

Finance & Facilities Standing Committee MS Teams Electronic Participation Monday, May 17, 2021 10:30am

	AGENDA					
ltem	Agenda Item	Lead	Expected Outcome			
1.0 COV	ENING THE MEETING					
1.1	Call to Order, Recognition of Quorum	Joe Preston				
	 Introduction of Committee Members 					
	and Staff and Guests					
1.2	Approval of Agenda	Joe Preston	Decision			
1.3	Reminder to disclose Pecuniary Interest and	Joe Preston				
	the General nature Thereof when Item Arises					
1.4	Reminder that Meetings are Recorded for	Joe Preston				
	Minute Taking Purposes					
2.0 APP	ROVAL OF MINUTES					
2.1	Approval of Minutes	Joe Preston	Decision			
	- March 18, 2021					
	- May 4, 2021					
3.0 APP	ROVAL OF CONSENT AGENDA					
None.						
4.0 AGE	NDA ITEMS FOR INFORMATION.DISCUSSION.DE	CISION				
4.1	Chief Executive Officer's Report for May 17,	Cynthia St. John	Decision			
	2021					
5.0 NEW	BUSINESS/OTHER					
6.0 CLOS	SED SESSION					
7.0 RISI	NG AND REPORTING OF THE CLOSED SESSION					
8.0 FUTI	JRE MEETINGS & EVENTS					
8.1	Finance & Facilities Standing Committee	Joe Preston	Information			
	Meeting – September 20, 2021					
9.0 ADJ	DURNMENT					



A meeting of the Finance & Facilities Standing Committee for Oxford Elgin St. Thomas Health Unit was held on Monday, March 15, 2021 via electronic means commencing at 10:30 a.m.

PRESENT:

Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member – Chair
Mr. L. Rowden	Board Member
Mr. D. Warden	Board Member
Ms. C. St. John	Chief Executive Officer
Ms. M. Nusink	Director, Finance (CFO)
Ms. A. Koning	Executive Assistant

REGRETS:

Mr. T. Marks Board Member

REMINDER OF DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF WHEN ITEM ARISES

1.1 AGENDA:

Resolution # (2021-FFSC-0315-1.2) Moved by D. Warden Seconded by T. Marks

That the March 15, 2021 agenda be approved.

Carried.

2.0 MINUTES:

Resolution # (2021-FFSC-0315-2.1)

Moved by D. Mayberry Seconded by D. Warden

That the minutes from the Southwestern Public Health Finance and Facilities Standing Committee meeting held November 23, 2020 be approved.

Carried.

3.0 CONSENT AGENDA:

None.

4.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

C. St. John reviewed her report.

C. St. John welcomed J. Buchanan from Graham Scott Enns. She will be presenting the draft audited financial statements to the committee. C. St. John noted that this year, the entire audit was conducted virtually given COVID-19 and commended M. Nusink and her team for their work to complete the audit.

J. Buchanan reviewed the statements.

J. Buchanan noted that SWPH tracked all COVID-19 expenditures in 2020 and on a go forward basis. She noted that this was completed to ensure that COVID-19 expenditures could be submitted to the Province for reimbursement.

S. Molnar joined at 10:44 a.m.

J. Buchanan reviewed note 16 – Significant Events – COVID-19. She asked the committee if they agreed with the note as presented. There were no concerns from Committee members.

J. Buchanan noted that there was new information on the statements given the change in reporting to the Ministry as well as the change from 100% funded programs to cost shared programs.

D. Warden asked about the cumulative cash surplus reported on the statements. J. Buchanan noted that this is an accumulated amount and not physical cash that is on hand.

J. Buchanan noted that the audit went very smoothly and was completed virtually. She noted that the audit was a very clean one with minimal adjusting entries and no control deficiencies were identified.

Resolution # (2021-FFSC-0315-4.1A)

Moved by D. Warden Seconded by L. Rowden

That the Finance & Facilities Standing Committee recommend the Board of Health for SWPH approve the audited financial statements for the period ending December 31, 2020.

Carried.

J. Buchanan left the meeting at 11:01 a.m.

C. St. John noted that she can confirm that all internal financial controls were met, as this is a requirement under the Ontario Public Health Standards and Accountability Framework.

Resolution # (2021-FFSC-0315-4.1B)

Moved by D. Warden Seconded by S. Molnar

> That the Finance & Facilities Standing Committee recommend that the Board of Health appoint Graham Scott Enns as the auditing firm for the year ending December 31, 2021. Carried.

Resolution # (2021-FFSC-0315-4.1C)

Moved by D. Warden Seconded by S. Molnar

That the Finance & Facilities Standing Committee recommend that the Board of Health approve the keeping of the 2019 municipal surplus to manage cash flow concerns should the Ministry not flow additional Covid-19 funding in a timely manner.

Carried.

C. St. John noted that given the reserve fund was returned to the obligated municipalities and COVID-19 expenditure funding has yet to flow to public health units, staff are recommending that SWPH increase its line of credit and hold the surplus funds from 2019.

It was noted that SWPH does not have confirmation from the Ministry that debt costs are recoverable within the COVID-19 extraordinary expenditures. C. St. John noted that she has

made that inquiry to the Ministry as CEO of SWPH, as well President of the Association of Public Health Business Administrators.

D. Warden asked how much the 2019 surplus is. It was noted that the surplus is \$198,695.00. It was noted and decided that the surplus monies would be used for cash flow purposes and would be held for the year.

The committee discussed the suggested increase to the line of credit. C. St. John noted that the request to increase the line of credit was an attempt to be very conservative and proactive, should we experience a cash flow concern in the future. It was determined that an increase to \$800,000 would be appropriate, to ensure there are no cash flow concerns. It was noted that this would also mitigate the need to levy obligated municipalities in the absence of monies being flowed from the Ministry.

It was noted that the Board of Health is the authority that can levy the obligated municipalities based on a recommendation by the Finance & Facilities Standing Committee.

Resolution # (2021-FFSC-0315-4.1D)

Moved by D. Warden Seconded by L. Rowden

That the Finance and Facilities Standing Committee recommend that the Board of Health approve increasing its existing line of credit from \$250,000 to \$800,000 to manage cash flow concerns that may arise.

Carried.

Resolution # (2021-FFSC-0315-4.1)

Moved by S. Molnar Seconded by D. Mayberry

That the Finance and Facilities Standing Committee accept the Chief Executive Officer's Report for March 15, 2021.

Carried.

5.0 NEW BUSINESS

None.

6.0 CLOSED SESSION

None.

7.0 NEW BUSINESS

None.

8.0 ADJOURNMENT

Resolution # (2021-FFSC-0315-9.0)

Moved by D. Warden Seconded by L. Rowden

That the meeting adjourns at 11:23 a.m.

Carried.

Confirmed by Mr. J. Preston _____





A meeting of the Finance & Facilities Standing Committee for Oxford Elgin St. Thomas Health Unit was held on Tuesday, May 4, 2021 via electronic means commencing at 2:02 p.m.

PRESENT:

Mr. T. Marks	Board Member
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member – Chair
Mr. L. Rowden	Board Member
Mr. D. Warden	Board Member
Ms. C. St. John	Chief Executive Officer
Ms. M. Nusink	Director, Finance (CFO)
Ms. A. Koning	Executive Assistant

REMINDER OF DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF WHEN ITEM ARISES

1.1 AGENDA:

Resolution # (2021-FFSC-0504-1.2)

Moved by D. Warden Seconded by T. Marks

That the May 4, 2021 agenda be approved.

Carried.

2.0 MINUTES:

None.

3.0 CONSENT AGENDA:

None.

4.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

None.

5.0 NEW BUSINESS

None.

6.0 CLOSED SESSION

Resolution # (2021-FFSC-0504-C6)

Moved by D. Warden Seconded by T. Marks

That the Finance & Facilities Standing Committee moves to closed session in order to consider one or more of the following as outlined in the Ontario Municipal Act:

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
- (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

- (a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
- (b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

Resolution # (2021-FFSC-0504-C7)

Moved by D. Warden Seconded by L. Rowden

That the Finance and Facilities Standing Committee rise with a report.

Carried.

D. Mayberry asked if the item contained within the Chief Executive Officer's report is eligible for 100% reimbursement by the Ministry of Health under COVID-19 extraordinary expenditures. It was confirmed that the item is an admissible expense and SWPH has received confirmation of this in writing from the Ministry.

Resolution # (2021-FFSC-0504-3.1(C))

Moved by S. Molnar Seconded by L. Rowden

That the Finance and Facilities Standing Committee accept the Chief Executive Officer's report for May 4, 2021 and approve the recommendation contained therein.

Carried.

7.0 NEW BUSINESS

None.

8.0 ADJOURNMENT

Resolution # (2021-FFSC-0504-9.0)

Moved by T. Marks Seconded by D. Warden

That the meeting adjourns at 2:18 p.m.

Carried.

Confirmed by Mr. J. Preston

	southwestern lic Health ord · Elgin · St.Thomas	CEO REPORT Open Session
MEETING DATE:	May 17, 2021	
SUBMITTED BY:	Cynthia St. John, CEO	
SUBMITTED TO:	 Board of Health Finance & Facilities Standing Committee Governance Standing Committee Transition Governance Committee 	
PURPOSE:	 Decision Discussion Receive and File 	
AGENDA ITEM #	4.1	

RESOLUTION # 2021-FFSC-0517-4.1

First Quarter Financial Statements (Decision): 1)

At the end of quarter one, March 31, 2021, Southwestern Public Health is currently overspent by approximately \$2,480,000 or 1% of the general program budget. The senior dental care program is currently on budget. Despite offering only emergency care internally we are also providing external emergency care for oral surgeries and bulk purchases of supplies have been made in advance of reopening. The overspending is due to Covid-19 staffing and resources, in particular our mass immunization clinics.

All program expenses and variances are reviewed monthly. At the end of March, we spent very little on regular programing due to the suspension of many programs. We instead were focussed on responding to the public health pandemic response including reducing the spread of COVID-19. The Ministry of Health has again indicated that there will be additional funds available to support health units with extraordinary costs incurred in managing their responses to COVID-19 and that this funding can be attributed to costs that cannot be managed within health units' current budgets. We are tracking our COVID-19 specific expenses separately to ensure they are captured accurately and that they can be reported to the Ministry for reimbursement when prompted to do so.

Of note, we have alerted the Ministry of Health that our initial expected list of COVID-19 expenses submitted in our Annual Service Plan was developed before vaccination roll out (early fall 2020). As such, we notified the Ministry that our expenses would be much higher than originally projected. We inquired whether we should amend our annual service plan submission and we were informed that no, that wasn't necessary, and that the Ministry expected our initial submission to be a projection that would likely change.

MOTION: (2021-FFSC-0517-4.1A)

That the Finance & Facilities Standing Committee recommend to the Board of Health to approve the first quarter financial statements for Southwestern Public Health.

2) Annual Service Plan (Decision):

The Annual Service Plan (ASP) is a consolidated Ministry document that includes all of our program planning activities and our Board approved budget. I am pleased to report that the requirement to complete this has been met and the report was submitted to the Ministry of Health the first week of March. The report was signed by myself and Larry Martin (on behalf of the Board).

MOTION: (2021-FFSC-0517-4.1B)

That the Finance & Facilities Standing Committee recommend that the Board of Health ratify the signing of the Annual Service Plan for 2021.

3) Revised 2020 Funding Letter (Receive and File):

Attached is the 2020 revised funding letter received April 1, 2021. The letter indicates an increase in the 2020 Covid-19 Extraordinary costs from the previously approved amount of \$444,800 to \$818,700, an overall increase of \$373,900. This increase was approved to cover the 2020 additional spending which was related to Covid-19 and reported to the Ministry as part of our fourth quarter reporting.

No action is required on the part of the Committee.

4) Facilities Report (Receive and File):

Woodstock Site

HVAC adjustments are required for the waiting room area at 410 Buller Street to address the increased heat load from the additional vaccine fridges/freezers. A stand-alone cooling unit was added the week of May 10th. This work needed to be completed prior to the warmer weather to reduce the risk of temperature fluctuations caused by opening the fridges/freezers during regular operations. Ideally, all units would be in a separately cooled and restricted area. Once regular operations resume, SWPH will need to explore options for clinical service programs as the waiting area formerly used, now houses fridges/freezers.

The costs associated with these HVAC adjustments, \$17,432, have been charged to COVID-19 expenditures and as such, SWPH will seek reimbursement from the Ministry of Health, for these costs.

MOTION: (2021-FFSC-0517-4.1)

That the Finance and Facilities Standing Committee accept the Chief Executive Officer's Report for May 17, 2021.

