/Educ & Dev - General Geriatric	72 5 50 96 10
Health Prom/Educ & Dev - Psycho-Geriatric	72 5 50 96 76
Consumer/Survivor/Family Initiatives 72 5 51 76*	
Consumer Survivor Initiatives - Peer/Self Help	72 5 51 76 11
Consumer Survivor Initiatives - Alternative Businesses	72 5 51 76 12
Consumer Survivor Initiatives - Family Initiatives	72 5 51 76 20
Other Initiatives 72 5*	
COM Comm. Disease Prev. and Control – General	72 5 54
COM Promotion and Prevention	72 5 58
COM Environmental Health	72 5 60
COM Licensing	72 5 65
Information and Referral Service 72 5 70*	
Information and Referral Service - General	72 5 70 10
Information and Referral Service - Provincial Mental Health	72 5 70 76
Information and Referral Service - Provincial - Substance Abuse	72 5 70 78 11
Information and Referral Service - Provincial - Problem Gambling	72 5 70 78 12
Provincial & Regional Health System Development 72 5 75	
Provincial & Regional Health System Development	72 5 75
CSS In-Home and Community Services (CSS IH COM) 72 5 82*	
CSS IH - Service Arrangement/Coordination	72 5 82 05
CSS IH - Case Management	72 5 82 09
CSS IH - Meals Delivery	72 5 82 10
CSS IH - Social and Congregate Dining	72 5 82 12
CSS IH - Transportation - Client	72 5 82 14
CSS IH - Crisis Intervention and Support	72 5 82 15
CSS IH - Day Services	72 5 82 20
CSS IH - Homemaking	72 5 82 31
CSS IH - Home Maintenance	72 5 82 32
CSS IH - Personal Support/Independence Training	72 5 82 33
CSS IH - Respite	72 5 82 34

CSS IH - Comb. PS/HM/Respite Services	72 5 82 35
CSS IH - Overnight Stay Care	72 5 82 40
CSS IH - Assisted Living Services	72 5 82 45
CSS IH - Caregiver Support	72 5 82 50
CSS IH - Emergency Response Support Services	72 5 82 55
CSS IH - Visiting - Social and Safety	72 5 82 60
CSS IH - Visiting - Hospice Services	72 5 82 65
CSS IH - Foot Care Services	72 5 82 70
CSS IH - Vision Impaired Care Services	72 5 82 75
CSS IH - Deaf, Deafened and Hard of Hearing Care Services	72 5 82 77
CSS IH - Elderly Person Centre Services	72 5 82 80
CSS-ABI Services 72 5 83*	
CSS ABI - Day Services	72 5 83 20
CSS ABI - Vocational Training and Education Services	72 5 83 30
CSS ABI - Personal Support/Independence Training	72 5 83 33
CSS ABI - Assisted Living Services	72 5 83 45
CSS Community Support Initiatives 72 5 84	
CSS Com Sup Init - Support Service Training	72 5 84 10
CSS Com Sup Init - Self Managed Attendant Services	72 5 84 20
CSS Com Sup Init - Personal Support Worker Training	72 5 84 30
CHC Community Health Centres	
CHC Research - Community Health and Social Services	7*7 50
CCAC- Community Care Access Centre Educaton	
Education-In Service (CCAC Only)	72 8 40

Budget 2017-18 ACTIVITY SUMMARY Return to Main Page

Functional/Accounting Centre Service	MIS F/C					
Show HSP Specific Show All	M	2016/17 Budget	2017/18 Budget	Comments		
Show Har Specific Show All	IVI					
Undistributed Accounting Centres 82*	00*	0.00	0.00			
Full-time equivalents (FTE)	82* 82*	0.00	0.00			
Visits	82*	0	0			
Not Uniquely Identified Service Recipient Interactions		0	0			
Hours of Care	82*	0	0			
Inpatient/Resident Days	82*	0				
Individuals Served by Functional Centre	82*	0	0			
Attendance Days	82*	0	0			
Group Sessions	82*	0	0			
Meal Delivered-Combined	82*	0	0			
Total Cost for Functional Centre	82*	\$0	\$0			
Group Participant Attendances	82*	0	0			
Service Provider Interactions	82*	0	0			
Service Provider Group Interactions	82*	0	0			
Mental Health Sessions	82*	0	0			
Administration and Support Services 72 1*						
Full-time equivalents (FTE)	72 1*	0.00	0.00			
Visits	72 1*	0	0			
Not Uniquely Identified Service Recipient Interactions	72 1*	0	0			
Hours of Care	72 1*	0	0			
Inpatient/Resident Days	72 1*	0	0			
Individuals Served by Functional Centre	72 1*	0	0			
Attendance Days	72 1*	0	0			
Group Sessions	72 1*	0	0			
Meal Delivered-Combined	72 1*	0	0			
Total Cost for Functional Centre	72 1*	\$2	\$2			
Group Participant Attendances	72 1*	0	0			
Service Provider Interactions	72 1*	0	0			
Service Provider Group Interactions	72 1*	0	0			
Mental Health Sessions	72 1*	0	0			
Clinical Management 72 5 05						

Full-time equivalents (FTE)	72 5 05	0.00	0.00	
Visits	72 5 05	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 05	0	0	
Hours of Care	72 5 05	0	0	
Inpatient/Resident Days	72 5 05	0	0	
Individuals Served by Functional Centre	72 5 05	0	0	
Attendance Days	72 5 05	0	0	
Group Sessions	72 5 05	0	0	
Meal Delivered-Combined	72 5 05	0	0	
Total Cost for Functional Centre	72 5 05	\$0	\$0	
Group Participant Attendances	72 5 05	0	0	
Service Provider Interactions	72 5 05	0	0	
Service Provider Group Interactions	72 5 05	0	0	
Mental Health Sessions	72 5 05	0	0	
Medical Resources 72 5 07				
Full-time equivalents (FTE)	72 5 07	0.00	0.00	
Visits	72 5 07	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 07	0	0	
Hours of Care	72 5 07	0	0	
Inpatient/Resident Days	72 5 07	0	0	
Individuals Served by Functional Centre	72 5 07	0	0	
Attendance Days	72 5 07	0	0	
Group Sessions	72 5 07	0	0	
Meal Delivered-Combined	72 5 07	0	0	
Total Cost for Functional Centre	72 5 07	\$0	\$0	
Group Participant Attendances	72 5 07	0	0	
Service Provider Interactions	72 5 07	0	0	
Service Provider Group Interactions	72 5 07	0	0	
Mental Health Sessions	72 5 07	0	0	
LAB Pre/Post Analysis 72 4 10 21				
Full-time equivalents (FTE)	72 4 10 21	0.00	0.00	
Visits	72 4 10 21	0	0	
Not Uniquely Identified Service Recipient Interactions	72 4 10 21	0	0	
Hours of Care	72 4 10 21	0	0	
Inpatient/Resident Days	72 4 10 21	0	0	
Individuals Served by Functional Centre	72 4 10 21	0	0	
Attendance Days	72 4 10 21	0	0	
Group Sessions	72 4 10 21	0	0	
Meal Delivered-Combined	72 4 10 21	0	0	
Total Cost for Functional Centre	72 4 10 21	\$0	\$0	

Group Participant Attendances	72 4 10 21	0	0	
Service Provider Interactions	72 4 10 21	0	0	
Service Provider Group Interactions	72 4 10 21	0	0	
Mental Health Sessions	72 4 10 21	0	0	
MI Combined Functions 72 4 15 99				
Full-time equivalents (FTE)	72 4 15 99	0.00	0.00	
Visits	72 4 15 99	0	0	
Not Uniquely Identified Service Recipient Interactions	72 4 15 99	0	0	
Hours of Care	72 4 15 99	0	0	
Inpatient/Resident Days	72 4 15 99	0	0	
Individuals Served by Functional Centre	72 4 15 99	0	0	
Attendance Days	72 4 15 99	0	0	
Group Sessions	72 4 15 99	0	0	
Meal Delivered-Combined	72 4 15 99	0	0	
Total Cost for Functional Centre	72 4 15 99	\$0	\$0	
Group Participant Attendances	73 4 15 99	0	0	
Service Provider Interactions	72 4 15 99	0	0	
Service Provider Group Interactions	72 4 15 99	0	0	
Mental Health Sessions	72 4 15 99	0	0	
NV Non - Invasive Cardiology - Combined 72 4 30 20				
Full-time equivalents (FTE)	72 4 30 20	0.00	0.00	
Visits	72 4 30 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 4 30 20	0	0	
Hours of Care	72 4 30 20	0	0	
Inpatient/Resident Days	72 4 30 20	0	0	
Individuals Served by Functional Centre	72 4 30 20	0	0	
Attendance Days	72 4 30 20	0	0	
Group Sessions	72 4 30 20	0	0	
Meal Delivered-Combined	72 4 30 20	0	0	
Total Cost for Functional Centre	72 4 30 20	\$0	\$0	
Group Participant Attendances	72 4 30 20	0	0	
Service Provider Interactions	72 4 30 20	0	0	
Service Provider Group Interactions	72 4 30 20	0	0	
Mental Health Sessions	72 4 30 20	0	0	
CMH&A Centralized/Coordinated Access 72 5 08				
Full-time equivalents (FTE)	72 5 08	0.00	0.00	
Visits	72 5 08	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 08	0	0	
Hours of Care	72 5 08	0	0	
Inpatient/Resident Days	72 5 08	0	0	

Individuals Served by Functional Centre	72 5 08	0	0	
Attendance Days	72 5 08	0	0	
Group Sessions	72 5 08	0	0	
Meal Delivered-Combined	72 5 08	0	0	
Total Cost for Functional Centre	72 5 08	\$0	\$0	
Group Participant Attendances	72 5 08	0	0	
Service Provider Interactions	72 5 08	0	0	
Service Provider Group Interactions	72 5 08	0	0	
Mental Health Sessions	72 5 08	0	0	
Case Management (CCAC) 72 5 09 30		-		
Full-time equivalents (FTE)	72 5 09 30	0.00	0.00	
Visits	72 5 09 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 09 30	0	0	
Hours of Care	72 5 09 30	0	0	
Inpatient/Resident Days	72 5 09 30	0	0	
Individuals Served by Functional Centre	72 5 09 30	0	0	
Attendance Days	72 5 09 30	0	0	
Group Sessions	72 5 09 30	0	0	
Meal Delivered-Combined	72 5 09 30	0	0	
Total Cost for Functional Centre	72 5 09 30	\$0	\$0	
Group Participant Attendances	72 5 09 30	0	0	
Service Provider Interactions	72 5 09 30	0	0	
Service Provider Group Interactions	72 5 09 30	0	0	
Mental Health Sessions	72 5 09 30	0	0	
Case Management/Supportive Counselling & Services - Mel	ntal Health 72 5 09 7	6		
Full-time equivalents (FTE)	72 5 09 76	0.00	0.00	
Visits	72 5 09 76	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 09 76	0	0	
Hours of Care	72 5 09 76	0	0	
Inpatient/Resident Days	72 5 09 76	0	0	
Individuals Served by Functional Centre	72 5 09 76	0	0	
Attendance Days	72 5 09 76	0	0	
Group Sessions	72 5 09 76	0	0	
Meal Delivered-Combined	72 5 09 76	0	0	
Total Cost for Functional Centre	72 5 09 76	\$0	\$0	
Group Participant Attendances	72 5 09 76	0	0	
Service Provider Interactions	72 5 09 76	0	0	
Service Provider Group Interactions	72 5 09 76	0	0	
Mental Health Sessions	72 5 09 76	0	0	
Case Management/Supportive Counselling & Services - Add	dictions Supportive	Housing 72 5 09 78	10	

Full-time equivalents (FTE)	72 5 09 78 10	0.00	0.00	
Visits	72 5 09 78 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 09 78 10	0	0	
Hours of Care	72 5 09 78 10	0	0	
Inpatient/Resident Days	72 5 09 78 10	0	0	
Individuals Served by Functional Centre	72 5 09 78 10	0	0	
Attendance Days	72 5 09 78 10	0	0	
Group Sessions	72 5 09 78 10	0	0	
Meal Delivered-Combined	72 5 09 78 10	0	0	
Total Cost for Functional Centre	72 5 09 78 10	\$0	\$0	
Group Participant Attendances	72 5 09 78 10	0	0	
Service Provider Interactions	72 5 09 78 10	0	0	
Service Provider Group Interactions	72 5 09 78 10	0	0	
Mental Health Sessions	72 5 09 78 10	0	0	
Case Management Addictions - Substance Abuse 72 5 09 78 1	1			
Full-time equivalents (FTE)	72 5 09 78 11	0.00	0.00	
Visits	72 5 09 78 11	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 09 78 11	0	0	
Hours of Care	72 5 09 78 11	0	0	
Inpatient/Resident Days	72 5 09 78 11	0	0	
Individuals Served by Functional Centre	72 5 09 78 11	0	0	
Attendance Days	72 5 09 78 11	0	0	
Group Sessions	72 5 09 78 11	0	0	
Meal Delivered-Combined	72 5 09 78 11	0	0	
Total Cost for Functional Centre	72 5 09 78 11	\$0	\$0	
Group Participant Attendances	72 5 09 78 11	0	0	
Service Provider Interactions	72 5 09 78 11	0	0	
Service Provider Group Interactions	72 5 09 78 11	0	0	
Mental Health Sessions	72 5 09 78 11	0	0	
Case Management Addictions - Problem Gambling 72 5 09 78	1 <mark>2 (No longer in u</mark>	se)		
Full-time equivalents (FTE)	72 5 09 78 12	0.00	0.00	
Visits	72 5 09 78 12	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 09 78 12	0	0	
Hours of Care	72 5 09 78 12	0	0	
Inpatient/Resident Days	72 5 09 78 12	0	0	
Individuals Served by Functional Centre	72 5 09 78 12	0	0	
Attendance Days	72 5 09 78 12	0	0	
Group Sessions	72 5 09 78 12	0	0	
Meal Delivered-Combined	72 5 09 78 12	0	0	
Total Cost for Functional Centre	72 5 09 78 12	\$0	\$0	

Group Participant Attendances	72 5 09 78 12	0	0	
Service Provider Interactions	72 5 09 78 12	0	0	
Service Provider Group Interactions	72 5 09 78 12	0	0	
Mental Health Sessions	72 5 09 78 12	0	0	
Clinics/Programs - Primary Care Practice 72 5 10 05				
Full-time equivalents (FTE)	72 5 10 05	0.00	0.00	
Visits	72 5 10 05	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 05	0	0	
Hours of Care	72 5 10 05	0	0	
Inpatient/Resident Days	72 5 10 05	0	0	
Individuals Served by Functional Centre	72 5 10 05	0	0	
Attendance Days	72 5 10 05	0	0	
Group Sessions	72 5 10 05	0	0	
Meal Delivered-Combined	72 5 10 05	0	0	
Total Cost for Functional Centre	72 5 10 05	\$0	\$0	
Group Participant Attendances	72 5 10 05	0	0	
Service Provider Interactions	72 5 10 05	0	0	
Service Provider Group Interactions	72 5 10 05	0	0	
Mental Health Sessions	72 5 10 05	0	0	
Clinics/Programs - Walk In Clinic 72 5 10 10				
Full-time equivalents (FTE)	72 5 10 10	0.00	0.00	
Visits	72 5 10 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 10	0	0	
Hours of Care	72 5 10 10	0	0	
Inpatient/Resident Days	72 5 10 10	0	0	
Individuals Served by Functional Centre	72 5 10 10	0	0	
Attendance Days	72 5 10 10	0	0	
Group Sessions	72 5 10 10	0	0	
Meal Delivered-Combined	72 5 10 10	0	0	
Total Cost for Functional Centre	72 5 10 10	\$0	\$0	
Group Participant Attendances	72 5 10 10	0	0	
Service Provider Interactions	72 5 10 10	0	0	
Service Provider Group Interactions	72 5 10 10	0	0	
Mental Health Sessions	72 5 10 10	0	0	
Clinics/Programs - Nursing Clinic 72 5 10 15				
Full-time equivalents (FTE)	72 5 10 15	0.00	0.00	
Visits	72 5 10 15	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 15	0	0	
Hours of Care	72 5 10 15	0	0	
Inpatient/Resident Days	72 5 10 15	0	0	

Individuals Served by Functional Centre	72 5 10 15	0	0	
Attendance Days	72 5 10 15	0	0	
Group Sessions	72 5 10 15	0	0	
Meal Delivered-Combined	72 5 10 15	0	0	
Total Cost for Functional Centre	72 5 10 15	\$0	\$0	
Group Participant Attendances	72 5 10 15	0	0	
Service Provider Interactions	72 5 10 15	0	0	
Service Provider Group Interactions	72 5 10 15	0	0	
Mental Health Sessions	72 5 10 15	0	0	
Clinics/Programs - General Clinic 72 5 10 20		-		
Full-time equivalents (FTE)	72 5 10 20	0.00	0.00	
Visits	72 5 10 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 20	0	0	
Hours of Care	72 5 10 20	0	0	
Inpatient/Resident Days	72 5 10 20	0	0	
Individuals Served by Functional Centre	72 5 10 20	0	0	
Attendance Days	72 5 10 20	0	0	
Group Sessions	72 5 10 20	0	0	
Meal Delivered-Combined	72 5 10 20	0	0	
Total Cost for Functional Centre	72 5 10 20	\$0	\$0	
Group Participant Attendances	72 5 10 20	0	0	
Service Provider Interactions	72 5 10 20	0	0	
Service Provider Group Interactions	72 5 10 20	0	0	
Mental Health Sessions	72 5 10 20	0	0	
Clinics/Programs - Combined Clinic 72 5 10 30				
Full-time equivalents (FTE)	72 5 10 30	0.00	0.00	
Visits	72 5 10 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 30	0	0	
Hours of Care	72 5 10 30	0	0	
Inpatient/Resident Days	72 5 10 30	0	0	
Individuals Served by Functional Centre	72 5 10 30	0	0	
Attendance Days	72 5 10 30	0	0	
Group Sessions	72 5 10 30	0	0	
Meal Delivered-Combined	72 5 10 30	0	0	
Total Cost for Functional Centre	72 5 10 30	\$0	\$0	
Group Participant Attendances	72 5 10 30	0	0	
Service Provider Interactions	72 5 10 30	0	0	
Service Provider Group Interactions	72 5 10 30	0	0	
Mental Health Sessions	72 5 10 30	0	0	
Clinics/Programs - Therapy Clinic 72 5 10 40				

Full-time equivalents (FTE)	72 5 10 40	0.00	0.00	
Visits	72 5 10 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40	0	0	
Hours of Care	72 5 10 40	0	0	
Inpatient/Resident Days	72 5 10 40	0	0	
Individuals Served by Functional Centre	72 5 10 40	0	0	
Attendance Days	72 5 10 40	0	0	
Group Sessions	72 5 10 40	0	0	
Meal Delivered-Combined	72 5 10 40	0	0	
Total Cost for Functional Centre	72 5 10 40	\$0	\$0	
Group Participant Attendances	72 5 10 40	0	0	
Service Provider Interactions	72 5 10 40	0	0	
Service Provider Group Interactions	72 5 10 40	0	0	
Mental Health Sessions	72 5 10 40	0	0	
Clinics/Programs - Therapy Clinic - General 72 5 10 40 10				
Full-time equivalents (FTE)	72 5 10 40 10	0.00	0.00	
Visits	72 5 10 40 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 10	0	0	
Hours of Care	72 5 10 40 10	0	0	
Inpatient/Resident Days	72 5 10 40 10	0	0	
Individuals Served by Functional Centre	72 5 10 40 10	0	0	
Attendance Days	72 5 10 40 10	0	0	
Group Sessions	72 5 10 40 10	0	0	
Meal Delivered-Combined	72 5 10 40 10	0	0	
Total Cost for Functional Centre	72 5 10 40 10	\$0	\$0	
Group Participant Attendances	72 5 10 40 10	0	0	
Service Provider Interactions	72 5 10 40 10	0	0	
Service Provider Group Interactions	72 5 10 40 10	0	0	
Mental Health Sessions	72 5 10 40 10	0	0	
Clinics/Programs - Therapy Clinic - Foot Care 72 5 10 40 20				
Full-time equivalents (FTE)	72 5 10 40 20	0.00	0.00	
Visits	72 5 10 40 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 20	0	0	
Hours of Care	72 5 10 40 20	0	0	
Inpatient/Resident Days	72 5 10 40 20	0	0	
Individuals Served by Functional Centre	72 5 10 40 20	0	0	
Attendance Days	72 5 10 40 20	0	0	
Group Sessions	72 5 10 40 20	0	0	
Meal Delivered-Combined	72 5 10 40 20	0	0	
Total Cost for Functional Centre	72 5 10 40 20	\$0	\$0	

Group Participant Attendances	72 5 10 40 20	0	0	
Service Provider Interactions	72 5 10 40 20	0	0	
Service Provider Group Interactions	72 5 10 40 20	0	0	
Mental Health Sessions	72 5 10 40 20	0	0	
Clinics/Programs - Therapy Clinic - Naturopathy 72 5 10 40 30			•	
Full-time equivalents (FTE)	72 5 10 40 30	0.00	0.00	
Visits	72 5 10 40 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 30	0	0	
Hours of Care	72 5 10 40 30	0	0	
Inpatient/Resident Days	72 5 10 40 30	0	0	
Individuals Served by Functional Centre	72 5 10 40 30	0	0	
Attendance Days	72 5 10 40 30	0	0	
Group Sessions	72 5 10 40 30	0	0	
Meal Delivered-Combined	72 5 10 40 30	0	0	
Total Cost for Functional Centre	72 5 10 40 30	\$0	\$0	
Group Participant Attendances	72 5 10 40 30	0	0	
Service Provider Interactions	72 5 10 40 30	0	0	
Service Provider Group Interactions	72 5 10 40 30	0	0	
Mental Health Sessions	72 5 10 40 30	0	0	
Clinics/Programs - Therapy Clinic - Pharmacy 72 5 10 40 40				
Full-time equivalents (FTE)	72 5 10 40 40	0.00	0.00	
Visits	72 5 10 40 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 40	0	0	
Hours of Care	72 5 10 40 40	0	0	
Inpatient/Resident Days	72 5 10 40 40	0	0	
Individuals Served by Functional Centre	72 5 10 40 40	0	0	
Attendance Days	72 5 10 40 40	0	0	
Group Sessions	72 5 10 40 40	0	0	
Meal Delivered-Combined	72 5 10 40 40	0	0	
Total Cost for Functional Centre	72 5 10 40 40	\$0	\$0	
Group Participant Attendances	72 5 10 40 40	0	0	
Service Provider Interactions	72 5 10 40 40	0	0	
Service Provider Group Interactions	72 5 10 40 40	0	0	
Mental Health Sessions	72 5 10 40 40	0	0	
Clinics/Programs - Therapy Clinic - Nutrition 72 5 10 40 45				
Full-time equivalents (FTE)	72 5 10 40 45	0.00	0.00	
Visits	72 5 10 40 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 45	0	0	
Hours of Care	72 5 10 40 45	0	0	
Inpatient/Resident Days	72 5 10 40 45	0	0	

