**Central East Local Health Integration Network**
**CEO Report to the Board**
**July 21, 2009**

The following is a compilation of some of the major events/activities which have occurred over the last month:

## Mental Health & Addictions

### MHA Summit

The "Open Minds. Healthy Minds Summit", was held in Toronto on July 13-14, 2009, and introduced the discussion paper developed by the advisory group, which will form the basis for the ministry's 10-year strategy on mental health and addictions. The CE LHIN had a very strong consumer/survivor representation at the summit which was an opportunity to share experiences and best practices in the area of mental illness and addictions with like-minded peers, consumers, advocates, clinicians, community leaders and government officials. The ideas, stories, strategies and best practices taken from the Summit will play an important part in the final strategy the Minister's advisory group is putting together.

### Wellness Recovery Action Planning (WRAP)

WRAP or Wellness Recovery Action Planning is a self-management tool that works on a train the trainer model and is recognized. People with MHA issues are taught to manage their own issues through a series of targeted lessons based on Recovery Model Principles. The training is done by Peers and includes issues such as Crisis Prevention and Management, Positive self-talk, Peer Support, and the importance of ensuring that broader determinants of health are in place, (i.e.: appropriate food and housing). The skills are very similar to those included in the CDPM model of self-management, and preliminary discussions have taken place to explore the possibilities of integrating the WRAP and Self Management Programs in some manner. Ontario Shores has expressed some interest in the model for the purposes of Crisis Planning, and the new Peer Support Warm Line to be operated by United Survivors; (part of the CE LHIN's ED Avoidance Coalition) is based on the principles of WRAP.

### ED Avoidance Coalition

As part of the ED Pay for Results Program previously approved by the CE LHIN Board, a Mental Health ED Avoidance Coalition for Durham Region has been established. The Coalition consists of a variety of health service providers and social services along the Mental Health continuum:

- Lakeridge Health Corporation and Rouge Valley Health System
- Ontario Shores Centre for Mental Health Sciences
- Durham Mental Health Services
- CMHA Durham
- United Survivors Support Centre
- Durham Regional Police Services

The objective of the Coalition is to provide crisis prevention and intervention services from the ED and community that will appropriately divert people from the EDs and ensure that those who require ED services receive them. As part of our commitment to innovation, the CE LHIN has sponsored this Coalition in partaking in the Institute for Healthcare Improvement's Avoidable ED Visits Prototyping Initiative based on the Triple Aim Framework. Members of the Coalition attended the first IHI Avoidable ED Conference in Cambridge, Mass on June 25, supported by the Mental Health and Addictions Portfolio Lead and the ED/ALC Portfolio Lead.

The Mental Health and Addictions LHIN lead has been invited to sit on a National Group, representing Ontario to develop a National Housing Strategy. This work is sponsored by the National Mental Health Commission and will conclude on March 31, 2010.

**ED/ALC**
The final draft of the Peterborough Regional Health Centre Assessment and Coaching Team report has been completed and is currently being formatted. The draft report was presented by Team members to the Senior Management of PRHC, and will be formally presented at the August 4th CE LHIN Board Education session.

Four Nurse Practitioners have been hired for the Durham and Scarborough teams. An Expression of Interest has been sent out to all Long Term Care Homes requesting responses due by July 17th to determine eligibility and interest in participating in the Nurse Practitioner outreach support to clients

The Village of Taunton Mills Transitional Care Unit has been launched and a Memorandum of Understanding issued between the Unit and Lakeridge Health Corporation. The unit has received the first patient transfers from Lakeridge Health.

The ALC Activation Pilot Project with Ross Memorial Hospital has been completed with the final report pending along with negotiations to explore longer term implementation of the program.

Reporting to the Senior Director for Planning, Integration and Community Engagement, a new position, the ALC and ED Project Lead will be responsible for establishing, managing, monitoring and evaluating CE LHIN and health service provider performance and goals against improvement plans and accountability agreements. This is a position that is funded by the MOHLTC for one year.

**Chronic Disease Prevention and Management and Primary Care**

Current activities and those in coming months will support development of strategies identified in the IHSP refresh which is related to the advancement of the two system-level CE LHIN goals:

**Reduce Burden of Vascular Disease by 2013:**
Reduction of the CE LHIN average to the provincial average for prevalence for chronic conditions and common risk factors (hypertension, obesity, physical inactivity) were seen as base/minimal objectives at the Think Tank Session held on June 22nd. Specific targets for reduction in "avoidable" ER visits and hospital admissions will also be set.