SOUTHWESTERN PUBLIC HEALTH

For the Three Months Ending Wednesday, March 31, 2021

STANDARD/	`	YEAR TO DATE		FULL YEAR		
PROGRAM	ACTUAL	BUDGET	VAR	BUDGET	VAR	% VAR
Direct Program Costs						
Foundational Standards						
Emergency Management	\$1,723.35	\$15,795.30	\$14,071.95	\$63,181.20	\$61,457.85	3.%
Effective Public Health Practise	11.30 0.00	79,332.36	79,321.06	317,329.44	317,318.14	0.%
Health Equity & CNO Nurses Health Equity Program	5,524.66	151,000.02 3,420.78	151,000.02 -2,103.88	604,000.08 13,683.12	604,000.08 8,158.46	0.% 40.%
Population Health Assessment	782.67	67,225.02	66,442.35	268,900.08	268,117.41	0.%
Foundational Standards Total	8,041.98	316,773.48	308,731.50	1,267,093.92	1,259,051.94	1.%
Chronic Disease Prevention & Well-Being Built Environment	468.68	81,972.99	81,504.31	327,891.96	327,423.28	0.%
Healthy Eating Behaviours	5,356.60	49,914.96	44,558.36	199,659.84	194,303.24	3.%
Healthy Menu Choices Act Enforcement	27.32	1,931.16	1,903.84	7,724.64	7,697.32	0.%
Physical Activity and Sedentary Behaviour	87.43	24,159.27	24,071.84	96,637.08	96,549.65	0.%
Substance Prevention	159.49	29,644.50	29,485.01	118,578.00	118,418.51	0.%
Suicide Risk & Mental Health Promotion	502.89	5,977.50	5,474.61	23,910.00	23,407.11	2.%
Chronic Disease Prevention & Well-Being Total	6,602.41	193,600.38	186,997.97	774,401.52	767,799.11	1.%
Food Safety						
Enhanced Food Safety - Haines Initiative	0.00	12,500.01	12,500.01	50,000.04	50,000.04	0.%
Food Safety (Education, Promotion & Inspection)	37,743.46	107,844.87	70,101.41	431,379.48	393,636.02	9.%
Food Safety Total	37,743.46	120,344.88	82,601.42	481,379.52	443,636.06	8.%
Healthy Environments						
Climate Change	358.12	26,134.89	25,776.77	104,539.56	104,181.44	0.%
Health Hazard Investigation and Response	6,142.77	81,067.83	74,925.06	324,271.32	318,128.55	2.%
Healthy Environments Total	6,500.89	107,202.72	100,701.83	428,810.88	422,309.99	2.%
Healthy Growth & Development Breastfeeding	32,338.86	73,516.68	41,177.82	294,066.72	261,727.86	11.%
Parenting	5,925.15	107,383.20	101,458.05	429,532.80	423,607.65	1.%
Reproductive Health/Healthy Pregnancies	4,120.56	89,323.65	85,203.09	357,294.60	353,174.04	1.%
Healthy Growth & Development Total	42,384.57	270,223.53	227,838.96	1,080,894.12	1,038,509.55	4.%
Immunization	12 579 01	21 220 70	7,651.79	94 000 90	71 242 90	16.%
Vaccine Administration Vaccine Management	13,578.91 11,626.38	21,230.70 28,231.38	16,605.00	84,922.80 112,925.52	71,343.89 101,299.14	10.%
Community Based Immunization Outreach	5,882.88	8,546.25	2,663.37	34,185.00	28,302.12	17.%
Immunization Monitoring and Surveillance	6,223.93	11,995.95	5,772.02	47,983.80	41,759.87	13.%
Immunization Total	37,312.10	70,004.28	32,692.18	280,017.12	242,705.02	13.%
Infectious & Communicable Diseases Infection Prevention & Control	79.665.97	139,385.58	59,719.61	557,542.32	477,876.35	14.%
Infection Prevention and Control Nurses Initiation	1,626.08	45,050.01	43.423.93	180,200.04	178,573.96	14. %
Infectious Diseases Control Initiative	7,681.16	97,615.68	89,934.52	390,462.72	382.781.56	2.%
Needle Exchange	9,697.37	15,225.00	5,527.63	60,900.00	51,202.63	16.%
Rabies Prevention and Control and Zoonotics	38,421.15	45,561.87	7,140.72	182,247.48	143,826.33	21.%
Sexual Health	135,384.31	233,476.62	98,092.31	933,906.48	798,522.17	14.%
Tuberculosis Prevention and Control	10,192.90	14,355.72	4,162.82	57,422.88	47,229.98	18.%
Vector-Borne Diseases	21,855.36	38,383.14	16,527.78	153,532.56	131,677.20	14.%
COVID-19 Pandemic	2,254,432.03	298,952.53	-1,955,479.50	1,195,810.00	-1,058,622.03	189.%
COVID-19 Mass Immunization	809,893.38	250,000.07	-559,893.31	1,000,000.00	190,106.62	81.%
COVID-19 IPAC- Defensive Culture	0.00	0.00	0.00	0.00	0.00	0.%
Infectious & Communicable Diseases Total	3,368,849.71	1,178,006.22	-2,190,843.49	4,712,024.48	1,343,174.77	71.%
Safe Water						
Enhanced Safe Water Initiative	0.00	7,749.99	7,749.99	30,999.96	30,999.96	0.%
Small Drinking Water Systems	0.00	10,233.51	10,233.51	40,934.04	40,934.04	0.%
Water	5,360.60	51,616.53	46,255.93	206,466.12	201,105.52	3.%
Safe Water Total	5,360.60	69,600.03	64,239.43	278,400.12	273,039.52	2.%
School Health - Oral Health						
Healthy Smiles Ontario	175,728.30	252,025.02	76,296.72	1,008,100.08	832,371.78	17.%
School Screening and Surveillance	10,266.30	54,341.46	44,075.16	217,365.84	207,099.54	5.%
School Health - Oral Health Total	185,994.60	306,366.48	120,371.88	1,225,465.92	1,039,471.32	15.%
School Health - Vision						
Vision Screening	104.00	52,128.36	52,024.36	208,513.44	208,409.44	0.%
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School Health - Immunization		001 51:	100 000 00		005.010.00	
School Immunization	60,851.18	221,541.27	160,690.09	886,165.08	825,313.90	7.%
School Health - Other						
Comprehensive School Health	557.02	223,233.84	222,676.82	892,935.36	892,378.34	0.%
		-,	,		,	21.70

Substance Use & Injury Prevention						
Falls Prevention	365.08	30,402.48	30,037.40	121,609.92	121,244.84	0.%
Harm Reduction Enhancement	45,002.88	81,749.67	36,746.79	326,998.68	281,995.80	14.%
Road Safety	87.43	17,310.75	17,223.32	69,243.00	69,155.57	0.%
Smoke Free Ontario Strategy: Prosecution	19,540.89	172,371.03	152,830.14	689,484.12	669,943.23	3.%
Substance Misuse Prevention	5,808.45	31,338.06	25,529.61	125,352.24	119,543.79	5.%
Substance Use & Injury Prevention Total	70,804.73	333,171.99	262,367.26	1,332,687.96	1,261,883.23	5.%
TOTAL DIRECT PROGRAM COSTS	3,831,107.25	3,462,197.46	-368,909.79	13,848,789.44	10,017,682.19	28.%
INDIRECT COSTS						
Indirect Administration	617,175.68	647,612.37	30,436.69	2,590,449.48	1,973,273.80	24.%
Corporate	26.066.50	43.485.00	30,438.69 17.418.50	2,590,449.48	1,973,273.80	24.% 15.%
Board	3.940.00	7.800.00	3.860.00	31,200.00	27,260.00	13.%
HR - Administration	136,269.01	194,370.51	58.101.50	777,482.04	641,213.03	13.%
Premises	392,318.76	403,493.76	11,175.00	1,613,975.04	1,221,656.28	24.%
TOTAL INDIRECT COSTS	1,175,769.95	1,296,761.64	120,991.69	5,187,046.56	4,011,276.61	24.78
TOTAL INDIRECT COSTS	1,175,769.95	1,230,701.04	120,331.03	3,187,040.30	4,011,270.01	23.70
TOTAL GENERAL SURPLUS/DEFICIT	5,006,877.20	4,758,959.10	-247,918.10	19,035,836.00	14,028,958.80	26.%
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100% MINISTRY FUNDED PROGRAMS						
MOH Funding	42,393.99	42,393.99	0.00	169,575.96	127,181.97	25.%
Senior Oral Care	219,177.22	225,325.02	6,147.80	901,300.08	682,122.86	24.%
TOTAL 100% MINISTRY FUNDED	261,571.21	267,719.01	6,147.80	1,070,876.04	809,304.83	24.%
One-Time Funding - Apr 1, 2020 to Mar 31, 2021						
One-Time Funding - Apr 1, 2020 to Mar 31, 2021 OTF NEP	19.100.00	19.100.00	0.00	19.100.00	0.00	100%
OTF NEP OTF Public Health Inspector Practicum	10.000.00	10.000.00	0.00	10,000.00	0.00	100%
OTF Elgin-Oxford Merger Costs	213.151.00	400.000.00	186,849.00	400.000.00	186.849.00	53%
OTF Eigin-Oxford Merger Costs OTF - HVAC	146,971.00	149,000.00	2,029.00	149,000.00	2,029.00	99%
OTF- VACCINE FRIDGE	21,850.00	30,000.00	8,150.00	30,000.00	8,150.00	73%
OTF Case & Contact Mgmt	26,900.00	26,900.00	0.00	26,900.00	0.00	100%
OTF HUB	108,297.00	805,000.00	696,703.00	805,000.00	696,703.00	13%
OTF School Nurses	603.000.00	603.000.00	0.00	603.000.00	0.00	100%
Total OTF	1,149,269.00	2.043.000.00	893,731.00	2.043.000.00	893.731.00	27.%
	1,143,203.00	2,043,000.00	030,701.00	2,043,000.00	033,731.00	27.70
Programs Funded by Other Ministries, Agencies						
Healthy Babies Healthy Children	1,302,762.00	1,653,539.00	350,777.00	1,653,539.00	350,777.00	79%
Pre and Post Natal Nurse Practitioner	139,005.00	139,000.00	-5.00	139,000.00	-5.00	100%
Total Programs Funded by Other Ministries, Agencies	1,467,693.69	1,823,032.74	355,339.05	1,823,032.74	446,820.27	8.%

Ministry of Health

2021 Annual Service Plan and Budget Submission

Board of Health for:

the Oxford Elgin St. Thomas Health Unit

Version 1.0

Board of Health for the Oxford Elgin St. Thomas Health Unit

Introduction and Instructions

Introduction

NOTE: The Introduction and Instructions provide a broad overview of the intent of the Annual Service Plan and Budget Submission each year. The Ministry of Health recognizes the tremendous efforts underway by boards of health to respond to COVID-19; therefore, boards of health are <u>not</u> required to complete specific sections of the Annual Service Plan for the 2021 funding year, including the Community Assessment and narrative Program Plans. The sections that are required for completion in 2021 are flagged in the instructions below.

The Annual Service Plan and Budget Submission (the "Annual Service Plan") is prepared by boards of health to communicate their program plans and budgeted expenditures for a given year. Information provided in the Annual Service Plan will describe the programs and services boards of health are planning to deliver in accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the "Standards"), based on local needs and budgets at the program level.

As part of the Annual Service Plan, boards of health will describe the needs of the population they serve using the most recent available data. There is an opportunity for boards of health to provide high-level indices of the population they serve along with more specific data for unique sub-populations with common indicators of risk. This information is critical to prioritizing programs and services for the community as a whole and ensuring identified populations receive tailored support as required. The knowledge gained from implementation of the Foundational Standards will inform the preparation, implementation, and monitoring of the Annual Service Plan.

The Standards allow for greater flexibility in program delivery in several Program Standards including, but not limited to, Chronic Disease Prevention and Well-Being, Healthy Growth and Development, School Health, and Substance Use and Injury Prevention. In the Annual Service Plan, boards of health will identify local priorities within each individual program area, and provide a summary of the data used to support their assessment of community need and their program delivery decisions, while also meeting all requirements under the Standards.

Please note that boards of health are required to include budget information on Ministry of Health (ministry) funded public health programs only (both cost-shared and 100% funded programs) and must include 100% of budgeted expenditures (municipal and provincial portions) for these programs. Additionally, details provided in the Annual Service Plan should be based on the board of health's existing funding/approved budget and assume no change to the provincial base funding allocation (see Schedule A of your board of health's most recent Public Health Funding and Accountability Agreement (Accountability Agreement)). Any costs expected to be incurred over and above the board of health's existing funding/approved budget may be requested in the One-Time Funding Requests worksheets provided in the Annual Service Plan.

For the 2021 funding year, boards of health are expected to take all necessary measures to continue to respond to COVID-19 in their catchment areas, support the ministry in the provincial roll-out of the COVID-19 Vaccine Program, and continue to maintain critical public health programs and services as identified in board of health approved pandemic plans.

While many of the activities associated with COVID-19, including costs associated with administering the COVID-19 Vaccine Program, fall within the scope of mandatory public health programs delivered by boards of health in accordance with the Standards, the ministry acknowledges that the very short timeframe and resources required to monitor, detect, and contain COVID-19 in the province may result in increased expenses. In recognition of these unique circumstances, boards of health have the opportunity to request one-time funding to support 2021 COVID-19 extraordinary costs as part of the Annual Service Plan. Similar to previous processes, these costs must be those over and above what can be managed from within the board of health's existing funding/approved budget and that boards of health continue to track these costs separately.

The deadline to submit the 2021 Annual Service Plan is April 2, 2021.

In order to further assist boards of health in completing the Annual Service Plan, a section outlining technical instructions on how to navigate through the Annual Service Plan worksheets is included as part of the Cover Page section of the template.