Individuals Served by Functional Centre	72 5 10 40 45	0	0	
Attendance Days	72 5 10 40 45	0	0	
Group Sessions	72 5 10 40 45	0	0	
Meal Delivered-Combined	72 5 10 40 45	0	0	
Total Cost for Functional Centre	72 5 10 40 45	\$0	\$0	
Group Participant Attendances	72 5 10 40 45	0	0	
Service Provider Interactions	72 5 10 40 45	0	0	
Service Provider Group Interactions	72 5 10 40 45	0	0	
Mental Health Sessions	72 5 10 40 45	0	0	
Clinics/Programs - Therapy Clinic - Physiotherapy 72 5 10	40 50			
Full-time equivalents (FTE)	72 5 10 40 50	0.00	0.00	
Visits	72 5 10 40 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 50	0	0	
Hours of Care	72 5 10 40 50	0	0	
Inpatient/Resident Days	72 5 10 40 50	0	0	
Individuals Served by Functional Centre	72 5 10 40 50	0	0	
Attendance Days	72 5 10 40 50	0	0	
Group Sessions	72 5 10 40 50	0	0	
Meal Delivered-Combined	72 5 10 40 50	0	0	
Total Cost for Functional Centre	72 5 10 40 50	\$0	\$0	
Group Participant Attendances	72 5 10 40 50	0	0	
Service Provider Interactions	72 5 10 40 50	0	0	
Service Provider Group Interactions	72 5 10 40 50	0	0	
Mental Health Sessions	72 5 10 40 50	0	0	
Clinics/Programs - Therapy Clinic - Occupational Therapy	72 5 10 40 55			
Full-time equivalents (FTE)	72 5 10 40 55	0.00	0.00	
Visits	72 5 10 40 55	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 55	0	0	
Hours of Care	72 5 10 40 55	0	0	
Inpatient/Resident Days	72 5 10 40 55	0	0	
Individuals Served by Functional Centre	72 5 10 40 55	0	0	
Attendance Days	72 5 10 40 55	0	0	
Group Sessions	72 5 10 40 55	0	0	
Meal Delivered-Combined	72 5 10 40 55	0	0	
Total Cost for Functional Centre	72 5 10 40 55	\$0	\$0	
Group Participant Attendances	72 5 10 40 55	0	0	
Service Provider Interactions	72 5 10 40 55	0	0	
Service Provider Group Interactions	72 5 10 40 55	0	0	
Mental Health Sessions	72 5 10 40 55	0	0	
Clinics/Programs - Therapy Clinic - Counselling 72 5 10 40	60			

Full-time equivalents (FTE)	72 5 10 40 60	0.00	0.00	
Visits	72 5 10 40 60	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 60	0	0	
Hours of Care	72 5 10 40 60	0	0	
Inpatient/Resident Days	72 5 10 40 60	0	0	
Individuals Served by Functional Centre	72 5 10 40 60	0	0	
Attendance Days	72 5 10 40 60	0	0	
Group Sessions	72 5 10 40 60	0	0	
Meal Delivered-Combined	72 5 10 40 60	0	0	
Total Cost for Functional Centre	72 5 10 40 60	\$0	\$0	
Group Participant Attendances	72 5 10 40 60	0	0	
Service Provider Interactions	72 5 10 40 60	0	0	
Service Provider Group Interactions	72 5 10 40 60	0	0	
Mental Health Sessions	72 5 10 40 60	0	0	
Clinics/Programs - Therapy Clinic - Speech and Language P	athology 72 5 10 40	62		
Full-time equivalents (FTE)	72 5 10 40 62	0.00	0.00	
Visits	72 5 10 40 62	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 62	0	0	
Hours of Care	72 5 10 40 62	0	0	
Inpatient/Resident Days	72 5 10 40 62	0	0	
Individuals Served by Functional Centre	72 5 10 40 62	0	0	
Attendance Days	72 5 10 40 62	0	0	
Group Sessions	72 5 10 40 62	0	0	
Meal Delivered-Combined	72 5 10 40 62	0	0	
Total Cost for Functional Centre	72 5 10 40 62	\$0	\$0	
Group Participant Attendances	72 5 10 40 62	0	0	
Service Provider Interactions	72 5 10 40 62	0	0	
Service Provider Group Interactions	72 5 10 40 62	0	0	
Mental Health Sessions	72 5 10 40 62	0	0	
Clinics/Programs - Therapy Clinic - Massage Therapy 72 5 1				
Full-time equivalents (FTE)	72 5 10 40 64	0.00	0.00	
Visits	72 5 10 40 64	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 64	0	0	
Hours of Care	72 5 10 40 64	0	0	
Inpatient/Resident Days	72 5 10 40 64	0	0	
Individuals Served by Functional Centre	72 5 10 40 64	0	0	
Attendance Days	72 5 10 40 64	0	0	
Group Sessions	72 5 10 40 64	0	0	
Meal Delivered-Combined	72 5 10 40 64	0	0	
Total Cost for Functional Centre	72 5 10 40 64	\$0	\$0	

Group Participant Attendances	72 5 10 40 64	0	0	
Service Provider Interactions	72 5 10 40 64	0	0	
Service Provider Group Interactions	72 5 10 40 64	0	0	
Mental Health Sessions	72 5 10 40 64	0	0	
Clinics/Programs – Oral Health Clinic 72 5 10 45				
Full-time equivalents (FTE)	72 5 10 45	0.00	0.00	
Visits	72 5 10 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 45	0	0	
Hours of Care	72 5 10 45	0	0	
Inpatient/Resident Days	72 5 10 45	0	0	
Individuals Served by Functional Centre	72 5 10 45	0	0	
Attendance Days	72 5 10 45	0	0	
Group Sessions	72 5 10 45	0	0	
Meal Delivered-Combined	72 5 10 45	0	0	
Total Cost for Functional Centre	72 5 10 45	\$0	\$0	
Group Participant Attendances	72 5 10 45	0	0	
Service Provider Interactions	72 5 10 45	0	0	
Service Provider Group Interactions	72 5 10 45	0	0	
Mental Health Sessions	72 5 10 45	0	0	
Clinics/Programs - Chronic Disease Clinic 72 5 10 50				
Full-time equivalents (FTE)	72 5 10 50	0.00	0.00	
Visits	72 5 10 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 50	0	0	
Hours of Care	72 5 10 50	0	0	
Inpatient/Resident Days	72 5 10 50	0	0	
Individuals Served by Functional Centre	72 5 10 50	0	0	
Attendance Days	72 5 10 50	0	0	
Group Sessions	72 5 10 50	0	0	
Meal Delivered-Combined	72 5 10 50	0	0	
Total Cost for Functional Centre	72 5 10 50	\$0	\$0	
Group Participant Attendances	72 5 10 50	0	0	
Service Provider Interactions	72 5 10 50	0	0	
Service Provider Group Interactions	72 5 10 50	0	0	
Mental Health Sessions	72 5 10 50	0	0	
Clinics/Programs – Chronic Disease Clinic - General Clinic 72 5	10 50 10			
Full-time equivalents (FTE)	72 5 10 50 10	0.00	0.00	
Visits	72 5 10 50 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 50 10	0	0	
Hours of Care	72 5 10 50 10	0	0	

Individuals Served by Functional Centre	72 5 10 50 10	0	0	
Attendance Days	72 5 10 50 10	0	0	
Group Sessions	72 5 10 50 10	0	0	
Meal Delivered-Combined		0	0	
	72 5 10 50 10	\$0	\$0	
Total Cost for Functional Centre	72 5 10 50 10	φ ₀		
Group Participant Attendances	72 5 10 50 10	0	0	
Service Provider Interactions	72 5 10 50 10	0	0	
Service Provider Group Interactions	72 5 10 50 10	0	0	
Mental Health Sessions	72 5 10 50 10	0	0	
Clinics/Programs – Chronic Disease Clinic - Diabetes Clinic 72 5				
Full-time equivalents (FTE)	72 5 10 50 20	0.00	0.00	
Visits	72 5 10 50 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 50 20	0	0	
Hours of Care	72 5 10 50 20	0	0	
Inpatient/Resident Days	72 5 10 50 20	0	0	
Individuals Served by Functional Centre	72 5 10 50 20	0	0	
Attendance Days	72 5 10 50 20	0	0	
Group Sessions	72 5 10 50 20	0	0	
Meal Delivered-Combined	72 5 10 50 20	0	0	
Total Cost for Functional Centre	72 5 10 50 20	\$0	\$0	
Group Participant Attendances	72 5 10 50 20	0	0	
Service Provider Interactions	72 5 10 50 20	0	0	
Service Provider Group Interactions	72 5 10 50 20	0	0	
Mental Health Sessions	72 5 10 50 20	0	0	
COM Clinics/Programs - Chronic Disease - Asthma/COPD Clinic	72 5 10 50 30			
Full-time equivalents (FTE)	72 5 10 50 30	0.00	0.00	
Visits	72 5 10 50 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 50 30	0	0	
Hours of Care	72 5 10 50 30	0	0	
Inpatient/Resident Days	72 5 10 50 30	0	0	
Individuals Served by Functional Centre	72 5 10 50 30	0	0	
Attendance Days	72 5 10 50 30	0	0	
Group Sessions	72 5 10 50 30	0	0	
Meal Delivered-Combined	72 5 10 50 30	0	0	
Total Cost for Functional Centre	72 5 10 50 30	\$0	\$0	
Group Participant Attendances	72 5 10 50 30	0	0	
Service Provider Interactions	72 5 10 50 30	0	0	
Service Provider Group Interactions	72 5 10 50 30	0	0	
Mental Health Sessions	72 5 10 50 30	0	0	
Clinics/Programs - Chronic Disease Clinic - Hepatitis C and/or H	HIV/AIDS Clinic 7	72 5 10 50 40		

Full-time equivalents (FTE)	72 5 10 50 40	0.00	0.00	
Visits	72 5 10 50 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 50 40	0	0	
Hours of Care	72 5 10 50 40	0	0	
Inpatient/Resident Days	72 5 10 50 40	0	0	
Individuals Served by Functional Centre	72 5 10 50 40	0	0	
Attendance Days	72 5 10 50 40	0	0	
Group Sessions	72 5 10 50 40	0	0	
Meal Delivered-Combined	72 5 10 50 40	0	0	
Total Cost for Functional Centre	72 5 10 50 40	\$0	\$0	
Group Participant Attendances	72 5 10 50 40	0	0	
Service Provider Interactions	72 5 10 50 40	0	0	
Service Provider Group Interactions	72 5 10 50 40	0	0	
Mental Health Sessions	72 5 10 50 40	0	0	
Clinics/Programs – CHC Other Clinic 72 5 10 55				
Full-time equivalents (FTE)	72 5 10 55	0.00	0.00	
Visits	72 5 10 55	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 55	0	0	
Hours of Care	72 5 10 55	0	0	
Inpatient/Resident Days	72 5 10 55	0	0	
Individuals Served by Functional Centre	72 5 10 55	0	0	
Attendance Days	72 5 10 55	0	0	
Group Sessions	72 5 10 55	0	0	
Meal Delivered-Combined	72 5 10 55	0	0	
Total Cost for Functional Centre	72 5 10 55	\$0	\$0	
Group Participant Attendances	72 5 10 55	0	0	
Service Provider Interactions	72 5 10 55	0	0	
Service Provider Group Interactions	72 5 10 55	0	0	
Mental Health Sessions	72 5 10 55	0	0	
Clinics/Programs - Oncology - Treatment Outreach Clinic 72 5 1	0 66 10			
Full-time equivalents (FTE)	72 5 10 66 10	0.00	0.00	
Visits	72 5 10 66 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 66 10	0	0	
Hours of Care	72 5 10 66 10	0	0	
Inpatient/Resident Days	72 5 10 66 10	0	0	
Individuals Served by Functional Centre	72 5 10 66 10	0	0	
Attendance Days	72 5 10 66 10	0	0	
Group Sessions	72 5 10 66 10	0	0	
Meal Delivered-Combined	72 5 10 66 10	0	0	
Total Cost for Functional Centre	72 5 10 66 10	\$0	\$0	

Group Participant Attendances	72 5 10 66 10	0	0				
Service Provider Interactions	72 5 10 66 10	0	0				
Service Provider Group Interactions	72 5 10 66 10	0	0				
Mental Health Sessions	72 5 10 66 10	0	0				
Clinics/Programs - Oncology - Preventative Clinics 72 5 10 66 20							
Full-time equivalents (FTE)	72 5 10 66 20	0.00	0.00				
Visits	72 5 10 66 20	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 10 66 20	0	0				
Hours of Care	72 5 10 66 20	0	0				
Inpatient/Resident Days	72 5 10 66 20	0	0				
Individuals Served by Functional Centre	72 5 10 66 20	0	0				
Attendance Days	72 5 10 66 20	0	0				
Group Sessions	72 5 10 66 20	0	0				
Meal Delivered-Combined	72 5 10 66 20	0	0				
Total Cost for Functional Centre	72 5 10 66 20	\$0	\$0				
Group Participant Attendances	72 5 10 66 20	0	0				
Service Provider Interactions	72 5 10 66 20	0	0				
Service Provider Group Interactions	72 5 10 66 20	0	0				
Mental Health Sessions	72 5 10 66 20	0	0				
Clinics/Programs - MH Counseling and Treatment 72 5 10 76 12							
Full-time equivalents (FTE)	72 5 10 76 12	0.00	0.00				
Visits	72 5 10 76 12	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 12	0	0				
Hours of Care	72 5 10 76 12	0	0				
Inpatient/Resident Days	72 5 10 76 12	0	0				
Individuals Served by Functional Centre	72 5 10 76 12	0	0				
Attendance Days	72 5 10 76 12	0	0				
Group Sessions	72 5 10 76 12	0	0				
Meal Delivered-Combined	72 5 10 76 12	0	0				
Total Cost for Functional Centre	72 5 10 76 12	\$0	\$0				
Group Participant Attendances	72 5 10 76 12	0	0				
Service Provider Interactions	72 5 10 76 12	0	0				
Service Provider Group Interactions	72 5 10 76 12	0	0				
Mental Health Sessions	72 5 10 76 12	0	0				
MH Assertive Community Treatment Teams 72 5 10 76 20							
Full-time equivalents (FTE)	72 5 10 76 20	0.00	0.00				
Visits	72 5 10 76 20	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 20	0	0				
Hours of Care	72 5 10 76 20	0	0				
Inpatient/Resident Days	72 5 10 76 20	0	0				

Individuals Served by Functional Centre	72 5 10 76 20	0	0	
Attendance Days	72 5 10 76 20	0	0	
Group Sessions	72 5 10 76 20	0	0	
Meal Delivered-Combined	72 5 10 76 20	0	0	
Total Cost for Functional Centre	72 5 10 76 20	\$0	\$0	
Group Participant Attendances	72 5 10 76 20	0	0	
Service Provider Interactions	72 5 10 76 20	0	0	
Service Provider Group Interactions	72 5 10 76 20	0	0	
Mental Health Sessions	72 5 10 76 20	0	0	
MH Community Clinic 72 5 10 76 30				
Full-time equivalents (FTE)	72 5 10 76 30	0.00	0.00	
Visits	72 5 10 76 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 30	0	0	
Hours of Care	72 5 10 76 30	0	0	
Inpatient/Resident Days	72 5 10 76 30	0	0	
Individuals Served by Functional Centre	72 5 10 76 30	0	0	
Attendance Days	72 5 10 76 30	0	0	
Group Sessions	72 5 10 76 30	0	0	
Meal Delivered-Combined	72 5 10 76 30	0	0	
Total Cost for Functional Centre	72 5 10 76 30	\$0	\$0	
Group Participant Attendances	72 5 10 76 30	0	0	
Service Provider Interactions	72 5 10 76 30	0	0	
Service Provider Group Interactions	72 5 10 76 30	0	0	
Mental Health Sessions	72 5 10 76 30	0	0	
MH Vocational/Employment 72 5 10 76 40				
Full-time equivalents (FTE)	72 5 10 76 40	0.00	0.00	
Visits	72 5 10 76 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 40	0	0	
Hours of Care	72 5 10 76 40	0	0	
Inpatient/Resident Days	72 5 10 76 40	0	0	
Individuals Served by Functional Centre	72 5 10 76 40	0	0	
Attendance Days	72 5 10 76 40	0	0	
Group Sessions	72 5 10 76 40	0	0	
Meal Delivered-Combined	72 5 10 76 40	0	0	
Total Cost for Functional Centre	72 5 10 76 40	\$0	\$0	
Group Participant Attendances	72 5 10 76 40	0	0	
Service Provider Interactions	72 5 10 76 40	0	0	
Service Provider Group Interactions	72 5 10 76 40	0	0	
Mental Health Sessions	72 5 10 76 40	0	0	
MH Clubhouses 72 5 10 76 41				

Full-time equivalents (FTE)	72 5 10 76 41	0.00	0.00	
Visits	72 5 10 76 41	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 41	0	0	
Hours of Care	72 5 10 76 41	0	0	
Inpatient/Resident Days	72 5 10 76 41	0	0	
Individuals Served by Functional Centre	72 5 10 76 41	0	0	
Attendance Days	72 5 10 76 41	0	0	
Group Sessions	72 5 10 76 41	0	0	
Meal Delivered-Combined	72 5 10 76 41	0	0	
Total Cost for Functional Centre	72 5 10 76 41	\$0	\$0	
Group Participant Attendances	72 5 10 76 41	0	0	
Service Provider Interactions	72 5 10 76 41	0	0	
Service Provider Group Interactions	72 5 10 76 41	0	0	
Mental Health Sessions	72 5 10 76 41	0	0	
MH Concurrent Disorders 72 5 10 76 45 (No longer in use)				
Full-time equivalents (FTE)	72 5 10 76 45	0.00	0.00	
Visits	72 5 10 76 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 45	0	0	
Hours of Care	72 5 10 76 45	0	0	
Inpatient/Resident Days	72 5 10 76 45	0	0	
Individuals Served by Functional Centre	72 5 10 76 45	0	0	
Attendance Days	72 5 10 76 45	0	0	
Group Sessions	72 5 10 76 45	0	0	
Meal Delivered-Combined	72 5 10 76 45	0	0	
Total Cost for Functional Centre	72 5 10 76 45	\$0	\$0	
Group Participant Attendances	72 5 10 76 45	0	0	
Service Provider Interactions	72 5 10 76 45	0	0	
Service Provider Group Interactions	72 5 10 76 45	0	0	
Mental Health Sessions	72 5 10 76 45	0	0	
MH Child/Adolescent 72 5 10 76 50				
Full-time equivalents (FTE)	72 5 10 76 50	0.00	0.00	
Visits	72 5 10 76 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 50	0	0	
Hours of Care	72 5 10 76 50	0	0	
Inpatient/Resident Days	72 5 10 76 50	0	0	
Individuals Served by Functional Centre	72 5 10 76 50	0	0	
Attendance Days	72 5 10 76 50	0	0	
Group Sessions	72 5 10 76 50	0	0	
Meal Delivered-Combined	72 5 10 76 50	0	0	
Total Cost for Functional Centre	72 5 10 76 50	\$0	\$0	

Group Participant Attendances	72 5 10 76 50	0	0	
Service Provider Interactions	72 5 10 76 50	0	0	
Service Provider Group Interactions	72 5 10 76 50	0	0	
Mental Health Sessions	72 5 10 76 50	0	0	
MH Early Intervention 72 5 10 76 51				
Full-time equivalents (FTE)	72 5 10 76 51	0.00	0.00	
Visits	72 5 10 76 51	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 51	0	0	
Hours of Care	72 5 10 76 51	0	0	
Inpatient/Resident Days	72 5 10 76 51	0	0	
Individuals Served by Functional Centre	72 5 10 76 51	0	0	
Attendance Days	72 5 10 76 51	0	0	
Group Sessions	72 5 10 76 51	0	0	
Meal Delivered-Combined	72 5 10 76 51	0	0	
Total Cost for Functional Centre	72 5 10 76 51	\$0	\$0	
Group Participant Attendances	72 5 10 76 51	0	0	
Service Provider Interactions	72 5 10 76 51	0	0	
Service Provider Group Interactions	72 5 10 76 51	0	0	
Mental Health Sessions	72 5 10 76 51	0	0	
MH Forensic 72 5 10 76 55				
Full-time equivalents (FTE)	72 5 10 76 55	0.00	0.00	
Visits	72 5 10 76 55	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 55	0	0	
Hours of Care	72 5 10 76 55	0	0	
Inpatient/Resident Days	72 5 10 76 55	0	0	
Individuals Served by Functional Centre	72 5 10 76 55	0	0	
Attendance Days	72 5 10 76 55	0	0	
Group Sessions	72 5 10 76 55	0	0	
Meal Delivered-Combined	72 5 10 76 55	0	0	
Total Cost for Functional Centre	72 5 10 76 55	\$0	\$0	
Group Participant Attendances	72 5 10 76 55	0	0	
Service Provider Interactions	72 5 10 76 55	0	0	
Service Provider Group Interactions	72 5 10 76 55	0	0	
Mental Health Sessions	72 5 10 76 55	0	0	
MH Diversion and Court Support 72 5 10 76 56				
Full-time equivalents (FTE)	72 5 10 76 56	0.00	0.00	
Visits	72 5 10 76 56	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 56	0	0	
Hours of Care	72 5 10 76 56	0	0	
Inpatient/Resident Days	72 5 10 76 56	0	0	

Individuals Served by Functional Centre	72 5 10 76 56	0	0	
Attendance Days	72 5 10 76 56	0	0	
Group Sessions	72 5 10 76 56	0	0	
Meal Delivered-Combined	72 5 10 76 56	0	0	
Total Cost for Functional Centre	72 5 10 76 56	\$0	\$0	
Group Participant Attendances	72 5 10 76 56	0	0	
Service Provider Interactions	72 5 10 76 56	0	0	
Service Provider Group Interactions	72 5 10 76 56	0	0	
Mental Health Sessions	72 5 10 76 56	0	0	
MH Abuse Services 72 5 10 76 60				
Full-time equivalents (FTE)	72 5 10 76 60	0.00	0.00	
Visits	72 5 10 76 60	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 60	0	0	
Hours of Care	72 5 10 76 60	0	0	
Inpatient/Resident Days	72 5 10 76 60	0	0	
Individuals Served by Functional Centre	72 5 10 76 60	0	0	
Attendance Days	72 5 10 76 60	0	0	
Group Sessions	72 5 10 76 60	0	0	
Meal Delivered-Combined	72 5 10 76 60	0	0	
Total Cost for Functional Centre	72 5 10 76 60	\$0	\$0	
Group Participant Attendances	72 5 10 76 60	0	0	
Service Provider Interactions	72 5 10 76 60	0	0	
Service Provider Group Interactions	72 5 10 76 60	0	0	
Mental Health Sessions	72 5 10 76 60	0	0	
MH Eating Disorders 72 5 10 76 70				
Full-time equivalents (FTE)	72 5 10 76 70	0.00	0.00	
Visits	72 5 10 76 70	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 70	0	0	
Hours of Care	72 5 10 76 70	0	0	
Inpatient/Resident Days	72 5 10 76 70	0	0	
Individuals Served by Functional Centre	72 5 10 76 70	0	0	
Attendance Days	72 5 10 76 70	0	0	
Group Sessions	72 5 10 76 70	0	0	
Meal Delivered-Combined	72 5 10 76 70	0	0	
Total Cost for Functional Centre	72 5 10 76 70	\$0	\$0	
Group Participant Attendances	72 5 10 76 70	0	0	
Service Provider Interactions	72 5 10 76 70	0	0	
Service Provider Group Interactions	72 5 10 76 70	0	0	
Mental Health Sessions	72 5 10 76 70	0	0	
MH Social Rehab./Recreation 72 5 10 76 81				

Full-time equivalents (FTE)	72 5 10 76 81	0.00	0.00	
Visits	72 5 10 76 81	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 81	0	0	
Hours of Care	72 5 10 76 81	0	0	
Inpatient/Resident Days	72 5 10 76 81	0	0	
Individuals Served by Functional Centre	72 5 10 76 81	0	0	
Attendance Days	72 5 10 76 81	0	0	
Group Sessions	72 5 10 76 81	0	0	
Meal Delivered-Combined	72 5 10 76 81	0	0	
Total Cost for Functional Centre	72 5 10 76 81	\$0	\$0	
Group Participant Attendances	72 5 10 76 81	0	0	
Service Provider Interactions	72 5 10 76 81	0	0	
Service Provider Group Interactions	72 5 10 76 81	0	0	
Mental Health Sessions	72 5 10 76 81	0	0	
MH Dual Diagnosis 72 5 10 76 95 (No longer in use)				
Full-time equivalents (FTE)	72 5 10 76 95	0.00	0.00	
Visits	72 5 10 76 95	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 95	0	0	
Hours of Care	72 5 10 76 95	0	0	
Inpatient/Resident Days	72 5 10 76 95	0	0	
Individuals Served by Functional Centre	72 5 10 76 95	0	0	
Attendance Days	72 5 10 76 95	0	0	
Group Sessions	72 5 10 76 95	0	0	
Meal Delivered-Combined	72 5 10 76 95	0	0	
Total Cost for Functional Centre	72 5 10 76 95	\$0	\$0	
Group Participant Attendances	72 5 10 76 95	0	0	
Service Provider Interactions	72 5 10 76 95	0	0	
Service Provider Group Interactions	72 5 10 76 95	0	0	
Mental Health Sessions	72 5 10 76 95	0	0	
MH Psycho-geriatric 72 5 10 76 96				
Full-time equivalents (FTE)	72 5 10 76 96	0.00	0.00	
Visits	72 5 10 76 96	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 96	0	0	
Hours of Care	72 5 10 76 96	0	0	
Inpatient/Resident Days	72 5 10 76 96	0	0	
Individuals Served by Functional Centre	72 5 10 76 96	0	0	
Attendance Days	72 5 10 76 96	0	0	
Group Sessions	72 5 10 76 96	0	0	
Meal Delivered-Combined	72 5 10 76 96	0	0	
Total Cost for Functional Centre	72 5 10 76 96	\$0	\$0	

