Finance & Facilities Standing Committee
MS Teams Electronic Participation
Monday, September 20, 2021
10:30am

AGENDA			
Item	**Agenda Item**	**Lead**	**Expected Outcome**
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Committee Members and Staff and Guests	Joe Preston	
1.2	Approval of Agenda	Joe Preston	Decision
1.3	Reminder to disclose Pecuniary Interest and the General nature Thereof when Item Arises	Joe Preston	
1.4	Reminder that Meetings are Recorded for Minute Taking Purposes	Joe Preston	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes - May 17, 2021	Joe Preston	Decision
3.0 APPROVAL OF CONSENT AGENDA			
None.			
4.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION			
4.1	Chief Executive Officer's Report for September 20, 2021	Cynthia St. John	Decision
5.0 NEW BUSINESS/OTHER			
6.0 CLOSED SESSION			
7.0 RISING AND REPORTING OF THE CLOSED SESSION			
8.0 FUTURE MEETINGS & EVENTS			
8.1	Finance & Facilities Standing Committee Meeting – November 22, 2021	Joe Preston	Information
9.0 ADJOURNMENT			

May 17, 2021

Finance & Facilities Standing Committee

Minutes

A meeting of the Finance & Facilities Standing Committee for Oxford Elgin St. Thomas Health Unit was held on Tuesday, May 17, 2021 via electronic means commencing at 10:30 a.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-0517-1.2)
Moved by L. Rowden
Seconded by S. Molnar

That the May 17, 2021 agenda be approved.

Carried.

2.0 MINUTES:

Resolution # (2021-FFSC-0517-2.1)
Moved by D. Mayberry
Seconded by L. Rowden

That the minutes from the Southwestern Public Health Finance and Facilities Standing Committee meeting held March 15, 2021 be approved.

Carried.

Resolution # (2021-FFSC-0517-2.2)
Moved by D. Warden
Seconded by S. Molnar

That the minutes from the Southwestern Public Health Finance and Facilities Standing Committee meeting held May 4, 2021 be approved.

Carried.

3.0 CONSENT AGENDA:

None.

4.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

C. St. John reviewed her report.

M. Nusink noted that there was an error in the report. She confirmed that the amount overspent is $248,000, the report will be revised and updated on the BOH Portal and external website.

C. St. John noted that the amount of reporting in the Annual Service Plan was minimized by the Ministry of Health, given the current pandemic response and demands on staff time.

D. Mayberry asked C. St. John if she felt that she had flexibility and the ability to meet the Annual Service Plan given the ever-evolving pandemic response SWPH is leading in our community. C. St. John noted that she has received confirmation from the Ministry that there is flexibility of meeting program plans and requirements and was directed to put the pandemic response and mass immunization of our community members as priority number one. She confirmed that the Ministry is aware that we are operating a Business Continuity Plan and that all programs will not be achievable at full capacity during the pandemic.

D. Mayberry asked if SWPH is looking for a longer-term plan for the Woodstock site. He believes that the placement of the fridges is temporary given we are not using the reception areas at this time. C. St. John noted that we continue to explore opportunities for the Woodstock site and confirmed that the fridge locations are temporary at this time and will be moved out of the reception area once clinics reopen.

Resolution # (2021-FFSC-0517-4.1A)
Moved by D. Mayberry
Seconded by D. Warden

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

Carried.

Resolution # (2021-FFSC-0517-4.1B)
Moved by T. Marks
Seconded by L. Rowden

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

Carried.

Resolution # (2021-FFSC-0517-4.1)
Moved by S. Molnar
Seconded by D. Mayberry

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

Carried.

5.0 NEW BUSINESS/OTHER

None.

6.0 CLOSED SESSION

Resolution # (2021-FFSC-0517-C6)
Moved by T. Marks
Seconded by D. Mayberry

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;
(i) 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.

7.0 RISING AND REPORTING OF THE CLOSED SESSION

Resolution # (2021-FFSC-0517-C7)

Moved by D. Warden
Seconded by D. Mayberry

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

Carried.

Resolution # (2021-FFSC-0517-3.1A(C))
Moved by D. Warden
Seconded by D. Mayberry

That the Finance & Facilities Standing Committee receive and file information regarding Southwestern Public Health's annual insurance renewal.

Carried.

Resolution # (2021-FFSC-0517-3.1(C))
Moved by S. Molnar
Seconded by L. Rowden

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

Carried.

Resolution # (2021-FFSC-0517-3.2(C))
Moved by D. Warden
Seconded by L. Rowden

That the Finance and Facilities Standing Committee for Southwestern Public Health's Board of Health approve the Chief Executive Officer's Report for May 17, 2021.

Carried.

8.0 FUTURE MEETINGS & EVENTS

Next meeting of the committee is scheduled for September 20, 2021.

9.0 ADJOURNMENT

Resolution # (2021-FFSC-0517-9.0)
Moved by T. Marks
Seconded by D. Warden

That the meeting adjourns at 11:18 a.m.

Carried.

Confirmed by Mr. J. Preston _____

CEO REPORT

Open Session

MEETING DATE:	September 20, 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-0920-4.1

1. Second Quarter Financial Statements (Decision):

At the end of quarter two, June 30, 2021, Southwestern Public Health is currently overspent by approximately $2.5M or 13% of the overall budget, see attached. The variance to budget is the result of COVID-19 expenditures associated with SWPH's response in addition to many programs and services are suspended, and some are now being run at a much lesser capacity. The majority of our expenditures are staffing expenses associated with hiring the number of resources necessary to respond to the pandemic. Our average payroll in March 2020 was $439k as compared to June 2021 where the average is now $687k. The staffing levels have increased from approximately 165 employees to over 300 employees. There are also significant costs related to the supports necessary to assemble and operate several mass immunization clinics, mobile work, and pop-up clinics.