Instructions

The Annual Service Plan is organized according to the order of the Standards. Boards of health are required to provide budgeted financial data for each Foundational Standard, and for all programs and services planned under each Program Standard. For a list of admissible expenditures that can be included in the Annual Service Plan, refer to the current versions of the Accountability Agreement and Program-Based Grants User Guide (2017).

The Annual Service Plan includes multiple worksheets that are accessible from a menu on the left-hand side of the Annual Service Plan workbook. In each worksheet, cells that require input have been colour-coded blue. Cells that are prepopulated with data previously inputted are colour-coded white.

Annual Service Plan Structure

This worksheet sets the structure of the Annual Service Plan and requires each board of health to specify the number of programs to be delivered under each Program Standard, program titles, number of one-time funding requests including type/category of request and their titles, number of board of health members, and number of obligated municipalities to complete the apportionment worksheet. Space to enter titles for programs, and one-time funding requests will be visible once the board of health specifies the number required for each. These titles will automatically populate all appropriate sections in the Annual Service Plan (this worksheet must be completed/updated by boards of health prior to completing the Annual Service Plan). Note that for 2021 only, boards of health are <u>not</u> required to identify interventions for each program.

Boards of health can input a number value of up to 20 programs under each Program Standard. Information pertaining to the Foundational Standards is not required on this worksheet.

The ministry acknowledges that boards of health continue to use different program names for similar services, and there is a variation in the way boards of health group activities into programs. In order to address these challenges, the ministry is continuing the standardization of categories as part of the 2021 Annual Service Plan.

The ministry is requesting that boards of health provide budgeted financial data based on the following standardized categories:

Program Standard	Standardized Program Name	Applicable Requirements	Examples of Activities
Chronic Disease Prevention and Well-Being or Healthy Growth and Development	Non-Mandatory Oral Health Programs		Oral health services and activities provided outside of the requirements related to Healthy Smiles Ontario, the Ontario Seniors Dental Care Program, and School-based screening.
Chronic Disease Prevention and Well-Being	Ontario Seniors Dental Care Program	See Schedule B of the most recent Accountability Agreement.	See Schedule B of the most recent Accountability Agreement.
Immunization	Community Based Immunization Outreach (excluding	Applicable requirements include: working with community partners to improve public knowledge and confidence in immunization programs and services; providing consultation to community partners on immunization and immunization practices; working with school boards and schools to identify	Examples of activities include: community outreach, consultations and partnerships on immunization and immunization practices; activities to improve public knowledge and confidence in immunization programs and services; and activities to improve health

	vaccine auministration;	opportunities to improve public knowledge and confidence in immunization for school-aged children; and, assessing, maintaining records, and reporting on immunizations administered at board of health-based clinics.	professional knowledge and understanding of immunization and the Ontario immunization schedule.
Immunization	Immunization Monitoring and Surveillance	Applicable requirements include: conducting epidemiological analysis of surveillance data for vaccine preventable diseases, vaccine coverage, and adverse events following immunization, including monitoring of trends over time, emerging trends, and priority populations; having a contingency plan to deploy board of health staff capable of providing vaccine preventable diseases outbreak management and control; promoting the reporting of adverse events following immunization by health care providers to the local board of health; and, monitoring, investigating, and documenting all suspected cases of adverse events following immunization that meet the provincial reporting criteria and promptly report all cases.	Examples of activities include: data entry and management of clinics, including Universal Influenza Immunization Program (UIIP); monitoring, investigating, and documenting, as appropriate, adverse events following immunization (AEFI); promotion of reporting of AEFIs by health care providers to the local board of health; epidemiological analysis of surveillance data for vaccine preventable diseases, vaccine coverage, and AEFI, including monitoring of trends over time, emerging trends, and priority populations; and, outbreak management (excluding immunization clinical services). Excludes activities related to the Immunization of School Pupils Act (ISPA)/ Child Care and Early Years Act (CCEYA) data collection, entry, monitoring and reporting.
Immunization	Vaccine Administration	Applicable requirements include: providing provincially funded immunization programs and services to eligible persons in the board of health (Immunization Standard); and, providing provincially funded immunization programs to eligible students in the board of health through school-based clinics (School Health Standard).	Vaccine administration for provincially funded immunization programs for eligible persons in the board of health, including: School-based clinics for Hepatitis B, Human Papillomavirus and Meningococcal ACYW; community-based clinics and other catch-up immunization services (not school-based); and, UIIP clinics.
Immunization	Vaccine Management	Applicable requirements include: providing comprehensive information and education to promote effective inventory management for provincially funded vaccines; promoting appropriate vaccine inventory management ((a) prevention, management, and reporting of cold chain incidences, (b) prevention, management, and reporting of vaccine wastage); and, ensuring that the storage and distribution of provincially funded vaccines is in accordance with the	Examples of activities include: provision of information and education to promote effective inventory management for provincially funded vaccines; and, activities related to the storage, handling and distribution of vaccines.

		Vaccine Storage and Handling Protocol, 2018 (or as current).	
Immunization	COVID-19 Vaccine Program	Costs associated with organizing and overseeing the COVID-19 immunization campaign within local communities, including the development of local COVID- 19 vaccination campaign plans.	Vaccine administration for the COVID-19 Vaccine Program.
Infectious and Communicable Diseases Prevention and Control	Vector-Borne Diseases Program	See the Infectious Diseases Protocol, 2018 (or as current).	See the Infectious Diseases Protocol, 2018 (or as current).
Infectious and Communicable Diseases Prevention and Control	COVID-19 Program	Costs associated with monitoring, detecting, and containing COVID-19 in the province (excluding activities associated with supporting the ministry in the roll-out of the COVID-19 Vaccine Program).	See the Infectious and Communicable Diseases Prevention and Control Standards and Protocols.
Safe Water	Small Drinking Water Systems Program	See the Small Drinking Water Systems Risk Assessment Guideline, 2018 (or as current).	See the Small Drinking Water Systems Risk Assessment Guideline, 2018 (or as current).
School Health (Oral Health)	Healthy Smiles Ontario Program	See the Oral Health Protocol, 2018 (or as current) (sections 9, 10 and 11).	Examples of activities include: program eligibility assessment and client-level oral health navigation (e.g., clinical and financial eligibility determination, client enrollment support into the various streams of Healthy Smiles Ontario, assistance with finding a dental home); post-screen notification and follow-up; oral health service delivery (e.g., clinics/mobile buses providing oral health services to Healthy Smiles Ontario clients); promotion and education (i.e., Oral Health and Healthy Smiles Ontario); and, other, if applicable.
School Health (Oral Health)	Oral Health Assessment and Surveillance	See the Oral Health Protocol, 2018 (or as current) (sections 2a, 2b, 2c, 3 and 4).	Examples of activities include: pre-screen notification (e.g., liaising with school boards, issuing pre-screen notification letters); school risk level determination; screening and surveillance; and other, if applicable.

School Health (Immunization)	Immunizations for Children in Schools and Licensed Child Care Settings	Applicable requirements include: enforcing the ISPA; and, assessing, maintaining records, and reporting on the immunization status of children enrolled in licensed childcare settings and the immunization status of children attending schools in accordance with the ISPA.	Examples of activities include: maintenance of records, assessment and reporting on the immunization status of children in schools and licensed childcare centres; ISPA suspension process; and, ISPA education sessions. Excludes all activities related to vaccine administration such as school clinics and catch-up clinics for ISPA vaccines. Those activities should be included under "Immunization/ Vaccine Administration."
School Health (Vision)	Child Visual Health and Vision Screening	See the Child Visual Health and Vision Screening Protocol, 2018 (or as current) (sections 3a and 3b).	Parent Notification Form-A (PNF-A): Notifies the parents/guardians of children who have been screened and identified in need of visual health services and/or treatment within two business days of completing the screening. This form shall include a referral to an optometrist for a comprehensive eye exam. Parent Notification Form-B (PNF-B): Notifies the parents/guardians of all other children who have been screened. This notification shall encourage parents/guardians to book an appointment with an optometrist for a comprehensive eye exam. Child Vision Screening Reminder Letter: Sent 20 business days after the PNF-A to remind parents to book an optometrist appointment. Vision Screening Assessment Form: Used by boards of health for each child screened, to record the results of each of the three vision screening tests and indicate whether the overall result is pass, refer or automatic referral. This form is kept for board of health records and not issued to the student.

Substance Use and Injury Prevention	Smoke-Free Ontario	 Implement Comprehensive Tobacco Control under the pillars of "prevention", "protection" and "cessation", including enhanced knowledge translation, coordination/collaboration among boards of health, and with a focus on priority populations. Prevention: Initiatives to prevent individuals from becoming daily (and nicotine dependent) users of tobacco and vapour products, including primary (initiation) and secondary (escalation) prevention of the use of tobacco and vapour products. Protection: Enforcement of the <i>Smoke-Free Ontario Act, 2017</i> (SFOA, 2017) and its regulation. Initiatives to protect individuals from second-hand exposure to tobacco, vapour products, the smoking and vaping of cannabis (medical and recreational) and other emerging products. Cessation: Initiatives to motivate, encourage and support efforts to quit the use of tobacco and vapour product use. Referrals to Telehealth Ontario and regional health partners (e.g., primary health care; community agencies) to increase access to cessation services. 	 Prevention: Broad-based public education and awareness initiatives on youth vaping. Peer-to-peer youth engagement activities to address tobacco use and vaping. Protection: Activities related to the enforcement of the SFOA, 2017. Local policy development that is beyond the SFOA, 2017 (e.g., smoke-free housing, smoke and vape-free workplace policies; smoke and vape-free campuses). Cessation: Maintaining an integrated network of community partners in smoking cessation. Broad-based public education and awareness initiatives on the harms of tobacco and vapour product use. The ministry does not support advocacy activities targeting provincial and federal governments.
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The standardized programs listed above have been added to the Annual Service Plan Structure worksheet under the relevant Program Standard. Boards of health that deliver other programs under the above mentioned Program Standards may still include these programs as long as there is no duplication or overlap in the activities and services provided. In order to add additional programs under a Program Standard, boards of health must update the total number of programs under a Program Standard in the Structure worksheet.

It is also important to note the following:

• Programming related to substance use prevention (i.e., alcohol, cannabis, opioids, illicit and other substances, including tobacco) and harm reduction (i.e., Needle Exchange Program, Harm Reduction Program Enhancement) should be reflected under the Substance Use and Injury Prevention Standard (a program may target multiple substances or a specific substance);

• Programming related to menu labelling should be reflected under the Chronic Disease Prevention and Well-Being Program Standard;

• Some public health programs may be delivered under multiple Standards (boards of health are required to allocate these programs across all applicable Standards); and,

• For 2021, COVID-19 Programs (including the COVID-19 Vaccine Program) have been added as standardized programs under the Immunization Standard and Infectious and Communicable Diseases Prevention and Control Program Standard. Boards of health are required to provide budgeted financial data at 100% for both of these standardized programs as part of the Annual Service Plan, and <u>will be required to continue to report budgeted financial data at 100% for both of these standardized programs as part of the Annual Service Plan, and <u>will be required to continue to report budgeted financial data at 100% for these standardized programs as part of the in-year 2021 Standards Activity Reports and Annual Report and Attestation.</u></u>

Community Assessment - NOT REQUIRED

Every year, boards of health are required to provide a high-level description/overview of the communities within their public health unit on this worksheet. However, for 2021, and as noted above, boards of health are <u>not</u> required to complete the Community Assessment as part of this year's Annual Service Plan.

Program Plans - NOT REQUIRED

Each year, boards of health are required to provide a narrative on all programs and services they plan to deliver under each Standard as follows:

Foundational Standards: Boards of health are required to describe how they plan to implement each of the four (4) Foundational Standards, and for the Emergency Management Foundational Standard describe the objectives and key partners/stakeholders.

Program Standards: Within each Program Plan worksheet, boards of health are required to provide summary narrative details on community needs/priorities, key partners/stakeholders, and programs/services that boards of health plan to deliver in a given year, including objectives that include timelines, and a description of all public health interventions within each program.

For 2021, and as noted above, boards of health are not required to complete program plans under each Standard as part of this year's Annual Service Plan.

Budget Allocation and Summaries - REQUIRED

Includes a set of worksheets to allocate staffing and other expenditures for each Foundational Standard, and for all programs under each Program Standard as identified in the Annual Service Plan.

Boards of health are required to identify sources of funding in the allocation of expenditures worksheet as per the board of health's most recent version of the Accountability Agreement (please note that sources of funding must be identified for programs to which they are applicable). For 2021, the sources of funding include:

Mandatory Programs (Cost-Shared): Refer to the cost-shared public health programs and services boards of health are required to deliver in accordance with the Health Protection and Promotion Act (HPPA) and the Standards.

Ontario Seniors Dental Care Program (100%): Provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors.

Unorganized Territories (100%): Refers to the public health programs and services boards of health are required to deliver in unorganized territories (areas without municipal organization) in accordance with the HPPA and the Standards. Only boards of health that received base funding from the ministry for the delivery of this program in 2020 will have the option to identify this as a funding source.

Unorganized Territories / Indigenous Communities (100%): Refers to the public health programs and services for Indigenous Communities (on reserve). Only boards of health that received base funding from the ministry to assist with Indigenous programming in 2020 will have the option to identify this as a funding source.