Group Participant Attendances	72 5 10 76 96	0	0	
Service Provider Interactions	72 5 10 76 96	0	0	
Service Provider Group Interactions	72 5 10 76 96	0	0	
Mental Health Sessions	72 5 10 76 96	0	0	
Other MH Services not elsewhere identified 72 5 10 76 99				
Full-time equivalents (FTE)	72 5 10 76 99	0.00	0.00	
Visits	72 5 10 76 99	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 99	0	0	
Hours of Care	72 5 10 76 99	0	0	
Inpatient/Resident Days	72 5 10 76 99	0	0	
Individuals Served by Functional Centre	72 5 10 76 99	0	0	
Attendance Days	72 5 10 76 99	0	0	
Group Sessions	72 5 10 76 99	0	0	
Meal Delivered-Combined	72 5 10 76 99	0	0	
Total Cost for Functional Centre	72 5 10 76 99	\$0	\$0	
Group Participant Attendances	72 5 10 76 99	0	0	
Service Provider Interactions	72 5 10 76 99	0	0	
Service Provider Group Interactions	72 5 10 76 99	0	0	
Mental Health Sessions	72 5 10 76 99	0	0	
Addictions Treatment-Substance Abuse 72 5 10 78 11				
Full-time equivalents (FTE)	72 5 10 78 11	0.00	0.00	
Visits	72 5 10 78 11	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 11	0	0	
Hours of Care	72 5 10 78 11	0	0	
Inpatient/Resident Days	72 5 10 78 11	0	0	
Individuals Served by Functional Centre	72 5 10 78 11	0	0	
Attendance Days	72 5 10 78 11	0	0	
Group Sessions	72 5 10 78 11	0	0	
Meal Delivered-Combined	72 5 10 78 11	0	0	
Total Cost for Functional Centre	72 5 10 78 11	\$0	\$0	
Group Participant Attendances	72 5 10 78 11	0	0	
Service Provider Interactions	72 5 10 78 11	0	0	
Service Provider Group Interactions	72 5 10 78 11	0	0	
Mental Health Sessions	72 5 10 78 11	0	0	
Addictions Treatment-Problem Gambling 72 5 10 78 12				
Full-time equivalents (FTE)	72 5 10 78 12	0.00	0.00	
Visits	72 5 10 78 12	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 12	0	0	
Hours of Care	72 5 10 78 12	0	0	
Inpatient/Resident Days	72 5 10 78 12	0	0	

Individuals Served by Functional Centre	72 5 10 78 12	0	0	
Attendance Days	72 5 10 78 12	0	0	
Group Sessions	72 5 10 78 12	0	0	
Meal Delivered-Combined	72 5 10 78 12	0	0	
Total Cost for Functional Centre	72 5 10 78 12	\$0	\$0	
Group Participant Attendances	72 5 10 78 12	0	0	
Service Provider Interactions	72 5 10 78 12	0	0	
Service Provider Group Interactions	72 5 10 78 12	0	0	
Mental Health Sessions	72 5 10 78 12	0	0	
Addictions Withdrawal Mgmt. 72 5 10 78 20				
Full-time equivalents (FTE)	72 5 10 78 20	0.00	0.00	
Visits	72 5 10 78 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 20	0	0	
Hours of Care	72 5 10 78 20	0	0	
Inpatient/Resident Days	72 5 10 78 20	0	0	
Individuals Served by Functional Centre	72 5 10 78 20	0	0	
Attendance Days	72 5 10 78 20	0	0	
Group Sessions	72 5 10 78 20	0	0	
Meal Delivered-Combined	72 5 10 78 20	0	0	
Total Cost for Functional Centre	72 5 10 78 20	\$0	\$0	
Group Participant Attendances	72 5 10 78 20	0	0	
Service Provider Interactions	72 5 10 78 20	0	0	
Service Provider Group Interactions	72 5 10 78 20	0	0	
Mental Health Sessions	72 5 10 78 20	0	0	
Initial Assessment and Treatment Planning 72 5 10 78 30 (No lo	onger in use)	_		
Full-time equivalents (FTE)	72 5 10 78 30	0.00	0.00	
Visits	72 5 10 78 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 10 78 30	0	0	
Hours of Care	72 5 10 78 30	0	0	
Inpatient/Resident Days	72 5 10 78 30	0	0	
Individuals Served by Functional Centre	72 5 10 78 30	0	0	
Attendance Days	72 5 10 78 30	0	0	
Group Sessions	72 5 10 78 30	0	0	
Meal Delivered-Combined	72 5 10 78 30	0	0	
Total Cost for Functional Centre	72 5 10 78 30	\$0	\$0	
Group Participant Attendances	72 5 10 78 30	0	0	
Service Provider Interactions	72 5 10 78 30	0	0	
Service Provider Group Interactions	72 5 10 78 30	0	0	
Mental Health Sessions	72 5 10 78 30	0	0	
Crisis Intervention - Hot Lines 72 5 15 10				

Full-time equivalents (FTE)	72 5 15 10	0.00	0.00	
Visits	72 5 15 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 15 10	0	0	
Hours of Care	72 5 15 10	0	0	
Inpatient/Resident Days	72 5 15 10	0	0	
Individuals Served by Functional Centre	72 5 15 10	0	0	
Attendance Days	72 5 15 10	0	0	
Group Sessions	72 5 15 10	0	0	
Meal Delivered-Combined	72 5 15 10	0	0	
Total Cost for Functional Centre	72 5 15 10	\$0	\$0	
Group Participant Attendances	72 5 15 10	0	0	
Service Provider Interactions	72 5 15 10	0	0	
Service Provider Group Interactions	72 5 15 10	0	0	
Mental Health Sessions	72 5 15 10	0	0	
Crisis Intervention - Abuse Services 72 5 15 15				
Full-time equivalents (FTE)	72 5 15 15	0.00	0.00	
Visits	72 5 15 15	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 15 15	0	0	
Hours of Care	72 5 15 15	0	0	
Inpatient/Resident Days	72 5 15 15	0	0	
Individuals Served by Functional Centre	72 5 15 15	0	0	
Attendance Days	72 5 15 15	0	0	
Group Sessions	72 5 15 15	0	0	
Meal Delivered-Combined	72 5 15 15	0	0	
Total Cost for Functional Centre	72 5 15 15	\$0	\$0	
Group Participant Attendances	72 5 15 15	0	0	
Service Provider Interactions	72 5 15 15	0	0	
Service Provider Group Interactions	72 5 15 15	0	0	
Mental Health Sessions	72 5 15 15	0	0	
Crisis Intervention - Quick Response 72 5 15 20				
Full-time equivalents (FTE)	72 5 15 20	0.00	0.00	
Visits	72 5 15 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 15 20	0	0	
Hours of Care	72 5 15 20	0	0	
Inpatient/Resident Days	72 5 15 20	0	0	
Individuals Served by Functional Centre	72 5 15 20	0	0	
Attendance Days	72 5 15 20	0	0	
Group Sessions	72 5 15 20	0	0	
Meal Delivered-Combined	72 5 15 20	0	0	
Total Cost for Functional Centre	72 5 15 20	\$0	\$0	

Group Participant Attendances	72 5 15 20	0	0	
Service Provider Interactions	72 5 15 20	0	0	
Service Provider Group Interactions	72 5 15 20	0	0	
Mental Health Sessions	72 5 15 20	0	0	
Crisis Intervention - Victim Services 72 5 15 25				
Full-time equivalents (FTE)	72 5 15 25	0.00	0.00	
Visits	72 5 15 25	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 15 25	0	0	
Hours of Care	72 5 15 25	0	0	
Inpatient/Resident Days	72 5 15 25	0	0	
Individuals Served by Functional Centre	72 5 15 25	0	0	
Attendance Days	72 5 15 25	0	0	
Group Sessions	72 5 15 25	0	0	
Meal Delivered-Combined	72 5 15 25	0	0	
Total Cost for Functional Centre	72 5 15 25	\$0	\$0	
Group Participant Attendances	72 5 15 25	0	0	
Service Provider Interactions	72 5 15 25	0	0	
Service Provider Group Interactions	72 5 15 25	0	0	
Mental Health Sessions	72 5 15 25	0	0	
Crisis Intervention - Combined 72 5 15 30				
Full-time equivalents (FTE)	72 5 15 30	0.00	0.00	
Visits	72 5 15 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 15 30	0	0	
Hours of Care	72 5 15 30	0	0	
Inpatient/Resident Days	72 5 15 30	0	0	
Individuals Served by Functional Centre	72 5 15 30	0	0	
Attendance Days	72 5 15 30	0	0	
Group Sessions	72 5 15 30	0	0	
Meal Delivered-Combined	72 5 15 30	0	0	
Total Cost for Functional Centre	72 5 15 30	\$0	\$0	
Group Participant Attendances	72 5 15 30	0	0	
Service Provider Interactions	72 5 15 30	0	0	
Service Provider Group Interactions	72 5 15 30	0	0	
Mental Health Sessions	72 5 15 30	0	0	
Crisis Intervention - Mental Health 72 5 15 76				
Full-time equivalents (FTE)	72 5 15 76	0.00	0.00	
Visits	72 5 15 76	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 15 76	0	0	
Hours of Care	72 5 15 76	0	0	
Inpatient/Resident Days	72 5 15 76	•	0	

Individuals Served by Functional Centre	72 5 15 76	0	0	
Attendance Days	72 5 15 76	0	0	
Group Sessions	72 5 15 76	0	0	
Meal Delivered-Combined	72 5 15 76	0	0	
Total Cost for Functional Centre	72 5 15 76	\$0	\$0	
Group Participant Attendances	72 5 15 76	0	0	
Service Provider Interactions	72 5 15 76	0	0	
Service Provider Group Interactions	72 5 15 76	0	0	
Mental Health Sessions	72 5 15 76	0	0	
Day/Night Combined 72 5 20 30				
Full-time equivalents (FTE)	72 5 20 30	0.00	0.00	
Visits	72 5 20 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 30	0	0	
Hours of Care	72 5 20 30	0	0	
Inpatient/Resident Days	72 5 20 30	0	0	
Individuals Served by Functional Centre	72 5 20 30	0	0	
Attendance Days	72 5 20 30	0	0	
Group Sessions	72 5 20 30	0	0	
Meal Delivered-Combined	72 5 20 30	0	0	
Total Cost for Functional Centre	72 5 20 30	\$0	\$0	
Group Participant Attendances	72 5 20 30	0	0	
Service Provider Interactions	72 5 20 30	0	0	
Service Provider Group Interactions	72 5 20 30	0	0	
Mental Health Sessions	72 5 20 30	0	0	
Day/Night Care Mental Health General 72 5 20 76 10				
Full-time equivalents (FTE)	72 5 20 76 10	0.00	0.00	
Visits	72 5 20 76 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 76 10	0	0	
Hours of Care	72 5 20 76 10	0	0	
Inpatient/Resident Days	72 5 20 76 10	0	0	
Individuals Served by Functional Centre	72 5 20 76 10	0	0	
Attendance Days	72 5 20 76 10	0	0	
Group Sessions	72 5 20 76 10	0	0	
Meal Delivered-Combined	72 5 20 76 10	0	0	
Total Cost for Functional Centre	72 5 20 76 10	\$0	\$0	
Group Participant Attendances	72 5 20 76 10	0	0	
Service Provider Interactions	72 5 20 76 10	0	0	
Service Provider Group Interactions	72 5 20 76 10	0	0	
Mental Health Sessions	72 5 20 76 10	0	0	
Day/Night Care MH Eating Disorders 72 5 20 76 70				

Full-time equivalents (FTE)	72 5 20 76 70	0.00	0.00	
Visits	72 5 20 76 70	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 76 70	0	0	
Hours of Care	72 5 20 76 70	0	0	
Inpatient/Resident Days	72 5 20 76 70	0	0	
Individuals Served by Functional Centre	72 5 20 76 70	0	0	
Attendance Days	72 5 20 76 70	0	0	
Group Sessions	72 5 20 76 70	0	0	
Meal Delivered-Combined	72 5 20 76 70	0	0	
Total Cost for Functional Centre	72 5 20 76 70	\$0	\$0	
Group Participant Attendances	72 5 20 76 70	0	0	
Service Provider Interactions	72 5 20 76 70	0	0	
Service Provider Group Interactions	72 5 20 76 70	0	0	
Mental Health Sessions	72 5 20 76 70	0	0	
Day/Evening Addictions Treatment 72 5 20 78 10				
Full-time equivalents (FTE)	72 5 20 78 10	0.00	0.00	
Visits	72 5 20 78 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 78 10	0	0	
Hours of Care	72 5 20 78 10	0	0	
Inpatient/Resident Days	72 5 20 78 10	0	0	
Individuals Served by Functional Centre	72 5 20 78 10	0	0	
Attendance Days	72 5 20 78 10	0	0	
Group Sessions	72 5 20 78 10	0	0	
Meal Delivered-Combined	72 5 20 78 10	0	0	
Total Cost for Functional Centre	72 5 20 78 10	\$0	\$0	
Group Participant Attendances	72 5 20 78 10	0	0	
Service Provider Interactions	72 5 20 78 10	0	0	
Service Provider Group Interactions	72 5 20 78 10	0	0	
Mental Health Sessions	72 5 20 78 10	0	0	
Day Care - Rehab Medical 72 5 20 81 10				
Full-time equivalents (FTE)	72 5 20 81 10	0.00	0.00	
Visits	72 5 20 81 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 10	0	0	
Hours of Care	72 5 20 81 10	0	0	
Inpatient/Resident Days	72 5 20 81 10	0	0	
Individuals Served by Functional Centre	72 5 20 81 10	0	0	
Attendance Days	72 5 20 81 10	0	0	
Group Sessions	72 5 20 81 10	0	0	
Meal Delivered-Combined	72 5 20 81 10	0	0	
Total Cost for Functional Centre	72 5 20 81 10	\$0	\$0	

Group Participant Attendances	72 5 20 81 10	0	0	
Service Provider Interactions	72 5 20 81 10	0	0	
Service Provider Group Interactions	72 5 20 81 10	0	0	
Mental Health Sessions	72 5 20 81 10	0	0	
Day Care - Rehab Trauma 72 5 20 81 28				
Full-time equivalents (FTE)	72 5 20 81 28	0.00	0.00	
Visits	72 5 20 81 28	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 28	0	0	
Hours of Care	72 5 20 81 28	0	0	
Inpatient/Resident Days	72 5 20 81 28	0	0	
Individuals Served by Functional Centre	72 5 20 81 28	0	0	
Attendance Days	72 5 20 81 28	0	0	
Group Sessions	72 5 20 81 28	0	0	
Meal Delivered-Combined	72 5 20 81 28	0	0	
Total Cost for Functional Centre	72 5 20 81 28	\$0	\$0	
Group Participant Attendances	72 5 20 81 28	0	0	
Service Provider Interactions	72 5 20 81 28	0	0	
Service Provider Group Interactions	72 5 20 81 28	0	0	
Mental Health Sessions	72 5 20 81 28	0	0	
Day Care - Rehab Combined 72 5 20 81 30				
Full-time equivalents (FTE)	72 5 20 81 30	0.00	0.00	
Visits	72 5 20 81 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 30	0	0	
Hours of Care	72 5 20 81 30	0	0	
Inpatient/Resident Days	72 5 20 81 30	0	0	
Individuals Served by Functional Centre	72 5 20 81 30	0	0	
Attendance Days	72 5 20 81 30	0	0	
Group Sessions	72 5 20 81 30	0	0	
Meal Delivered-Combined	72 5 20 81 30	0	0	
Total Cost for Functional Centre	72 5 20 81 30	\$0	\$0	
Group Participant Attendances	72 5 20 81 30	0	0	
Service Provider Interactions	72 5 20 81 30	0	0	
Service Provider Group Interactions	72 5 20 81 30	0	0	
Mental Health Sessions	72 5 20 81 30	0	0	
Day Care - Rehab Burn 72 5 20 81 35				
Full-time equivalents (FTE)	72 5 20 81 35	0.00	0.00	
Visits	72 5 20 81 35	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 35	0	0	
Hours of Care	72 5 20 81 35	0	0	
Inpatient/Resident Days	72 5 20 81 35	0	0	

Individuals Served by Functional Centre	72 5 20 81 35	0	0	
Attendance Days	72 5 20 81 35	0	0	
Group Sessions	72 5 20 81 35	0	0	
Meal Delivered-Combined	72 5 20 81 35	0	0	
Total Cost for Functional Centre	72 5 20 81 35	\$0	\$0	
Group Participant Attendances	72 5 20 81 35	0	0	
Service Provider Interactions	72 5 20 81 35	0	0	
Service Provider Group Interactions	72 5 20 81 35	0	0	
Mental Health Sessions	72 5 20 81 35	0	0	
Day Care - Rehab Cardiac 72 5 20 81 42				
Full-time equivalents (FTE)	72 5 20 81 42	0.00	0.00	
Visits	72 5 20 81 42	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 42	0	0	
Hours of Care	72 5 20 81 42	0	0	
Inpatient/Resident Days	72 5 20 81 42	0	0	
Individuals Served by Functional Centre	72 5 20 81 42	0	0	
Attendance Days	72 5 20 81 42	0	0	
Group Sessions	72 5 20 81 42	0	0	
Meal Delivered-Combined	72 5 20 81 42	0	0	
Total Cost for Functional Centre	72 5 20 81 42	\$0	\$0	
Group Participant Attendances	72 5 20 81 42	0	0	
Service Provider Interactions	72 5 20 81 42	0	0	
Service Provider Group Interactions	72 5 20 81 42	0	0	
Mental Health Sessions	72 5 20 81 42	0	0	
Day Care - Rehab Head Injury/Acquired Brain Injury 72 5 2	0 81 61			
Full-time equivalents (FTE)	72 5 20 81 61	0.00	0.00	
Visits	72 5 20 81 61	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 61	0	0	
Hours of Care	72 5 20 81 61	0	0	
Inpatient/Resident Days	72 5 20 81 61	0	0	
Individuals Served by Functional Centre	72 5 20 81 61	0	0	
Attendance Days	72 5 20 81 61	0	0	
Group Sessions	72 5 20 81 61	0	0	
Meal Delivered-Combined	72 5 20 81 61	0	0	
Total Cost for Functional Centre	72 5 20 81 61	\$0	\$0	
Group Participant Attendances	72 5 20 81 61	0	0	
Service Provider Interactions	72 5 20 81 61	0	0	
Service Provider Group Interactions	72 5 20 81 61	0	0	
Mental Health Sessions	72 5 20 81 61	0	0	
Day Care - Rehab Spinal Cord 72 5 20 81 63				

Full-time equivalents (FTE)	72 5 20 81 63	0.00	0.00	
Visits	72 5 20 81 63	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 63	0	0	
Hours of Care	72 5 20 81 63	0	0	
Inpatient/Resident Days	72 5 20 81 63	0	0	
Individuals Served by Functional Centre	72 5 20 81 63	0	0	
Attendance Days	72 5 20 81 63	0	0	
Group Sessions	72 5 20 81 63	0	0	
Meal Delivered-Combined	72 5 20 81 63	0	0	
Total Cost for Functional Centre	72 5 20 81 63	\$0	\$0	
Group Participant Attendances	72 5 20 81 63	0	0	
Service Provider Interactions	72 5 20 81 63	0	0	
Service Provider Group Interactions	72 5 20 81 63	0	0	
Mental Health Sessions	72 5 20 81 63	0	0	
Day Care - Rehab Oncology 72 5 20 81 66				
Full-time equivalents (FTE)	72 5 20 81 66	0.00	0.00	
Visits	72 5 20 81 66	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 66	0	0	
Hours of Care	72 5 20 81 66	0	0	
Inpatient/Resident Days	72 5 20 81 66	0	0	
Individuals Served by Functional Centre	72 5 20 81 66	0	0	
Attendance Days	72 5 20 81 66	0	0	
Group Sessions	72 5 20 81 66	0	0	
Meal Delivered-Combined	72 5 20 81 66	0	0	
Total Cost for Functional Centre	72 5 20 81 66	\$0	\$0	
Group Participant Attendances	72 5 20 81 66	0	0	
Service Provider Interactions	72 5 20 81 66	0	0	
Service Provider Group Interactions	72 5 20 81 66	0	0	
Mental Health Sessions	72 5 20 81 66	0	0	
Day Care - Rehab Orthopedic 72 5 20 81 72				
Full-time equivalents (FTE)	72 5 20 81 72	0.00	0.00	
Visits	72 5 20 81 72	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 72	0	0	
Hours of Care	72 5 20 81 72	0	0	
Inpatient/Resident Days	72 5 20 81 72	0	0	
Individuals Served by Functional Centre	72 5 20 81 72	0	0	
Attendance Days	72 5 20 81 72	0	0	
Group Sessions	72 5 20 81 72	0	0	
Meal Delivered-Combined	72 5 20 81 72	0	0	
Total Cost for Functional Centre	72 5 20 81 72	\$0	\$0	

Group Participant Attendances	72 5 20 81 72	0	0	
Service Provider Interactions	72 5 20 81 72	0	0	
Service Provider Group Interactions	72 5 20 81 72	0	0	
Mental Health Sessions	72 5 20 81 72	0	0	
Day Care - Rehab Amputee Rehab 72 5 20 81 73				
Full-time equivalents (FTE)	72 5 20 81 73	0.00	0.00	
Visits	72 5 20 81 73	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 73	0	0	
Hours of Care	72 5 20 81 73	0	0	
Inpatient/Resident Days	72 5 20 81 73	0	0	
Individuals Served by Functional Centre	72 5 20 81 73	0	0	
Attendance Days	72 5 20 81 73	0	0	
Group Sessions	72 5 20 81 73	0	0	
Meal Delivered-Combined	72 5 20 81 73	0	0	
Total Cost for Functional Centre	72 5 20 81 73	\$0	\$0	
Group Participant Attendances	72 5 20 81 73	0	0	
Service Provider Interactions	72 5 20 81 73	0	0	
Service Provider Group Interactions	72 5 20 81 73	0	0	
Mental Health Sessions	72 5 20 81 73	0	0	
Day Care - Rehab Care Pediatric 72 5 20 81 74				
Full-time equivalents (FTE)	72 5 20 81 74	0.00	0.00	
Visits	72 5 20 81 74	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 81 74	0	0	
Hours of Care	72 5 20 81 74	0	0	
Inpatient/Resident Days	72 5 20 81 74	0	0	
Individuals Served by Functional Centre	72 5 20 81 74	0	0	
Attendance Days	72 5 20 81 74	0	0	
Group Sessions	72 5 20 81 74	0	0	
Meal Delivered-Combined	72 5 20 81 74	0	0	
Total Cost for Functional Centre	72 5 20 81 74	\$0	\$0	
Group Participant Attendances	72 5 20 81 74	0	0	
Service Provider Interactions	72 5 20 81 74	0	0	
Service Provider Group Interactions	72 5 20 81 74	0	0	
Mental Health Sessions	72 5 20 81 74	0	0	
Day Care Regional Geriatric 72 5 20 96				
Full-time equivalents (FTE)	72 5 20 96	0.00	0.00	
Visits	72 5 20 96	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 20 96	0	0	
Hours of Care	72 5 20 96	0	0	
Inpatient/Resident Days	72 5 20 96	0	0	