**Integrated Diabetes Care (a component of Vascular Goal):**
A 6-month CE LHIN Diabetes Indicator pilot project was approved. The CE LHIN CDPM Lead has been working with the e-Health Lead, Lewis Hooper and Groveware Solutions to pilot a consistent system of collection of biophysical and behavioural indicators using a web-based program for clients in 5 Diabetes Education Centres (Hospital and CHC) and the Metabolic Syndrome clinic at Ontario Shores (formerly WMHS).

Plans are currently underway to update a second print-run production of the “Living with Diabetes Resource Guide”. The first print of the Guide was tremendously successful and the CE LHIN has received requests from across the province for either copies or permission to re-produce.

**Self Management:**
Over thirty Self Management Diabetes Peer Leaders have been trained. In addition, a Self Management Education Dialogue session was held with Trainers and representatives from Southeast and Central LHIN and the

MOHLTC Diabetes program. Pfizer pharmaceuticals provided financial support for the session. The Central East LHIN Diabetes Network strategized on improving integration/collaboration between Diabetes Education Centres and primary care providers. A meeting will take place with the Primary Care Working Group in early July to discuss strategies.

**Reduce Time Spent in Emergency Departments and Reduce Burden of Vascular Disease:**
At the last board meeting, funding to continue the Unattached Patient Assessment, Referral and Triage demonstration project was approved. The target is to "go-live" by the end of July with a fixed urban site in Scarborough and mobile clinic serving areas of need in rural communities. The program received final review and approval by the Ministry of Health as it aligns to the objectives set for the Urgent Priority Fund – ALC component. Rouge Valley Health System has agreed to act as the Health Service Provider Sponsor for this leading-edge initiative.
The Ministry of Health recently announced funding for 19 Family Health Teams and 8 Nurse Practitioner Clinics across 8 LHINs province-wide. The Ministry is accepting proposals up until July 30th. The CE LHIN will be an active partner in both soliciting proposals and prioritizing the primary health care needs of our communities.

**Ontario Renal Network**

The Ontario Renal Network's mandate is to provide coordination and integration of renal care across the province with active involvement from the renal community, establishing consistent standards and guidelines for renal care and putting in place systems to measure performance.

Dr. Judith Miller, a practicing nephrologist as well as an academic and researcher, will become the Clinical Lead for the Ontario Renal Network initiative. Treva McCumber, who has devoted much of her career to renal programs in progressively more senior and program lead positions, has also joined the Ontario Renal Network as the Provincial Program Lead. An information session with the CKD community was held on June 25th, 2009.

**Seamless Care for Seniors/Aging at Home Portfolio**

The Year 3 Aging At Home Call for Proposals are being developed and expected to be posted by mid-July. The call will specifically identify priorities and align with the MOHLTC's funding requirements which stipulate 50% of the funding must be spent on the direct reduction of ALC, 35% of the funding must be spent on ED diversion and 15% must be spend on ALC prevention. The final plan is due to the Ministry in January.

LHIN staff have met with Peterborough City staff to discuss how we can work collaboratively in planning and funding human services. Staff also attended and presented at the Peterborough Senior's Summit on June 18.

**Aging At Home Priority Projects:**
At the July 7th Board Education session, we were pleased to receive the reports of three of the Aging at Home Priority Projects which wrapped up in March 2009. Presentations were made by Colleen Zavrel, Chair Caregiver Support and Well-being Project Team, Valmay Barkey, Chair, Community Support Services Review Project Team, and Carol Gordon, Chair Supportive Housing Project Team.

These project teams were engaged and enthusiastic and I wish to extend my appreciation for all their hard work. Please find Appendix B, the one-page summary of the project deliverables posted to the website. Also posted on the CE LHIN website are the project final reports. Contained in each of these reports are a number of recommendations which will be reviewed again in the context of available resources and funding directions established by the MOHLTC.

The Home At Last Project has wrapped up and a presentation on the deliverables will be made to the board at the August Education Session.