MOTION: (2021-FFSC-0920-4.1A)
That the Finance & Facilities Standing Committee recommend to the Board of Health to approve the second quarter financial statements for Southwestern Public Health as presented.

2. **Annual Review of Policies** (Receive and File):

Periodically, the Finance and Facilities Standing Committee is required to review its finance policies and determine if there are any revisions necessary or if additional policies are required. Staff have undertaken this review and I recommend revisions to only one policy. The rest of the policies, in my opinion, do not need further changes nor do we need any additional policies at this time.

Board of Health policy BOH-FIN-020 Board Members' Renumeration is recommended for revision. See yellow highlighted areas. Of note:

a. this policy was last updated in 2018,
b. two areas for revision – renumeration amount and language about how the board member is paid,
c. renumeration change in keeping with general inflation and to avoid having to increase the amount drastically all at once, and
d. procedural language change in keeping with how payment is currently processed (electronically, not via cheque in most instances).

A complete list of Finance policies can be found within the BOH portal using this link.

MOTION: (2021-FFSC-0920-4.1B)
That the Finance and Facilities Standing Committee recommend to the Board of Health to accept the revised policy BOH-FIN-020 Board Members' Renumeration as presented.

3. **2021 Funding Grant and Accountability Agreement** (Decision):

SWPH received its 2021 Ministry of Health grant funding letter and associated amending agreement between the Ministry of Health and SWPH. The operating funding for the Ontario Public Health Standards and Accountability Framework is for the period of January 1, 2021, to December 31, 2021. All one-time funding is for the period of April 1, 2021, to March 31, 2022. Please see the attached correspondence.

Highlights:

- ✓ Base funding was noted at $10,976,000, the same amount as prior year with $1,498,900 of provincially funded mitigation funding received, also the same as the previous year.
- ✓ Medical Officer of Health Top Up Compensation Initiative and Base funding for the Ontario Senior Dental Program remains at $178,700 and $901,300 respectively and continues to be funded 100% provincially.
- ✓ Two of our three one-time business cases that SWPH requested were approved, and they are funded 100% provincially. They are:
    - Public Health Inspector Practicum Program - $10,000

- Needle Exchange Program - $19,000

✓ The third one-time 100% provincially funded business case was for Covid Extraordinary costs in the amount of $1.2M and Covid Mass Immunization in the amount of $1M. Approvals for $500,000 each only were noted in the funding letter. The Ministry did indicate to PHUs that they would review Q2 financials and provide additional funding as required.

✓ 100% provincial funding for the School-Focused Nurses Initiative in the amount of $903,000 to provide for up to 9 FTE additional nurses to support school boards and schools related to infection prevention and control measures related to COVID-19 was provided again this year. This money is for the period of April 1, 2021, to March 31, 2022. An additional amount of $297,000 was also noted for the period of April 1, 2022, to July 31, 2022.

✓ One-time 100% provincial funding for a mobile dental clinic in the amount of $550,000 for the Ontario Senior Dental Care Program was provided again as SWPH was not able to complete this purchase in the previous year due to the pandemic. This money is for the period of April 1, 2021, to March 31, 2022.

MOTION: (2021-FFSC-0928-4.1C)
That the Finance and Facilities Standing Committee recommend to the Board of Health to receive and file the Amending Agreement between the Ministry of Health and Southwestern Public Health.

4. Cash Flow Concerns (Decision):

At this time, we continue to have a cash flow issue due to the lack of funding provided to date by the province associated with COVID-19 vaccination program and COVID-19 general pandemic response work. As noted above, the Ministry has only currently approved SWPH for $1M in one-time extraordinary funding for COVID-19 as stated in our funding letter. The entire $1M was flowed to us in early August, however we will now be required to await further approvals based on our second quarter financial statements and forecasted costs for the remainder of the year, which currently predict that we will require $6.6M in total of additional funds above our regular budget ($5.6M in addition to the $1M already received). We continue to forecast inadequate cash on hand to meet mandatory expenditures such as payroll even when our temporary line of credit is extended beyond September 30, 2021.

To manage this continued concern, we:

a. are closely monitoring our cash flow (see attached) with projections,
b. utilized additional cash on hand from the 2019 year end surplus,
c. have requested an increase in our line of credit from $800,000 to the maximum of $3,000,000 on July 6, 2021,

d. have contacted the bank to request an extension to our temporary line of credit, which is set to expire September 30, 2021, and have received verbal confirmation of an extension to December 31,
e. notified the Ministry of Health about our repeated financial pressures and requesting timely reimbursement of COVID-19 expenditures including the attached letter and subsequent request from Minister Yurek regarding same,
f. have received the Ministry of Health's December 2021 transfer payment totaling $914,672 to help support current operations because of cashflow concerns,
g. in the absence of SWPH readily available reserve funds, recommend the FFSC recommend to the Board of Health to send an additional levy letter to each of the obligated municipalities requesting the proportionate share of a total of $4,000,000 to lessen the pressure between the maximum amount of the line of credit and SWPH's actual expenditures to December 31, 2021, to ensure SWPH financial obligations are met and until such time as the Province of Ontario reimburses SWPH for its COVID-19 expenditures,
h. articulate in the levy letter the amount of reserve money returned to municipalities in 2019 (see attached) that will hopefully assist in lessening some of the financial burden, and
i. return the additional levy upon receiving payment from the Ministry of Health for the COVID-19 additional expenditures.

MOTION: (2021-FFSC-0920-4.1D)
That the Finance and Facilities Standing Committee recommend to the Board of Health that Southwestern Public Health send an additional levy letter to each obligated municipality requesting their proportionate share of a total of $4,000,000 to ensure Southwestern Public Health's financial obligations are met until such time as the Province of Ontario reimburses Southwestern Public Health for its COVID-19 expenditures.