Individuals Served by Functional Centre	72 5 20 96	0	0	
Attendance Days	72 5 20 96	0	0	
Group Sessions	72 5 20 96	0	0	
Meal Delivered-Combined	72 5 20 96	0	0	
Total Cost for Functional Centre	72 5 20 96	\$0	\$0	
Group Participant Attendances	72 5 20 96	0	0	
Service Provider Interactions	72 5 20 96	0	0	
Service Provider Group Interactions	72 5 20 96	0	0	
Mental Health Sessions	72 5 20 96	0	0	
In-Home HPS - Nursing - Visiting 72 5 30 40 11				
Full-time equivalents (FTE)	72 5 30 40 11	0.00	0.00	
Visits	72 5 30 40 11	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 11	0	0	
Hours of Care	72 5 30 40 11	0	0	
Inpatient/Resident Days	72 5 30 40 11	0	0	
Individuals Served by Functional Centre	72 5 30 40 11	0	0	
Attendance Days	72 5 30 40 11	0	0	
Group Sessions	72 5 30 40 11	0	0	
Meal Delivered-Combined	72 5 30 40 11	0	0	
Total Cost for Functional Centre	72 5 30 40 11	\$0	\$0	
Group Participant Attendances	72 5 30 40 11	0	0	
Service Provider Interactions	72 5 30 40 11	0	0	
Service Provider Group Interactions	72 5 30 40 11	0	0	
Mental Health Sessions	72 5 30 40 11	0	0	
In-Home HPS - Nursing - Shift 72 5 30 40 12				
Full-time equivalents (FTE)	72 5 30 40 12	0.00	0.00	
Visits	72 5 30 40 12	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 12	0	0	
Hours of Care	72 5 30 40 12	0	0	
Inpatient/Resident Days	72 5 30 40 12	0	0	
Individuals Served by Functional Centre	72 5 30 40 12	0	0	
Attendance Days	72 5 30 40 12	0	0	
Group Sessions	72 5 30 40 12	0	0	
Meal Delivered-Combined	72 5 30 40 12	0	0	
Total Cost for Functional Centre	72 5 30 40 12	\$0	\$0	
Group Participant Attendances	72 5 30 40 12	0	0	
Service Provider Interactions	72 5 30 40 12	0	0	
Service Provider Group Interactions	72 5 30 40 12	0	0	
Mental Health Sessions	72 5 30 40 12	0	0	
In-Home HPS - Self-Managed Home Care 72 5 30 40 13				

Full-time equivalents (FTE)	72 5 30 40 13	0	0.00	
Visits	72 5 30 40 13	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 13	0	0	
Hours of Care	72 5 30 40 13	0	0	
Inpatient/Resident Days	72 5 30 40 13	0	0	
Individuals Served by Functional Centre	72 5 30 40 13	0	0	
Attendance Days	72 5 30 40 13	0	0	
Group Sessions	72 5 30 40 13	0	0	
Meal Delivered-Combined	72 5 30 40 13	0	0	
Total Cost for Functional Centre	72 5 30 40 13	0	\$0	
Group Participant Attendances	72 5 30 40 13	0	0	
Service Provider Interactions	72 5 30 40 13	0	0	
Service Provider Group Interactions	72 5 30 40 13	0	0	
Mental Health Sessions	72 5 30 40 13	0	0	
In-Home HPS – Wound Care Outcome 72 5 30 40 20				
Full-time equivalents (FTE)	72 5 30 40 20	0	0.00	
Visits	72 5 30 40 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 20	0	0	
Hours of Care	72 5 30 40 20	0	0	
Inpatient/Resident Days	72 5 30 40 20	0	0	
Individuals Served by Functional Centre	72 5 30 40 20	0	0	
Attendance Days	72 5 30 40 20	0	0	
Group Sessions	72 5 30 40 20	0	0	
Meal Delivered-Combined	72 5 30 40 20	0	0	
Total Cost for Functional Centre	72 5 30 40 20	0	\$0	
Group Participant Attendances	72 5 30 40 20	0	0	
Service Provider Interactions	72 5 30 40 20	0	0	
Service Provider Group Interactions	72 5 30 40 20	0	0	
Mental Health Sessions	72 5 30 40 20	0	0	
In-Home HPS - Orthopedic Care Outcome 72 5 30 40 25				
Full-time equivalents (FTE)	72 5 30 40 25	0	0.00	
Visits	72 5 30 40 25	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 25	0	0	
Hours of Care	72 5 30 40 25	0	0	
Inpatient/Resident Days	72 5 30 40 25	0	0	
Individuals Served by Functional Centre	72 5 30 40 25	0	0	
Attendance Days	72 5 30 40 25	0	0	
Group Sessions	72 5 30 40 25	0	0	
Meal Delivered-Combined	72 5 30 40 25	0	0	
Total Cost for Functional Centre	72 5 30 40 25	0	\$0	

Group Participant Attendances	73 5 30 40 25	0	0	
Service Provider Interactions	74 5 30 40 25	0	0	
Service Provider Group Interactions	75 5 30 40 25	0	0	
Mental Health Sessions	76 5 30 40 25	0	0	
In-Home HPS - Respiratory Services 72 5 30 40 35				
Full-time equivalents (FTE)	72 5 30 40 35	0.00	0.00	
Visits	72 5 30 40 35	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 35	0	0	
Hours of Care	72 5 30 40 35	0	0	
Inpatient/Resident Days	72 5 30 40 35	0	0	
Individuals Served by Functional Centre	72 5 30 40 35	0	0	
Attendance Days	72 5 30 40 35	0	0	
Group Sessions	72 5 30 40 35	0	0	
Meal Delivered-Combined	72 5 30 40 35	0	0	
Total Cost for Functional Centre	72 5 30 40 35	\$0	\$0	
Group Participant Attendances	72 5 30 40 35	0	0	
Service Provider Interactions	72 5 30 40 35	0	0	
Service Provider Group Interactions	72 5 30 40 35	0	0	
Mental Health Sessions	72 5 30 40 35	0	0	
In-Home HPS – Medication Management 72 5 30 40 40				
Full-time equivalents (FTE)	72 5 30 40 40	0.00	0.00	
Visits	72 5 30 40 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 40	0	0	
Hours of Care	72 5 30 40 40	0	0	
Inpatient/Resident Days	72 5 30 40 40	0	0	
Individuals Served by Functional Centre	72 5 30 40 40	0	0	
Attendance Days	72 5 30 40 40	0	0	
Group Sessions	72 5 30 40 40	0	0	
Meal Delivered-Combined	72 5 30 40 40	0	0	
Total Cost for Functional Centre	72 5 30 40 40	\$0	\$0	
Group Participant Attendances	72 5 30 40 40	0	0	
Service Provider Interactions	72 5 30 40 40	0	0	
Service Provider Group Interactions	72 5 30 40 40	0	0	
Mental Health Sessions	72 5 30 40 40	0	0	
In-Home HPS - Nutrition/Dietetic 72 5 30 40 45				
Full-time equivalents (FTE)	72 5 30 40 45	0.00	0.00	
Visits	72 5 30 40 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 45	0	0	
Hours of Care	72 5 30 40 45	0	0	
Inpatient/Resident Days	72 5 30 40 45	0	0	

Individuals Served by Functional Centre	72 5 30 40 45	0	0	
Attendance Days	72 5 30 40 45	0	0	
Group Sessions	72 5 30 40 45	0	0	
Meal Delivered-Combined	72 5 30 40 45	0	0	
Total Cost for Functional Centre	72 5 30 40 45	\$0	\$0	
Group Participant Attendances	72 5 30 40 45	0	0	
Service Provider Interactions	72 5 30 40 45	0	0	
Service Provider Group Interactions	72 5 30 40 45	0	0	
Mental Health Sessions	72 5 30 40 45	0	0	
In-Home HPS - Physiotherapy 72 5 30 40 50				
Full-time equivalents (FTE)	72 5 30 40 50	0.00	0.00	
Visits	72 5 30 40 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 50	0	0	
Hours of Care	72 5 30 40 50	0	0	
Inpatient/Resident Days	72 5 30 40 50	0	0	
Individuals Served by Functional Centre	72 5 30 40 50	0	0	
Attendance Days	72 5 30 40 50	0	0	
Group Sessions	72 5 30 40 50	0	0	
Meal Delivered-Combined	72 5 30 40 50	0	0	
Total Cost for Functional Centre	72 5 30 40 50	\$0	\$0	
Group Participant Attendances	72 5 30 40 50	0	0	
Service Provider Interactions	72 5 30 40 50	0	0	
Service Provider Group Interactions	72 5 30 40 50	0	0	
Mental Health Sessions	72 5 30 40 50	0	0	
In-Home HPS - Occupational Therapy 72 5 30 40 55				
Full-time equivalents (FTE)	72 5 30 40 55	0.00	0.00	
Visits	72 5 30 40 55	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 55	0	0	
Hours of Care	72 5 30 40 55	0	0	
Inpatient/Resident Days	72 5 30 40 55	0	0	
Individuals Served by Functional Centre	72 5 30 40 55	0	0	
Attendance Days	72 5 30 40 55	0	0	
Group Sessions	72 5 30 40 55	0	0	
Meal Delivered-Combined	72 5 30 40 55	0	0	
Total Cost for Functional Centre	72 5 30 40 55	\$0	\$0	
Group Participant Attendances	72 5 30 40 55	0	0	
Service Provider Interactions	72 5 30 40 55	0	0	
Service Provider Group Interactions	72 5 30 40 55	0	0	
Mental Health Sessions	72 5 30 40 55	0	0	
In-Home HPS - Speech Lang. Path. 72 5 30 40 62				

Full-time equivalents (FTE)	72 5 30 40 62	0.00	0.00	
Visits	72 5 30 40 62	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 62	0	0	
Hours of Care	72 5 30 40 62	0	0	
Inpatient/Resident Days	72 5 30 40 62	0	0	
Individuals Served by Functional Centre	72 5 30 40 62	0	0	
Attendance Days	72 5 30 40 62	0	0	
Group Sessions	72 5 30 40 62	0	0	
Meal Delivered-Combined	72 5 30 40 62	0	0	
Total Cost for Functional Centre	72 5 30 40 62	\$0	\$0	
Group Participant Attendances	72 5 30 40 62	0	0	
Service Provider Interactions	72 5 30 40 62	0	0	
Service Provider Group Interactions	72 5 30 40 62	0	0	
Mental Health Sessions	72 5 30 40 62	0	0	
In-Home HPS - Social Work 72 5 30 40 70				
Full-time equivalents (FTE)	72 5 30 40 70	0.00	0.00	
Visits	72 5 30 40 70	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 70	0	0	
Hours of Care	72 5 30 40 70	0	0	
Inpatient/Resident Days	72 5 30 40 70	0	0	
Individuals Served by Functional Centre	72 5 30 40 70	0	0	
Attendance Days	72 5 30 40 70	0	0	
Group Sessions	72 5 30 40 70	0	0	
Meal Delivered-Combined	72 5 30 40 70	0	0	
Total Cost for Functional Centre	72 5 30 40 70	\$0	\$0	
Group Participant Attendances	72 5 30 40 70	0	0	
Service Provider Interactions	72 5 30 40 70	0	0	
Service Provider Group Interactions	72 5 30 40 70	0	0	
Mental Health Sessions	72 5 30 40 70	0	0	
In-Home HPS - Psychology 72 5 30 40 75				
Full-time equivalents (FTE)	72 5 30 40 75	0.00	0.00	
Visits	72 5 30 40 75	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 40 75	0	0	
Hours of Care	72 5 30 40 75	0	0	
Inpatient/Resident Days	72 5 30 40 75	0	0	
Individuals Served by Functional Centre	72 5 30 40 75	0	0	
Attendance Days	72 5 30 40 75	0	0	
Group Sessions	72 5 30 40 75	0	0	
Meal Delivered-Combined	72 5 30 40 75	0	0	
Total Cost for Functional Centre	72 5 30 40 75	\$0	\$0	

Group Participant Attendances	72 5 30 40 75	0	0				
Service Provider Interactions	72 5 30 40 75	0	0				
Service Provider Group Interactions	72 5 30 40 75	0	0				
Mental Health Sessions	72 5 30 40 75	0	0				
Private/Home SHPS - Nursing - Visiting 72 5 30 42 11							
Full-time equivalents (FTE)	72 5 30 42 11	0.00	0.00				
Visits	72 5 30 42 11	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 30 42 11	0	0				
Hours of Care	72 5 30 42 11	0	0				
Inpatient/Resident Days	72 5 30 42 11	0	0				
Individuals Served by Functional Centre	72 5 30 42 11	0	0				
Attendance Days	72 5 30 42 11	0	0				
Group Sessions	72 5 30 42 11	0	0				
Meal Delivered-Combined	72 5 30 42 11	0	0				
Total Cost for Functional Centre	72 5 30 42 11	\$0	\$0				
Group Participant Attendances	72 5 30 42 11	0	0				
Service Provider Interactions	72 5 30 42 11	0	0				
Service Provider Group Interactions	72 5 30 42 11	0	0				
Mental Health Sessions	72 5 30 42 11	0	0				
Private/Home SHPS - Nursing - Shift 72 5 30 42 12							
Full-time equivalents (FTE)	72 5 30 42 12	0.00	0.00				
Visits	72 5 30 42 12	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 30 42 12	0	0				
Hours of Care	72 5 30 42 12	0	0				
Inpatient/Resident Days	72 5 30 42 12	0	0				
Individuals Served by Functional Centre	72 5 30 42 12	0	0				
Attendance Days	72 5 30 42 12	0	0				
Group Sessions	72 5 30 42 12	0	0				
Meal Delivered-Combined	72 5 30 42 12	0	0				
Total Cost for Functional Centre	72 5 30 42 12	\$0	\$0				
Group Participant Attendances	72 5 30 42 12	0	0				
Service Provider Interactions	72 5 30 42 12	0	0				
Service Provider Group Interactions	72 5 30 42 12	0	0				
Mental Health Sessions	72 5 30 42 12	0	0				
Private/Home SHPS - Nutrition/Dietetic 72 5 30 42 45							
Full-time equivalents (FTE)	72 5 30 42 45	0.00	0.00				
Visits	72 5 30 42 45	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 30 42 45	0	0				
Hours of Care	72 5 30 42 45	0	0				
Inpatient/Resident Days	72 5 30 42 45	0	0				

Individuals Served by Functional Centre	72 5 30 42 45	0	0	
Attendance Days	72 5 30 42 45	0	0	
Group Sessions	72 5 30 42 45	0	0	
Meal Delivered-Combined	72 5 30 42 45	0	0	
Total Cost for Functional Centre	72 5 30 42 45	\$0	\$0	
Group Participant Attendances	72 5 30 42 45	0	0	
Service Provider Interactions	72 5 30 42 45	0	0	
Service Provider Group Interactions	72 5 30 42 45	0	0	
Mental Health Sessions	72 5 30 42 45	0	0	
Private/Home SHPS - Physiotherapy 72 5 30 42 50				
Full-time equivalents (FTE)	72 5 30 42 50	0.00	0.00	
Visits	72 5 30 42 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 42 50	0	0	
Hours of Care	72 5 30 42 50	0	0	
Inpatient/Resident Days	72 5 30 42 50	0	0	
Individuals Served by Functional Centre	72 5 30 42 50	0	0	
Attendance Days	72 5 30 42 50	0	0	
Group Sessions	72 5 30 42 50	0	0	
Meal Delivered-Combined	72 5 30 42 50	0	0	
Total Cost for Functional Centre	72 5 30 42 50	\$0	\$0	
Group Participant Attendances	72 5 30 42 50	0	0	
Service Provider Interactions	72 5 30 42 50	0	0	
Service Provider Group Interactions	72 5 30 42 50	0	0	
Mental Health Sessions	72 5 30 42 50	0	0	
Private/Home SHPS - Occupational Therapy 72 5 30 42 55				
Full-time equivalents (FTE)	72 5 30 42 55	0.00	0.00	
Visits	72 5 30 42 55	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 42 55	0	0	
Hours of Care	72 5 30 42 55	0	0	
Inpatient/Resident Days	72 5 30 42 55	0	0	
Individuals Served by Functional Centre	72 5 30 42 55	0	0	
Attendance Days	72 5 30 42 55	0	0	
Group Sessions	72 5 30 42 55	0	0	
Meal Delivered-Combined	72 5 30 42 55	0	0	
Total Cost for Functional Centre	72 5 30 42 55	\$0	\$0	
Group Participant Attendances	72 5 30 42 55	0	0	
Service Provider Interactions	72 5 30 42 55	0	0	
Service Provider Group Interactions	72 5 30 42 55	0	0	
Mental Health Sessions	72 5 30 42 55	0	0	
Private/Home SHPS - Speech Lang. Path. 72 5 30 42 62				

Full-time equivalents (FTE)	72 5 30 42 62	0.00	0.00	
Visits	72 5 30 42 62	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 42 62	0	0	
Hours of Care	72 5 30 42 62	0	0	
Inpatient/Resident Days	72 5 30 42 62	0	0	
Individuals Served by Functional Centre	72 5 30 42 62	0	0	
Attendance Days	72 5 30 42 62	0	0	
Group Sessions	72 5 30 42 62	0	0	
Meal Delivered-Combined	72 5 30 42 62	0	0	
Total Cost for Functional Centre	72 5 30 42 62	\$0	\$0	
Group Participant Attendances	72 5 30 42 62	0	0	
Service Provider Interactions	72 5 30 42 62	0	0	
Service Provider Group Interactions	72 5 30 42 62	0	0	
Mental Health Sessions	72 5 30 42 62	0	0	
Public SHPS - Nursing - Visiting 72 5 30 44 11				
Full-time equivalents (FTE)	72 5 30 44 11	0.00	0.00	
Visits	72 5 30 44 11	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 11	0	0	
Hours of Care	72 5 30 44 11	0	0	
Inpatient/Resident Days	72 5 30 44 11	0	0	
Individuals Served by Functional Centre	72 5 30 44 11	0	0	
Attendance Days	72 5 30 44 11	0	0	
Group Sessions	72 5 30 44 11	0	0	
Meal Delivered-Combined	72 5 30 44 11	0	0	
Total Cost for Functional Centre	72 5 30 44 11	\$0	\$0	
Group Participant Attendances	72 5 30 44 11	0	0	
Service Provider Interactions	72 5 30 44 11	0	0	
Service Provider Group Interactions	72 5 30 44 11	0	0	
Mental Health Sessions	72 5 30 44 11	0	0	
Public SHPS - Nursing - Shift 72 5 30 44 12				
Full-time equivalents (FTE)	72 5 30 44 12	0.00	0.00	
Visits	72 5 30 44 12	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 12	0	0	
Hours of Care	72 5 30 44 12	0	0	
Inpatient/Resident Days	72 5 30 44 12	0	0	
Individuals Served by Functional Centre	72 5 30 44 12	0	0	
Attendance Days	72 5 30 44 12	0	0	
Group Sessions	72 5 30 44 12	0	0	
Meal Delivered-Combined	72 5 30 44 12	0	0	
Total Cost for Functional Centre	72 5 30 44 12	\$0	\$0	

Group Participant Attendances	72 5 30 44 12	0	0				
Service Provider Interactions	72 5 30 44 12	0	0				
Service Provider Group Interactions	72 5 30 44 12	0	0				
Mental Health Sessions	72 5 30 44 12	0	0				
Public SHPS - Nutrition/Dietetic 72 5 30 44 45							
Full-time equivalents (FTE)	72 5 30 44 45	0.00	0.00				
Visits	72 5 30 44 45	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 45	0	0				
Hours of Care	72 5 30 44 45	0	0				
Inpatient/Resident Days	72 5 30 44 45	0	0				
Individuals Served by Functional Centre	72 5 30 44 45	0	0				
Attendance Days	72 5 30 44 45	0	0				
Group Sessions	72 5 30 44 45	0	0				
Meal Delivered-Combined	72 5 30 44 45	0	0				
Total Cost for Functional Centre	72 5 30 44 45	\$0	\$0				
Group Participant Attendances	72 5 30 44 45	0	0				
Service Provider Interactions	72 5 30 44 45	0	0				
Service Provider Group Interactions	72 5 30 44 45	0	0				
Mental Health Sessions	72 5 30 44 45	0	0				
Public SHPS - Physiotherapy 72 5 30 44 50							
Full-time equivalents (FTE)	72 5 30 44 50	0.00	0.00				
Visits	72 5 30 44 50	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 50	0	0				
Hours of Care	72 5 30 44 50	0	0				
Inpatient/Resident Days	72 5 30 44 50	0	0				
Individuals Served by Functional Centre	72 5 30 44 50	0	0				
Attendance Days	72 5 30 44 50	0	0				
Group Sessions	72 5 30 44 50	0	0				
Meal Delivered-Combined	72 5 30 44 50	0	0				
Total Cost for Functional Centre	72 5 30 44 50	\$0	\$0				
Group Participant Attendances	72 5 30 44 50	0	0				
Service Provider Interactions	72 5 30 44 50	0	0				
Service Provider Group Interactions	72 5 30 44 50	0	0				
Mental Health Sessions	72 5 30 44 50	0	0				
Public SHPS - Occ. Therapy 72 5 30 44 55							
Full-time equivalents (FTE)	72 5 30 44 55	0.00	0.00				
Visits	72 5 30 44 55	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 55	0	0				
Hours of Care	72 5 30 44 55	0	0				
Inpatient/Resident Days	72 5 30 44 55	0	0				

Individuals Served by Functional Centre	72 5 30 44 55	0	0	
Attendance Days	72 5 30 44 55	0	0	
Group Sessions	72 5 30 44 55	0	0	
Meal Delivered-Combined	72 5 30 44 55	0	0	
Total Cost for Functional Centre	72 5 30 44 55	\$0	\$0	
Group Participant Attendances	72 5 30 44 55	0	0	
Service Provider Interactions	72 5 30 44 55	0	0	
Service Provider Group Interactions	72 5 30 44 55	0	0	
Mental Health Sessions	72 5 30 44 55	0	0	
Public SHPS - Speech Lang. Path. 72 5 30 44 62				
Full-time equivalents (FTE)	72 5 30 44 62	0.00	0.00	
Visits	72 5 30 44 62	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 44 62	0	0	
Hours of Care	72 5 30 44 62	0	0	
Inpatient/Resident Days	72 5 30 44 62	0	0	
Individuals Served by Functional Centre	72 5 30 44 62	0	0	
Attendance Days	72 5 30 44 62	0	0	
Group Sessions	72 5 30 44 62	0	0	
Meal Delivered-Combined	72 5 30 44 62	0	0	
Total Cost for Functional Centre	72 5 30 44 62	\$0	\$0	
Group Participant Attendances	72 5 30 44 62	0	0	
Service Provider Interactions	72 5 30 44 62	0	0	
Service Provider Group Interactions	72 5 30 44 62	0	0	
Mental Health Sessions	72 5 30 44 62	0	0	
MH Home Care - Psychiatric Follow-Up 72 5 30 76 10				
Full-time equivalents (FTE)	72 5 30 76 10	0.00	0.00	
Visits	72 5 30 76 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 10	0	0	
Hours of Care	72 5 30 76 10	0	0	
Inpatient/Resident Days	72 5 30 76 10	0	0	
Individuals Served by Functional Centre	72 5 30 76 10	0	0	
Attendance Days	72 5 30 76 10	0	0	
Group Sessions	72 5 30 76 10	0	0	
Meal Delivered-Combined	72 5 30 76 10	0	0	
Total Cost for Functional Centre	72 5 30 76 10	\$0	\$0	
Group Participant Attendances	72 5 30 76 10	0	0	
Service Provider Interactions	72 5 30 76 10	0	0	
Service Provider Group Interactions	72 5 30 76 10	0	0	
Mental Health Sessions	72 5 30 76 10	0	0	
MH Home Care - Psychiatric Acute 72 5 30 76 25				