**Clinical Services Plan – One Acute Care Network**

At the end of April 2009, the CE LHIN Board concluded a formal 60 day community engagement and feedback period with stakeholders from across the CE LHIN. Written responses from approximately 780 persons were received and a report summarizing these responses reviewed by the CE LHIN Board. Included in this consultation was a face-to-face meeting with each hospital corporation Board and the CECCAC Board. Following presentation and discussion on the CSP recommendations, each corporation was asked to consider supporting a motion to agree to continue planning and delivery of each clinical service within the context of a 'one acute care network'. All Boards have agreed to this concept and have been working at their own corporate level or are in consultation or planning mode with other hospital and community partners. Hospital Corporation led community engagement is also occurring in some cases.

It is clear that the potential for follow-though on the recommendations is possible as expressed to date by clinical leadership across the LHIN. In some cases, like the Cardiac initiatives, senior management, boards and clinical leadership from all organizations are collaborating and developing proposals to support the recommended models.

To support the clinical leadership in addressing the recommendations in the clinical services plan, the Project Management Office has compiled the "*Voluntary Integration Process and Requirements Guide*". "*The Central East LHIN Voluntary Integration Process and Requirements Guide*" is based on the "*Local Health Integration Network/Health Service Provider Governance Resource and Toolkit for Voluntary Integration Activities"* and is describes the process for Central East LHIN-funded health service providers intending to voluntarily integrate services including the requirements and templates for preparing and submitting a notice of intended voluntary integration. The guide is available on the Central East LHIN website under the resource document section.

**Integrated Health Services Plan Project**

The IHSP Project Team is on target to meet its deliverables. As a follow-up to the symposium feedback received, the project team assembled a "Think Tank" on June 22nd to identify ground level goals to advance the main Vascular and ED goals. Work is also underway to contract the services of a telephone polling company to measure community confidence in the health system, patient experience and priorities.

**LHINs and Triple Aim:**
Through the leadership of the CE LHIN and support of the ESC LHIN and the Centre for Healthcare Quality Improvement & The Change Foundation, representatives from twelve participating LHINs gathered recently to provide support and coaching to each other as they addressed several strategically important priorities and initiatives, including developing their next phase IHSPs by applying IHI's Triple Aim framework.

Specific objectives included creating sharing of an understanding and knowledge of the Triple Aim. Also important was to engage the LHINs in directly incorporating the Triple Aim design concepts, including patient and family experience, primary care redesign, prevention and health promotion, cost control, and system integration into the design of their priority projects. The event featured the work of the Central East LHIN.

Not only will the outcomes of this cross-LHIN collaboration find its way into the IHSP, but will be featured in the September 18, 2009 Ontario Triple Aim Summit sponsored by the Centre for Healthcare Quality Improvement &

The Change Foundation. Chairs, CEOs, Sr. Management, MOHLTC leaders are anticipated to attend this event with the objective of advancing greater strategic coherence across the province through the Triple Aim.

**Health Service Provider News**

I would like to welcome John Hudson to the role of Chair and Nick O'Nian's to the role of Vice Chair of the Northumberland Hills Hospital.

**Central East LHIN e-Health**

Work continues on creating a single Hospital information system for the LHIN through consolidation to a single Meditech 6.0 system. This work is heavily dependent on the 5 LHIN data centre consolidation project which has received $1M from OntarioBuys for an implementation analysis. Briefing papers for the HIS consolidation and the Data Centre work are being developed for review with the interim CEO at e-Health and other potential funders as required. The LHIN Leads Co-Chaired by our CE LHIN e-health Lead continue to work to help the e-health office deal with the recently identified issues and improve the overall state of e-health in Ontario.

As Phase II project management is confirmed and the communication plan for the Clinical Applications Standards project is developed, there will be several communication events in July and August.

**TDIS Information System Priority Project:**
The TDIS Priority Project has completed 75% of its goal to create a Vendor Integration Implementation Plan and test interfaces with Meditech. Grant monies received from the LHIN Physician e-Health Demonstration Initiative permits the inclusion of more pilot sites at Rouge and Scarborough. Identification of the host site as a Health Information Network Provider (HINP) will require a Privacy Impact Assessment and Threat Risk assessment at the host site at a minimum. Project funds will be utilized to ensure best practice is met. A Service Level Agreement or MOU to support the inter-facility hosting requirements, and a separate SLA with physicians' offices will also be required. Each will contain specific privacy language.