MOTION: (2021-FFSC-0920-4.1)
That the Finance and Facilities Standing Committee accept the Chief Executive Officer's Report for September 20, 2021.

SOUTHWESTERN PUBLIC HEALTH

For the Six Months Ending Wednesday, June 30, 2021

1.0

STANDARD/ PROGRAM	YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR	FULL YEAR BUDGET	FULL YEAR VAR	% VAR
Direct Program Costs						
Foundational Standards						
Emergency Management	$3,155.09	$31,590.60	$28,435.51	$63,181.20	$60,026.11	5.%
Effective Public Health Practise	1,105.30	158,664.72	157,559.42	317,329.44	316,224.14	0.%
Health Equity & CNO Nurses	0.00	302,000.04	302,000.04	604,000.08	604,000.08	0.%
Health Equity Program	5,624.66	6,841.56	1,216.90	13,683.12	8,058.46	41.%
Population Health Assessment	6,973.33	134,450.04	127,476.71	268,900.08	261,926.75	3.%
Foundational Standards Total	**16,858.38**	**633,546.96**	**616,688.58**	**1,267,093.92**	**1,250,235.54**	**1.%**
Chronic Disease Prevention & Well-Being						
Built Environment	0.30	163,945.98	163,945.68	327,891.96	327,891.66	0.%
Healthy Eating Behaviours	5,350.35	99,829.92	94,479.57	199,659.84	194,309.49	3.%
Healthy Menu Choices Act Enforcement	-0.03	3,862.32	3,862.35	7,724.64	7,724.67	(0.%)
Physical Activity and Sedentary Behaviour	10,000.12	48,318.54	38,318.42	96,637.08	86,636.96	10.%
Substance Prevention	-0.21	59,289.00	59,289.21	118,578.00	118,578.21	(0.%)
Suicide Risk & Mental Health Promotion	798.11	11,955.00	11,156.89	23,910.00	23,111.89	3.%
Chronic Disease Prevention & Well-Being Total	**16,148.64**	**387,200.76**	**371,052.12**	**774,401.52**	**758,252.88**	**2.%**
Food Safety						
Enhanced Food Safety - Haines Initiative	0.00	25,000.02	25,000.02	50,000.04	50,000.04	0.%
Food Safety (Education, Promotion & Inspection)	57,602.96	215,689.74	158,086.78	431,379.48	373,776.52	13.%
Food Safety Total	**57,602.96**	**240,689.76**	**183,086.80**	**481,379.52**	**423,776.56**	**12.%**
Healthy Environments						
Climate Change	-0.23	52,269.78	52,270.01	104,539.56	104,539.79	(0.%)
Health Hazard Investigation and Response	13,972.73	162,135.66	148,162.93	324,271.32	310,298.59	4.%
Healthy Environments Total	**13,972.50**	**214,405.44**	**200,432.94**	**428,810.88**	**414,838.38**	**3.%**
Healthy Growth & Development						
Breastfeeding	62,316.25	147,033.36	84,717.11	294,066.72	231,750.47	21.%
Parenting	11,078.46	214,766.40	203,687.94	429,532.80	418,454.34	3.%
Reproductive Health/Healthy Pregnancies	7,474.80	178,647.30	171,172.50	357,294.60	349,819.80	2.%
Healthy Growth & Development Total	**80,869.51**	**540,447.06**	**459,577.55**	**1,080,894.12**	**1,000,024.61**	**7.%**
Immunization						
Vaccine Administration	34,492.86	42,461.40	7,968.54	84,922.80	50,429.94	41.%
Vaccine Management	28,952.90	56,462.76	27,509.86	112,925.52	83,972.62	26.%
Community Based Immunization Outreach	13,570.60	17,092.50	3,521.90	34,185.00	20,614.40	40.%
Immunization Monitoring and Surveillance	12,446.25	23,991.90	11,545.65	47,983.80	35,537.55	26.%
Immunization Total	**89,462.61**	**140,008.56**	**50,545.95**	**280,017.12**	**190,554.51**	**32.%**
Infectious & Communicable Diseases						
Infection Prevention & Control	176,744.66	278,771.16	102,026.50	557,542.32	380,797.66	32.%
Infection Prevention and Control Nurses Initiation	3,703.58	90,100.02	86,396.44	180,200.04	176,496.46	2.%
Infectious Diseases Control Initiative	14,463.15	195,231.36	180,768.21	390,462.72	375,999.57	4.%
Needle Exchange	34,960.05	30,450.00	-4,510.05	60,900.00	25,939.95	57.%
Rabies Prevention and Control and Zoonotics	82,040.42	91,123.74	9,083.32	182,247.48	100,207.06	45.%
Sexual Health	265,036.32	466,953.24	201,916.92	933,906.48	668,870.16	28.%
Tuberculosis Prevention and Control	22,360.08	28,711.44	6,351.36	57,422.88	35,062.80	39.%
Vector-Borne Diseases	35,223.44	76,766.28	41,542.84	153,532.56	118,309.12	23.%
COVID-19 Pandemic	4,901,735.94	597,905.02	-4,303,830.92	1,195,810.00	-3,705,925.94	410.%
COVID-19 Mass Immunization	3,085,006.74	500,000.06	-2,585,006.68	1,000,000.00	-2,085,006.74	309.%
COVID-19 IPAC- Defensive Culture	0.00	0.00	0.00	0.00	0.00	0.%
Infectious & Communicable Diseases Total	**8,621,274.38**	**2,356,012.32**	**-6,265,262.06**	**4,712,024.48**	**-3,909,249.90**	**183.%**
Safe Water						
Enhanced Safe Water Initiative	0.00	15,499.98	15,499.98	30,999.96	30,999.96	0.%
Small Drinking Water Systems	0.00	20,467.02	20,467.02	40,934.04	40,934.04	0.%
Water	9,686.30	103,233.06	93,546.76	206,466.12	196,779.82	5.%
Safe Water Total	**9,686.30**	**139,200.06**	**129,513.76**	**278,400.12**	**268,713.82**	**3.%**
School Health - Oral Health						
Healthy Smiles Ontario	362,789.35	504,050.04	141,260.69	1,008,100.08	645,310.73	36.%
School Screening and Surveillance	19,540.74	108,682.92	89,142.18	217,365.84	197,825.10	9.%
School Health - Oral Health Total	**382,330.09**	**612,732.96**	**230,402.87**	**1,225,465.92**	**843,135.83**	**31.%**
School Health - Vision						
Vision Screening	0.00	104,256.72	104,256.72	208,513.44	208,513.44	0.%
School Health - Immunization						
School Immunization	132,705.87	443,082.54	310,376.67	886,165.08	753,459.21	15.%
School Health - Other						
Comprehensive School Health	260.02	446,467.68	446,207.66	892,935.36	892,675.34	0.%
Substance Use & Injury Prevention						
Falls Prevention	250.42	60,804.96	60,554.54	121,609.92	121,359.50	0.%
Harm Reduction Enhancement	73,827.77	163,499.34	89,671.57	326,998.68	253,170.91	23.%
Road Safety	0.12	34,621.50	34,621.38	69,243.00	69,242.88	0.%
Smoke Free Ontario Strategy: Prosecution	47,859.92	344,742.06	296,882.14	689,484.12	641,624.20	7.%