Unorganized Territories / Northern Fruit and Vegetable Program (100%): Ensures a coordinated approach to increasing consumption and awareness of fresh fruits and vegetables in combination with healthy eating and physical activity education to school-aged children and their families in Northern Ontario. Only boards of health that received base funding from the ministry for the delivery of this program in 2020 will have the option to identify this as a funding source.

Funding received at 100% for the MOH/AMOH Compensation Initiative should <u>not</u> be included in the Annual Service Plan.

The Budget worksheets are organized as follows:

Staff Allocation to Programs: Boards of health are required to input the total number of full-time equivalents (FTEs) and total budget for each position title under each Standard in the light blue cells. The total FTEs and total budget are inputted in the same row as the title for that Standard. For Program Standards, boards of health are then required to allocate the total FTEs and budget to each program listed under that Program Standard. Cells will be yellow until all FTEs and budgets have been allocated. Data inputted in this worksheet will pre-populate salaries and wages in the Allocation of Expenditures worksheet. Boards of health are also required to allocate a budget for each Foundational Standard.

Medical Officer of Health & Administrative Staff: Boards of health are required to input the total FTEs and total budget for the Medical Officer of Health position and each administrative position in this separate worksheet. Data inputted in this worksheet will pre-populate salaries and wages in the Allocation of Expenditures worksheet, in the indirect costs section.

Allocation of Expenditures: Salaries and wages will pre-populate from the staffing worksheets. Benefits are calculated based on the average percentage (%) of benefits entered for the entire organization at the top of this worksheet. Benefits can also be entered directly in each cell as benefits cells have been left unlocked for this purpose. All other expenditure categories should be manually allocated in each Foundational Standard and each program under the Program Standards. Costs associated with the Office of the Medical Officer of Health, administration and other overhead/organizational costs are to be inputted in the section at the end of this worksheet as an indirect cost and are not to be allocated across the Standards. Sources of funding must be identified for each Foundational Standard and each program under the Program Standards. Sources of funding are populated by selecting from a drop-down menu. Please refer to the "How to Use the ASP Template" section from the Cover Page for any troubleshooting help with the budget worksheets.

Budget Summaries: This worksheet includes three (3) budget summaries that reflect budget data at 100% (municipal and provincial portions): 1) Budget Summary by Funding Source that summarizes budget data and the provincial share; 2) Summary of Expenditures; and, 3) Summary of Staffing. The budget summaries are not a budget request for additional funding and should reflect costs as part of the board of health's existing funding/approved budget. Any requests for one-time funding may be included in the One-Time Funding Requests worksheets.

For the purposes of calculating the final variance in the Budget Summary by Funding Source worksheet, any one-time mitigation funding approved for the board of health for the 2021 funding year (if applicable) has been included to offset any increased contribution to municipalities as a result of the 70% (provincial) / 30% (municipal) cost-sharing change that came into effect as of January 1, 2020.

For 2021, and as mentioned above, boards of health are required to provide total budgeted financial data for the COVID-19 Program and the COVID-19 Vaccine Program in the same manner as other programs under the Standards (at 100%). The ministry is aware that these figures are estimates and may change given the ongoing board of health response to COVID-19 and impacts to other critical public health programs and services. Any extraordinary costs expected to be incurred over the board of health's existing funding/approved budget may be requested as a one-time request in the One-Time Funding Request worksheets. Boards of health will be required to continue to report budgeted financial data at 100% for these programs as part of the in-year 2021 Standards Activity Reports and Annual Report and Attestation.

One-Time Funding Requests

Any requests for one-time funding must be identified in the one-time funding requests worksheet in this workbook. Prior to completing the one-time request worksheet, boards of health must input the total number of one-time requests in the Annual Service Plan Structure worksheet and include the category/type of project and title for each request. This information will then pre-populate the One-Time Requests worksheet. A Summary worksheet automatically populates total one-time funding requested.

Given the current fiscal environment and ongoing activities associated with COVID-19, there is a limit of up to six (6) one-time funding requests (including one-time requests for COVID-19 Extraordinary Costs and the COVID-19 Vaccine Program). The following categories/projects are eligible for submission as one-time requests:

Capital: The ministry will consider one-time funding requests for minor capital and infrastructure improvement projects for the period of April 1, 2021 to March 31, 2022 to support the delivery of critical public health programs and services. The projects must meet the following criteria: be a very urgent and minor infrastructure renewal project that can be completed by March 31, 2022; is not part of an existing approved project that is funded by the ministry; is a tangible Asset or capital leased Asset that will have a useful life extending beyond one year and is intended to be used on a continual basis; extends the useful life of the Asset or improves the facility's quality or functionality; is capitalizable; costs between \$5,000 and \$1.0M, inclusive; does not require an increase to the operating budget; and, the board of health is not planning to move to a new site over the next 24 months.

COVID-19 Extraordinary Costs: The ministry will consider one-time funding requests for extraordinary costs incurred or expected to be incurred over and above the board of health's existing funding/approved budget for the period of January 1, 2021 to December 31, 2021 associated with monitoring, detecting, and containing COVID-19 in the province (excluding costs associated with the COVID-19 Vaccine Program). Examples of appropriate eligible COVID-19 extraordinary costs include, but are not limited to:

• <u>Staffing</u> - salaries and benefits, inclusive of overtime for existing or redeployed public health unit staff (including management staff directly engaged in COVID-19 activities), staff redeployed from associated regional governments, new temporary or casual staff; salaries and benefits associated with overtime worked by indirect staff (e.g., finance, HR, legal, communications, etc.) and management staff (where local board of health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities.

• Travel and Accommodation - for staff delivering COVID-19 service away from their home base, or for staff to conduct the infectious disease surveillance demands (swab pick ups and laboratory deliveries).

• <u>Supplies and Equipment</u> - small equipment and consumable supplies (including laboratory testing supplies and personal protective equipment) not already provided by the ministry, and information and information technology upgrades related to tracking COVID-19 not already approved by the ministry.

• <u>Purchased Services</u> - security services, cleaning services, hazardous waste disposal, transportation services including courier services and rental cars, data entry or information technology services for reporting COVID-19 data to the ministry from centres in the community that are not operated by the public health unit or increased services required to meet pandemic reporting demands, outside legal services, and additional premises leased or rented.

• <u>Communications</u> - language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19.

• Other Operating - recruitment activities, staff training.

COVID-19 Vaccine Program Extraordinary Costs: The ministry will consider one-time funding requests for extraordinary costs incurred or expected to be incurred over and above the board of health's existing funding/approved budget for the period of January 1, 2021 to December 31, 2021 associated with organizing and overseeing the COVID-19 immunization campaign within local communities, including the development of local COVID-19 vaccination campaign plans. Examples of appropriate eligible COVID-19 Vaccine Program extraordinary costs include, but are not limited to:

• <u>Staffing</u> - salaries and benefits, inclusive of overtime, for existing staff or redeployed public health unit staff (including management staff directly engaged in COVID-19 activities), staff redeployed from associated regional government, and new temporary or casual staff; and, salaries and benefits associated with overtime worked by indirect staff (e.g., finance, HR, legal, communications, etc.) and management staff (where local board of health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities. Activities include providing assistance with meeting provincial and local requirements for COVID-19 surveillance and monitoring (including vaccine safety surveillance, adverse events and number of people vaccinated), administering the COVID-19 vaccine, managing COVID-19 Vaccine Program reporting requirements, and planning and deployment of immunization/vaccine clinics.

• Travel and Accommodation - for staff delivering COVID-19 Vaccine Program services away from their home base, including transporting vaccines, and transportation/accommodation for staff of mobile vaccine units.

• <u>Supplies and Equipment</u>- supplies and equipment associated with the storage and handling of the COVID-19 vaccines (including vaccine refrigerators, freezers, coolers, etc.), small equipment and consumable supplies (including personal protective equipment) not already provided by the ministry, supplies necessary to administer the COVID-19 vaccine (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.) not already provided by the ministry, information and information technology upgrades related to tracking COVID-19 immunization not already approved by the ministry.

• <u>Purchased Services</u> - security services, cleaning services, hazardous waste disposal, transportation services (e.g., courier services, transporting clients to vaccination clinics), data entry or information technology services for reporting COVID-19 data related to the Vaccine Program to the ministry from centres in the community that are not operated by the public health unit or increased services required to meet pandemic reporting demands, outside legal services, and additional premises leased or rented.

• <u>Communications</u> - language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19 immunization outreach.

• Other Operating - recruitment activities, staff training.

For COVID-19 Extraordinary Costs and COVID-19 Vaccine Program Extraordinary Costs, the following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost.

• Any COVID-19 costs directly incurred by other organizations and/or third parties (where a Memorandum of Understanding or Service Level Agreement between the board of health and that other organization and/or third party that sets out clear performance expectations and ensures accountability for the funds is not in place).

- Sick time, vacation, or banked overtime.
- Costs that are reimbursable from other sources.
- Costs associated with COVID-19 case and contact management self-isolation sites.
- Costs associated with municipal by-law enforcement.
- Electronic Medical Records (EMRs) systems.

Please also note that costs associated with implementation of the Public Health Case and Contact Management I&IT Solution, School-Focused Nurses Initiative (salaries and benefits), and Infection Prevention and Control Hub Program will be captured through separate processes and are not to be reported as COVID-19 extraordinary costs at this time.

Extraordinary Costs (Non-COVID-19): The ministry will consider one-time funding requests for extraordinary costs incurred or expected to be incurred over and above the board of health's existing funding/approved budget for the period of January 1, 2021 to December 31, 2021 associated with the provision of the Standards, excluding COVID-19 expenses (i.e., infrequent and unexpected costs incurred over and above regular business/programming).

New Purpose-Built Vaccine Refrigerators: The ministry will consider one-time funding requests for the period of April 1, 2021 to March 31, 2022 to support the purchase of new purpose-built vaccine refrigerators. The one-time funding requests should include costs for peripheral devices (e.g., temperature monitoring and recording device, voltage safeguard, alarm), freight, refrigerator setup, warranty and applicable taxes. Please ensure that the request includes: a rationale as to why a new purpose-built vaccine refrigerator is required (e.g., refrigerator failure or imminent likelihood of failure, new sub-office, refrigerator capacity, currently using non purpose-built refrigerators, etc.); the size of the refrigerator(s) (in cubic feet); and, the number of refrigerators required. Extraordinary costs associated with the purchase of new purpose-built vaccine refrigerators to support the COVID Vaccine Program should be requested as part of the COVID-19 Vaccine Program One-Time Request Business Case.

Public Health Inspector Practicum Program: The ministry will consider one-time funding requests for the period of April 1, 2021 to March 31, 2022 to support one (1) or more public health inspector practicum position(s). Each practicum position is eligible for up to \$10,000 in one-time funding to cover student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses. A maximum of 25 practicum placements may be supported under this program. Please ensure that the request for one-time funding includes: the ability of the hosting board of health to comply with the requirements of the Canadian Institute of Public Health Inspectors (CIPHI) Board of Certification (BOC) for field training for a 12-week period; and, the availability of a qualified supervisor/mentor to oversee the practicum student's term.

Smoke-Free Ontario (SFO) Enforcement Tablet Upgrades – The ministry will consider one-time funding requests for the purchase of tablets for the period of April 1, 2021 to March 31, 2022 to support the Tobacco Inspection System software for mobile units. The request may include costs for peripheral devices (e.g., car chargers, batteries, mouse, keyboard, mobile printers, etc.) and applicable taxes. Please ensure that the request includes: a rationale as to why a new tablet is required (e.g., upgrading of existing hardware, efficiency to conduct inspections, equipment required for new personnel etc.); if the tablet will be used to support other board of health software for inspection purposes (e.g., Hedgehog); and, the number of tablets required.

One-time requests will be considered by the ministry at 100%; however, approval of one-time requests must not be assumed and will be dependent upon the availability of ministry funding. Please note that if the ministry does not approve a one-time request, boards of health will be responsible for 100% of the one-time and ongoing costs associated with the request. Similarly, if a board of health's approved budget for any one-time request exceeds the ministry's approved funding, then the board of health is responsible for those extra costs.

Board of Health Membership

Boards of health are required to provide details on board of health membership on this worksheet. Boards of health must enter the total number of board of health members in the Annual Service Plan Structure worksheet, which will provide sufficient space to complete details for each member.

Apportionment of Board of Health Costs

Boards of health are required to provide information on how their costs are apportioned to obligated municipalities, totalling 100%.

Key Contacts and Certification by the Board of Health

Boards of health are required to provide key contact details and indicate when the completed Annual Service Plan and Budget Submission was approved by the board of health on this worksheet. **Do not include personal contact information. Contact information (e.g., emails, phone numbers and mailing addresses) should be those of the board of health or public health unit office.** Boards of health are no longer required to sign the completed Annual Service Plan and Budget Submission.

Board of Health for the Oxford Elgin St. Thomas Health Unit

Annual Service Plan Structure

NOTE:

The <u>Annual Service Plan Structure</u> worksheet must be completed prior to completing the rest of worksheets.