**Performance Contracts and Allocations**

**Long-Term Care and Hospital Service Accountability Agreements (LSAA and HSAA):**
CE LHIN staff completed LSAA "Meet and Greet" sessions with the LTCH sector in the following locations; Peterborough, Lindsay, Durham East and Scarborough. One of the key messages was a commitment to ensure open lines of communication between the providers and the LHIN to resolve issues as they occur. CE LHIN is participating in the LSAA process at the provincial steering committee and working level which have responsibility for developing the guidelines, agreement, schedules and indicators.

Work has also begun on the HAPS/HSAA (Hospital Planning Submissions and Accountability Agreements) process with CE LHIN hosting an education and planning day on June 25th with all CE LHIN hospitals and the Central East Community Care Access Centre. By the end of the session, there was consensus among all hospitals on revenue, expense and volume assumptions to use in the initial development of the HSAA agreements.

The success of both of the above projects is dependant on timely material, processes and supports.

**2008/09 Year-end (Q4) – Hospitals:**
Financial performance for CE LHIN hospitals in 2008/09 demonstrated significant improvement. During the 2008/09 Q2 forecasting process, eight hospitals, with the exception of Ross Memorial, projected a deficit position by year-end (i.e. CE LHIN total projected deficit of ($29M)). By 2008/09 Q3, our hospitals succeeded in reducing their run rates and consequently forecasted a significant improvement in their deficit position (i.e. down to a total deficit of ($12.6M)).

By Q4, the CE LHIN hospital year-end results were confirmed as follows:

- Five hospitals (Haliburton Highlands Health Services, Ross Memorial Hospital, Rouge Valley Health Systems, The Scarborough Hospital and Whitby Mental Health Centre (now Ontario Shores)) had surpluses;
- Two hospitals (Lakeridge Health Centre and Peterborough Regional Health Centre) ended with deficits under (1.1%) of total revenues; and
- Both Campbellford Memorial Hospital and Northumberland Hills Hospital ended the year with year-end deficits that exceeded (1.5%).

The total CELHIN deficit by year end was ($8.2M).

The CE LHIN Hospital Financial Summary report for 2008/09 - Q4 will be discussed at today's Board Meeting.

**LHIN/MOHLTC Quarterly report (2009/10 - Q1):**
The 2009/10 Q1 report was submitted to the ministry on time. The Risk Report and our CE LHIN Hospital Financial Summary report for 2009/01 - Q1 are being discussed at today's Board Meeting.

**Deloitte Review - PRHC Financial Business Case:**
The Deloitte review of the Peterborough Regional Health Centre Business Case that identified $8.0M in operational efficiencies, related to the new hospital, has been completed. The review assessed the hospital's current progress (in the first 6 months of new hospital operations) in achieving the efficiencies. This evaluation did not assess potential/additional cost saving opportunities but rather focused on achievement of previously identified opportunities.

The review was based on an update to the 2003 Business Case (completed in 2007) that concluded that the original savings of $8M identified in 2003 were likely reduced to $6.97M.

It was determined that PRHC achieved or is positioned to achieve almost the entire targeted $6.97M savings and that all departments appear to demonstrate strong accountability for achieving savings targets. The auditors concluded that PRHC management has put in place almost all major initiatives for cost savings.

**CE Community Care Access Centre (Financial Pressure and Cost Containment):**
The CE CCAC received a 7.9% funding increase from the prior year and finished the year-end at March 31, 2009 with a deficit of $9,756,827. Pressures contributing to the deficit included a $12M (22.2%) increase in Personal Support expenses (344,500 or 17.5% additional hours of care) over the 2007/08 fiscal year volumes. In addition, there was a $4.3M (9.2%) increase in Nursing expenses (56,678 or 6.3% additional visits) over 2007/08 fiscal activity. The CCAC also experienced considerable cost relate to implementation of the CHRIS reporting system.

In the current year, the CE CCAC continues to experience an increase in referrals from the hospitals which is contributing to an increase in their client volumes. The CCAC has stepped up their 2009/10 cost containment strategies and are reviewing the effect of these measures. More detail is provided in the monthly CE CCAC report attached to the CEO report.