SOUTHWESTERN PUBLIC HEALTH

For the Six Months Ending Wednesday, June 30, 2021

STANDARD/ PROGRAM	YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR	FULL YEAR BUDGET	FULL YEAR VAR	% VAR
Substance Misuse Prevention	10,428.23	62,676.12	52,247.89	125,352.24	114,924.01	8.%
Substance Use & Injury Prevention Total	**132,366.46**	**666,343.98**	**533,977.52**	**1,332,687.96**	**1,200,321.50**	**10.%**
TOTAL DIRECT PROGRAM COSTS	**9,553,537.72**	**6,924,394.80**	**-2,629,142.92**	**13,848,789.44**	**4,295,251.72**	**69.%**
INDIRECT COSTS						
Indirect Administration	1,329,552.19	1,295,224.74	-34,327.45	2,590,449.48	1,260,897.29	51.%
Corporate	55,452.57	86,970.00	31,517.43	173,940.00	118,487.43	32.%
Board	5,640.00	15,600.00	9,960.00	31,200.00	25,560.00	18.%
HR - Administration	383,953.08	388,741.02	4,787.94	777,482.04	393,528.96	49.%
Premises	737,645.39	806,987.52	69,342.13	1,613,975.04	876,329.65	46.%
TOTAL INDIRECT COSTS	**2,512,243.23**	**2,593,523.28**	**81,280.05**	**5,187,046.56**	**2,674,803.33**	**48.%**
TOTAL GENERAL SURPLUS/DEFICIT	**12,065,780.95**	**9,517,918.08**	**-2,547,862.87**	**19,035,836.00**	**6,970,055.05**	**63.%**
100% MINISTRY FUNDED PROGRAMS						
MOH Funding	84,787.98	84,787.98	0.00	169,575.96	84,787.98	50.%
Senior Oral Care	383,813.87	450,650.04	66,836.17	901,300.08	517,486.21	43.%
TOTAL 100% MINISTRY FUNDED	**468,601.85**	**535,438.02**	**66,836.17**	**1,070,876.04**	**602,274.19**	**44.%**
One-Time Funding - April 1, 2021 to March 31, 2022						
OTF NEP	0.00	4,775.00	4,775.00	19,100.00	9,550.00	0%
OTF Public Health Inspector Practicum	3,430.00	2,500.00	-930.00	10,000.00	8,430.00	34%
OTF Elgin-Oxford Merger Costs	241,096.00	400,000.00	158,904.00	400,000.00	-158,904.00	60%
OTF IPAC HUB	682,893.00	805,000.00	122,107.00	805,000.00	-122,107.00	85%
OTF School Nurses	219,141.00	222,750.00	3,609.00	297,000.00	70,641.00	74%
Total OTF	**1,146,560.00**	**1,435,025.00**	**288,465.00**	**1,531,100.00**	**-192,390.00**	**60.%**
Programs Funded by Other Ministries, Agencies						
Healthy Babies Healthy Children	107,596.00	413,385.00	305,789.00	1,653,539.00	934,365.00	7%
Pre and Post Natal Nurse Practitioner	34,470.00	34,750.00	280.00	139,000.00	103,970.00	25%
School Nutrition Program	186,225.88	60,987.48	-125,238.40	121,974.96	186,225.88	153%
Total Programs Funded by Other Ministries, Agencies	**328,291.88**	**509,122.48**	**497,754.27**	**1,914,513.96**	**1,458,111.33**	**24.%**

BOARD OF HEALTH

SECTION:	Financial	APPROVED BY:	Board of Health
NUMBER:	BOH-FIN-020	REVISED:	June 13, 2018
DATE:	May 1, 2018		

Board Members' Remuneration and Expenses

Purpose:

To ensure Board of Health members receive compensation for their activities on behalf of the Board of Health.

Policy:

In accordance with the Health Protection and Promotion Act section 49, each Board member shall receive remuneration for time and reasonable and actual expenses related to meetings/functions of the board. When a municipal representative receives remuneration for time and expenses related to board of health work from their council, OESTHU will not issue payment for the same.

