

SCHEDULE F – DECLARATION OF COMPLIANCE 2020-2021

DECLARATION OF COMPLIANCE

Issued pursuant to the MSAA effective April 1, 2020

To: The Board of Directors of the Ontario Health Attn: Board Chair
From: The Board of Directors (the “Board”) of Canadian Hearing Services (the “HSP”)
Date: 23 June 2021
Re: April 1, 2020 – March 31, 2021 (the “Applicable Period”)

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between the funder and the HSP effective April 1, 2020.

The Board has authorized me, by resolution dated 23 June 2021, to declare to you as follows:

After making inquiries of **Julia N. Dumanian, President & Chief Executive Officer (CEO)** and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the “MSAA”) in effect during the Applicable Period.

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

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



Mark Wafer – Chair, Board of Directors

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Appendix 1 - Exceptions

[Please identify each obligation under the MSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

Service Volumes Not Within Corridor

Canadian Hearing Services did not meet the performance corridor for numbers of individuals in hearing health care (-21%), residential mental health housing support (-25%), and audiology and speech language pathology (-8%). This is due to the Covid shutdown, whereby counselling staff could not perform in-person visits, which resulted in fewer hearing screenings, new clients, and home visits. Also resulting from the Covid shutdown, one HCC staff was laid off until late fall 2020, which also affected service numbers. CHS's audiology clinics were closed until July 2020, at which point they re-opened at reduced capacity, also resulting in fewer individuals served.

CHS sought to innovate during this time to continue to serve new and existing clients. These include virtual sessions, webinars in ASL for Deaf clients, webinars to partnering organizations on communicating with hard-of-hearing clients during virtual service and while wearing masks, 'Sound Advice' virtual program for seniors on using virtual platforms, collaborations between various internal CHS programs, and GSS Covid-specific supports.

Clients are given the option of proceeding with virtual services, or to wait for in-person services to resume. It is anticipated that, once safe to resume in person services, the client volume and number of visits will significantly increase.

2020-2021					
OHRS Functional Centre	Service Activity	Target	Bottom of Corridor	Q4 Actual	Variance to Bottom of Corridor
72 582 77-CSS IH-Deaf, Deafened and Hard of Hearing Care Services	Individuals	500	425	334	-21%
Residential Mental Health, Support with Housing	Individuals	40	32	24	-25%
Hearing Healthcare (AUD/SLP) Toronto only	Individuals	4030	3627	3325	-8%

Fund Type 2 YTD is balanced or in Surplus

Fund Type 2 has ended the year with a deficit of \$(4,296) for the Community Mental Health and Community Support Services Sectors, which is practically break-even and insignificant compared to the overall budget.