**Long Term Care Home B/C Renewal Program:**
Three potential projects have come forward, however, there is only one home with plans to proceed in phase I of the renewal program. CE LHIN staff met with two providers to discuss their plans to renew their homes and to discuss how they can align the projects with our identified priorities. A meeting was scheduled for July 16th with providers of these potential projects in order to meet the July 31st deadline for renewal applications. The CE LHIN Board will receive a full update on the renewal strategy at a future education session. This program has significant potential to enhance the role of the LTCH sector through design changes and partnerships with broader sector providers.

**Other Allocation Activities:**
Additional priorities for the Allocations team this month included the development of Aging at Home Year 2 funding letters and the updated Urgent Priority Funding allocation schedule (submitted to the Ministry of Health and Long Term Care). The team has also completed the reconciliation of the 2009/10 MLAA funding update.

**Health Force Ontario Partnership Coordinator**

Amanda English, Partnership Coordinator was recently hired in cooperation with Health Force Ontario Marketing and Recruitment Agency (HFO MRA) and the Central East LHIN. This new position is part of the Community Partnership Program, an Agency initiative designed to help improve the supply of physicians and nurses in Ontario. The Agency is presently hiring a partnership coordinator to work in each Local Health Integration Network (LHIN) area to support and augment the work of the community recruiters and health care organizations, the local LHIN, and other health care providers in physician recruitment and health human resources planning.

As an Agency employee located in the Central East LHIN office in Ajax, Amanda will enjoy full access to the Agency's broad base of recruitment and retention resources. She will work as part of the team of coordinators to promote and support HFO MRA programs and act as the agency's link to the community. She will also assist stakeholders with physician recruitment and retention and support and assist LHINs with Health Human Resource Planning as it relates to Physicians. She will support nursing specifically as it relates to the Nursing Graduate Guarantee and HFO Jobs online job portal. Amanda and the team of provincial coordinators will also help to develop "best practices" policies and procedures for recruitment and retention use across the province.

**Ministry of Health and Long Term Care**

**LHINS Consistency Workshop:**
On March 30-31, 2009, the Chairs of the Boards and the CEOs of the 14 LHINs, provincial thought leaders, and representatives of health service organizations and the Ministry participated in a workshop on LHINs and consistency.

The purpose of the workshop was to assess the results of the survey on LHINs and consistency completed by 63 workshop participants and identify the top areas for LHIN consistency and any areas where variability may be preferred.

The top three areas that were viewed to be most critically important by respondents were first that the LHINsneed to have a consistent approach for managing provincial programs (71% critically important). Second was that the LHINs' local system priorities need to support the province's strategic priorities and directions (61% critically important). Finally, identified was that the LHINs' need to report a consistent set of information to the Ministry (57% critically important).

**LHIN Collaborative (LHINC):**
Starting July 1st, 2009 LHINC will be co-located with the LHIN Shared Office (LSSO) and led by Mario Tino, Executive Director. Work is underway to recruit members for the LHINC Council. The role of the LHINC Council will be to set priorities for the organization and to recruit and monitor the performance of the Executive Director.

Membership on the council will include LHIN management, members of provincial associations within the LHIN mandate, as well as representation from cancer care, public health and primary care. Inaugural membership on the council will be carried out in two steps. This two step process is intended to approximate the future nomination and replacement process, whereby LHINC Council members participate in membership selection. The initial two step process is as follows: First, members from those health sectors with only one association/agency have been asked to nominate 3 potential members for council. LHIN members of the LHINC Steering Committee will review the list of potential members and select one to represent each sector. Selection will be based on experience in the health system, geographic location within the province and gender balance.

Second, members from those health sectors with more than one association/agency have been asked to nominate 3 potential members for the LHINC Council by sector, not by association/agency. The CE LHIN CEO, by virtue of her role as Chair of the LSSO has been named as an inaugural member of the Council.

**e-Health Ontario**

The Ministry announced on June 17, 2009 that Rita Burak has been appointed by Order in Council, as the new Chair of e-Health Ontario's Board of Directors. Ms Burak has held several senior positions with the Ontario Government including as Secretary of the Cabinet and Clerk of the Executive Council and Deputy Minister of Agriculture, Food and Rural Affairs. She has also had extensive Board experience with the Equitable Life Insurance Company of Canada, TELUS Toronto Community board and TELUS Ontario Advisory Committee, the Glendon School of Public Affairs Board, and the University Health Network.