For the purposes of this policy, such business includes official meetings at which the member represents the Board and attendance at conferences, but does not include ceremonial functions or special events. Board members attending conferences shall also be reimbursed for travel expenses in accordance with applicable non-union policies and procedures.

Procedure:

1) Remuneration for Board of Health Business
   a) The Executive Assistant will verify Board members attendance by including attendance in the Board of Health meeting minutes.
   b) Board members shall receive only one fee per day regardless of whether the member attends more than one official function in a day.
   c) Payment of remuneration is issued to Board member (excluding municipal members receiving remuneration from their council) on a quarterly basis.
      i) Remuneration in the amount of $~~100.00~~ (recommend 110.00 effective January 1, 2022) per day for attending meetings of three (3) hours or less

ii) Remuneration in the amount of $~~150.00~~ (recommend 165.00 effective January 1, 2022) is paid when the total time spend attending meetings in a day is more than three (3) hours.

d) A one-time payment of $~~300.00~~ (recommend $325.00 effective January 1, 2022) is payable to the Chair of the Board of Health each year in recognition of the additional work and support of this position regardless of whether the member receives general remuneration from their respective municipal council.

e) The Board Member requisitions the payment of all remuneration associated with attendance at official meetings by completing the remuneration authorization form and submitting it for payment each quarter for which the remuneration is paid. The Executive Assistant will review and verify submission and obtain approval from the Chief Executive Officer.

f) Finance will issue ~~a remuneration cheque~~ payment to the board member quarterly following receipt of the remuneration authorization form and approval of the same.

2) Other Expenses

a) Mileage reimbursement is in accordance with the current non-union mileage allowance and non-union policy for travel for Board of Health meeting/functions per kilometre for all travel from the Board member's home to the Board of Health meeting/function.

b) Reasonable and actual expenses incurred for items such as accommodation, food, parking and registration fees are reimbursed to any Board member and subject to any limitations as noted in the applicable policies of the Health Unit. Itemized receipts are required.

c) Expenses incurred with respect to accompanying spouse/family/friend are the responsibility of the Board member.

3) Expense Reports

a) Board members must submit to the Executive Assistant an expense report for all mileage and all other expenses at the end of the quarter for which the expenses occurred.

References: (including relevant legislation):

- Section 49, Health Protection and Promotion Act.
- 2(4) Health Protection and Promotion Act

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 2021

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, 2021 TO DECEMBER 31, 2021, UNLESS OTHERWISE NOTED)	
Programs/Sources of Funding	**2021 Approved Allocation ($)**
Mandatory Programs (70%)	10,976,000
Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative (100%)[1]	178,700
Ontario Seniors Dental Care Program (100%)	901,300
Total Maximum Base Funds[2]	**12,056,000**

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%)[3]			1,498,900
Mandatory Programs: Needle Exchange Program (100%)			19,000
Mandatory Programs: Public Health Inspector Practicum Program (100%)			10,000
COVID-19: Extraordinary Costs (100%)[3]			500,000
COVID-19: Vaccine Program (100%)[3]			500,000
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic (100%)			550,000
School-Focused Nurses Initiative (100%)[4]	# of FTEs	9.0	900,000
Total Maximum One-Time Funds[2]			**3,977,900**

MAXIMUM TOTAL FUNDS	**2021-22 Approved Allocation ($)**
Base and One-Time Funding	**16,033,900**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2022 to MARCH 31, 2023, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2022-23 Approved Allocation ($)**
School-Focused Nurses Initiative (100%)[5]	# of FTEs	9.0	297,000
Total Maximum One-Time Funds[2]			**297,000**

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) Approved one-time funding is for the period of January 1, 2021 to December 31, 2021.

(4) Approved one-time funding is for the period of April 1, 2021 to March 31, 2022.

(5) Approved one-time funding is for the period of April 1, 2022 to July 31, 2022.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Provincial base funding is provided to the Board of Health for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act (HPPA), Regulations under the HPPA, Ontario Public Health Standards, and the Agreement. Provincial base funding is also provided to the Board of Health for the purposes of delivering related public health programs and initiatives in accordance with Schedule B.

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:
1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response

Base funding must be used to build a sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e., decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:
- Conduct a population health/situational assessment, including the identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy). Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment. This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders – identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. This should include First Nations, Métis and Inuit communities where appropriate.
- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province.

Naloxone Kit Distribution and Training

The Board of Health (or their Designate) must be established as a naloxone distribution lead/hub for eligible community organizations, as specified by the Province, which will increase dissemination of kits to those most at risk of opioid overdose.

To achieve this, the Board of Health is expected to:

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

- Order naloxone kits as outlined by the Province; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory, including managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations, and ensuring community organizations distribute naloxone in accordance with eligibility criteria established by the Province.
- Comply with the quarterly reporting requirements established by the Province.
- With the exception of entities (organizations, individuals, etc.) as specified by the Province:
  - Train community organization staff on naloxone administration, including how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
  - Train community organization staff on naloxone eligibility criteria, including providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
  - Support policy development at community organizations, including providing consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
  - Promote naloxone availability and engage in community organization outreach, including encouraging eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of naloxone (NARCAN® Nasal Spray and injectable naloxone formulations)

The Board of Health will be required to submit orders for naloxone to the Province in order to implement the Harm Reduction Program Enhancement. By receiving naloxone, the Board of Health acknowledges and agrees that:

- Its use of naloxone is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with naloxone.
- The Province takes no responsibility for any unauthorized use of naloxone by the Board of Health or by its clients.
- The Board of Health also agrees to:
  - Not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
  - Comply with the terms and conditions as it relates to the use and administration of naloxone as specified in all applicable federal and provincial laws.
  - Provide training to persons who will be administering naloxone. The training shall consist of the following: opioid overdose prevention; signs and symptoms of an opioid overdose; and, the necessary steps to respond to an opioid overdose, including the proper and effective administration of naloxone.
  - Follow all provincial written instructions relating to the proper use, administration, training and/or distribution of naloxone.