Full-time equivalents (FTE)	72 5 30 76 25	0.00	0.00	
Visits	72 5 30 76 25	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 25	0	0	
Hours of Care	72 5 30 76 25	0	0	
Inpatient/Resident Days	72 5 30 76 25	0	0	
Individuals Served by Functional Centre	72 5 30 76 25	0	0	
Attendance Days	72 5 30 76 25	0	0	
Group Sessions	72 5 30 76 25	0	0	
Meal Delivered-Combined	72 5 30 76 25	0	0	
Total Cost for Functional Centre	72 5 30 76 25	\$0	\$0	
Group Participant Attendances	72 5 30 76 25	0	0	
Service Provider Interactions	72 5 30 76 25	0	0	
Service Provider Group Interactions	72 5 30 76 25	0	0	
Mental Health Sessions	72 5 30 76 25	0	0	
MH Home Care - Child/Adolescent 72 5 30 76 50				
Full-time equivalents (FTE)	72 5 30 76 50	0.00	0.00	
Visits	72 5 30 76 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 50	0	0	
Hours of Care	72 5 30 76 50	0	0	
Inpatient/Resident Days	72 5 30 76 50	0	0	
Individuals Served by Functional Centre	72 5 30 76 50	0	0	
Attendance Days	72 5 30 76 50	0	0	
Group Sessions	72 5 30 76 50	0	0	
Meal Delivered-Combined	72 5 30 76 50	0	0	
Total Cost for Functional Centre	72 5 30 76 50	\$0	\$0	
Group Participant Attendances	72 5 30 76 50	0	0	
Service Provider Interactions	72 5 30 76 50	0	0	
Service Provider Group Interactions	72 5 30 76 50	0	0	
Mental Health Sessions	72 5 30 76 50	0	0	
MH Home Care - Forensic Psychiatry 72 5 30 76 55				
Full-time equivalents (FTE)	72 5 30 76 55	0.00	0.00	
Visits	72 5 30 76 55	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 55	0	0	
Hours of Care	72 5 30 76 55	0	0	
Inpatient/Resident Days	72 5 30 76 55	0	0	
Individuals Served by Functional Centre	72 5 30 76 55	0	0	
Attendance Days	72 5 30 76 55	0	0	
Group Sessions	72 5 30 76 55	0	0	
Meal Delivered-Combined	72 5 30 76 55	0	0	
Total Cost for Functional Centre	72 5 30 76 55	\$0	\$0	

Group Participant Attendances	72 5 30 76 55	0	0				
Service Provider Interactions	72 5 30 76 55	0	0				
Service Provider Group Interactions	72 5 30 76 55	0	0				
Mental Health Sessions	72 5 30 76 55	0	0				
MH Home Care - Psychiatric Rehab 72 5 30 76 81	MH Home Care - Psychiatric Rehab 72 5 30 76 81						
Full-time equivalents (FTE)	72 5 30 76 81	0.00	0.00				
Visits	72 5 30 76 81	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 81	0	0				
Hours of Care	72 5 30 76 81	0	0				
Inpatient/Resident Days	72 5 30 76 81	0	0				
Individuals Served by Functional Centre	72 5 30 76 81	0	0				
Attendance Days	72 5 30 76 81	0	0				
Group Sessions	72 5 30 76 81	0	0				
Meal Delivered-Combined	72 5 30 76 81	0	0				
Total Cost for Functional Centre	72 5 30 76 81	\$0	\$0				
Group Participant Attendances	72 5 30 76 81	0	0				
Service Provider Interactions	72 5 30 76 81	0	0				
Service Provider Group Interactions	72 5 30 76 81	0	0				
Mental Health Sessions	72 5 30 76 81	0	0				
MH Home Care - Psychiatric Crisis 72 5 30 76 90							
Full-time equivalents (FTE)	72 5 30 76 90	0.00	0.00				
Visits	72 5 30 76 90	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 90	0	0				
Hours of Care	72 5 30 76 90	0	0				
Inpatient/Resident Days	72 5 30 76 90	0	0				
Individuals Served by Functional Centre	72 5 30 76 90	0	0				
Attendance Days	72 5 30 76 90	0	0				
Group Sessions	72 5 30 76 90	0	0				
Meal Delivered-Combined	72 5 30 76 90	0	0				
Total Cost for Functional Centre	72 5 30 76 90	\$0	\$0				
Group Participant Attendances	72 5 30 76 90	0	0				
Service Provider Interactions	72 5 30 76 90	0	0				
Service Provider Group Interactions	72 5 30 76 90	0	0				
Mental Health Sessions	72 5 30 76 90	0	0				
MH Home Care - Longer Term 72 5 30 76 95							
Full-time equivalents (FTE)	72 5 30 76 95	0.00	0.00				
Visits	72 5 30 76 95	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 95	0	0				
Hours of Care	72 5 30 76 95	0	0				
Inpatient/Resident Days	72 5 30 76 95	0	0				

Individuals Served by Functional Centre	72 5 30 76 95	0	0	
Attendance Days	72 5 30 76 95	0	0	
Group Sessions	72 5 30 76 95	0	0	
Meal Delivered-Combined	72 5 30 76 95	0	0	
Total Cost for Functional Centre	72 5 30 76 95	\$0	\$0	
Group Participant Attendances	72 5 30 76 95	0	0	
Service Provider Interactions	72 5 30 76 95	0	0	
Service Provider Group Interactions	72 5 30 76 95	0	0	
Mental Health Sessions	72 5 30 76 95	0	0	
MH Home Care - Geriatric Psych. Assess. 72 5 30 76 96				
Full-time equivalents (FTE)	72 5 30 76 96	0.00	0.00	
Visits	72 5 30 76 96	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 76 96	0	0	
Hours of Care	72 5 30 76 96	0	0	
Inpatient/Resident Days	72 5 30 76 96	0	0	
Individuals Served by Functional Centre	72 5 30 76 96	0	0	
Attendance Days	72 5 30 76 96	0	0	
Group Sessions	72 5 30 76 96	0	0	
Meal Delivered-Combined	72 5 30 76 96	0	0	
Total Cost for Functional Centre	72 5 30 76 96	\$0	\$0	
Group Participant Attendances	72 5 30 76 96	0	0	
Service Provider Interactions	72 5 30 76 96	0	0	
Service Provider Group Interactions	72 5 30 76 96	0	0	
Mental Health Sessions	72 5 30 76 96	0	0	
Addictions Home Care - Addictions 72 5 30 78 10				
Full-time equivalents (FTE)	72 5 30 78 10	0.00	0.00	
Visits	72 5 30 78 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 78 10	0	0	
Hours of Care	72 5 30 78 10	0	0	
Inpatient/Resident Days	72 5 30 78 10	0	0	
Individuals Served by Functional Centre	72 5 30 78 10	0	0	
Attendance Days	72 5 30 78 10	0	0	
Group Sessions	72 5 30 78 10	0	0	
Meal Delivered-Combined	72 5 30 78 10	0	0	
Total Cost for Functional Centre	72 5 30 78 10	\$0	\$0	
Group Participant Attendances	72 5 30 78 10	0	0	
Service Provider Interactions	72 5 30 78 10	0	0	
Service Provider Group Interactions	72 5 30 78 10	0	0	
Mental Health Sessions	72 5 30 78 10	0	0	
Onlcology Home Care 72 5 30 66				

Full-time equivalents (FTE)	72 5 30 66	0.00	0.00	
Visits	72 5 30 66	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 66	0	0	
Hours of Care	72 5 30 66	0	0	
Inpatient/Resident Days	72 5 30 66	0	0	
Individuals Served by Functional Centre	72 5 30 66	0	0	
Attendance Days	72 5 30 66	0	0	
Group Sessions	72 5 30 66	0	0	
Meal Delivered-Combined	72 5 30 66	0	0	
Total Cost for Functional Centre	72 5 30 66	\$0	\$0	
Group Participant Attendances	72 5 30 66	0	0	
Service Provider Interactions	72 5 30 66	0	0	
Service Provider Group Interactions	72 5 30 66	0	0	
Mental Health Sessions	72 5 30 66	0	0	
Dialysis Home Care 72 5 30 86				
Full-time equivalents (FTE)	72 5 30 86	0.00	0.00	
Visits	72 5 30 86	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 86	0	0	
Hours of Care	72 5 30 86	0	0	
Inpatient/Resident Days	72 5 30 86	0	0	
Individuals Served by Functional Centre	72 5 30 86	0	0	
Attendance Days	72 5 30 86	0	0	
Group Sessions	72 5 30 86	0	0	
Meal Delivered-Combined	72 5 30 86	0	0	
Total Cost for Functional Centre	72 5 30 86	\$0	\$0	
Group Participant Attendances	72 5 30 86	0	0	
Service Provider Interactions	72 5 30 86	0	0	
Service Provider Group Interactions	72 5 30 86	0	0	
Mental Health Sessions	72 5 30 86	0	0	
Palliative Home Care 72 5 30 94				
Full-time equivalents (FTE)	72 5 30 94	0.00	0.00	
Visits	72 5 30 94	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 30 94	0	0	
Hours of Care	72 5 30 94	0	0	
Inpatient/Resident Days	72 5 30 94	0	0	
Individuals Served by Functional Centre	72 5 30 94	0	0	
Attendance Days	72 5 30 94	0	0	
Group Sessions	72 5 30 94	0	0	
Meal Delivered-Combined	72 5 30 94	0	0	
Total Cost for Functional Centre	72 5 30 94	\$0	\$0	

Group Participant Attendances	72 5 30 94	0	0	
Service Provider Interactions	72 5 30 94	0	0	
Service Provider Group Interactions	72 5 30 94	0	0	
Mental Health Sessions	72 5 30 94	0	0	
In-Home Support - Personal Support 72 5 35 40 10				
Full-time equivalents (FTE)	72 5 35 40 10	0.00	0.00	
Visits	72 5 35 40 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 35 40 10	0	0	
Hours of Care	72 5 35 40 10	0	0	
Inpatient/Resident Days	72 5 35 40 10	0	0	
Individuals Served by Functional Centre	72 5 35 40 10	0	0	
Attendance Days	72 5 35 40 10	0	0	
Group Sessions	72 5 35 40 10	0	0	
Meal Delivered-Combined	72 5 35 40 10	0	0	
Total Cost for Functional Centre	72 5 35 40 10	\$0	\$0	
Group Participant Attendances	72 5 35 40 10	0	0	
Service Provider Interactions	72 5 35 40 10	0	0	
Service Provider Group Interactions	72 5 35 40 10	0	0	
Mental Health Sessions	72 5 35 40 10	0	0	
In-Home Support - Homemaking Services 72 5 35 40 20				
Full-time equivalents (FTE)	72 5 35 40 20	0.00	0.00	
Visits	72 5 35 40 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 35 40 20	0	0	
Hours of Care	72 5 35 40 20	0	0	
Inpatient/Resident Days	72 5 35 40 20	0	0	
Individuals Served by Functional Centre	72 5 35 40 20	0	0	
Attendance Days	72 5 35 40 20	0	0	
Group Sessions	72 5 35 40 20	0	0	
Meal Delivered-Combined	72 5 35 40 20	0	0	
Total Cost for Functional Centre	72 5 35 40 20	\$0	\$0	
Group Participant Attendances	72 5 35 40 20	0	0	
Service Provider Interactions	72 5 35 40 20	0	0	
Service Provider Group Interactions	72 5 35 40 20	0	0	
Mental Health Sessions	72 5 35 40 20	0	0	
In-Home Support - Comb. PS and HM Services 72 5 35 40 30				
Full-time equivalents (FTE)	72 5 35 40 30	0.00	0.00	
Visits	72 5 35 40 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 35 40 30	0	0	
Hours of Care	72 5 35 40 30	0	0	
Inpatient/Resident Days	72 5 35 40 30	0	0	

Individuals Served by Functional Centre	72 5 35 40 30	0	0	
Attendance Days	72 5 35 40 30	0	0	
Group Sessions	72 5 35 40 30	0	0	
Meal Delivered-Combined	72 5 35 40 30	0	0	
Total Cost for Functional Centre	72 5 35 40 30	\$0	\$0	
Group Participant Attendances	72 5 35 40 30	0	0	
Service Provider Interactions	72 5 35 40 30	0	0	
Service Provider Group Interactions	72 5 35 40 30	0	0	
Mental Health Sessions	72 5 35 40 30	0	0	
School Health Personal Supoport Services (SHPSS) 72 5 35 42	10			
Full-time equivalents (FTE)	72 5 35 42 10	0.00	0.00	
Visits	72 5 35 42 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 35 42 10	0	0	
Hours of Care	72 5 35 42 10	0	0	
Inpatient/Resident Days	72 5 35 42 10	0	0	
Individuals Served by Functional Centre	72 5 35 42 10	0	0	
Attendance Days	72 5 35 42 10	0	0	
Group Sessions	72 5 35 42 10	0	0	
Meal Delivered-Combined	72 5 35 42 10	0	0	
Total Cost for Functional Centre	72 5 35 42 10	\$0	\$0	
Group Participant Attendances	72 5 35 42 10	0	0	
Service Provider Interactions	72 5 35 42 10	0	0	
Service Provider Group Interactions	72 5 35 42 10	0	0	
Mental Health Sessions	72 5 35 42 10	0	0	
Respite Service 72 5 35 45		_		
Full-time equivalents (FTE)	72 5 35 45	0.00	0.00	
Visits	72 5 35 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 35 45	0	0	
Hours of Care	72 5 35 45	0	0	
Inpatient/Resident Days	72 5 35 45	0	0	
Individuals Served by Functional Centre	72 5 35 45	0	0	
Attendance Days	72 5 35 45	0	0	
Group Sessions	72 5 35 45	0	0	
Meal Delivered-Combined	72 5 35 45	0	0	
Total Cost for Functional Centre	72 5 35 45	\$0	\$0	
Group Participant Attendances	72 5 35 45	0	0	
Service Provider Interactions	72 5 35 45	0	0	
Service Provider Group Interactions	72 5 35 45	0	0	
Mental Health Sessions	72 5 35 45	0	0	
Res. Mental Health - Homes for Special Care 72 5 40 76 10				

Full-time equivalents (FTE)	72 5 40 76 10	0.00	0.00	
Visits	72 5 40 76 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 10	0	0	
Hours of Care	72 5 40 76 10	0	0	
Inpatient/Resident Days	72 5 40 76 10	0	0	
Individuals Served by Functional Centre	72 5 40 76 10	0	0	
Attendance Days	72 5 40 76 10	0	0	
Group Sessions	72 5 40 76 10	0	0	
Meal Delivered-Combined	72 5 40 76 10	0	0	
Total Cost for Functional Centre	72 5 40 76 10	\$0	\$0	
Group Participant Attendances	72 5 40 76 10	0	0	
Service Provider Interactions	72 5 40 76 10	0	0	
Service Provider Group Interactions	72 5 40 76 10	0	0	
Mental Health Sessions	72 5 40 76 10	0	0	
Res. Mental Health - Support within Housing 72 5 40 76 30				
Full-time equivalents (FTE)	72 5 40 76 30	0.00	0.00	
Visits	72 5 40 76 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 30	0	0	
Hours of Care	72 5 40 76 30	0	0	
Inpatient/Resident Days	72 5 40 76 30	0	0	
Individuals Served by Functional Centre	72 5 40 76 30	0	0	
Attendance Days	72 5 40 76 30	0	0	
Group Sessions	72 5 40 76 30	0	0	
Meal Delivered-Combined	72 5 40 76 30	0	0	
Total Cost for Functional Centre	72 5 40 76 30	\$0	\$0	
Group Participant Attendances	72 5 40 76 30	0	0	
Service Provider Interactions	72 5 40 76 30	0	0	
Service Provider Group Interactions	72 5 40 76 30	0	0	
Mental Health Sessions	72 5 40 76 30	0	0	
Res. Mental Health - Housing Bricks & Mortar 72 5 40 76 40				
Full-time equivalents (FTE)	72 5 40 76 40	0.00	0.00	
Visits	72 5 40 76 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 40	0	0	
Hours of Care	72 5 40 76 40	0	0	
Inpatient/Resident Days	72 5 40 76 40	0	0	
Individuals Served by Functional Centre	72 5 40 76 40	0	0	
Attendance Days	72 5 40 76 40	0	0	
Group Sessions	72 5 40 76 40	0	0	
Meal Delivered-Combined	72 5 40 76 40	0	0	
Total Cost for Functional Centre	72 5 40 76 40	\$0	\$0	

Group Participant Attendances	72 5 40 76 40	0	0	
Service Provider Interactions	72 5 40 76 40	0	0	
Service Provider Group Interactions	72 5 40 76 40	0	0	
Mental Health Sessions	72 5 40 76 40	0	0	
Res. Mental Health - Rent Supplement Program 72 5 40 76 50	•		•	
Full-time equivalents (FTE)	72 5 40 76 50	0.00	0.00	
Visits	72 5 40 76 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 50	0	0	
Hours of Care	72 5 40 76 50	0	0	
Inpatient/Resident Days	72 5 40 76 50	0	0	
Individuals Served by Functional Centre	72 5 40 76 50	0	0	
Attendance Days	72 5 40 76 50	0	0	
Group Sessions	72 5 40 76 50	0	0	
Meal Delivered-Combined	72 5 40 76 50	0	0	
Total Cost for Functional Centre	72 5 40 76 50	\$0	\$0	
Group Participant Attendances	72 5 40 76 50	0	0	
Service Provider Interactions	72 5 40 76 50	0	0	
Service Provider Group Interactions	72 5 40 76 50	0	0	
Mental Health Sessions	72 5 40 76 50	0	0	
Res. Mental Health - Short Term Crisis Support Beds 72 5 40 76	60			
Full-time equivalents (FTE)	72 5 40 76 60	0.00	0.00	
Visits	72 5 40 76 60	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 76 60	0	0	
Hours of Care	72 5 40 76 60	0	0	
Inpatient/Resident Days	72 5 40 76 60	0	0	
Individuals Served by Functional Centre	72 5 40 76 60	0	0	
Attendance Days	72 5 40 76 60	0	0	
Group Sessions	72 5 40 76 60	0	0	
Meal Delivered-Combined	72 5 40 76 60	0	0	
Total Cost for Functional Centre	72 5 40 76 60	\$0	\$0	
Group Participant Attendances	72 5 40 76 60	0	0	
Service Provider Interactions	72 5 40 76 60	0	0	
Service Provider Group Interactions	72 5 40 76 60	0	0	
Mental Health Sessions	72 5 40 76 60	0	0	
COM Residential Addiction - Treatment Services-Substance Abu	ise 72 5 40 78 11	1		
Full-time equivalents (FTE)	72 5 40 78 11	0.00	0.00	
Visits	72 5 40 78 11	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 11	0	0	
Hours of Care	72 5 40 78 11	0	0	
Inpatient/Resident Days	72 5 40 78 11	0	0	

Individuals Served by Functional Centre	72 5 40 78 11	0	0	
Attendance Days	72 5 40 78 11	0	0	
Group Sessions	72 5 40 78 11	0	0	
Meal Delivered-Combined	72 5 40 78 11	0	0	
Total Cost for Functional Centre	72 5 40 78 11	\$0	\$0	
Group Participant Attendances	72 5 40 78 11	0	0	
Service Provider Interactions	72 5 40 78 11	0	0	
Service Provider Group Interactions	72 5 40 78 11	0	0	
Mental Health Sessions	72 5 40 78 11	0	0	
COM Residential Addiction - Treatment Services-Problem Gam	bling 72 5 40 78 1	12		
Full-time equivalents (FTE)	72 5 40 78 12	0.00	0.00	
Visits	72 5 40 78 12	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 12	0	0	
Hours of Care	72 5 40 78 12	0	0	
Inpatient/Resident Days	72 5 40 78 12	0	0	
Individuals Served by Functional Centre	72 5 40 78 12	0	0	
Attendance Days	72 5 40 78 12	0	0	
Group Sessions	72 5 40 78 12	0	0	
Meal Delivered-Combined	72 5 40 78 12	0	0	
Total Cost for Functional Centre	72 5 40 78 12	\$0	\$0	
Group Participant Attendances	72 5 40 78 12	0	0	
Service Provider Interactions	72 5 40 78 12	0	0	
Service Provider Group Interactions	72 5 40 78 12	0	0	
Mental Health Sessions	72 5 40 78 12	0	0	
COM Residential Addiction - Supportive Treatment 72 5 40 78 3	30			
Full-time equivalents (FTE)	72 5 40 78 30	0.00	0.00	
Visits	72 5 40 78 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 30	0	0	
Hours of Care	72 5 40 78 30	0	0	
Inpatient/Resident Days	72 5 40 78 30	0	0	
Individuals Served by Functional Centre	72 5 40 78 30	0	0	
Attendance Days	72 5 40 78 30	0	0	
Group Sessions	72 5 40 78 30	0	0	
Meal Delivered-Combined	72 5 40 78 30	0	0	
Total Cost for Functional Centre	72 5 40 78 30	\$0	\$0	
Group Participant Attendances	72 5 40 78 30	0	0	
Service Provider Interactions	72 5 40 78 30	0	0	
Service Provider Group Interactions	72 5 40 78 30	0	0	
Mental Health Sessions	72 5 40 78 30	0	0	
COM Residential Addictions - Housing Bricks & Mortar 72 5 40	78 40			

Full-time equivalents (FTE)	72 5 40 78 40	0.00	0.00	
Visits	72 5 40 78 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 40	0	0	
Hours of Care	72 5 40 78 40	0	0	
Inpatient/Resident Days	72 5 40 78 40	0	0	
Individuals Served by Functional Centre	72 5 40 78 40	0	0	
Attendance Days	72 5 40 78 40	0	0	
Group Sessions	72 5 40 78 40	0	0	
Meal Delivered-Combined	72 5 40 78 40	0	0	
Total Cost for Functional Centre	72 5 40 78 40	\$0	\$0	
Group Participant Attendances	72 5 40 78 40	0	0	
Service Provider Interactions	72 5 40 78 40	0	0	
Service Provider Group Interactions	72 5 40 78 40	0	0	
Mental Health Sessions	72 5 40 78 40	0	0	
COM Residential Addiction - Withdrawal Management Centres	72 5 40 78 45			
Full-time equivalents (FTE)	72 5 40 78 45	0.00	0.00	
Visits	72 5 40 78 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 78 45	0	0	
Hours of Care	72 5 40 78 45	0	0	
Inpatient/Resident Days	72 5 40 78 45	0	0	
Individuals Served by Functional Centre	72 5 40 78 45	0	0	
Attendance Days	72 5 40 78 45	0	0	
Group Sessions	72 5 40 78 45	0	0	
Meal Delivered-Combined	72 5 40 78 45	0	0	
Total Cost for Functional Centre	72 5 40 78 45	\$0	\$0	
Group Participant Attendances	72 5 40 78 45	0	0	
Service Provider Interactions	72 5 40 78 45	0	0	
Service Provider Group Interactions	72 5 40 78 45	0	0	
Mental Health Sessions	72 5 40 78 45	0	0	
COM - Residential Addiction - Substance Abuse - Rent Supple	ment Program 72	2 5 40 75 50		
Full-time equivalents (FTE)	72 5 40 75 50	0.00	0.00	
Visits	72 5 40 75 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 75 50	0	0	
Hours of Care	72 5 40 75 50	0	0	
Inpatient/Resident Days	72 5 40 75 50	0	0	
Individuals Served by Functional Centre	72 5 40 75 50	0	0	
Attendance Days	72 5 40 75 50	0	0	
Group Sessions	72 5 40 75 50	0	0	
Meal Delivered-Combined	72 5 40 75 50	0	0	
Total Cost for Functional Centre	72 5 40 75 50	\$0	\$0	