Chronic	Disease Prevention and Well-Being	# Programs	7
P 1)	Ontario Seniors Dental Care Program		
P 2)	Healthy Eating		
P 3)	Physical Activity		
P 4)	Built Environment		
P 5)	Substance Use Prevention		
P 6)	Healthy Menu Choices Enforcement		
P 7)	Mental Health and Suicide		
Food Sa	ifety	# Programs	2
P 1)	Education, Promotion and Inspection		
P 2)	Enhanced Food Safety		
Healthy	v Environments	# Programs	2
P 1)	Climate Change		
P 2)	Health Hazard Investigation & Response		
Healthy	r Growth and Development	# Programs	3
P 1)	Reproductive Health		
P 2)	Breastfeeding		
P 3)	Parenting		
Immun	ization	# Programs	5
P 1)	Community Based Immunization Outreach (excluding vaccine administration)		
P 2)	COVID-19 Vaccine Program		
P 3)	Immunization Monitoring and Surveillance		
P 4)	Vaccine Administration		
P 5)	Vaccine Management		

Board of Health for the Oxford Elgin St. Thomas Health Unit

Annual Service Plan Structure

NOTE:

The <u>Annual Service Plan Structure</u> worksheet must be completed prior to completing the rest of worksheets.

Infectio	us and Communicable Diseases Prevention and Control	# Programs	9
P 1)	COVID-19 Program		
P 2)	Vector-Borne Diseases Program		
P 3)	Sexual Health		
P 4)	Infection Prevention & Control		
P 5)	TB Prevention & Control		
P 6)	Rabies & Zoonotics		
P 7)	Needle Exchange		
P 8)	Infectious Diseases Control		
P 9)	Infection Prevention & Control Nurses		
Safe Wa	iter	# Programs	3
P 1)	Small Drinking Water Systems Program		
P 2)	Water Program		
P 3)	Enhanced Safe Water Initiative		
School	Health - Oral Health	# Programs	2
P 1)	Healthy Smiles Ontario Program		
P 2)	Oral Health Assessment and Surveillance		
School	Health - Vision	# Programs	1
P 1)	Child Visual Health and Vision Screening		
School	Health - Immunization	# Programs	1
P 1)	Immunizations for Children in Schools and Licensed Child Care Settings		
School	Health - Other	# Programs	1
P 1)	Comprehensive School Health		
Substar	ice Use and Injury Prevention	# Programs	5

Substance Use and Injury Prevention

Board of Health for the Oxford Elgin St. Thomas Health Unit

Annual Service Plan Structure

NOTE:

The <u>Annual Service Plan Structure</u> worksheet must be completed prior to completing the rest of worksheets.

P 1)	Smoke-Free Ontario		
P 2)	Road Safety		
P 3)	Falls Prevention		
P 4)	Substance Use		
P 5)	Harm Reduction		
One-Tin	ne Funding Requests	# Requests	4
О1 Туре	PHI Practicum		
O1 Title	PHI Practicum		
О2 Туре	Extraordinary Costs		
O2 Title	Needle Exchange		
ОЗ Туре	COVID-19 Extraordinary Costs		
O3 Title	COVID Extraordinary Costs		
О4 Туре	COVID-19 Vaccine Program Extraordinary Costs		
O4 Title	COVID Mass Immunization		
Board o	f Health Membership	# Members	10
Apporti	onment of Board of Health Costs	# Municipalities	3

Board of Health for the Oxford Elgin St. Thomas Health Unit

Program		Associate Medical Officer of Health	Chief Nursing Officer	Program Director	Program Manager/ Supervisor	Project Officer	Public Health Nurse	Registered Nurse	Registered Practical Nurse	Nurse Practitioner	Social Determinants of Health Nurse	Infection Prevention and Control Nurse	Public Health Inspector	Dentist	Dental Hygienist	Dental Assistant	Health Promoter
Total Population Health Assessment	F.T.E.#				0.50 57,909												
Total Health Equity	F.T.E.#		1.00 139,925		0.44 51,414		3.42 284,252										
Total Effective Public Health Practice	F.T.E.# \$				0.50 57,909												
Total Emergency Management	F.T.E.# \$				0.50 48,584												
Total Chronic Disease Prevention and Well-Being	F.T.E.#			0.75	0.83 96,276		1.73						0.69		1.52	2.17 107,558	1.00 70,678
Validation	nalloc. F.T.E. Unalloc.\$	•	-	-	-	· ·		-	-	-	-	· ·	-	-	-	-	-
	F.T.E.#				0.30										1.52 104,061	2.17 107,558	
Healthy Eating	F.T.E.#				0.10												
Physical Activity	F.T.E.# \$				0.10 11,582		0.65 56,658										
Built Environment	F.T.E.# \$			0.50 69,962	0.23 26,340		0.25 21,792						0.69 53,418				1.00 70,678
Substance Use Prevention	F.T.E.# \$			0.25 34,981	0.05 5,791		0.58 50,520										
Healthy Menu Choices Enforcement	F.T.E.# \$				0.05 5,791												
Mental Health and Suicide	F.T.E.# \$						0.25 17,121										
Total Food Safety	F.T.E.#				0.40 43,948								3.39 262,034				
Validation	nalloc. F.T.E. Unalloc.\$	-	-	-	-	· ·	-	-	-	-	-	-	-	-	-	-	-
	F.T.E.#				0.40 43,948								2.87 222,664				
Enhanced Food Safety	F.T.E.#												0.52 39,370				

2021 Annual Service Plan and Bu

Board of Health for the Oxford Elgin St. Thomas

Program	Nutritionist	Dietitian	Epidemiologist	Program Coordinator	Program Support Staff	SFOA Inspector	Tobacco Control Coordinator/ Manager	TCAN Coordinator	Youth Development Specialist	Youth Engagement Coordinator	Other SFO staff	Student	Communicatio ns Staff	Program Evaluator	Data Analyst	Other Program Staff	Total
Total Population Health Assessment			1.50												0.25	0.04	2.29
\$			126,001												14,296	8,852	207,058
Total Health Equity \$																	4.86 475,591
Total Effective Public Health Practice				2.00 157,604	0.10												2.60 219,959
Total Emergency Management																	0.50 48,584
Total Chronic Disease Prevention and Well-Being \$		2.00 139,292		-	0.40 18,693												11.09 841,010
Validation Unalloc. F.T.E. Unalloc.\$	-	-	-	-	-	-	-	-	-	-	-	-		-	-	- -	-
Ontario Seniors Dental Care Program \$				-	0.20 9,823												4.19 256,632
Healthy Eating		2.00 139,292															2.10 150,874
Physical Activity \$																	0.75 68,240
Built Environment					0.20 8,870												2.87 251,060
Substance Use Prevention																	0.88 91,292
Healthy Menu Choices Enforcement \$																	0.05 5,791
Mental Health and Suicide																	0.25 17,121
Total Food Safety \$					0.45												4.24
Validation Unalloc.\$	-	-	-	· .	20,196 - -	-	· ·	-	-	· .	· .	-	· ·	-	· .	- -	326,178 - -
Education, Promotion and Inspection	-				0.45												- 3.72 286,808
Enhanced Food Safety 5					20,290												0.52

Board of Health for the Oxford Elgin St. Thomas Health Unit

Program	r	Associate Medical Officer of Health	Chief Nursing Officer	Program Director	Program Manager/ Supervisor	Project Officer	Public Health Nurse	Registered Nurse	Registered Practical Nurse	Nurse Practitioner	Social Determinants of Health Nurse	Infection Prevention and Control Nurse	Public Health Inspector	Dentist	Dental Hygienist	Dental Assistant	Health Promoter
Total Healthy Environments	.T.E.#			0.25	0.20								2.55				
	\$ oc. F.T.E.		-	34,981 -	21,973 -								239,681 -		-		
Validation	alloc.\$	-	-	-	-	-	-	-	-	-	-	-		-	-	-	
E	.T.E.#			0.25	0.05								0.50				
Climate Change	\$			34,981	5,493								38,476				
Health Hazard Investigation & Response	.T.E.#				0.15								2.05				
	\$				16,480								201,205				
F.	.T.E.#				0.38		7.28										
Total Healthy Growth and Development	\$				44,159		634,571										
Validation	oc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Una	alloc.\$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Reproductive Health	.T.E.#						2.53										
	\$.T.E.#						220,531										
Breastfeeding	\$						161,258										
E	.T.E.#				0.38		2.90										
Parenting	\$				44,159		252,782										
E.	.T.E.#			0.45	1.30	1.00	0.70		10.00								
Total Immunization	\$			62,878	110,745	62,047	55,538		362,599								
Unalle	oc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Validation	alloc.\$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	.T.E.#				0.05		0.20										
	\$				5,865		15,868										
COVID-19 Vaccine Program	.T.E.# \$				1.00 75,555	1.00			10.00 362,599								
	\$.T.E.#			0.15	0.11	62,047			302,599								
Immunization Monitoring and Surveillance	\$			20,989	12,903												
	.T.E.#			0.10			0.50										
Vaccine Administration	\$			13,904			39,670										
Vaccine Management	.T.E.#			0.20	0.14												
	\$			27,985	16,422												
Total Infectious and Communicable Diseases	.T.E.#		-	0.60	2.45		15.44						6.88		-		1.00
	\$		-	83,955	277,341		1,323,325						542,357		-	-	70,678
Validation	oc. F.T.E.	-	-	-	-	-	-	-	-	-	-	-	· ·	-	-	-	-
Una	alloc.\$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

2021 Annual Service Plan and Bu

Board of Health for the Oxford Elgin St. Thomas

Program	Nutritionist	Dietitian	Epidemiologist	Program Coordinator	Program Support Staff	SFOA Inspector	Tobacco Control Coordinator/ Manager	TCAN Coordinator	Youth Development Specialist	Youth Engagement Coordinator	Other SFO staff	Student	Communicatio ns Staff	Program Evaluator	Data Analyst	Other Program Staff	Total
Total Healthy Environments	•				0.65												3.65
\$					31,121												327,756
Validation Unalloc. F		•	-	-	•	-	· ·	-	-	•	-	•	· ·	-	-	-	-
F.T.E.		-	-	-	-	-	-	-	-	-	-	-	-	-	•	-	- 0.80
Climate Change \$																	78,950
ETE	2				0.65												2.85
Health Hazard Investigation & Response					31,121												248,806
F.T.E.		1.00			1.14							1					9.80
Total Healthy Growth and Development		72,500			51,800												803,030
Unalloc. E	T.E			-	-	-		-			-			-		-	-
Validation	\$ -			-	-	-		-	-	-	-			-	-	-	-
F.T.E.		0.50			0.34												3.37
Reproductive Health \$		36,250			15,438												272,219
Breastfeeding	;	0.50			0.40												2.75
\$		36,250			18,181												215,689
Parenting F.T.E.					0.40												3.68
\$					18,181												315,122
Total Immunization				0.50	2.10												16.05
\$				28,350	84,302												766,459
Validation			•	-	-	-		-	-	-	-		· ·	-	-	-	-
Unalloc		•	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Based Immunization Outreach (excluding vaccine administration) s				-	0.10												0.35
(excluding vaccine administration) \$				- 0.50	4,911												26,644
COVID-19 Vaccine Program \$				28,350	30,276												558,827
F.T.E.				.,													0.26
Immunization Monitoring and Surveillance																	33,892
Vaccine Administration					0.25												0.85
vaccine Administration \$					12,279												65,853
Vaccine Management	2				0.75												1.09
\$					36,836												81,243
Total Infectious and Communicable Diseases F.T.E.	-	-	0.50	-	4.15	-	-	-	-	-		0.40				-	31.42
Prevention and Control \$	-	-	40,358	-	194,548	-	-	-	-	-		9,318			-	-	2,541,880
Validation Unalloc. F	T.E	•	-	-	-	-	-	-	-	-	•	-	-	-	•	-	-
Unalloc	\$ -			-	-	-	-	-	-	-	-	-		-	-	-	-

Board of Health for the Oxford Elgin St. Thomas Health Unit

Program		Associate Medical Officer of Health	Chief Nursing Officer	Program Director	Program Manager/ Supervisor	Project Officer	Public Health Nurse	Registered Nurse	Registered Practical Nurse	Nurse Practitioner	Social Determinants of Health Nurse	Infection Prevention and Control Nurse	Public Health Inspector	Dentist	Dental Hygienist	Dental Assistant	Health Promoter
COVID-19 Program	F.T.E.#		-	-	1.00		5.00						1.00	-	-	-	1.00
	\$ F.T.E.#		-	-	108,452	-	435,831						80,661 0.80	-	-	-	70,678
Vector-Borne Diseases Program	\$												63,482				
Sexual Health	F.T.E.#			0.15	0.55		6.44										
	\$			20,989	64,433		538,830										
Infection Prevention & Control	F.T.E.# \$			0.20			1.76						2.15				
	, F.T.E.#			0.10			0.29						172,120				
TB Prevention & Control	\$			13,992			25,278										
Rabies & Zoonotics	F.T.E.#			0.15	0.15		0.02						1.18				
	\$			20,989	16,480		2,179						88,817				
Needle Exchange	F.T.E.# \$																
Infectious Diseases Control	F.T.E.#				0.75		0.30						1.75				
Infectious Diseases control	\$				87,976		26,333						137,271				
Infection Prevention & Control Nurses	F.T.E.# \$						1.63										
	, v						141,050										
Total Safe Water	F.T.E.#				0.20								1.90				
	\$				21,974								147,436				
Validation	Unalloc. F.T.E. Unalloc.\$	-	-	-	-	-	-	-	-	•	-	-	-	-	-	-	
	F.T.E.#												0.40				
Small Drinking Water Systems Program	\$												32,232				
Water Program	F.T.E.#				0.20								1.30				
	\$				21,974								99,012				
Enhanced Safe Water Initiative	F.T.E.# \$												0.20				
	÷												10,192				
Total School Health - Oral Health	F.T.E.#			0.55	0.40										4.09	3.83	
	\$			75,985	46,920										293,396	195,368	
Validation	Unalloc. F.T.E. Unalloc.\$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F.T.E.#			0.50	0.30										2.82	3.00	
Healthy Smiles Ontario Program	\$			69,077	35,190										202,114	153,030	
Oral Health Assessment and Surveillance	F.T.E.#			0.05	0.10										1.27	0.83	
Gran freatur Assessment dilu Sulveilidille	\$			6,908	11,730										91,282	42,338	