Type of Funding	***BASE FUNDING***

- Immediately return any naloxone in its custody or control at the written request of the Province at the Board of Health's own cost or expense, and that the Province does not guarantee supply of naloxone, nor that naloxone will be provided to the Board of Health in a timely manner.

Opioid Overdose Early Warning and Surveillance

Base funding must be used to support the Board of Health in taking a leadership role in establishing systems to identify and track the risks posed by illicit synthetic opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of "real-time" qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community partners, including people who use drugs, about changes in the acute, local risk level, to inform action. They should also include reporting to the Province through a mechanism currently under development.

Mandatory Programs: Healthy Smiles Ontario Program

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that the following requirements are met:

- The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.
- The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the Ministry of Health's Communications and Marketing Division to ensure use of the brand aligns with provincial standards.
- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., must be reported as income in financial reports as per Schedule C of the Agreement.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use the following provincial approved systems or mechanisms, or other as specified by the Province.

Type of Funding	***BASE FUNDING***

  - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
  - Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.
- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented.
  Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

Mandatory Programs: Nursing Positions

Base funding may be utilized to support Chief Nursing Officer, Infection Prevention and Control, and Social Determinants of Health Nursing positions, as well as other nursing positions at the Board of Health.

The Board of Health shall only employ a Chief Nursing Officer with the following qualifications:
- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

The Chief Nursing Officer role must be implemented at a management level within the Board of Health, reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:
- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:

- The position is required to be to be a Registered Nurse; and,
- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

Mandatory Programs: Smoke-Free Ontario

Smoke-Free Ontario is a comprehensive approach that combines programs, policies, social marketing, and legislation to reduce the use of tobacco and vapour products and lower health risks by protecting Ontarians from second-hand smoke and vapour, and to keep harmful products out of the hands of children and youth.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that it complies with any written directions provided by the Province on the interpretation and enforcement of the *Smoke-Free Ontario Act, 2017*.

Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (100%)

The Province provides the Board of Health with 100% of the additional base funding required to fund eligible Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits.

The maximum base funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation, including requirements related to minimum salaries.

Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) 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. The program is being implemented through a phased approach.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services were available for eligible seniors through Boards of Health, participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure.

The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2021, with consideration being given to the ongoing implementation challenges presented by the COVID-19 response.

Program Enrolment

Program enrolment is managed centrally and is not a requirement of the Board of Health. The Board of Health is responsible for local oversight of dental service delivery to eligible clients under the program within the Public Health Unit area.

In cases where eligible seniors present with acute pain and urgent need, and are not already enrolled in the program, OSDCP providers, at the clinical discretion of the attending dental care provider, may support timely access to emergency dental treatment by providing immediate services following the seniors' signing of an emergency need and eligibility attestation. This attestation and enrollment process is to be administered at the local level. Following the delivery of emergency treatment, all seniors will need to submit an OSDCP application, be determined eligible, and be enrolled to receive any further non-emergency dental care through the OSDCP.

Program Delivery

The OSDCP is delivered through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.
With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

Base funding for the OSDCP must be used in accordance with the OSDCP-related requirements of the *Oral Health Protocol, 2018* (or as current), including specified requirements for service delivery, oral health navigation, and data collection and analysis. The Board of Health can allocate base funding for this Program across the program expense categories, with every effort made to maximize clinical service delivery and minimize administrative costs.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019.

As part of implementation, eligible expense categories under this Program also include:

- *Clinical service delivery costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).
  - Overhead costs associated with the Program's clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.

- *Oral health navigation costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program's clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program's clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
  - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

Operational expenses that are **not** eligible under this Program include:

- Staff recruitment incentives;
- Billing incentives; and,
- Costs associated with any activities required under the Ontario Public Health Standards, including the *Oral Health Protocol, 2018* (or as current), which are not related to the OSDCP.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is requested to align local promotional products with the provincial Program brand and messaging. The Board of Health is required to liaise with the Province to ensure use of the brand aligns with provincial standards.

Revenue

- The Board of Health is required to bill-back relevant programs for services provided to non-OSDCP clients using resources under this Program. All revenues collected under the OSDCP, including revenues collected for the provision of services to non-Program clients such as Ontario Works adults, Ontario Disability Support Program adults, Non-Insured Benefits clients, municipal clients, HSO clients, etc., with resources under this Program must be reported as an offset revenue to the Province. Priority must always be given to clients eligible under this Program. The Board of Health is required to closely monitor and track revenue from bill-back for reporting purposes to the Province.
- A client co-payment is required on new denture services. Co-payment amounts are specified by the Province in Appendix A of the OSDCP Denture Services Factsheet for Providers (Factsheet), which applies to both dentists and denturists. It is the Board of Health's responsibility to collect the client co-payment for the codes outlined in Appendix A of the Factsheet. The Board of Health may determine the best mechanism for collecting co-payments, using existing payment and administration processes at the local level, in collaboration with OSDCP service delivery partners (e.g., Community Health Centre, Aboriginal Health Access Centre), as needed. The remaining cost of the service, after co-payment, is to be absorbed by the Board of Health through its operating base funding for the OSDCP. The revenue received from client co-payments for OSDCP service(s) is to be used to offset OSDCP program expenditures. Co-payment revenues are to be reported as part of the financial reporting requirements to the Province.

Community Partners

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.
- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

Mitigation (100%)

One-time mitigation funding must be used to offset the increased costs of municipalities as a result of the 70% (provincial) / 30% (municipal) cost-sharing change for mandatory programs.

Mandatory Programs: Needle Exchange Program (100%)

One-time funding must be used for extraordinary costs associated with delivering the Needle Exchange Program. Eligible costs include purchase of needles/syringes and associated disposal costs.