Group Participant Attendances	72 5 40 75 50	0	0	
Service Provider Interactions	72 5 40 75 50	0	0	
Service Provider Group Interactions	72 5 40 75 50	0	0	
Mental Health Sessions	72 5 40 75 50	0	0	
Residential Hospice - EOL-Nursing Visiting 72 5 40 95 11				
Full-time equivalents (FTE)	72 5 40 95 11	0.00	0.00	
Visits	72 5 40 95 11	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 11	0	0	
Hours of Care	72 5 40 95 11	0	0	
Inpatient/Resident Days	72 5 40 95 11	0	0	
Individuals Served by Functional Centre	72 5 40 95 11	0	0	
Attendance Days	72 5 40 95 11	0	0	
Group Sessions	72 5 40 95 11	0	0	
Meal Delivered-Combined	72 5 40 95 11	0	0	
Total Cost for Functional Centre	72 5 40 95 11	\$0	\$0	
Group Participant Attendances	72 5 40 95 11	0	0	
Service Provider Interactions	72 5 40 95 11	0	0	
Service Provider Group Interactions	72 5 40 95 11	0	0	
Mental Health Sessions	72 5 40 95 11	0	0	
Residential Hospice - EOL-Nursing Shift 72 5 40 95 12				
Full-time equivalents (FTE)	72 5 40 95 12	0.00	0.00	
Visits	72 5 40 95 12	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 12	0	0	
Hours of Care	72 5 40 95 12	0	0	
Inpatient/Resident Days	72 5 40 95 12	0	0	
Individuals Served by Functional Centre	72 5 40 95 12	0	0	
Attendance Days	72 5 40 95 12	0	0	
Group Sessions	72 5 40 95 12	0	0	
Meal Delivered-Combined	72 5 40 95 12	0	0	
Total Cost for Functional Centre	72 5 40 95 12	\$0	\$0	
Group Participant Attendances	72 5 40 95 12	0	0	
Service Provider Interactions	72 5 40 95 12	0	0	
Service Provider Group Interactions	72 5 40 95 12	0	0	
Mental Health Sessions	72 5 40 95 12	0	0	
Residential Hospice - EOL-Combined PS and HM Services 72 5 4	40 95 30			
Full-time equivalents (FTE)	72 5 40 95 30	0.00	0.00	
Visits	72 5 40 95 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 30	0	0	
Hours of Care	72 5 40 95 30	0	0	
Inpatient/Resident Days	72 5 40 95 30	0	0	

Individuals Served by Functional Centre	72 5 40 95 30	0	0	
Attendance Days	72 5 40 95 30	0	0	
Group Sessions	72 5 40 95 30	0	0	
Meal Delivered-Combined	72 5 40 95 30	0	0	
Total Cost for Functional Centre	72 5 40 95 30	\$0	\$0	
Group Participant Attendances	72 5 40 95 30	0	0	
Service Provider Interactions	72 5 40 95 30	0	0	
Service Provider Group Interactions	72 5 40 95 30	0	0	
Mental Health Sessions	72 5 40 95 30	0	0	
Residential Hospice - EOL-Nutrition/Dietetic 72 5 40 95 45				
Full-time equivalents (FTE)	72 5 40 95 45	0.00	0.00	
Visits	72 5 40 95 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 45	0	0	
Hours of Care	72 5 40 95 45	0	0	
Inpatient/Resident Days	72 5 40 95 45	0	0	
Individuals Served by Functional Centre	72 5 40 95 45	0	0	
Attendance Days	72 5 40 95 45	0	0	
Group Sessions	72 5 40 95 45	0	0	
Meal Delivered-Combined	72 5 40 95 45	0	0	
Total Cost for Functional Centre	72 5 40 95 45	\$0	\$0	
Group Participant Attendances	72 5 40 95 45	0	0	
Service Provider Interactions	72 5 40 95 45	0	0	
Service Provider Group Interactions	72 5 40 95 45	0	0	
Mental Health Sessions	72 5 40 95 45	0	0	
Residential Hospice - EOL-Physiotherapy 72 5 40 95 50				
Full-time equivalents (FTE)	72 5 40 95 50	0.00	0.00	
Visits	72 5 40 95 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 50	0	0	
Hours of Care	72 5 40 95 50	0	0	
Inpatient/Resident Days	72 5 40 95 50	0	0	
Individuals Served by Functional Centre	72 5 40 95 50	0	0	
Attendance Days	72 5 40 95 50	0	0	
Group Sessions	72 5 40 95 50	0	0	
Meal Delivered-Combined	72 5 40 95 50	0	0	
Total Cost for Functional Centre	72 5 40 95 50	\$0	\$0	
Group Participant Attendances	72 5 40 95 50	0	0	
Service Provider Interactions	72 5 40 95 50	0	0	
Service Provider Group Interactions	72 5 40 95 50	0	0	
Mental Health Sessions	72 5 40 95 50	0	0	
Residential Hospice - EOL-Occupational Therapy 72 5 40 95 55				

Full-time equivalents (FTE)	72 5 40 95 55	0.00	0.00	
Visits	72 5 40 95 55	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 55	0	0	
Hours of Care	72 5 40 95 55	0	0	
Inpatient/Resident Days	72 5 40 95 55	0	0	
Individuals Served by Functional Centre	72 5 40 95 55	0	0	
Attendance Days	72 5 40 95 55	0	0	
Group Sessions	72 5 40 95 55	0	0	
Meal Delivered-Combined	72 5 40 95 55	0	0	
Total Cost for Functional Centre	72 5 40 95 55	\$0	\$0	
Group Participant Attendances	72 5 40 95 55	0	0	
Service Provider Interactions	72 5 40 95 55	0	0	
Service Provider Group Interactions	72 5 40 95 55	0	0	
Mental Health Sessions	72 5 40 95 55	0	0	
Residential Hospice - EOL-Speech Language Pathology 72 5 40	95 62			
Full-time equivalents (FTE)	72 5 40 95 62	0.00	0.00	
Visits	72 5 40 95 62	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 62	0	0	
Hours of Care	72 5 40 95 62	0	0	
Inpatient/Resident Days	72 5 40 95 62	0	0	
Individuals Served by Functional Centre	72 5 40 95 62	0	0	
Attendance Days	72 5 40 95 62	0	0	
Group Sessions	72 5 40 95 62	0	0	
Meal Delivered-Combined	72 5 40 95 62	0	0	
Total Cost for Functional Centre	72 5 40 95 62	\$0	\$0	
Group Participant Attendances	72 5 40 95 62	0	0	
Service Provider Interactions	72 5 40 95 62	0	0	
Service Provider Group Interactions	72 5 40 95 62	0	0	
Mental Health Sessions	72 5 40 95 62	0	0	
Residential Hospice - EOL-Social Work 72 5 40 95 70				
Full-time equivalents (FTE)	72 5 40 95 70	0.00	0.00	
Visits	72 5 40 95 70	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 40 95 70	0	0	
Hours of Care	72 5 40 95 70	0	0	
Inpatient/Resident Days	72 5 40 95 70	0	0	
Individuals Served by Functional Centre	72 5 40 95 70	0	0	
Attendance Days	72 5 40 95 70	0	0	
Group Sessions	72 5 40 95 70	0	0	
Meal Delivered-Combined	72 5 40 95 70	0	0	
Total Cost for Functional Centre	72 5 40 95 70	\$0	\$0	

Group Participant Attendances	72 5 40 95 70	0	0	
Service Provider Interactions	72 5 40 95 70	0	0	
Service Provider Group Interactions	72 5 40 95 70	0	0	
Mental Health Sessions	72 5 40 95 70	0	0	
Health Prom/Educ & Dev - General 72 5 50 10				
Full-time equivalents (FTE)	72 5 50 10	0.00	0.00	
Visits	72 5 50 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 10	0	0	
Hours of Care	72 5 50 10	0	0	
Inpatient/Resident Days	72 5 50 10	0	0	
Individuals Served by Functional Centre	72 5 50 10	0	0	
Attendance Days	72 5 50 10	0	0	
Group Sessions	72 5 50 10	0	0	
Meal Delivered-Combined	72 5 50 10	0	0	
Total Cost for Functional Centre	72 5 50 10	\$0	\$0	
Group Participant Attendances	72 5 50 10	0	0	
Service Provider Interactions	72 5 50 10	0	0	
Service Provider Group Interactions	72 5 50 10	0	0	
Mental Health Sessions	72 5 50 10	0	0	
Health Prom/Educ.& Com. Dev Health Promotion & Community	ty Development	72 5 50 12		
Full-time equivalents (FTE)	72 5 50 12	0.00	0.00	
Visits	72 5 50 12	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 12	0	0	
Hours of Care	72 5 50 12	0	0	
Inpatient/Resident Days	72 5 50 12	0	0	
Individuals Served by Functional Centre	72 5 50 12	0	0	
Attendance Days	72 5 50 12	0	0	
Group Sessions	72 5 50 12	0	0	
Meal Delivered-Combined	72 5 50 12	0	0	
Total Cost for Functional Centre	72 5 50 12	\$0	\$0	
Group Participant Attendances	72 5 50 12	0	0	
Service Provider Interactions	72 5 50 12	0	0	
Service Provider Group Interactions	72 5 50 12	0	0	
Mental Health Sessions	72 5 50 12	0	0	
Health Prom/Educ. & Com.Dev Community Engagement and Com.Dev Com.	Capacity Buildin	g 72 5 50 14		
Full-time equivalents (FTE)	72 5 50 14	0.00	0.00	
Visits	72 5 50 14	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 14	0	0	
Hours of Care	72 5 50 14	0	0	
Inpatient/Resident Days	72 5 50 14	0	0	

Individuals Served by Functional Centre	72 5 50 14	0	0		
Attendance Days	72 5 50 14	0	0		
Group Sessions	72 5 50 14	0	0		
Meal Delivered-Combined	72 5 50 14	0	0		
Total Cost for Functional Centre	72 5 50 14	\$0	\$0		
Group Participant Attendances	72 5 50 14	0	0		
Service Provider Interactions	72 5 50 14	0	0		
Service Provider Group Interactions	72 5 50 14	0	0		
Mental Health Sessions	72 5 50 14	0	0		
Health Prom/Educ. & Com. Dev Chronic Disease Education	n, Awareness and Pr	evention- General	72 5 50 35 10		
Full-time equivalents (FTE)	72 5 50 35 10	0.00	0.00		
Visits	72 5 50 35 10	0	0		
Not Uniquely Identified Service Recipient Interactions	72 5 50 35 10	0	0		
Hours of Care	72 5 50 35 10	0	0		
Inpatient/Resident Days	72 5 50 35 10	0	0		
Individuals Served by Functional Centre	72 5 50 35 10	0	0		
Attendance Days	72 5 50 35 10	0	0		
Group Sessions	72 5 50 35 10	0	0		
Meal Delivered-Combined	72 5 50 35 10	0	0		
Total Cost for Functional Centre	72 5 50 35 10	\$0	\$0		
Group Participant Attendances	72 5 50 35 10	0	0		
Service Provider Interactions	72 5 50 35 10	0	0		
Service Provider Group Interactions	72 5 50 35 10	0	0		
Mental Health Sessions	72 5 50 35 10	0	0		
Health Prom/Educ. & Com. Dev Chronic Disease Education	n, Awareness and Pr	evention- Diabetes	72 5 50 35 20		
Full-time equivalents (FTE)	72 5 50 35 20	0.00	0.00		
Visits	72 5 50 35 20	0	0		
Not Uniquely Identified Service Recipient Interactions	72 5 50 35 20	0	0		
Hours of Care	72 5 50 35 20	0	0		
Inpatient/Resident Days	72 5 50 35 20	0	0		
Individuals Served by Functional Centre	72 5 50 35 20	0	0		
Attendance Days	72 5 50 35 20	0	0		
Group Sessions	72 5 50 35 20	0	0		
Meal Delivered-Combined	72 5 50 35 20	0	0		
Total Cost for Functional Centre	72 5 50 35 20	\$0	\$0		
Group Participant Attendances	72 5 50 35 20	0	0		
Service Provider Interactions	72 5 50 35 20	0	0		
Service Provider Group Interactions	72 5 50 35 20	0	0		
Mental Health Sessions	72 5 50 35 20	0	0		
COM Health Prom/Educ.& Com. Dev COM Chronic Disease Education, Awareness and Prevention – Asthma/COPD 73 5 50 35 30					

Full-time equivalents (FTE)	73 5 50 35 30	0.00	0.00	
Visits	73 5 50 35 30	0	0	
Not Uniquely Identified Service Recipient Interactions	73 5 50 35 30	0	0	
Hours of Care	73 5 50 35 30	0	0	
Inpatient/Resident Days	73 5 50 35 30	0	0	
Individuals Served by Functional Centre	73 5 50 35 30	0	0	
Attendance Days	73 5 50 35 30	0	0	
Group Sessions	73 5 50 35 30	0	0	
Meal Delivered-Combined	73 5 50 35 30	0	0	
Total Cost for Functional Centre	73 5 50 35 30	\$0	\$0	
Group Participant Attendances	73 5 50 35 30	0	0	
Service Provider Interactions	73 5 50 35 30	0	0	
Service Provider Group Interactions	73 5 50 35 30	0	0	
Mental Health Sessions	73 5 50 35 30	0	0	
Health Prom/Educ. & Com. Dev Chronic Disease Education, A	wareness and Pr	evention- Hepetitis	s C / HIV/AIDS 73 5 5	0 35 40
Full-time equivalents (FTE)	73 5 50 35 40	0.00	0.00	
Visits	73 5 50 35 40	0	0	
Not Uniquely Identified Service Recipient Interactions	73 5 50 35 40	0	0	
Hours of Care	73 5 50 35 40	0	0	
Inpatient/Resident Days	73 5 50 35 40	0	0	
Individuals Served by Functional Centre	73 5 50 35 40	0	0	
Attendance Days	73 5 50 35 40	0	0	
Group Sessions	73 5 50 35 40	0	0	
Meal Delivered-Combined	73 5 50 35 40	0	0	
Total Cost for Functional Centre	73 5 50 35 40	\$0	\$0	
Group Participant Attendances	73 5 50 35 40	0	0	
Service Provider Interactions	73 5 50 35 40	0	0	
Service Provider Group Interactions	73 5 50 35 40	0	0	
Mental Health Sessions	73 5 50 35 40	0	0	
Health Prom/Educ.& Dev Diabetes Regional Coordination Ce	ntres 72 5 50 40	10		
Full-time equivalents (FTE)	72 5 50 40 10	0.00	0.00	
Visits	72 5 50 40 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 40 10	0	0	
Hours of Care	72 5 50 40 10	0	0	
Inpatient/Resident Days	72 5 50 40 10	0	0	
Individuals Served by Functional Centre	72 5 50 40 10	0	0	
Attendance Days	72 5 50 40 10	0	0	
Group Sessions	72 5 50 40 10	0	0	
Meal Delivered-Combined	72 5 50 40 10	0	0	
Total Cost for Functional Centre	72 5 50 40 10	\$0	\$0	

Group Participant Attendances	72 5 50 40 10	0	0	
Service Provider Interactions	72 5 50 40 10	0	0	
Service Provider Group Interactions	72 5 50 40 10	0	0	
Mental Health Sessions	72 5 50 40 10	0	0	
Health Prom/Educ.& Com. Dev Heart and Stroke General 72 5	50 42 10		•	
Full-time equivalents (FTE)	72 5 50 42 10	0.00	0.00	
Visits	72 5 50 42 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 42 10	0	0	
Hours of Care	72 5 50 42 10	0	0	
Inpatient/Resident Days	72 5 50 42 10	0	0	
Individuals Served by Functional Centre	72 5 50 42 10	0	0	
Attendance Days	72 5 50 42 10	0	0	
Group Sessions	72 5 50 42 10	0	0	
Meal Delivered-Combined	72 5 50 42 10	0	0	
Total Cost for Functional Centre	72 5 50 42 10	\$0	\$0	
Group Participant Attendances	72 5 50 42 10	0	0	
Service Provider Interactions	72 5 50 42 10	0	0	
Service Provider Group Interactions	72 5 50 42 10	0	0	
Mental Health Sessions	72 5 50 42 10	0	0	
Health Prom/Educ.& Com. Dev Stroke Strategy (Practice Guid	lelines) 72 5 50 4	12 20		
Full-time equivalents (FTE)	72 5 50 42 20	0.00	0.00	
Visits	72 5 50 42 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 42 20	0	0	
Hours of Care	72 5 50 42 20	0	0	
Inpatient/Resident Days	72 5 50 42 20	0	0	
Individuals Served by Functional Centre	72 5 50 42 20	0	0	
Attendance Days	72 5 50 42 20	0	0	
Group Sessions	72 5 50 42 20	0	0	
Meal Delivered-Combined	72 5 50 42 20	0	0	
Total Cost for Functional Centre	72 5 50 42 20	\$0	\$0	
Group Participant Attendances	72 5 50 42 20	0	0	
Service Provider Interactions	72 5 50 42 20	0	0	
Service Provider Group Interactions	72 5 50 42 20	0	0	
Mental Health Sessions	72 5 50 42 20	0	0	
Health Prom/Educ.& Com. Dev – Personal Health and Wellness	72 5 50 45			
Full-time equivalents (FTE)	72 5 50 45	0.00	0.00	
Visits	72 5 50 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 45	0	0	
Hours of Care	72 5 50 45	0	0	
Inpatient/Resident Days	72 5 50 45	0	0	

Individuals Served by Functional Centre	72 5 50 45	0	0	
Attendance Days	72 5 50 45	0	0	
Group Sessions	72 5 50 45	0	0	
Meal Delivered-Combined	72 5 50 45	0	0	
Total Cost for Functional Centre	72 5 50 45	\$0	\$0	
Group Participant Attendances	72 5 50 45	0	0	
Service Provider Interactions	72 5 50 45	0	0	
Service Provider Group Interactions	72 5 50 45	0	0	
Mental Health Sessions	72 5 50 45	0	0	
Health Prom/Educ.& Com. Dev Family Clinics 72 5 50 50				
Full-time equivalents (FTE)	72 5 50 50	0.00	0.00	
Visits	72 5 50 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 50	0	0	
Hours of Care	72 5 50 50	0	0	
Inpatient/Resident Days	72 5 50 50	0	0	
Individuals Served by Functional Centre	72 5 50 50	0	0	
Attendance Days	72 5 50 50	0	0	
Group Sessions	72 5 50 50	0	0	
Meal Delivered-Combined	72 5 50 50	0	0	
Total Cost for Functional Centre	72 5 50 50	\$0	\$0	
Group Participant Attendances	72 5 50 50	0	0	
Service Provider Interactions	72 5 50 50	0	0	
Service Provider Group Interactions	72 5 50 50	0	0	
Mental Health Sessions	72 5 50 50	0	0	
Health Promotion/Education - Oncology General 72 5 50 66 10				
Full-time equivalents (FTE)	72 5 50 66 10	0.00	0.00	
Visits	72 5 50 66 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 66 10	0	0	
Hours of Care	72 5 50 66 10	0	0	
Inpatient/Resident Days	72 5 50 66 10	0	0	
Individuals Served by Functional Centre	72 5 50 66 10	0	0	
Attendance Days	72 5 50 66 10	0	0	
Group Sessions	72 5 50 66 10	0	0	
Meal Delivered-Combined	72 5 50 66 10	0	0	
Total Cost for Functional Centre	72 5 50 66 10	\$0	\$0	
Group Participant Attendances	72 5 50 66 10	0	0	
Service Provider Interactions	72 5 50 66 10	0	0	
Service Provider Group Interactions	72 5 50 66 10	0	0	
Mental Health Sessions	72 5 50 66 10	0	0	
Health Promotion/Education - Oncology Practice Guidelines 72	5 50 66 20			

Full-time equivalents (FTE)	72 5 50 66 20	0.00	0.00	
Visits	72 5 50 66 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 66 20	0	0	
Hours of Care	72 5 50 66 20	0	0	
Inpatient/Resident Days	72 5 50 66 20	0	0	
Individuals Served by Functional Centre	72 5 50 66 20	0	0	
Attendance Days	72 5 50 66 20	0	0	
Group Sessions	72 5 50 66 20	0	0	
Meal Delivered-Combined	72 5 50 66 20	0	0	
Total Cost for Functional Centre	72 5 50 66 20	\$0	\$0	
Group Participant Attendances	72 5 50 66 20	0	0	
Service Provider Interactions	72 5 50 66 20	0	0	
Service Provider Group Interactions	72 5 50 66 20	0	0	
Mental Health Sessions	72 5 50 66 20	0	0	
Health Promotion/Education - Mental Health & Additictions (CC	AC Sector Only)	72 5 50 75 10		
Full-time equivalents (FTE)	72 5 50 75 10	0.00	0.00	
Visits	72 5 50 75 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 75 10	0	0	
Hours of Care	72 5 50 75 10	0	0	
Inpatient/Resident Days	72 5 50 75 10	0	0	
Individuals Served by Functional Centre	72 5 50 75 10	0	0	
Attendance Days	72 5 50 75 10	0	0	
Group Sessions	72 5 50 75 10	0	0	
Meal Delivered-Combined	72 5 50 75 10	0	0	
Total Cost for Functional Centre	72 5 50 75 10	\$0	\$0	
Group Participant Attendances	72 5 50 75 10	0	0	
Service Provider Interactions	72 5 50 75 10	0	0	
Service Provider Group Interactions	72 5 50 75 10	0	0	
Mental Health Sessions	72 5 50 75 10	0	0	
Health Prom. /Education MH - Awareness 72 5 50 76 10				
Full-time equivalents (FTE)	72 5 50 76 10	0.00	0.00	
Visits	72 5 50 76 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 76 10	0	0	
Hours of Care	72 5 50 76 10	0	0	
Inpatient/Resident Days	72 5 50 76 10	0	0	
Individuals Served by Functional Centre	72 5 50 76 10	0	0	
Attendance Days	72 5 50 76 10	0	0	
Group Sessions	72 5 50 76 10	0	0	
Meal Delivered-Combined	72 5 50 76 10	0	0	
Total Cost for Functional Centre	72 5 50 76 10	\$0	\$0	

Group Participant Attendances	72 5 50 76 10	0	0			
Service Provider Interactions	72 5 50 76 10	0	0			
Service Provider Group Interactions	72 5 50 76 10	0	0			
Mental Health Sessions	72 5 50 76 10	0	0			
Health Promo. /Education MH - Women 72 5 50 76 30						
Full-time equivalents (FTE)	72 5 50 76 30	0.00	0.00			
Visits	72 5 50 76 30	0	0			
Not Uniquely Identified Service Recipient Interactions	72 5 50 76 30	0	0			
Hours of Care	72 5 50 76 30	0	0			
Inpatient/Resident Days	72 5 50 76 30	0	0			
Individuals Served by Functional Centre	72 5 50 76 30	0	0			
Attendance Days	72 5 50 76 30	0	0			
Group Sessions	72 5 50 76 30	0	0			
Meal Delivered-Combined	72 5 50 76 30	0	0			
Total Cost for Functional Centre	72 5 50 76 30	\$0	\$0			
Group Participant Attendances	72 5 50 76 30	0	0			
Service Provider Interactions	72 5 50 76 30	0	0			
Service Provider Group Interactions	72 5 50 76 30	0	0			
Mental Health Sessions	72 5 50 76 30	0	0			
Health Promo. /Education MH - Community Development 72 5 5	0 76 40					
Full-time equivalents (FTE)	72 5 50 76 40	0.00	0.00			
Visits	72 5 50 76 40	0	0			
Not Uniquely Identified Service Recipient Interactions	72 5 50 76 40	0	0			
Hours of Care	72 5 50 76 40	0	0			
Inpatient/Resident Days	72 5 50 76 40	0	0			
Individuals Served by Functional Centre	72 5 50 76 40	0	0			
Attendance Days	72 5 50 76 40	0	0			
Group Sessions	72 5 50 76 40	0	0			
Meal Delivered-Combined	72 5 50 76 40	0	0			
Total Cost for Functional Centre	72 5 50 76 40	\$0	\$0			
Group Participant Attendances	72 5 50 76 40	0	0			
Service Provider Interactions	72 5 50 76 40	0	0			
Service Provider Group Interactions	72 5 50 76 40	0	0			
Mental Health Sessions	72 5 50 76 40	0	0			
Health Prom./Educ. Addictions - Drug Awareness 72 5 50 78 10						
Full-time equivalents (FTE)	72 5 50 78 10	0.00	0.00			
Visits	72 5 50 78 10	0	0			
Not Uniquely Identified Service Recipient Interactions	72 5 50 78 10	0	0			
Hours of Care	72 5 50 78 10	0	0			
Inpatient/Resident Days	72 5 50 78 10	0	0			