2021 Annual Service Plan and Bu

Board of Health for the Oxford Elgin St. Thomas

Program		Nutritionist	Dietitian	Epidemiologist	Program Coordinator	Program Support Staff	SFOA Inspector	Tobacco Control Coordinator/ Manager	TCAN Coordinator	Youth Development Specialist	Youth Engagement Coordinator	Other SFO staff	Student	Communicatio ns Staff	Program Evaluator	Data Analyst	Other Program Staff	Total
COVID-19 Program	F.T.E.#	-	-	-	-	1.00 49,110	-	-	•	-	-	-				-	-	9.00 744,732
	\$ F.T.E.#	-	-	-	-	49,110	-	-	-		-	-	0.40			-	-	1.30
Vector-Borne Diseases Program	\$					4,673							9,318					77,473
	F.T.E.#					1.50							-,					8.64
Sexual Health	\$					69,100												693,352
Infantion Dressontion & Control	F.T.E.#					1.45												5.56
Infection Prevention & Control	\$					66,992												420,087
TB Prevention & Control	F.T.E.#					-												0.39
	\$					-												39,270
Rabies & Zoonotics	F.T.E.#					0.10												1.60
	\$					4,673												133,138
Needle Exchange	F.T.E.#																	-
	\$			0.50														- 3.30
Infectious Diseases Control	F.T.E.#			40,358														291,938
	F.T.E.#			40,550														1.63
Infection Prevention & Control Nurses	\$													_				141,890
								_				_		_				
Total Safe Water	F.T.E.#					0.50							0.40					3.00
	\$					23,931							9,318					202,659
Valid	Unalloc. F.T.E.	-	-	•	-		-			-	-	-	-	•	-	-	-	-
	Unalloc.\$ F.T.E.#	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	- 0.40
Small Drinking Water Systems Program	\$																	32,232
	¥ F.T.E.#					0.50												2.00
Water Program	\$					23,931												144,917
	F.T.E.#												0.40	1				0.60
Enhanced Safe Water Initiative	\$												9,318					25,510
						2 70								-				44.66
Total School Health - Oral Health	F.T.E.# \$					2.79												11.66 745,354
	ې Unalloc. F.T.E.	-		-	-	-	-	-	<u> </u>			-			-		-	- 745,354
Valid	Unalloc.\$		_				-				_				_	_		-
	F.T.E.#					2.54												9.16
Healthy Smiles Ontario Program	\$					121,406												580,817
	F.T.E.#					0.25												2.50
Oral Health Assessment and Surveillance	\$					12,279												164,537

Board of Health for the Oxford Elgin St. Thomas Health Unit

Program		Associate Medical Officer of Health	Chief Nursing Officer	Program Director	Program Manager/ Supervisor	Project Officer	Public Health Nurse	Registered Nurse	Registered Practical Nurse	Nurse Practitioner	Social Determinants of Health Nurse	Infection Prevention and Control Nurse	Public Health Inspector	Dentist	Dental Hygienist	Dental Assistant	Health Promoter
Total School Health - Vision	F.T.E.#			0.05	0.50												
	\$			6,908	58,651												
Validation	Unalloc. F.T.E.	-	-	-	-	•	-	-	-	-	•	-	-	-	-	-	•
	Unalloc.\$	-	-	-	-	•	-	-	-	-	-	-	-	-	-	-	-
Child Visual Health and Vision Screening	F.T.E.#			0.05	0.50												
	\$			6,908	58,651												
Total School Health - Immunization	F.T.E.#			0.15	0.25		7.38										
	\$			20,723	29,325		554,583										
Validation	Unalloc. F.T.E.	-	-	-	-	· ·	-	-	-	-	-	-	-	-	-	-	-
	Unalloc.\$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Immunizations for Children in Schools and Licensed Child Care Settings	F.T.E.#			0.15	0.25		7.38										
	\$			20,723	29,325		554,583										
Total School Health - Other	F.T.E.#			0.20	0.50		6.10										
	\$			27,631	58,651		483,415										
Validation	Unalloc. F.T.E.		-	-	-	•	-	-	-			-	-	-	-	-	-
	Unalloc.\$	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Comprehensive School Health	F.T.E.#			0.20	0.50		6.10										
	\$			27,631	58,651		483,415										
Total Calendary Han and Jaims Deconsting	F.T.E.#				0.52		2.85						1.00				3.00
Total Substance Use and Injury Prevention	\$				60,226		231,417						76,222				205,181
Validation	Unalloc. F.T.E.	-	-	-	-	•	-	-	-	-	-	-	-	-	-	-	-
Validation	Unalloc.\$	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-
Smoke-Free Ontario	F.T.E.#				0.19								1.00				2.00
	\$				22,006								76,222				139,724
Road Safety	F.T.E.#				0.05		0.55										
	\$				5,791		43,271										
Falls Prevention	F.T.E.#				0.05		1.00										
	\$ F.T.E.#				0.05		87,166 0.50										
Substance Use	F.I.E.#				5,791		34,242										
	F.T.E.#				0.18		0.80										1.00
Harm Reduction	\$				20,847		66,738										65,457
	F.T.E.#																
Grand Total	F.I.E.#	-	1.00 139,925	3.00 418,004	9.87 1,086,005	1.00	44.90	-	10.00 362,599	-	-	-	16.41 1,321,148	-	5.61 397,457	6.00 302,926	5.00 346,537
		-	139,925	418,004	1,080,005	62,047	3,713,192	-	362,599	-	-	-	1,321,148	•	397,457	302,926	540,537

2021 Annual Service Plan and Bu

Board of Health for the Oxford Elgin St. Thomas

Staff Allocation to Programs

Program	Nutritionist	Dietitian	Epidemiologist	Program Coordinator	Program Support Staff	SFOA Inspector	Tobacco Control Coordinator/ Manager	TCAN Coordinator	Youth Development Specialist	Youth Engagement Coordinator	Other SFO staff	Student	Communicatio ns Staff	Program Evaluator	Data Analyst	Other Program Staff	Total
Total School Health - Vision					2.00												2.55
\$					93,874												159,433
Validation Unalloc. F.T		-	-	-		-		-	-	-	-	•	-	-		-	-
Unalloc.\$ F.T.E.#	· ·	-	-	-	- 2.00	-	-	-	-	-	-	-	-	-	-	-	- 2.55
Child Visual Health and Vision Screening \$					93,874												159,433
					55,874												135,433
Total School Health - Immunization					1.76												9.54
\$					86,441												691, 072
Unalloc. F.T Validation		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unalloc.\$		-		-	-	-		-		-				-	-	-	-
Immunizations for Children in Schools and Licensed Child Care Settings					1.76												9.54
sinia care sectings					86,441												691,072
Total School Health - Other		1.00			0.70												8.50
\$		72,500			33,544												675,741
Unalloc. F.T Validation	E	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unalloc.\$	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-
Comprehensive School Health		1.00			0.70												8.50
\$		72,500			33,544												675,741
F.T.E.#					0.90		0.70			1.00					0.25	1.69	11.91
Total Substance Use and Injury Prevention \$					40,013		57,009			72,221					14,296	97,190	853,775
Unalloc. F.T	E			-		-	-	-	-		-	-	-	-			-
Validation Unalloc.\$	-		-	-	-	-	•	-	-	-	-	-	-	-	-	-	-
Smoke-Free Ontario					0.30		0.70			1.00						1.39	6.58
\$					13,338		57,009			72,221						72,758	453,278
Road Safety																	0.60
\$																	49,062
Falls Prevention																	1.05
\$																	92,957
Substance Use																	0.55
\$ F.T.E.#					0.60										0.25	0.30	40,033
Harm Reduction \$					26,675										14,296	24,432	218,445
``					20,075										14,296	24,432	218,445
Grand Total		4.00	2.00	2.50	17.64	-	0.70	-	-	1.00	-	0.80	-	-	0.50	1.73	133.66
\$	-	284,292	166,359	185,954	816,594	-	57,009	-	-	72,221	-	18,636	-	-	28,592	106,042	9,885,539

Board of Health for the Oxford Elgin St. Thomas Health Unit

MOH & Administrative Staff

Position Titles	F.T.E.#	\$
Medical Officer of Health	1.00	156,373
Chief Executive Officer	1.00	216,641
Director/ Business Administrator	2.00	276,310
Manager/Supervisor	1.00	70,306
Secretarial/Admin Staff	6.50	404,776
Financial Staff	3.00	174,162
I & IT Staff	1.00	88,041
Communications Manager/Media Coordinator	4.00	306,733
Volunteer Coordinator		
Human Resources Staff/Coordinator	1.00	92,965
Maintenance/Caretaker/Custodian/Security		

Board of Health for the Oxford Elgin St. Thomas Health Unit

MOH & Administrative Staff

Other Administrative Staff	0.50	48,584
Total	21.00	1,834,891

Board of Health for the Oxford Elgin St. Thomas Health Unit

% of Benefits													
Population Health Assessment					Expenditures	i					Sources o	of Funding	
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)			Total Funding Sources
Total Population Health Assessment	207,058	54,577	1,825					5,440	268,900	268,900			268,900
Health Equity					Expenditures						Sources o	of Funding	
Health Equity	Salaries and Wages	Benefits	Travel	Building Occupancy	Expenditures Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)	Sources o	of Funding	Total Funding Sources
Health Equity Total Health Equity		Benefits 128,409	Travel 2,433	Building	Municipal	Professional	Recoveries & Offset	Program		Programs (Cost-	Sources o	of Funding	•

Effective Public Health Practice					Expenditures						Sources o	of Funding	
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)			Total Funding Sources
Total Effective Public Health Practice	219,959	59,389	1,581					36,400	317,329	317,329			317,329

Emergency Management					Expenditures	;					Sources	of Funding	
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)			Total Funding Sources
Total Emergency Management	48,584	13,118	303					1,175	63,180	63,180			63,180
Chronic Disease Prevention and Well-Being					Expenditures	;					Sources	of Funding	

Board of Health for the Oxford Elgin St. Thomas Health Unit

Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Ontario Seniors Dental Care Program (100%)	Mandatory Programs (Cost- Shared)				Total Funding Sources
Ontario Seniors Dental Care Program	256,632	69,291	6,746			367,794		200,837	901,300	901,300					901,300
Healthy Eating	150,874	40,736	2,961					5,090	199,661		199,661				199,661
Physical Activity	68,240	18,425	2,072					7,900	96,637		96,637				96,637
Built Environment	251,060	67,786	6,046					3,000	327,892		327,892				327,892
Substance Use Prevention	91,292	24,649	2,637						118,578		118,578				118,578
Healthy Menu Choices Enforcement	5,791	1,564	370						7,725		7,725				7,725
Mental Health and Suicide	17,121	4,623	666					1,500	23,910		23,910				23,910
Total Chronic Disease Prevention and Well-Being	841,010	227,074	21,498	-	-	367,794	-	218,327	1,675,703	901,300	774,403	-	-	-	1,675,703

Food Safety					Expenditures	5						Sources	of Funding		
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
Education, Promotion and Inspection	286,808	77,438	16,334			36,600	(3,750)	17,950	431,380	431,380					431,380
Enhanced Food Safety	39,370	10,630							50,000	50,000					50,000
Total Food Safety	326,178	88,068	16,334	-	-	36,600	(3,750)	17,950	481,380	481,380	-	-	-	-	481,380

Healthy Environments					Expenditures	;					Sources o	of Funding	
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Program	Total Expenditures	Mandatory Programs (Cost- Shared)			Total Funding Sources

Board of Health for the Oxford Elgin St. Thomas Health Unit

Climate Change	78,950	21,317	2,773					1,500	104,540	104,540					104,540
Health Hazard Investigation & Response	248,806	67,178	9,787				(9,500)	8,000	324,271	324,271					324,271
Total Healthy Environments	327,756	88,495	12,560	-	-	-	(9,500)	9,500	428,811	428,811	-	-	-	-	428,811