Mandatory Programs: Public Health Inspector Practicum Program (100%)

One-time funding must be used to hire the approved Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors Board of Certification for field training for a 12-week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student's term.

COVID-19: Extraordinary Costs (100%)

One-time funding must be used to offset extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province (excluding costs associated with the delivery of the COVID-19 vaccine program). Extraordinary costs refer to the costs incurred over and above the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

- Staffing – Salaries and benefits, inclusive of overtime for existing or redeployed Board of Health 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 office location, or for staff to conduct infectious disease surveillance activities (swab pick-ups and laboratory deliveries).
- Supplies and Equipment – 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.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services including courier services and rental cars, data

Type of Funding	***ONE-TIME FUNDING***

entry or information technology services for reporting COVID-19 data to the ministry (from centres in the community that are not operated by the Board of Health) or increased services required to meet pandemic reporting demands, outside legal services, and additional premises rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:
- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a public health unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at "arm's length" (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

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 (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- 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 Record systems.

The Board of Health is required to retain records of COVID-19 spending.

COVID-19: Vaccine Program (100%)

One-time funding must be used to offset extraordinary costs associated with organizing and overseeing the COVID-19 immunization campaign within local communities, including the development of local COVID-19 vaccination campaign plans. Extraordinary costs refer to the costs incurred over and above

Type of Funding	***ONE-TIME FUNDING***

the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

- Staffing – salaries and benefits, inclusive of overtime, for existing staff or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; 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 office location, including transporting vaccines, and transportation/accommodation for staff of mobile vaccine units.
- Supplies and Equipment – 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 Province, supplies necessary to administer the COVID-19 vaccine (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.) not already provided by the Province, information and information technology upgrades related to tracking COVID-19 immunization not already approved by the ministry.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, 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 Province from centres in the community that are not operated by the Board of Health or increased services required to meet pandemic reporting demands, outside legal services, and additional premises leased or rented by the Board of Health.
- Communications – 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.

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a public health unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the

local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at "arm's length" (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

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 (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.

The Board of Health is required to retain records of COVID-19 spending.

Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic (100%)

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used for the purchase of a small mobile dental clinic bus to provide preventive and denturist services for seniors. The bus will include one operatory capable of supporting oral hygiene preventative care and prosthodontic/ denture adjustments. Eligible costs include the bus, a dental chair, accessibility lift and preventative/prosthodontic equipment.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- Funding for this mobile dental clinic bus is conditional on the Board of Health making best efforts to enter into Service Level Agreements with adjacent Boards of Health to provide dental services to enrolled clients in the adjacent public health units to address access issues, as needed.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection

Type of Funding	***ONE-TIME FUNDING***

prevention and control practices as appropriate to the programs and services being delivered within the facility.

School-Focused Nurses Initiative (100%)

The School-Focused Nurses Initiative was created for the 2020-21 school year to support additional nursing FTE capacity in every board of health to provide rapid-response support to school boards and schools in facilitating public health and preventative measures related to the COVID-19 pandemic. One-time funding for this initiative is being renewed for the 2021-22 school year.

The school-focused nurses contribute to the following activities in support of school boards and schools:

- Providing support in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for infection prevention; surveillance, screening and testing; outbreak management; case and contact management; and COVID-19 vaccinations; and,
- Supporting communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus is on the COVID-19 response, the additional nurses may also support the fulfilment of board of health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards. The additional FTEs may also support childcare centres, home childcare premises and other priority settings relating to the health of school-aged children and youth.

The initiative is being implemented with the following considerations:

- Recruitment of Registered Nurses to the extent possible;
- French language and Indigenous (First Nation, Métis, Inuit) service needs;
- Capacity for both in-person and virtual delivery;
- Consistency with existing collective agreements; and,
- Leveraging the Chief Nursing Officer role as applicable in implementing this initiative, as well as coordinating with existing school health, nursing, and related programs and structures within the Board of Health (e.g., School Health Teams, Social Determinants of Health Nurses, Infection Prevention and Control Nurses, and school-based programs such as immunization, oral and vision screening, reproductive health, etc.).

Qualifications required for these positions are:

- Current registration with the College of Nurses of Ontario (i.e., Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class).

One-time funding must be used to continue the new temporary FTEs for school-focused nurses as specified in Schedule A of the Agreement. Funding is for nursing salaries, wages, and benefits only and cannot be used to support other operating costs. Additional costs incurred by the Board of Health to support school re-opening initiatives that cannot be managed within the existing budget of the Board of Health, are admissible through the COVID-19 extraordinary costs process.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Infectious Diseases Programs Reimbursement

Funding for Infectious Diseases Programs will be provided on a case-by-case basis through direct reimbursement. These funds are provided to offset the costs of treatment medications not made available through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

To be reimbursed, original receipts and client identification information needs to be submitted to the Infectious Diseases Section of the Health Protection and Surveillance Policy and Programs Branch (Office of Chief Medical Officer of Health, Public Health). Clients will not be directly reimbursed.

Questions about the reimbursement process and expense eligibility can be submitted to the following email: IDPP@ontario.ca.

Leprosy

The Board of Health may submit claims on a case-by-case basis for medication costs related to the treatment of Leprosy. As per Chapter A: Leprosy, of the *Infectious Diseases Protocol, 2018* (or as current), treatment should be under the direction of an infectious disease specialist and should refer to World Health Organization (WHO) treatment recommendations.

Tuberculosis

The Board of Health may submit claims on a case-by-case basis for second-line and select adjunct medications related to the treatment of active tuberculosis and latent tuberculosis infection. For more information on the reimbursement process, see section 9 of the *Tuberculosis Program Guideline, 2018* (or as current).

