

**Ministry of Health
and Long-Term Care**

**Assistant Deputy Minister
Community Health Division**

**5th Floor, Hepburn Block
Queen's Park
Toronto ON M7A 1R3**

**Telephone: (416) 327-6655
Facsimile: (416) 314-5914**

**Ministère de la Santé
et des Soins de longue durée**

**Sous-ministre adjoint
Division de la santé communautaire**

**Édifice Hepburn, 5 étage
Queen's Park
Toronto (ON) M7A 1R3**

**Téléphone (416) 327-6655
Télécopieur (416) 314-5914**



AUG 12 2004

Mr. Shawn Turner
Administator/Director of Long Term Care
Regional Municipality of York - Newmarket Health Centre
194 Eagle Street
Newmarket ON L3Y 1J6

Dear Mr. Turner:

I am pleased to provide you with the details on the 2004/05 community support funding increase of \$29.2M, recently announced by the Honourable George Smitherman, Minister of Health and Long-Term Care. The total budget for 2004/05 community support this year is now more than \$417M, an increase of 4.1% over last year. It is the government's expectation that this funding will facilitate the transformation agenda.

The \$29.2M includes the following components:

- \$12.5M in base funding to address the increased cost of providing service and to meet the needs of clients with greater service needs
- \$9.6M to increase services in four key service areas (meal programs, transportation, attendant care/homemaking/caregiver supports and adult day programs).
- \$1.2M for other community support planning and service
- \$5.9M in one-time expenditures to support a number of service initiatives including:
 - Improving local community transportation coordination to make more effective use of existing resources
 - Health and safety improvements within service sites
 - Purchase of service equipment and supplies to meet the needs of clients with more complex service needs in community settings

Details associated with this funding are outlined in the attached Schedule A. Please ensure that Schedule A is signed by you and your Board Chair. Once signed, send a copy to your Ministry of Health and Long-Term Care Regional Director, Michael Klejman, 905-954-4701 by August 23, 2004. This sign-back is the acknowledgement of your commitment to provide the services outlined in the attached schedule.

The government has launched a major transformation of Ontario's health care system to improve the quality and access to services and accountability of health care agencies, hospitals and facilities. We know that this will result in greater system efficiency and cost effectiveness and improved health care services to the residents of Ontario.

Through the development of a number of strategies we will be targeting service expansions in the community sector, reducing reliance on acute services in the hospital sector and stabilizing human resources pressures for health care providers.

The new funding you are receiving forms a key component to successfully achieving a transformed system. As part of these commitments, Ministry Regional Offices will also be facilitating discussions with you and your health care colleagues about ways to improve services and ensure a more systems approach in your local communities.

This new funding will help stabilize the community support service sector. In addition, new community support services funding will serve up to 8,000 new clients in 2004/05. It will increase the capacity of the sector to support seniors, frail elderly and persons with physical disabilities in the community. It will assist them to remain living independently with increased quality of life, for themselves and for their families and caregivers.

If you have any questions, please direct them to your Regional Ministry of Health and Long-Term Care Office.

Thank you once again for your continued support in meeting the health care needs of Ontarians.

Sincerely,



Mary Kardos Burton
Assistant Deputy Minister

c: Bill Fisch, Chair, Regional Municipality of York Newmarket Health Centre
Vida Vaitonis, Director, Community Care Access Centres Branch
Paul Barker, Director/A, Finance and Information Management Branch
Michael Klejman, Regional Director, Central East Region

Attachments

SCHEDULE A

2004/05 COMMUNITY SUPPORT SERVICES APPROVED ADDITIONAL FUNDING, TERMS and CONDITIONS and SIGN BACK FORM

Regional Municipality of York Newmarket Health Centre					
	<u>BASE</u>	<u>ONE- TIME</u>	<u>Service code</u>	<u>New Service Units</u>	<u>New Clients served</u>
Base increase - community support services	\$43,705				
Base increase - supportive housing services	\$73,543				
Service increase adult day program Maple	\$50,000		01A	400	7
Service increase adult day program Maple	\$23,400		01C	100	2
Service increase adult day program Keswick	\$7,000		01A	50	1
One time for personal emergency response systems		\$20,000	09F	80	80
2004/05 ADDITIONAL FUNDING:	\$197,648	\$20,000		630	90

Terms and Conditions of Additional Funding

1. This letter agreement is governed by the terms and conditions of the funding agreement for this Fiscal Period (which includes as Schedules an Annual Budget and Service Plan submitted by the Approved Agency), including all defined terms, as entered into between the Ministry of Health and Long-Term Care and the Approved Agency (the "Funding Agreement")

Additional Funding

2. Any funding contained in this Schedule is additional to that already detailed in the Annual Budget as attached to the Funding Agreement. The additional funding shall be considered included within the definition of "Funding" under the Funding Agreement and is subject to the terms and conditions applicable to the Funding provided under the Funding Agreement.

Additional Services

3. Any service requirements contained in this Schedule are additional to those already detailed in the Service Plan as attached to the Funding Agreement. The additional services shall be considered included within the definition of "Services" under the Funding Agreement and are subject to the terms and conditions applicable to the Services provided under the Funding Agreement.
4. The additional funding and, where applicable, any additional service requirements, if agreed to by the Approved Agency by signature below, shall represent an amendment to the Budget and Service Plan provided by the Approved Agency and shall satisfy the Budget and Service Plan amendment requirements in the Funding Agreement.

Having read and understood the terms and conditions set out above we, the Approved Agency, by signing below and in consideration of receiving the additional funding, hereby agree to the above terms and conditions.

Shawn Turner

Senior Administrator Name

Senior Administrator Signature

Date

I have authority to bind the Approved Agency

Bill Fisch

Chair (or Equivalent)

Chair (or Equivalent) Signature

Date

I have authority to bind the Approved Agency

Please sign and return, by facsimile transmission and by August 23, 2004, one copy of this agreement to the attention of the Regional Director at the number set out below.

MOHLTC Regional Director: Michael Klejman

Fax Number: 905-954-4701