Healthy Growth and Development					Expenditures	5						Sources	of Funding		
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
Reproductive Health	272,219	73,499	9,277					2,300	357,295	357,295					357,295
Breastfeeding	215,689	58,236	8,317					11,825	294,067	294,067					294,067
Parenting	315,122	85,083	11,423					17,905	429,533	429,533					429,533
Total Healthy Growth and Development	803,030	216,818	29,017	-	-	-	-	32,030	1,080,895	1,080,895	-	-	-	-	1,080,895

Immunization					Expenditures	;						Sources	of Funding		
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
Community Based Immunization Outreach (excluding vaccine administration)	26,644	7,194	347						34,185	34,185					34,185
COVID-19 Vaccine Program	558,827	196,345	25,000					219,828	1,000,000	1,000,000					1,000,000
Immunization Monitoring and Surveillance	33,892	9,151	366	-				4,575	47,984	47,984					47,984
Vaccine Administration	65,853	17,780	840	-			(5,000)	5,450	84,923	84,923					84,923
Vaccine Management	81,243	21,935	1,748	-				8,000	112,926	112,926					112,926
Total Immunization	766,459	252,405	28,301	-	-	-	(5,000)	237,853	1,280,018	1,280,018	-	-	-	-	1,280,018

Board of Health for the Oxford Elgin St. Thomas Health Unit

Infectious and Communicable Diseases Prevention and Control					Expenditures	;						Sources	of Funding		
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
COVID-19 Program	744,732	201,078	-			-		250,000	1,195,810	1,195,810					1,195,810
Vector-Borne Diseases Program	77,473	19,520	8,159					48,380	153,532	153,532					153,532
Sexual Health	693,352	187,204	4,500	-			(22,000)	70,850	933,906	933,906					933,906
Infection Prevention & Control	420,087	113,424	12,031					12,000	557,542	557,542					557,542
TB Prevention & Control	39,270	10,603	650					6,900	57,423	57,423					57,423
Rabies & Zoonotics	133,138	35,947	5,512					7,650	182,247	182,247					182,247
Needle Exchange	-	-						60,900	60,900	60,900					60,900
Infectious Diseases Control	291,938	78,823	5,542					14,160	390,463	390,463					390,463
Infection Prevention & Control Nurses	141,890	38,310							180,200	180,200					180,200
Total Infectious and Communicable Diseases Prevention and Control	2,541,880	684,909	36,394	-	-	-	(22,000)	470,840	3,712,023	3,712,023	-	-	-	-	3,712,023

Safe Water					Expenditures	;						Sources o	of Funding		
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
Small Drinking Water Systems Program	32,232	8,702							40,934	40,934					40,934
Water Program	144,917	39,128	10,321	-				12,100	206,466	206,466					206,466
Enhanced Safe Water Initiative	25,510	5,490							31,000	31,000					31,000
Total Safe Water	202,659	53,320	10,321	-	-	-	-	12,100	278,400	278,400	-	-	-	-	278,400

School Health - Oral Health					Expenditures	;						Sources	of Funding		
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
Healthy Smiles Ontario Program	580,817	156,821	11,932	38,615	-	-		219,915	1,008,100	1,008,100					1,008,100
Oral Health Assessment and Surveillance	164,537	44,425	3,304		-			5,100	217,366	217,366					217,366
Total School Health - Oral Health	745,354	201,246	15,236	38,615	-	-	-	225,015	1,225,466	1,225,466	-	-	-	-	1,225,466

School Health - Vision					Expenditures	;						Sources of	of Funding		
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
Child Visual Health and Vision Screening	159,433	43,047	3,333	-	-			2,700	208,513	208,513					208,513
Total School Health - Vision	159,433	43,047	3,333	-	-	-	-	2,700	208,513	208,513	-	-	-	-	208,513

School Health - Immunization					Expenditures							Sources	of Funding		
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
Immunizations for Children in Schools and Licensed Child Care Settings	691,072	186,589	9,954		-	-	(20,000)	18,550	886,165	886,165					886,165
Total School Health - Immunization	691,072	186,589	9,954	-	-	-	(20,000)	18,550	886,165	886,165	-	-	-	-	886,165
School Health - Other					Expenditures							Sources	of Funding		

Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
Comprehensive School Health	675,741	182,450	16,994	-				17,750	892,935	892,935					892,935
Total School Health - Other	675,741	182,450	16,994	-	-	-	-	17,750	892,935	892,935	-	-	-	-	892,935

Substance Use and Injury Prevention					Expenditures	;						Sources	of Funding		
Program	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)					Total Funding Sources
Smoke-Free Ontario	453,278	122,047	10,709	6,739	-	-		96,711	689,484	689,484					689,484
Road Safety	49,062	13,247	1,184	-				5,750	69,243	69,243					69,243
Falls Prevention	92,957	25,098	1,555	-		-		2,000	121,610	121,610					121,610
Substance Use	40,033	10,809	1,510		-	30,000		43,000	125,352	125,352					125,352
Harm Reduction	218,445	58,980	1,574		-			48,000	326,999	326,999					326,999
Total Substance Use and Injury Prevention	853,775	230,181	16,532	6,739	-	30,000	-	195,461	1,332,688	1,332,688	-	-	-	-	1,332,688

Indirect Costs					Expenditures	;					Source	s of Funding		
	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures	Total Expenditures	Mandatory Programs (Cost- Shared)				
Total Indirect Costs	1,834,891	495,421	27,190	1,384,045	-		(36,000)	1,481,500	5,187,047	5,187,047			-	5,187,047
Grand Total	11,720,430	3,205,516	249,806	1,429,399	-	434,394	(96,250)	2,993,841	19,937,136					19,937,136

Budget Summary

	Bas	e Funding				
Source of Funding	Budget (at 100%)	Provincial Share	Approved Allocation	Variance Surplus / (Deficit)	One-Time Mitigation	Variance after One-Time Mitigation Surplus / (Deficit)
	А	B= A*Prov.Share	с	D = C - B	E	F = D + E
Mandatory Programs (Cost-Shared)	19,035,836	13,325,085	10,976,000	(2,349,085)	1,498,900	(850,185)
Ontario Seniors Dental Care Program (100%)	901,300	901,300	901,300	-		
Total	19,937,136	14,226,385	11,877,300	(2,349,085)		

Summary of Expenditures by Standard

Standards	Total Board of Health	Salaries and Wages	Benefits	Travel	Building Occupancy	Municipal Charges	Professional Services	Expenditure Recoveries & Offset Revenues	Other Program Expenditures
Direct Costs									
Population Health Assessment	268,900	207,058	54,577	1,825		-		-	5,440
Health Equity	617,683	475,591	128,409	2,433		-	-	-	11,250
Effective Public Health Practice	317,329	219,959	59,389	1,581		-	-	-	36,400
Emergency Management	63,180	48,584	13,118	303		-	-	-	1,175
Chronic Disease Prevention and Well-Being	1,675,703	841,010	227,074	21,498		-	367,794	-	218,327
Food Safety	481,380	326,178	88,068	16,334		-	36,600	(3,750)	17,950
Healthy Environments	428,811	327,756	88,495	12,560		-	-	(9,500)	9,500
Healthy Growth and Development	1,080,895	803,030	216,818	29,017		-	-	-	32,030
Immunization	1,280,018	766,459	252,405	28,301		-	-	(5,000)	237,853
Infectious and Communicable Diseases Prevention and Control	3,712,023	2,541,880	684,909	36,394		-	-	(22,000)	470,840
Safe Water	278,400	202,659	53,320	10,321	-	-	-	-	12,100
School Health	3,213,079	2,271,600	613,332	45,517	38,615	-	-	(20,000)	264,015
Substance Use and Injury Prevention	1,332,688	853,775	230,181	16,532	6,739	-	30,000	-	195,461
Total Direct Costs	14,750,089	9,885,539	2,710,095	222,616	45,354	-	434,394	(60,250)	1,512,341
Indirect Costs									
Indirect Costs	5,187,047	1,834,891	495,421	27,190	1,384,045	-	-	(36,000)	1,481,500
Total Expenditures	19,937,136	11,720,430	3,205,516	249,806	1,429,399	-	434,394	(96,250)	2,993,841

Budget Summary

Staff Allocation by Standard

Position Title		otal of Health		ion Health ssment	Heal	th Equity		tive Public h Practice		gency gement	Prevent	nic Disease tion and Well- Being	Foo	od Safety		Healthy ronments	-	y Growth and elopment	Imm	unization	Com Disease	ectious and Imunicable es Prevention d Control	Safe	Water	Scho	ol Health		nce Use and Prevention
Program Staff	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$	F.T.E. #	\$
Associate Medical Officer of Health	-	-					-			-	-		-							-		-	-	-	-	-	I	-
Chief Nursing Officer	1.00	139,925	-	-	1.00	139,925	-		-	-	-	-	-			-				-		-	-	-		-	-	-
Program Director	3.00	418,004		-		-	-		-	-	0.75	104,943	-		- 0.25	34,981	L -		- 0.45	62,878	0.60	83,955	-	-	0.95	131,247	-	-
Program Manager/Supervisor	9.87	1,086,005	0.50	57,909	0.44	51,414	0.50	57,909	0.50	48,584	0.83	96,276	0.40	43,94	8 0.20	21,973	3 0.38	44,159	9 1.30	110,745	2.45	277,341	0.20	21,974	1.65	193,547	0.52	60,226
Project Officer	1.00	62,047	· _			-	-				-	-	-						- 1.00	62,047	· _	-	-	-		-	-	-
Public Health Nurse	44.90	3,713,192			3.42	284,252	-				1.73	146,091	-				- 7.28	634,571	1 0.70	55,538	15.44	1,323,325	-	-	13.48	1,037,998	2.85	231,417
Registered Nurse	-	-				-	-				-	-	-							-		-	-	-		-	-	-
Registered Practical Nurse	10.00	362,599		-			-			-		-	-						- 10.00	362,599) -	-	-	-	-	-	-	-
Nurse Practitioner	-	-		-			-			-	-	-	-							-		-	-	-	-	-	-	-
Social Determinants of Health Nurse	-	-					-				-		-							-		-	-	-	-	-	-	-
Infection Prevention and Control Nurse	-	-					-				-		-							-		-	-	-	-	-		-
Public Health Inspector	16.41	1,321,148	-	-							0.69	53,418	3.39	262,03	4 2.55	239,681	L -			-	6.88	542,357	1.90	147,436		-	1.00	76,222
Dentist	-	-		-		-	-				-		-							-		-	-	-		-	-	-
Dental Hygienist	5.61	397,457	· _	-		-					1.52	104,061	-							-		-	-	-	4.09	293,396	-	-
Dental Assistant	6.00	302,926	-	-		-					2.17	107,558	-							-		-	-	-	3.83	195,368	-	-
Health Promoter	5.00	346,537	· _	-		-					1.00	70,678	-							-	· 1.00	70,678	-	-		-	3.00	205,181
Nutritionist	-	-		-			-				-		-							-		_	-	-		-	-	-
Dietitian	4.00	284,292	-	-		-					2.00	139,292	-				- 1.00	72,500) -	-		-	-	-	1.00	72,500	-	-
Epidemiologist	2.00	166,359		126,001	-	-							-			-				-	0.50	40,358	-	-		-	_	-
Program Coordinator	2.50	185,954		-		-	2.00	157,604			-		-						- 0.50	28,350) -	-	-	-		-	-	-
Program Support Staff	17.64	816,594	-	-		-	0.10	4,446			0.40	18,693	0.45	20,19	6 0.65	31,121	L 1.14	51,800	0 2.10	84,302	4.15	194,548	0.50	23,931	7.25	347,544	0.90	40,013
SFOA Inspector		-		-		-						-	-							-		-	-	-		-	-	-
Tobacco Control Coordinator/Manager	0.70	57,009		-		-							-							-		-	-	-		-	0.70	57,009
TCAN Coordinator		-		-		-							-							-		-	-	-		-	-	-
Youth Development Specialist		-		-		-							-							-		-	-	-		-	-	-
Youth Engagement Coordinator	1.00	72,221		-		-							-							-		-	-	-		-	1.00	72,221
Other SFO staff		-		-		-							-							-		-	-	-		-	-	-
Student	0.80	18,636		-		-	-			-	-									-	0.40	9,318	0.40	9,318		-		-
Communications Staff		-				-				-		-								-		-				-		
Program Evaluator		-				-				-		-								-		-		_		-		
Data Analyst	0.50	28,592	0.25	14,296	-	-				_	-	_								-				_		-	0.25	14,296
Other Program Staff	1.73	106,042		8,852								_								-				_		-	1.69	97,190
Total Program Staff	133.66	9,885,539	_	207,058		475,591	2.60	219,959	0.50	48,584	11.09	841,010	4.24	326,178	3 3.65	327,756	9.80	803,030	16.05	766,459	31.42	2,541,880	3.00	202,659	32.25	2,271,600		853,775
MOH & Administrative Staff	F.T.E. #	Ś												-														
		456.070																										

MOH & Administrative Staff	F.I.E. #	Ş
Medical Officer of Health	1.00	156,373
Chief Executive Officer	1.00	216,641
Director/ Business Administrator	2.00	276,310
Manager/Supervisor	1.00	70,306
Secretarial/Admin Staff	6.50	404,776
Financial Staff	3.00	174,162