Individuals Served by Functional Centre	72 5 50 78 10	0	0	
Attendance Days	72 5 50 78 10	0	0	
Group Sessions	72 5 50 78 10	0	0	
Meal Delivered-Combined	72 5 50 78 10	0	0	
Total Cost for Functional Centre	72 5 50 78 10	\$0	\$0	
Group Participant Attendances	72 5 50 78 10	0	0	
Service Provider Interactions	72 5 50 78 10	0	0	
Service Provider Group Interactions	72 5 50 78 10	0	0	
Mental Health Sessions	72 5 50 78 10	0	0	
Health Prom./Educ Addictions - Problem Gambling Awareness	72 5 50 78 20			
Full-time equivalents (FTE)	72 5 50 78 20	0.00	0.00	
Visits	72 5 50 78 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 78 20	0	0	
Hours of Care	72 5 50 78 20	0	0	
Inpatient/Resident Days	72 5 50 78 20	0	0	
Individuals Served by Functional Centre	72 5 50 78 20	0	0	
Attendance Days	72 5 50 78 20	0	0	
Group Sessions	72 5 50 78 20	0	0	
Meal Delivered-Combined	72 5 50 78 20	0	0	
Total Cost for Functional Centre	72 5 50 78 20	\$0	\$0	
Group Participant Attendances	72 5 50 78 20	0	0	
Service Provider Interactions	72 5 50 78 20	0	0	
Service Provider Group Interactions	72 5 50 78 20	0	0	
Mental Health Sessions	72 5 50 78 20	0	0	
Health Prom./Educ. Addictions - Community Development-Subs	tance Abuse 72	5 50 78 40		
Full-time equivalents (FTE)	72 5 50 78 40	0.00	0.00	
Visits	72 5 50 78 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 78 40	0	0	
Hours of Care	72 5 50 78 40	0	0	
Inpatient/Resident Days	72 5 50 78 40	0	0	
Individuals Served by Functional Centre	72 5 50 78 40	0	0	
Attendance Days	72 5 50 78 40	0	0	
Group Sessions	72 5 50 78 40	0	0	
Meal Delivered-Combined	72 5 50 78 40	0	0	
Total Cost for Functional Centre	72 5 50 78 40	\$0	\$0	
Group Participant Attendances	72 5 50 78 40	0	0	
Service Provider Interactions	72 5 50 78 40	0	0	
Service Provider Group Interactions	72 5 50 78 40	0	0	
Mental Health Sessions	72 5 50 78 40	0	0	
CHC Client Support Services 72 5 85				

Full-time equivalents (FTE)	72 5 85	0.00	0.00	
Visits	72 5 85	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 85	0	0	
Hours of Care	72 5 85	0	0	
Inpatient/Resident Days	72 5 85	0	0	
Individuals Served by Functional Centre	72 5 85	0	0	
Attendance Days	72 5 85	0	0	
Group Sessions	72 5 85	0	0	
Meal Delivered-Combined	72 5 85	0	0	
Total Cost for Functional Centre	72 5 85	\$0	\$0	
Group Participant Attendances	72 5 85	0	0	
Service Provider Interactions	72 5 85	0	0	
Service Provider Group Interactions	72 5 85	0	0	
Mental Health Sessions	72 5 85	0	0	
Health Prom. /Educ - Palliative Care Interdisciplinary 72 5 50 94	10			
Full-time equivalents (FTE)	72 5 50 94 10	0.00	0.00	
Visits	72 5 50 94 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 94 10	0	0	
Hours of Care	72 5 50 94 10	0	0	
Inpatient/Resident Days	72 5 50 94 10	0	0	
Individuals Served by Functional Centre	72 5 50 94 10	0	0	
Attendance Days	72 5 50 94 10	0	0	
Group Sessions	72 5 50 94 10	0	0	
Meal Delivered-Combined	72 5 50 94 10	0	0	
Total Cost for Functional Centre	72 5 50 94 10	\$0	\$0	
Group Participant Attendances	72 5 50 94 10	0	0	
Service Provider Interactions	72 5 50 94 10	0	0	
Service Provider Group Interactions	72 5 50 94 10	0	0	
Mental Health Sessions	72 5 50 94 10	0	0	
Health Prom. /Educ - Palliative Care Physician 72 5 50 94 90				
Full-time equivalents (FTE)	72 5 50 94 90	0.00	0.00	
Visits	72 5 50 94 90	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 94 90	0	0	
Hours of Care	72 5 50 94 90	0	0	
Inpatient/Resident Days	72 5 50 94 90	0	0	
Individuals Served by Functional Centre	72 5 50 94 90	0	0	
Attendance Days	72 5 50 94 90	0	0	
Group Sessions	72 5 50 94 90	0	0	
Meal Delivered-Combined	72 5 50 94 90	0	0	
Total Cost for Functional Centre	72 5 50 94 90	\$0	\$0	

Group Participant Attendances	72 5 50 94 90	0	0	
Service Provider Interactions	72 5 50 94 90	0	0	
Service Provider Group Interactions	72 5 50 94 90	0	0	
Mental Health Sessions	72 5 50 94 90	0	0	
Health Prom. /Educ - Palliative Care Pain and Symptom Manage	ment 72 5 50 94	91		
Full-time equivalents (FTE)	72 5 50 94 91	0.00	0.00	
Visits	72 5 50 94 91	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 94 91	0	0	
Hours of Care	72 5 50 94 91	0	0	
Inpatient/Resident Days	72 5 50 94 91	0	0	
Individuals Served by Functional Centre	72 5 50 94 91	0	0	
Attendance Days	72 5 50 94 91	0	0	
Group Sessions	72 5 50 94 91	0	0	
Meal Delivered-Combined	72 5 50 94 91	0	0	
Total Cost for Functional Centre	72 5 50 94 91	\$0	\$0	
Group Participant Attendances	72 5 50 94 91	0	0	
Service Provider Interactions	72 5 50 94 91	0	0	
Service Provider Group Interactions	72 5 50 94 91	0	0	
Mental Health Sessions	72 5 50 94 91	0	0	
Health Prom/Educ & Dev - General Geriatric 72 5 50 96 10				
Full-time equivalents (FTE)	72 5 50 96 10	0.00	0.00	
Visits	72 5 50 96 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 96 10	0	0	
Hours of Care	72 5 50 96 10	0	0	
Inpatient/Resident Days	72 5 50 96 10	0	0	
Individuals Served by Functional Centre	72 5 50 96 10	0	0	
Attendance Days	72 5 50 96 10	0	0	
Group Sessions	72 5 50 96 10	0	0	
Meal Delivered-Combined	72 5 50 96 10	0	0	
Total Cost for Functional Centre	72 5 50 96 10	\$0	\$0	
Group Participant Attendances	72 5 50 96 10	0	0	
Service Provider Interactions	72 5 50 96 10	0	0	
Service Provider Group Interactions	72 5 50 96 10	0	0	
Mental Health Sessions	72 5 50 96 10	0	0	
Health Prom/Educ & Dev - Psycho-Geriatric 72 5 50 96 76				
Full-time equivalents (FTE)	72 5 50 96 76	0.00	0.00	
Visits	72 5 50 96 76	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 50 96 76	0	0	
Hours of Care	72 5 50 96 76	0	0	
Inpatient/Resident Days	72 5 50 96 76	0	0	

Individuals Served by Functional Centre	72 5 50 96 76	0	0	
Attendance Days	72 5 50 96 76	0	0	
Group Sessions	72 5 50 96 76	0	0	
Meal Delivered-Combined	72 5 50 96 76	0	0	
Total Cost for Functional Centre	72 5 50 96 76	\$0	\$0	
Group Participant Attendances	72 5 50 96 76	0	0	
Service Provider Interactions	72 5 50 96 76	0	0	
Service Provider Group Interactions	72 5 50 96 76	0	0	
Mental Health Sessions	72 5 50 96 76	0	0	
Consumer Survivor Initiatives - Peer/Self Help 72 5 51 76 11	120000010			
Full-time equivalents (FTE)	72 5 51 76 11	0.00	0.00	
Visits	72 5 51 76 11	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 51 76 11	0	0	
Hours of Care	72 5 51 76 11	0	0	
Inpatient/Resident Days	72 5 51 76 11	0	0	
Individuals Served by Functional Centre	72 5 51 76 11	0	0	
Attendance Days	72 5 51 76 11	0	0	
Group Sessions	72 5 51 76 11	0	0	
Meal Delivered-Combined	72 5 51 76 11	0	0	
Total Cost for Functional Centre	72 5 51 76 11	\$0	\$0	
Group Participant Attendances	72 5 51 76 11	0	0	
Service Provider Interactions	72 5 51 76 11	0	0	
Service Provider Group Interactions	72 5 51 76 11	0	0	
Mental Health Sessions	72 5 51 76 11	0	0	
Consumer Survivor Initiatives - Alternative Businesses 72 5	51 76 12			
Full-time equivalents (FTE)	72 5 51 76 12	0.00	0.00	
Visits	72 5 51 76 12	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 51 76 12	0	0	
Hours of Care	72 5 51 76 12	0	0	
Inpatient/Resident Days	72 5 51 76 12	0	0	
Individuals Served by Functional Centre	72 5 51 76 12	0	0	
Attendance Days	72 5 51 76 12	0	0	
Group Sessions	72 5 51 76 12	0	0	
Meal Delivered-Combined	72 5 51 76 12	0	0	
Total Cost for Functional Centre	72 5 51 76 12	\$0	\$0	
Group Participant Attendances	72 5 51 76 12	0	0	
Service Provider Interactions	72 5 51 76 12	0	0	
Service Provider Group Interactions	72 5 51 76 12	0	0	
Mental Health Sessions	72 5 51 76 12	0	0	
Consumer Survivor Initiatives - Family Initiatives 72 5 51 76 2	20			

Full-time equivalents (FTE)	72 5 51 76 20	0.00	0.00	
Visits	72 5 51 76 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 51 76 20	0	0	
Hours of Care	72 5 51 76 20	0	0	
Inpatient/Resident Days	72 5 51 76 20	0	0	
Individuals Served by Functional Centre	72 5 51 76 20	0	0	
Attendance Days	72 5 51 76 20	0	0	
Group Sessions	72 5 51 76 20	0	0	
Meal Delivered-Combined	72 5 51 76 20	0	0	
Total Cost for Functional Centre	72 5 51 76 20	\$0	\$0	
Group Participant Attendances	72 5 51 76 20	0	0	
Service Provider Interactions	72 5 51 76 20	0	0	
Service Provider Group Interactions	72 5 51 76 20	0	0	
Mental Health Sessions	72 5 51 76 20	0	0	
Comm. Disease Prev. and Control – General 72 5 54				
Full-time equivalents (FTE)	72 5 54	0.00	0.00	
Visits	72 5 54	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 54	0	0	
Hours of Care	72 5 54	0	0	
Inpatient/Resident Days	72 5 54	0	0	
Individuals Served by Functional Centre	72 5 54	0	0	
Attendance Days	72 5 54	0	0	
Group Sessions	72 5 54	0	0	
Meal Delivered-Combined	72 5 54	0	0	
Total Cost for Functional Centre	72 5 54	\$0	\$0	
Group Participant Attendances	72 5 54	0	0	
Service Provider Interactions	72 5 54	0	0	
Service Provider Group Interactions	72 5 54	0	0	
Mental Health Sessions	72 5 54	0	0	
Promotion and Prevention 72 5 58				
Full-time equivalents (FTE)	72 5 58	0.00	0.00	
Visits	72 5 58	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 58	0	0	
Hours of Care	72 5 58	0	0	
Inpatient/Resident Days	72 5 58	0	0	
Individuals Served by Functional Centre	72 5 58	0	0	
Attendance Days	72 5 58	0	0	
Group Sessions	72 5 58	0	0	
Meal Delivered-Combined	72 5 58	0	0	
Total Cost for Functional Centre	72 5 58	\$0	\$0	

Group Participant Attendances	72 5 58	0	0	
Service Provider Interactions	72 5 58	0	0	
Service Provider Group Interactions	72 5 58	0	0	
Mental Health Sessions	72 5 58	0	0	
COM Environmental Health 72 5 60				
Full-time equivalents (FTE)	72 5 60	0.00	0.00	
Visits	72 5 60	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 60	0	0	
Hours of Care	72 5 60	0	0	
Inpatient/Resident Days	72 5 60	0	0	
Individuals Served by Functional Centre	72 5 60	0	0	
Attendance Days	72 5 60	0	0	
Group Sessions	72 5 60	0	0	
Meal Delivered-Combined	72 5 60	0	0	
Total Cost for Functional Centre	72 5 60	\$0	\$0	
Group Participant Attendances	72 5 60	0	0	
Service Provider Interactions	72 5 60	0	0	
Service Provider Group Interactions	72 5 60	0	0	
Mental Health Sessions	72 5 60	0	0	
COM Licensing 72 5 65				
Full-time equivalents (FTE)	72 5 65	0.00	0.00	
Visits	72 5 65	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 65	0	0	
Hours of Care	72 5 65	0	0	
Inpatient/Resident Days	72 5 65	0	0	
Individuals Served by Functional Centre	72 5 65	0	0	
Attendance Days	72 5 65	0	0	
Group Sessions	72 5 65	0	0	
Meal Delivered-Combined	72 5 65	0	0	
Total Cost for Functional Centre	72 5 65	\$0	\$0	
Group Participant Attendances	72 5 65	0	0	
Service Provider Interactions	72 5 65	0	0	
Service Provider Group Interactions	72 5 65	0	0	
Mental Health Sessions	72 5 65	0	0	
Information and Referral Service - General 72 5 70 10				
Full-time equivalents (FTE)	72 5 70 10	0.00	0.00	
Visits	72 5 70 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 70 10	0	0	
Hours of Care	72 5 70 10	0	0	
Inpatient/Resident Days	72 5 70 10	0	0	

Individuals Served by Functional Centre	72 5 70 10	0	0	
Attendance Days	72 5 70 10	0	0	
Group Sessions	72 5 70 10	0	0	
Meal Delivered-Combined	72 5 70 10	0	0	
Total Cost for Functional Centre	72 5 70 10	\$0	\$0	
Group Participant Attendances	72 5 70 10	0	0	
Service Provider Interactions	72 5 70 10	0	0	
Service Provider Group Interactions	72 5 70 10	0	0	
Mental Health Sessions	72 5 70 10	0	0	
Information and Referral Service - Provincial Mental Health 72 5	70 76			
Full-time equivalents (FTE)	72 5 70 76	0.00	0.00	
Visits	72 5 70 76	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 70 76	0	0	
Hours of Care	72 5 70 76	0	0	
Inpatient/Resident Days	72 5 70 76	0	0	
Individuals Served by Functional Centre	72 5 70 76	0	0	
Attendance Days	72 5 70 76	0	0	
Group Sessions	72 5 70 76	0	0	
Meal Delivered-Combined	72 5 70 76	0	0	
Total Cost for Functional Centre	72 5 70 76	\$0	\$0	
Group Participant Attendances	72 5 70 76	0	0	
Service Provider Interactions	72 5 70 76	0	0	
Service Provider Group Interactions	72 5 70 76	0	0	
Mental Health Sessions	72 5 70 76	0	0	
Information and Referral Service - Provincial - Substance Abus	e 72 5 70 78 11			
Full-time equivalents (FTE)	72 5 70 78 11	0.00	0.00	
Visits	72 5 70 78 11	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 70 78 11	0	0	
Hours of Care	72 5 70 78 11	0	0	
Inpatient/Resident Days	72 5 70 78 11	0	0	
Individuals Served by Functional Centre	72 5 70 78 11	0	0	
Attendance Days	72 5 70 78 11	0	0	
Group Sessions	72 5 70 78 11	0	0	
Meal Delivered-Combined	72 5 70 78 11	0	0	
Total Cost for Functional Centre	72 5 70 78 11	\$0	\$0	
Group Participant Attendances	72 5 70 78 11	0	0	
Service Provider Interactions	72 5 70 78 11	0	0	
Service Provider Group Interactions	72 5 70 78 11	0	0	
Mental Health Sessions	72 5 70 78 11	0	0	
Information and Referral Service - Provincial - Problem Gamblii	ng 72 5 70 78 12			

Full-time equivalents (FTE)	72 5 70 78 12	0.00	0.00	
Visits	72 5 70 78 12	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 70 78 12	0	0	
Hours of Care	72 5 70 78 12	0	0	
Inpatient/Resident Days	72 5 70 78 12	0	0	
Individuals Served by Functional Centre	72 5 70 78 12	0	0	
Attendance Days	72 5 70 78 12	0	0	
Group Sessions	72 5 70 78 12	0	0	
Meal Delivered-Combined	72 5 70 78 12	0	0	
Total Cost for Functional Centre	72 5 70 78 12	\$0	\$0	
Group Participant Attendances	72 5 70 78 12	0	0	
Service Provider Interactions	72 5 70 78 12	0	0	
Service Provider Group Interactions	72 5 70 78 12	0	0	
Mental Health Sessions	72 5 70 78 12	0	0	
Provincial & Regional Health System Development 72 5 75				
Full-time equivalents (FTE)	72 5 75	0.00	0.00	
Visits	72 5 75	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 75	0	0	
Hours of Care	72 5 75	0	0	
Inpatient/Resident Days	72 5 75	0	0	
Individuals Served by Functional Centre	72 5 75	0	0	
Attendance Days	72 5 75	0	0	
Group Sessions	72 5 75	0	0	
Meal Delivered-Combined	72 5 75	0	0	
Total Cost for Functional Centre	72 5 75	\$0	\$0	
Group Participant Attendances	72 5 75	0	0	
Service Provider Interactions	72 5 75	0	0	
Service Provider Group Interactions	72 5 75	0	0	
Mental Health Sessions	72 5 75	0	0	
CSS IH - Service Arrangement/Coordination 72 5 82 05				
Full-time equivalents (FTE)	72 5 82 05	0.00	0.00	
Visits	72 5 82 05	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 05	0	0	
Hours of Care	72 5 82 05	0	0	
Inpatient/Resident Days	72 5 82 05	0	0	
Individuals Served by Functional Centre	72 5 82 05	0	0	
Attendance Days	72 5 82 05	0	0	
Group Sessions	72 5 82 05	0	0	
Meal Delivered-Combined	72 5 82 05	0	0	
Total Cost for Functional Centre	72 5 82 05	\$0	\$0	

Group Participant Attendances	72 5 82 05	0	0				
Service Provider Interactions	72 5 82 05	0	0				
Service Provider Group Interactions	72 5 82 05	0	0				
Mental Health Sessions	72 5 82 05	0	0				
CSS IH - Case Management 72 5 82 09	CSS IH - Case Management 72 5 82 09						
Full-time equivalents (FTE)	72 5 82 09	0.00	0.00				
Visits	72 5 82 09	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 82 09	0	0				
Hours of Care	72 5 82 09	0	0				
Inpatient/Resident Days	72 5 82 09	0	0				
Individuals Served by Functional Centre	72 5 82 09	0	0				
Attendance Days	72 5 82 09	0	0				
Group Sessions	72 5 82 09	0	0				
Meal Delivered-Combined	72 5 82 09	0	0				
Total Cost for Functional Centre	72 5 82 09	\$0	\$0				
Group Participant Attendances	72 5 82 09	0	0				
Service Provider Interactions	72 5 82 09	0	0				
Service Provider Group Interactions	72 5 82 09	0	0				
Mental Health Sessions	72 5 82 09	0	0				
CSS IH - Meals Delivery 72 5 82 10							
Full-time equivalents (FTE)	72 5 82 10	0.00	0.00				
Visits	72 5 82 10	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 82 10	0	0				
Hours of Care	72 5 82 10	0	0				
Inpatient/Resident Days	72 5 82 10	0	0				
Individuals Served by Functional Centre	72 5 82 10	0	0				
Attendance Days	72 5 82 10	0	0				
Group Sessions	72 5 82 10	0	0				
Meal Delivered-Combined	72 5 82 10	0	0				
Total Cost for Functional Centre	72 5 82 10	\$0	\$0				
Group Participant Attendances	72 5 82 10	0	0				
Service Provider Interactions	72 5 82 10	0	0				
Service Provider Group Interactions	72 5 82 10	0	0				
Mental Health Sessions	72 5 82 10	0	0				
CSS IH - Social and Congregate Dining 72 5 82 12							
Full-time equivalents (FTE)	72 5 82 12	0.00	0.00				
Visits	72 5 82 12	0	0				
Not Uniquely Identified Service Recipient Interactions	72 5 82 12	0	0				
Hours of Care	72 5 82 12	0	0				
Inpatient/Resident Days	72 5 82 12	0	0				

Individuals Served by Functional Centre	72 5 82 12	0	0	
Attendance Days	72 5 82 12	0	0	
Group Sessions	72 5 82 12	0	0	
Meal Delivered-Combined	72 5 82 12	0	0	
Total Cost for Functional Centre	72 5 82 12	\$0	\$0	
Group Participant Attendances	72 5 82 12	0	0	
Service Provider Interactions	72 5 82 12	0	0	
Service Provider Group Interactions	72 5 82 12	0	0	
Mental Health Sessions	72 5 82 12	0	0	
CSS IH - Transportation - Client 72 5 82 14				
Full-time equivalents (FTE)	72 5 82 14	0.00	0.00	
Visits	72 5 82 14	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 14	0	0	
Hours of Care	72 5 82 14	0	0	
Inpatient/Resident Days	72 5 82 14	0	0	
Individuals Served by Functional Centre	72 5 82 14	0	0	
Attendance Days	72 5 82 14	0	0	
Group Sessions	72 5 82 14	0	0	
Meal Delivered-Combined	72 5 82 14	0	0	
Total Cost for Functional Centre	72 5 82 14	\$0	\$0	
Group Participant Attendances	72 5 82 14	0	0	
Service Provider Interactions	72 5 82 14	0	0	
Service Provider Group Interactions	72 5 82 14	0	0	
Mental Health Sessions	72 5 82 14	0	0	
CSS IH - Crisis Intervention and Support 72 5 82 15				
Full-time equivalents (FTE)	72 5 82 15	0.00	0.00	
Visits	72 5 82 15	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 15	0	0	
Hours of Care	72 5 82 15	0	0	
Inpatient/Resident Days	72 5 82 15	0	0	
Individuals Served by Functional Centre	72 5 82 15	0	0	
Attendance Days	72 5 82 15	0	0	
Group Sessions	72 5 82 15	0	0	
Meal Delivered-Combined	72 5 82 15	0	0	
Total Cost for Functional Centre	72 5 82 15	\$0	\$0	
Group Participant Attendances	72 5 82 15	0	0	
Service Provider Interactions	72 5 82 15	0	0	
Service Provider Group Interactions	72 5 82 15	0	0	
Mental Health Sessions	72 5 82 15	0	0	
CSS IH - Day Services 72 5 82 20				

Full-time equivalents (FTE)	72 5 82 20	6.00	6.00	
Visits	72 5 82 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 20	0	0	
Hours of Care	72 5 82 20	0	0	
Inpatient/Resident Days	72 5 82 20	0	0	
Individuals Served by Functional Centre	72 5 82 20	140	140	
Attendance Days	72 5 82 20	6786	6786	
Group Sessions	72 5 82 20	0	0	
Meal Delivered-Combined	72 5 82 20	0	0	
Total Cost for Functional Centre	72 5 82 20	\$496,278	\$520,403	
Group Participant Attendances	72 5 82 20	0	0	
Service Provider Interactions	72 5 82 20	0	0	
Service Provider Group Interactions	72 5 82 20	0	0	
Mental Health Sessions	72 5 82 20	0	0	
CSS IH - Homemaking 72 5 82 31				
Full-time equivalents (FTE)	72 5 82 31	0.00	0.00	
Visits	72 5 82 31	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 31	0	0	
Hours of Care	72 5 82 31	0	0	
Inpatient/Resident Days	72 5 82 31	0	0	
Individuals Served by Functional Centre	72 5 82 31	0	0	
Attendance Days	72 5 82 31	0	0	
Group Sessions	72 5 82 31	0	0	
Meal Delivered-Combined	72 5 82 31	0	0	
Total Cost for Functional Centre	72 5 82 31	\$0	\$0	
Group Participant Attendances	72 5 82 31	0	0	
Service Provider Interactions	72 5 82 31	0	0	
Service Provider Group Interactions	72 5 82 31	0	0	
Mental Health Sessions	72 5 82 31	0	0	
CSS IH - Home Maintenance 72 5 82 32				
Full-time equivalents (FTE)	72 5 82 32	0.00	0.00	
Visits	72 5 82 32	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 32	0	0	
Hours of Care	72 5 82 32	0	0	
Inpatient/Resident Days	72 5 82 32	0	0	
Individuals Served by Functional Centre	72 5 82 32	0	0	
Attendance Days	72 5 82 32	0	0	
Group Sessions	72 5 82 32	0	0	
Meal Delivered-Combined	72 5 82 32	0	0	
Total Cost for Functional Centre	72 5 82 32	\$0	\$0	