**Ontario Health Quality Council**

An e-copy of the Ontario Quality Health Council 2009 report on Ontario's Health System mentioned in last month's CEO report is now available online in the appendix of this report.

**Ontario Hospital Association**

With community engagement playing such a pivotal role in our health care system, the OHA was pleased to have the opportunity to work recently with a number of health service provider associations and LHINs to develop a useful tool to support community engagement initiatives. "*EPIC – Engaging People. Improving Care"* – is a community engagement e-resource for Ontario's health care sector, designed by the sector for the sector. Committed to ensuring effective community engagement across the sector, the LHIN Collaborative (LHINC) has been a strong supporter of EPIC. Moving forward, the LHINC will continue supporting EPIC and build on the site's momentum. Accessible at www.epicontario.ca <http://www.epicontario.ca/> , the first website of its kind in Ontario, EPIC includes community engagement resources covering a wide range of topics from the importance of community engagement, to key steps for planning, to evaluating strategies.

**Core Business Requirements – LHIN Operations**

**Human Resource Updates:**
It is my pleasure to welcome back Claire McConnell to the PICE unit, she returned to work at the CE LHIN on Monday, June 15, 2009.

It is also a pleasure to welcome Elizabeth Salvaterra in the position of Alternate Level of Care and Emergency Department Improvement Plan Project Lead.

Two summer students Shaeen Hassam and Brittany Patterson, have started working with the PCA unit. Shaguna Khazanchi is a temporary staff assigned to the Corporate office.

**New Office Space:**
The occupancy date for the additional office space was June 30, 2009 and the official opening occurred at the July 7th Board Education Session.

**Office Systems:**
We are continuing to build the project charter for the new Voice Over Internet Protocol (VOIP) system to ensure a proper roll-out and implementation for the staff. We are planning an installation date of a wireless system for both locations of the CE LHIN by late summer.

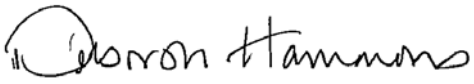
**Operations Updates:**
The final 2008-2009 audited financial statements were completed for the annual report and submitted to the Financial Management Branch of the MOHLTC.

**Microsoft Enterprise Agreement for CE LHIN Hospitals:**
The Enterprise Agreement for the purchasing of Microsoft applications for the CE LHIN Hospitals is complete as of July 1, 2009. The CE LHIN is the holder of the master agreement, and each of the 9 CE LHIN hospitals has signed an affiliate agreement to purchase and use Microsoft Software. This agreement; which is over a 3 year period, replaces each hospital's previous license agreement and has kept the hospital pricing at 2007/2008 levels. As well, the 9 hospitals submitted a request for quote for a single reseller of the Microsoft products for all facilities. The successful reseller, CCSI Technologies, because of the volume of the 9 hospitals purchases, has been able to offer the CE LHIN hospitals an improvement on the pricing by approximately 5%.

The CE LHIN Board of Directors also directed the e-health team at the June meeting to pursue a similar Microsoft purchase agreement for all other providers of the LHIN. In preliminary discussions with Microsoft, they have agreed in principle to include the other providers in the CE LHIN under this agreement. The next steps will be to determine those providers' needs and requirements (providers such as Community Care, Long Term Care, Family Health Teams, etc.), and develop a proposal agreement with Microsoft, for provider discussion and review. The options chosen by the hospitals may not the right mix of applications or cost effective for other providers, so the e-health team will go through a consultation process with providers to ensure the options are appropriate to the consumer.

**Procurement:**
The LHIN has recently received new procurement directives due to the review of the e-Health situation, and we are reviewing all processes to ensure that they comply with the new policies.

Respectfully submitted,



Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network

**Note: Any Items Previously Distributed Have Not Been Appended. They will be Posted on the Website.**

**Appendix A**
Voluntary Integration Process and Requirements Guide (posted to the website- Resource Documents)

**Appendix B**
Project Close-Out Reports – 1 page summaries of Project Deliverables (Web Posted)

- Community Support Services Review
- Supportive Housing Project
- Diabetes Clinical Practice Guidelines

Note Full Project Reports have been posted to the website

**Appendix C**
Ontario Quality Health Council 2009 report on Ontario's Health System (Web posted)

**Appendix D**
Letter from Paul Darby regarding Deloitte Audit

**Appendix E**
MLAA 2008-9 Q 4 Report

**Appendix F**

CCAC Report