Budget Summary

I & IT Staff	1.00	88,041
Communications Manager/Media Coordinator	4.00	306,733
Volunteer Coordinator	-	-
Human Resources Staff/Coordinator	1.00	92,965
Maintenance/Caretaker/Custodian/Security	-	-
Other Administrative Staff	0.50	48,584
Total MOH & Administrative Staff	21.00	1,834,891
Total Staffing	154.66	11,720,430

Board of Health for the Oxford Elgin St. Thomas Health Unit

1) Request Title:	PHI Practicum		
Category	PHI Practicum		
Description Provide a detailed description and identify issue(s) and/or opportunities that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant data/demographics, and how the request relates to government and ministry priorities.	Inspectors (Cl candidate mu person who h will be able to	practicum for one student who is enrolled or who already has a degree in a program of instruction approved by the Canadian Institute of Public Health PHI) Board of Certification (BOC). In order to be eligible to sit the Examination to obtain the Certificate in Public Health Inspection (Canada), every st satisfactorily complete a twelve (12) week minimum practicum in the basic inspection programs. This practicum must be coordinated by a qualified olds the CPHI(C) at the supervisory level of the agency where the practicum is to take place. Upon successfully completing the practicum, the student of the BOC exam. SWPH has staff who can coach and mentor student PHI candidates in preparation for their BOC exam for the duration of the 12- m. This student will have the benefit of a rural focus in their practice.	
Risks / Impacts Describe the risks and/or direct impacts to programs and services with not receiving any or all funding requested.	Student PHIs assist with the delivery of program and services prescribed by the Standards including, but not limited to Safe Water, Food Safety, Health Hazards, Rabies Prevention and Infectious Diseases. Fewer inspections may be completed if we do not receive the funding for this practicum student. Also, public health inspectors are integral to the COVID response; therefore, participation in the Board of the Certification process is critical to ensure a continous supply of certified		
Outcomes What outcome(s) does the board of health intend to achieve with this request/project?	The successfu	inspectors in the health system. I candidate will be eligible to sit the Board of Certification exam and fulfill their requirements to become a certified public health inspector, thereby ibuting to growing the field of qualified public health inspectors. Meet the requirements prescribed by the OPHS in the areas noted above	
Can the project be completed by March 31, 2022?	Yes		
Number of Public Health Inspector Practicum positions being requested. (#)	1		

	Project Cost Item / Description Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined <u>(excluding HST)</u> .	Cost/Item Identify the cost per each item.
Wages and benefits		10,000

Board of Health for the Oxford Elgin St. Thomas Health Unit

Total 10,	000

2) Request Title:	Needle Exchange
Category	Extraordinary Costs
Description Provide a detailed description and identify issue(s) and/or opportunities that have led to this request (e.g. increased demand for services, legislative changes). Your description should include details on the populations served and any other relevant data/demographics, and how the request relates to government and ministry priorities.	Due in part to the ongoing opioid crisis, demand for sterile harm reduction equipment is on the rise in Oxford County, Elgin County and the City of St. Thomas. It is important that SWPH continues to meet this growing demand in order to prevent the transmission of HIV, Hepatitis B and Hepatitis C infections. As part of this strategy, SWPH is collaborating with Regional HIV/AIDS Connection and Addiction Services of Thames Valley to facilitate the distribution and collection of harm reduction supplies via a mobile outreach program.
Risks / Impacts Describe the risks and/or direct impacts to programs and services with not receiving any or all funding requested.	Inadequate supplies to meet demand. People who inject drugs share or reuse equipment and increase risk of blood borne and tissue infections.
Outcomes What outcome(s) does the board of health intend to achieve with this request/project?	Increase % of used syringes returned. Maintain or decrease rate of new HIV and Hepatitis C infections with the risk factor of injection drug use.

Board of Health for the Oxford Elgin St. Thomas Health Unit

	Project Cost Item / Description Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined <u>(excluding HST)</u> .	ldent	Cost/Item ify the cost per each item.
Syringes			19,100
	-	otal	19,100

3) Request Title:	COVID Extraordinary Costs
Category	COVID-19 Extraordinary Costs

Board of Health for the Oxford Elgin St. Thomas Health Unit

One-Time Funding Requests

Description Provide a detailed description of assumptions used to forecast extraordinary costs/pressures for 2021 and identify issue(s) and/or opportunities that have led to this request.	Extraordinary Cost Pressures Southwestern Public Health received notice of its first case of COVID-19 infection on March 23, 2020. As at March 10, 2021, our total confirmed case count sat at 2584 with 67 deceased. This case count is inclusive of lasting/repeated outbreaks in one community/school, 25 long term care home and retirement homes (many of which required the support of our Ontario Health and acute care partners), one post-secondary institution, multiple group home and community living sites, repeated outbreaks with significant case counts in faith based communities and several workplaces. In non-COVID times, Southwestern Public Health is accustomed to
Risks / Impacts Describe the risks and/or direct impacts to programs and services with not receiving any or all funding requested.	Without additional technology, staffing, and support, Southwestern Public Health would not be able to maintain an effective response to the COVID-19 pandemic.
Outcomes What outcome(s) does the board of health intend to achieve with this request/project?	The goal is to have sufficient capacity to provide robust case and contact management, enforcement and create a community support task force.

	Project Cost Item / Description Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined <u>(excluding HST)</u> .	Cost/Item Identify the cost per each item.
Salaries		744,732
Benefits		201,078
IPAC		250,000

1,195,810

Board of Health for the Oxford Elgin St. Thomas Health Unit

4) Request Title:	COVID Mass Immunization
Category	COVID-19 Vaccine Program Extraordinary Costs
Description Provide a detailed description of assumptions used to forecast extraordinary costs/pressures for 2021 and identify issue(s) and/or opportunities that have led to this request.	Effectively preparing to receive, store and administer COVID vaccines has created the following extraordinary cost pressures: • Bedeployment of 1 Program Manager, 1 Administrative Assistant, 1 Planner, 1 Public Health Nurse and 1 Secretary to create and operationalize Southwestern Public Health's immunization plan and immunization playbook and vaccine storage and handling plan; develop and deploy a mobile vaccination team to administer vaccines in long term care/retirement homes and other congregate settings; attend various stakeholder meetings and act as the public face of our Heath Unit's vaccination
Risks / Impacts Describe the risks and/or direct impacts to programs and services with not receiving any or all funding requested.	Without these purchases, Southwestern Public Health would not be able to provide Mass Immunization Clinics in our region.
Outcomes What outcome(s) does the board of health intend to achieve with this request/project?	To date, we have vaccinated all eligible and interested residents of long term care/retirement homes in our jurisdiction. Our Mass Immunization Clinics in Woodstock and St. Thomas will open for the first time on March 15th with the expectation that we will immunize all eligible residents in 2021.

	Project Cost Item / Description Identify the cost items in the cells provided below and provide a description for each item, including how the cost was determined <u>(excluding HST)</u> .	Cost/Item Identify the cost per each item.
Salaries/Wages		558,827
Benefits		196,345
Travel/Venue		25,000
Materials & Supplies		219,828

Board of Health for the Oxford Elgin St. Thomas Health Unit



Board of Health for the Oxford Elgin St. Thomas Health Unit

One-Time Funding Requests

One-Time Funding Requests Summary	Amount
PHI Practicum	10,000
Needle Exchange	19,100
COVID Extraordinary Costs	1,195,810
COVID Mass Immunization	1,000,000
Total One Time Funding Democrated	2 224 040

Total One-Time Funding Requested 2,224,910

Board of Health for the Oxford Elgin St. Thomas Health Unit

Board of Health Membership

			Туре о	Identify Municipality		
#	Member First Name	Member Last Name	(Municipal / Provincial)	If Municipal (Council / Citizen Representative)	(if applicable)	
1	Joe	Preston	Municipal	Council	City of St. Thomas	
2	Lori	Baldwin-Sands	Municipal	Council	City of St. Thomas	
3	Grant	Jones	Municipal	Council	County of Elgin	
4	Tom	Marks	Municipal	Council	County of Elgin	
5	Larry	Martin	Municipal	Council	County of Oxford	
6	Ted	Comiskey	Municipal	Council	County of Oxford	
7	David	Mayberry	Municipal	Council	County of Oxford	
8	Stephen	Molnar	Municipal	Council	County of Oxford	
9	Lee	Rowden	Provincial		N/A	
10	David	Warden	Provincial		N/A	

Apportionment of Board of Health Costs

	Method of Apportionment	
	Combined Population/Assessment	
	if Other please explain	
#	Municipality Name	% Share

	Total: (Must be 100.00%)	100.00%
3	County of Oxford	55.48%
2	County of Elgin	25.05%
1	City of St. Thomas	19.47%

Key Contacts and Certification

Do not include personal contact information. Contact information (e.g., emails, phone numbers and mailing addresses) should be those of the board of health or a public health unit office.

Key Contacts

Position	First Name	Last Name	Phone + Extension	Email	Board of Health / PHU Office Mailing Address	City/Town	Postal Code
Chair, Board of Health	Larry	Martin	519-631-9900 x1207	akoning@swpublichealth.ca	1230 Talbot Street	St. Thomas	N5P 1G9
Medical Officer of Health	Joyce	Lock	519-631-9900 x1255	jlock@swpublichealth.ca	1230 Talbot Street	St. Thomas	N5P 1G9
Chief Executive Officer (if applicable)	Cynthia	St. John	519-631-9900 x1202	cstjohn@swpublichealth.ca	1230 Talbot Street	St. Thomas	N5P 1G9
Business Administrator	Monica	Nusinik	519-631-9900 x1318	mnusink@swpublichealth.ca	1230 Talbot Street	St. Thomas	N5P 1G9
Certification							
Position				Date Approved			
Board of Health Chair			Larry Martin				
Medical Officer of Health / Chief Executive Officer					Cynthia St. John		
Business Administrator (Verifies that the budget data provided in the Annual Service Plan and Budget Submission is accurate)				Monica Nusink			

New Schedules to the Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH (BOARD OF HEALTH FOR THE OXFORD ELGIN ST. THOMAS HEALTH UNIT) EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2020

SCHEDULE "A" GRANTS AND BUDGET

Board of Health for the Oxford Elgin St. Thomas Health Unit

DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1, 2020 TO DECEMBER 31, 2020, UNLESS OTHERWISE NOTED)				
Programs/Sources of Funding	2019 Approved Allocation (\$)	Increase / (Decrease) (\$)	2020 Approved Allocation (\$)	
Mandatory Programs (70%)	12,474,900	(1,498,900)	10,976,000	
MOH / AMOH Compensation Initiative (100%) ⁽¹⁾	189,000	(10,300)	178,700	
Ontario Seniors Dental Care Program (100%)	901,300	-	901,300	
Total Maximum Base Funds ⁽²⁾	13,565,200	(1,509,200)	12,056,000	

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2020 TO MARCH 31, 2021, UNLESS OTHERWISE NOTED) 2020-21 Approved Projects / Initiatives Allocation (\$) 1,498,900 Mitigation (100%)⁽³⁾ Mandatory Programs: Merger Costs (100%) 400,000 Mandatory Programs: Needle Exchange Program (100%) 19,100 Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%) 30,000 Mandatory Programs: Public Health Inspector Practicum Program (100%) 10,000 COVID-19: Extraordinary Costs (100%)(3) 818,700 COVID-19: Infection Prevention and Control Hub Program (100%)⁽⁴⁾ 805,000 COVID-19: Public Health Case and Contact Management Solution (100%)⁽⁵⁾ 26,900 COVID-19: School-Focused Nurses Initiative (100%)⁽⁶⁾ # of FTEs 9.0 603,000 Capital: HVAC Replacement (100%)(7) 149,000 MOH / AMOH Compensation Initiative (100%) 12,200 Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic (100%)⁽⁷⁾ 550.000 Temporary Pandemic Pay Initiative (100%)⁽⁸⁾ 133 100 5,055,900 Total Maximum One-Time Funds⁽²⁾

MAXIMUM TOTAL FUNDS	2019-20 Approved Allocation (\$)	2020-21 Approved Allocation (\$)
Base and One-Time Funding	13,565,200	17,111,900

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2021 to MARCH 31, 2022, UNLESS OTHERWISE NOTED)				
Projects / Initiatives			2021-22 Approved Allocation (\$)	
Mitigation (100%) ⁽⁹⁾			1,498,900	
COVID-19: School-Focused Nurses Initiative (100%) ⁽¹⁰⁾	# of FTEs	9.0	297,000	
Total Maximum One-Time Funds ⁽²⁾			1,795,900	

NOTES:

(1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.

(2) Maximum base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when the Province provides a new Schedule "A".
 (3) One-time funding is for the period of January 1, 2020 to December 31, 2020.

(4) One-time funding is approved for the period of October 1, 2020 to March 31, 2021.

(5) One-time funding is approved for the period of June 15, 2020 to March 31, 2021.

(6) One-time funding is approved for the period of August 1, 2020 to March 31, 2021.

(7) One-time funding is approved for the period of April 1, 2020 to March 31, 2021, or such later EXPIRY DATE as agreed to by the parties.

(8) One-time funding is approved for the period of April 24, 2020 to August 13, 2020.

(9) One-time funding is approved for the period of January 1, 2021 to December 31, 2021.

(10) One-time funding is approved for the period of April 1, 2021 to July 31, 2021.