Group Participant Attendances	72 5 82 32	0	0	
Service Provider Interactions	72 5 82 32	0	0	
Service Provider Group Interactions	72 5 82 32	0	0	
Mental Health Sessions	72 5 82 32	0	0	
CSS IH - Personal Support/Independence Training 72 5 82 33	3			
Full-time equivalents (FTE)	72 5 82 33	0.00	0.00	
Visits	72 5 82 33	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 33	0	0	
Hours of Care	72 5 82 33	0	0	
Inpatient/Resident Days	72 5 82 33	0	0	
Individuals Served by Functional Centre	72 5 82 33	0	0	
Attendance Days	72 5 82 33	0	0	
Group Sessions	72 5 82 33	0	0	
Meal Delivered-Combined	72 5 82 33	0	0	
Total Cost for Functional Centre	72 5 82 33	\$0	\$0	
Group Participant Attendances	72 5 82 33	0	0	
Service Provider Interactions	72 5 82 33	0	0	
Service Provider Group Interactions	72 5 82 33	0	0	
Mental Health Sessions	72 5 82 33	0	0	
CSS IH - Respite 72 5 82 34	•			
Full-time equivalents (FTE)	72 5 82 34	0.00	0.00	
Visits	72 5 82 34	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 34	0	0	
Hours of Care	72 5 82 34	0	0	
Inpatient/Resident Days	72 5 82 34	0	0	
Individuals Served by Functional Centre	72 5 82 34	0	0	
Attendance Days	72 5 82 34	0	0	
Group Sessions	72 5 82 34	0	0	
Meal Delivered-Combined	72 5 82 34	0	0	
Total Cost for Functional Centre	72 5 82 34	\$0	\$0	
Group Participant Attendances	72 5 82 34	0	0	
Service Provider Interactions	72 5 82 34	0	0	
Service Provider Group Interactions	72 5 82 34	0	0	
Mental Health Sessions	72 5 82 34	0	0	
CSS IH - Comb. PS/HM/Respite Services 72 5 82 35	•			
Full-time equivalents (FTE)	72 5 82 35	0.00	0.00	
Visits	72 5 82 35	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 35	0	0	
Hours of Care	72 5 82 35	0	0	
Inpatient/Resident Days	72 5 82 35	0	0	
1 - 7 -				

Individuals Served by Functional Centre	72 5 82 35	0	0	
Attendance Days	72 5 82 35	0	0	
Group Sessions	72 5 82 35	0	0	
Meal Delivered-Combined	72 5 82 35	0	0	
Total Cost for Functional Centre	72 5 82 35	\$0	\$0	
Group Participant Attendances	72 5 82 35	0	0	
Service Provider Interactions	72 5 82 35	0	0	
Service Provider Group Interactions	72 5 82 35	0	0	
Mental Health Sessions	72 5 82 35	0	0	
CSS IH - Overnight Stay Care 72 5 82 40				
Full-time equivalents (FTE)	72 5 82 40	0.00	0.00	
Visits	72 5 82 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 40	0	0	
Hours of Care	72 5 82 40	0	0	
Inpatient/Resident Days	72 5 82 40	0	0	
Individuals Served by Functional Centre	72 5 82 40	0	0	
Attendance Days	72 5 82 40	0	0	
Group Sessions	72 5 82 40	0	0	
Meal Delivered-Combined	72 5 82 40	0	0	
Total Cost for Functional Centre	72 5 82 40	\$0	\$0	
Group Participant Attendances	72 5 82 40	0	0	
Service Provider Interactions	72 5 82 40	0	0	
Service Provider Group Interactions	72 5 82 40	0	0	
Mental Health Sessions	72 5 82 40	0	0	
CSS IH - Assisted Living Services 72 5 82 45				
Full-time equivalents (FTE)	72 5 82 45	0.00	0.00	
Visits	72 5 82 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 45	0	0	
Hours of Care	72 5 82 45	0	0	
Inpatient/Resident Days	72 5 82 45	0	0	
Individuals Served by Functional Centre	72 5 82 45	0	0	
Attendance Days	72 5 82 45	0	0	
Group Sessions	72 5 82 45	0	0	
Meal Delivered-Combined	72 5 82 45	0	0	
Total Cost for Functional Centre	72 5 82 45	\$0	\$0	
Group Participant Attendances	72 5 82 45	0	0	
Service Provider Interactions	72 5 82 45	0	0	
Service Provider Group Interactions	72 5 82 45	0	0	
Mental Health Sessions	72 5 82 45	0	0	
CSS IH - Caregiver Support 72 5 82 50				

Full-time equivalents (FTE)	72 5 82 50	0.00	0.00	
Visits	72 5 82 50	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 50	0	0	
Hours of Care	72 5 82 50	0	0	
Inpatient/Resident Days	72 5 82 50	0	0	
Individuals Served by Functional Centre	72 5 82 50	0	0	
Attendance Days	72 5 82 50	0	0	
Group Sessions	72 5 82 50	0	0	
Meal Delivered-Combined	72 5 82 50	0	0	
Total Cost for Functional Centre	72 5 82 50	\$0	\$0	
Group Participant Attendances	72 5 82 50	0	0	
Service Provider Interactions	72 5 82 50	0	0	
Service Provider Group Interactions	72 5 82 50	0	0	
Mental Health Sessions	72 5 82 50	0	0	
CSS IH - Emergency Response Support Services 72 5 82 55				
Full-time equivalents (FTE)	72 5 82 55	0.00	0.00	
Visits	72 5 82 55	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 55	0	0	
Hours of Care	72 5 82 55	0	0	
Inpatient/Resident Days	72 5 82 55	0	0	
Individuals Served by Functional Centre	72 5 82 55	0	0	
Attendance Days	72 5 82 55	0	0	
Group Sessions	72 5 82 55	0	0	
Meal Delivered-Combined	72 5 82 55	0	0	
Total Cost for Functional Centre	72 5 82 55	\$0	\$0	
Group Participant Attendances	72 5 82 55	0	0	
Service Provider Interactions	72 5 82 55	0	0	
Service Provider Group Interactions	72 5 82 55	0	0	
Mental Health Sessions	72 5 82 55	0	0	
CSS IH - Visiting - Social and Safety 72 5 82 60				
Full-time equivalents (FTE)	72 5 82 60	0.00	0.00	
Visits	72 5 82 60	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 60	0	0	
Hours of Care	72 5 82 60	0	0	
Inpatient/Resident Days	72 5 82 60	0	0	
Individuals Served by Functional Centre	72 5 82 60	0	0	
Attendance Days	72 5 82 60	0	0	
Group Sessions	72 5 82 60	0	0	
Meal Delivered-Combined	72 5 82 60	0	0	
Total Cost for Functional Centre	72 5 82 60	\$0	\$0	

Group Participant Attendances	72 5 82 60	0	0	
Service Provider Interactions	72 5 82 60	0	0	
Service Provider Group Interactions	72 5 82 60	0	0	
Mental Health Sessions	72 5 82 60	0	0	
CSS IH - Visiting - Hospice Services 72 5 82 65				
Full-time equivalents (FTE)	72 5 82 65	0.00	0.00	
Visits	72 5 82 65	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 65	0	0	
Hours of Care	72 5 82 65	0	0	
Inpatient/Resident Days	72 5 82 65	0	0	
Individuals Served by Functional Centre	72 5 82 65	0	0	
Attendance Days	72 5 82 65	0	0	
Group Sessions	72 5 82 65	0	0	
Meal Delivered-Combined	72 5 82 65	0	0	
Total Cost for Functional Centre	72 5 82 65	\$0	\$0	
Group Participant Attendances	72 5 82 65	0	0	
Service Provider Interactions	72 5 82 65	0	0	
Service Provider Group Interactions	72 5 82 65	0	0	
Mental Health Sessions	72 5 82 65	0	0	
CSS IH - Foot Care Services 72 5 82 70				
Full-time equivalents (FTE)	72 5 82 70	0.00	0.00	
Visits	72 5 82 70	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 70	0	0	
Hours of Care	72 5 82 70	0	0	
Inpatient/Resident Days	72 5 82 70	0	0	
Individuals Served by Functional Centre	72 5 82 70	0	0	
Attendance Days	72 5 82 70	0	0	
Group Sessions	72 5 82 70	0	0	
Meal Delivered-Combined	72 5 82 70	0	0	
Total Cost for Functional Centre	72 5 82 70	\$0	\$0	
Group Participant Attendances	72 5 82 70	0	0	
Service Provider Interactions	72 5 82 70	0	0	
Service Provider Group Interactions	72 5 82 70	0	0	
Mental Health Sessions	72 5 82 70	0	0	
CSS IH - Vision Impaired Care Services 72 5 82 75				
Full-time equivalents (FTE)	72 5 82 75	0.00	0.00	
Visits	72 5 82 75	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 75	0	0	
Hours of Care	72 5 82 75	0	0	
Inpatient/Resident Days	72 5 82 75	0	0	

Individuals Served by Functional Centre	72 5 82 75	0	0	
Attendance Days	72 5 82 75	0	0	
Group Sessions	72 5 82 75	0	0	
Meal Delivered-Combined	72 5 82 75	0	0	
Total Cost for Functional Centre	72 5 82 75	\$0	\$0	
Group Participant Attendances	72 5 82 75	0	0	
Service Provider Interactions	72 5 82 75	0	0	
Service Provider Group Interactions	72 5 82 75	0	0	
Mental Health Sessions	72 5 82 75	0	0	
CSS IH - Deaf, Deafened and Hard of Hearing Care Service	s 72 5 82 77			
Full-time equivalents (FTE)	72 5 82 77	0.00	0.00	
Visits	72 5 82 77	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 77	0	0	
Hours of Care	72 5 82 77	0	0	
Inpatient/Resident Days	72 5 82 77	0	0	
Individuals Served by Functional Centre	72 5 82 77	0	0	
Attendance Days	72 5 82 77	0	0	
Group Sessions	72 5 82 77	0	0	
Meal Delivered-Combined	72 5 82 77	0	0	
Total Cost for Functional Centre	72 5 82 77	\$0	\$0	
Group Participant Attendances	72 5 82 77	0	0	
Service Provider Interactions	72 5 82 77	0	0	
Service Provider Group Interactions	72 5 82 77	0	0	
Mental Health Sessions	72 5 82 77	0	0	
CSS IH - Elderly Person Centre Services 72 5 82 80 (No Ion	ger in use)			
Full-time equivalents (FTE)	72 5 82 80	0.00	0.00	
Visits	72 5 82 80	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 82 80	0	0	
Hours of Care	72 5 82 80	0	0	
Inpatient/Resident Days	72 5 82 80	0	0	
Individuals Served by Functional Centre	72 5 82 80	0	0	
Attendance Days	72 5 82 80	0	0	
Group Sessions	72 5 82 80	0	0	
Meal Delivered-Combined	72 5 82 80	0	0	
Total Cost for Functional Centre	72 5 82 80	\$0	\$0	
Group Participant Attendances	72 5 82 80	0	0	
Service Provider Interactions	72 5 82 80	0	0	
Service Provider Group Interactions	72 5 82 80	0	0	
Mental Health Sessions	72 5 82 80	0	0	
CSS ABI - Day Services 72 5 83 20				

Full-time equivalents (FTE)	72 5 83 20	3.04	3.42	
Visits	72 5 83 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 83 20	0	0	
Hours of Care	72 5 83 20	0	0	
Inpatient/Resident Days	72 5 83 20	0	0	
Individuals Served by Functional Centre	72 5 83 20	55	55	
Attendance Days	72 5 83 20	15840	15840	
Group Sessions	72 5 83 20	0	0	
Meal Delivered-Combined	72 5 83 20	0	0	
Total Cost for Functional Centre	72 5 83 20	\$309,645	\$320,620	
Group Participant Attendances	72 5 83 20	0	0	
Service Provider Interactions	72 5 83 20	0	0	
Service Provider Group Interactions	72 5 83 20	0	0	
Mental Health Sessions	72 5 83 20	0	0	
CSS ABI - Vocational Training and Education Services 72 5 83	30			
Full-time equivalents (FTE)	72 5 83 30	0.00	0.00	
Visits	72 5 83 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 83 30	0	0	
Hours of Care	72 5 83 30	0	0	
Inpatient/Resident Days	72 5 83 30	0	0	
Individuals Served by Functional Centre	72 5 83 30	0	0	
Attendance Days	72 5 83 30	0	0	
Group Sessions	72 5 83 30	0	0	
Meal Delivered-Combined	72 5 83 30	0	0	
Total Cost for Functional Centre	72 5 83 30	\$0	\$0	
Group Participant Attendances	72 5 83 30	0	0	
Service Provider Interactions	72 5 83 30	0	0	
Service Provider Group Interactions	72 5 83 30	0	0	
Mental Health Sessions	72 5 83 30	0	0	
CSS ABI - Personal Support/Independence Training 72 5 83 33	3			
Full-time equivalents (FTE)	72 5 83 33	0.00	0.00	
Visits	72 5 83 33	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 83 33	0	0	
Hours of Care	72 5 83 33	0	0	
Inpatient/Resident Days	72 5 83 33	0	0	
Individuals Served by Functional Centre	72 5 83 33	0	0	
Attendance Days	72 5 83 33	0	0	
Group Sessions	72 5 83 33	0	0	
Meal Delivered-Combined	72 5 83 33	0	0	
Total Cost for Functional Centre	72 5 83 33	\$0	\$0	

Group Participant Attendances	72 5 83 33	0	0	
Service Provider Interactions	72 5 83 33	0	0	
Service Provider Group Interactions	72 5 83 33	0	0	
Mental Health Sessions	72 5 83 33	0	0	
CSS ABI - Assisted Living Services 72 5 83 45				
Full-time equivalents (FTE)	72 5 83 45	0.00	0.00	
Visits	72 5 83 45	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 83 45	0	0	
Hours of Care	72 5 83 45	0	0	
Inpatient/Resident Days	72 5 83 45	0	0	
Individuals Served by Functional Centre	72 5 83 45	0	0	
Attendance Days	72 5 83 45	0	0	
Group Sessions	72 5 83 45	0	0	
Meal Delivered-Combined	72 5 83 45	0	0	
Total Cost for Functional Centre	72 5 83 45	\$0	\$0	
Group Participant Attendances	72 5 83 45	0	0	
Service Provider Interactions	72 5 83 45	0	0	
Service Provider Group Interactions	72 5 83 45	0	0	
Mental Health Sessions	72 5 83 45	0	0	
CSS Com Sup Init - Support Service Training 72 5 84 10				
Full-time equivalents (FTE)	72 5 84 10	0.00	0.00	
Visits	72 5 84 10	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 84 10	0	0	
Hours of Care	72 5 84 10	0	0	
Inpatient/Resident Days	72 5 84 10	0	0	
Individuals Served by Functional Centre	72 5 84 10	0	0	
Attendance Days	72 5 84 10	0	0	
Group Sessions	72 5 84 10	0	0	
Meal Delivered-Combined	72 5 84 10	0	0	
Total Cost for Functional Centre	72 5 84 10	\$0	\$0	
Group Participant Attendances	72 5 84 10	0	0	
Service Provider Interactions	72 5 84 10	0	0	
Service Provider Group Interactions	72 5 84 10	0	0	
Mental Health Sessions	72 5 84 10	0	0	
CSS Com Sup Init - Self Managed Attendant Services 72 5 84	20			
Full-time equivalents (FTE)	72 5 84 20	0.00	0.00	
Visits	72 5 84 20	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 84 20	0	0	
Hours of Care	72 5 84 20	0	0	
Inpatient/Resident Days	72 5 84 20	0	0	
		1		

Individuals Served by Functional Centre	72 5 84 20	0	0	
Attendance Days	72 5 84 20	0	0	
Group Sessions	72 5 84 20	0	0	
Meal Delivered-Combined	72 5 84 20	0	0	
Total Cost for Functional Centre	72 5 84 20	\$0	\$0	
Group Participant Attendances	72 5 84 20	0	0	
Service Provider Interactions	72 5 84 20	0	0	
Service Provider Group Interactions	72 5 84 20	0	0	
Mental Health Sessions	72 5 84 20	0	0	
CSS Com Sup Init - Personal Support Worker Training 72 5 8	4 30			
Full-time equivalents (FTE)	72 5 84 30	0.00	0.00	
Visits	72 5 84 30	0	0	
Not Uniquely Identified Service Recipient Interactions	72 5 84 30	0	0	
Hours of Care	72 5 84 30	0	0	
Inpatient/Resident Days	72 5 84 30	0	0	
Individuals Served by Functional Centre	72 5 84 30	0	0	
Attendance Days	72 5 84 30	0	0	
Group Sessions	72 5 84 30	0	0	
Meal Delivered-Combined	72 5 84 30	0	0	
Total Cost for Functional Centre	72 5 84 30	\$0	\$0	
Group Participant Attendances	72 5 84 30	0	0	
Service Provider Interactions	72 5 84 30	0	0	
Service Provider Group Interactions	72 5 84 30	0	0	
Mental Health Sessions	72 5 84 30	0	0	
CHC Research - Community Health and Social Services 7*7 5	50			
Full-time equivalents (FTE)	7*7 50	0.00	0.00	
Visits	7*7 50	0	0	
Not Uniquely Identified Service Recipient Interactions	7*7 50	0	0	
Hours of Care	7*7 50	0	0	
Inpatient/Resident Days	7*7 50	0	0	
Individuals Served by Functional Centre	7*7 50	0	0	
Attendance Days	7*7 50	0	0	
Group Sessions	7*7 50	0	0	
Meal Delivered-Combined	7*7 50	0	0	
Total Cost for Functional Centre	7*7 50	\$0	\$0	
Group Participant Attendances	7*7 50	0	0	
Service Provider Interactions	7*7 50	0	0	
Service Provider Group Interactions	7*7 50	0	0	
Mental Health Sessions	7*7 50	0	0	
Education-In Service (CCAC Only) 72 8 40				

Full-time equivalents (FTE)	72 8 40	0.00	0.00	
Visits	72 8 40	0	0	
Not Uniquely Identified Service Recipient Interactions	72 8 40	0	0	
Hours of Care	72 8 40	0	0	
Inpatient/Resident Days	72 8 40	0	0	
Individuals Served by Functional Centre	72 8 40	0	0	
Attendance Days	72 8 40	0	0	
Group Sessions	72 8 40	0	0	
Meal Delivered-Combined	72 8 40	0	0	
Total Cost for Functional Centre	72 8 40	\$0	\$0	
Group Participant Attendances	72 8 40	0	0	
Service Provider Interactions	72 8 40	0	0	
Service Provider Group Interactions	72 8 40	0	0	
Mental Health Sessions	72 8 40	0	0	
Total Full-Time Equivalents for all F/C		9.04	9.42	
Total Visits for all F/C		0	0	
Total Not Uniquely Identified Service Recipient Interactions for	•			
all F/C		0	0	
Total Hours of Care for all F/C		0	0	
Total Inpatient/Resident Days for all F/C		U	U	
Total Individuals Served by Functional Centre for all F/C		195	195	
Total Attendance Days for all F/C		22626	22626	
Total Group Sessions for all F/C		0	0	
Total Meals Delivered for all F/C		0	0	
Total Group Participants for all F/C		0	0	
Total Service Provider Interactions for all F/C		0	0	
Total Mental Health Sessions for all F/C		\$805.925	\$841.025	
Total Cost for all F/C		φουο,925	\$841,025	

Community Accountability Planning Submission - LHIN Managed HSP Name: City Of Ottawa
Budget 2017-18 COMMENTS Return to Main Page
HEALTH SERVICE PROVIDER COMMENTS Note: Press ALT+Enter to insert a line break as you are typing

LHIN CONSULTANT NOTES

e. Press ALT+Enter to II	<i>,,</i> ,		

EDIT CHECKS													
The HSP Identification Screen is Complete	0												
All Fund Type 2 expenses for 2017/18 budget are allocated to Functional Centres on the Activity Sheet	©												
Total FTEs from the Financial pages for 2017/18 budget balances to the Total FTE's at the bottom of the Activity Page	©												
TPBE SPECIFIC EDIT CHECKS		CMHP 1	SF	ABI	PG	SAP	POMS	СМН	css	PALC	AO	SH	
Fund Type 2: Budget years for 2017/18 are balanced		0	(3)	(()	(()	0	0	(C)	00	(3)	(3)	(3)	
All Active Programs have Administration Expenses Entered		©		0	0	0		0	©	0	0	0	







Document 4- Reports submitted to the Champlain LHIN under the MSAA

 2016 French Language Services Report

SAA 2015-2016

Report on Responsiveness to Francophone Community Needs

Please complete and return by email to ch.accountabilityteam@lhins.on.ca by June 30, 2016. If completing electronically, please use a different font and/or color.

If you require assistance, please contact your LHIN Senior Accountability Specialist.

A: Health Service Provider (HSP) Name
City of Ottawa, Adult Day Program
B: Partner of Health Link
Name of Health Link: Multiple
C: Person submitting this report
Name: Carly Ouderkirk
Title: Strategic Initiatives Project Officer
Contact information: (613) 580-2424 ext 23822 carly.ouderkirk@ottawa.ca
D: Date
July 21st, 2016

E. Panart	
E: Report	
Questions	Responses (please check all that apply)
Does your agency have a process in place to identify the language of the patients/clients/residents it services?	 No Voluntarily self-identify Prompted to self-identify using specific questions. <i>Please provide exact wording of questions asked</i>. Client information sheet asked for specific language preference of English or French
	Other, please specify:
Does your agency have a process in place to identify French-speaking staff?	 No Voluntarily self-identify Prompted to self-identify using standard FL skill definitions during screening Informal assessment using in-house resources Informal assessment during interview by asking open-ended questions in French Formal testing by an accredited supplier other
Does your agency keep a record of the French language competence skill level of its staff	NoYes, in personnel file

SAA 2015-2016

Report on Responsiveness to Francophone Community Needs

and volunteers?	O Yes, in human resources information system
and volunteers?	
	Yes, inventory of French-speaking staff
	 Yes, inventory of French-speaking staff on duty
	 Yes, inventory of French-speaking volunteers
	Other, please specify:
What number and/or percentage	0
of front-line staff have enough	Approximation only
French language skills to work efficiently with French-speaking patients/clients/residents?	o Number:
	o Percentage: 70%
	O Exact number:
	Exact percentage:
What number and/or percentage	0
of volunteers have enough French	Approximate answer only
language skills to work efficiently	
with French-speaking patients/clients/residents?	o Number:
patients/elients/residents.	o Percentage: 65%
	O Exact number:
	Exact percentage:
What services, if any, is your	All services
agency offering in French?	List of services offered in French: parts of the program are offered in
	French
What methods does your organization use to respond to a request for services in French when no such services are readily available?	○ None
	Rely on family member to assist with interpretation
	Rely on volunteers to assist with interpretation
	Client is directed to a French-speaking colleague
	o Professional staff member
	Non-professional staff member
	Use of accredited interpretation service
	Matching clients/patients/residents with French-speaking staff
	 Protocol in place for directing clients to other agencies providing a similar service in French within the community. Please provide the

SAA 2015-2016 Report on Responsiveness to Francophone Community Needs

	name of such agencies:
	 Memorandum of Understanding with another agency who provides a similar service in French within the community. Please provide the name of that agency:
	Other, please specify
What other activities to address	All services at some locations
the needs of French-speaking patients/clients/residents does	List of activities offered in French:
your agency offer?	
Comments	