Vaccine Programs Reimbursement

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the Standards Activity Reports or other reports as requested by the Province, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted on the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

Influenza

- The Province will continue to pay $5.00/dose for the administration of the influenza vaccine.
- All doses administered by the Board of Health to individuals aged 6 months or older who live, work or attend school in Ontario.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Meningococcal

- The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
    - Men-C-C doses if given in substitution of Men-C-ACYW135 for routine doses.

Note: Doses administered through the high-risk program are not eligible for reimbursement.

Human Papillomavirus (HPV)

- The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- High-risk program: MSM <26 years of age.

SCHEDULE "C"

REPORTING REQUIREMENTS

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province (and according to templates provided by the Province):

Name of Report	Reporting Period	Due Date
1. Annual Service Plan and Budget Submission	For the entire Board of Health Funding Year	April 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
6. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:

"Q1" means the period commencing on January 1st and ending on the following March 31st.

"Q2" means the period commencing on April 1st and ending on the following June 30th.

"Q3" means the period commencing on July 1st and ending on the following September 30th.

"Q4" means the period commencing on October1st and ending on the following December 31st.

Report Details

Annual Service Plan and Budget Submission

- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

Quarterly Standards Activity Reports

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Agreement.
- Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
- The Quarterly Standards Activity Reports shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.
- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for

funding provided for public health programs governed under the Accountability Agreement.

- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.
- Specific to Temporary Pandemic Pay Initiative, the Board of Health shall provide the following as part of the Annual Reconciliation Report:
    - Accounting for the reporting of both the revenue and expenditures for the Temporary Pandemic Pay Initiative should appear as separate and distinct items within the Annual Reconciliation Report.
    - The Audited Financial Statement must include appropriate disclosure regarding the Board of Health's revenue and expenditures related to the Temporary Pandemic Pay Initiative.

<u>Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative Application</u>

- The Board of Health shall complete and submit an annual application in order to participate in this Initiative and be considered for funding.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

SCHEDULE "D"

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. **Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.**

   Examples of potential controls to support this objective include, but are not limited to:
   - Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
   - Define approval limits to authorize appropriate individuals to perform appropriate activities.
   - Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
   - An authorized chart of accounts.
   - All accounts reconciled on a regular and timely basis.
   - Access to accounts is appropriately restricted.
   - Regular comparison of budgeted versus actual dollar spending and variance analysis.
   - Exception reports and the timeliness to clear transactions.
   - Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.

- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

2. **Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.**

   Examples of potential controls to support this objective include, but are not limited to:
   - Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
   - Separate accounts receivable function from the cash receipts function.
   - Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
   - Original source documents are maintained and secured to support all receipts and expenditures.

3. **Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.**

   Examples of potential controls to support this objective include, but are not limited to:
   - Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
   - Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
   - Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
   - Separate roles for setting up a vendor, approving payment, and receiving goods.
   - Separate roles for approving purchases and approving payment for purchases.
   - Processes in place to take advantage of offered discounts.
   - Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
   - Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
   - Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
   - Original source documents are maintained and secured to support all receipts and expenditures.
   - Regular monitoring to ensure compliance with applicable directives.
   - Establish controls to prevent and detect duplicate payments.
   - Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
   - All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
   - Separate payroll preparation, disbursement and distribution functions.

4. **Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.**

   Examples of potential controls include, but are not limited to:
   - Policy in place to define dollar limit for paying cash versus cheque.
   - Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
   - All cancelled or void cheques are accounted for along with explanation for cancellation.
   - Process is in place for accruing liabilities.
   - Stale-dated cheques are followed up on and cleared on a timely basis.
   - Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
   - Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

Cash Flow Projections Statement - September 2021 - May 2022

Sources of Cashflow	Annual cashflows based on most recent Fin'l Statements / current outstanding amounts	September	October	November	December	January	February	March	April	May
Opening cash balance (*negative if operating line is drawn)		**$ 1,013,010.00**	**$ (48,882.00)**	**$ (1,841,046.00)**	**$ (2,833,210.00)**	**$ (4,890,039.37)**	**$ (2,145,511.67)**	**$ (4,222,151.97)**	**$ (6,298,792.27)**	**$ (7,818,376.57)**
Cash Inflows:										
Sales from cash, cheques and/or credit card point of sales	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
AR Collections	$ -									
Shareholder Injections	$ -									
Canada Emergency Business Account ($40,000 loan)	$ -									
Federal Wage Subsidy	$ -									
Other income	$ -	$ 1,422,336.00	$ 1,422,336.00	$ 1,572,336.00	$ 507,670.63	$ 5,309,027.70	$ 487,859.70	$ 487,859.70	$ 1,694,915.70	
Total Cash Inflows	**$ -**	**$ 1,422,336.00**	**$ 1,422,336.00**	**$ 1,572,336.00**	**$ 507,670.63**	**$ 5,309,027.70**	**$ 487,859.70**	**$ 487,859.70**	**$ 1,694,915.70**	**$ -**
Cash Outflows:										
Variable costs:										
Disbursement made regarding cost of goods sold	$ -									
Salaries and employees benefits	$ -	$ 1,282,228.00	$ 1,950,000.00	$ 1,300,000.00	$ 1,300,000.00	$ 1,300,000.00	$ 1,300,000.00	$ 1,300,000.00	$ 1,950,000.00	
Credit card processing fees	$ -									
Repairs & mainenance	$ -									
Freight & trucking	$ -									
Personal distributions	$ -									
Other expenses		$ 1,134,000.00	$ 1,200,000.00	$ 1,200,000.00	$ 1,200,000.00	$ 1,200,000.00	$ 1,200,000.00	$ 1,200,000.00	$ 1,200,000.00	
Fixed costs:										
Rent and property tax	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Licenses and permits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Utilities and telecommunications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Equipment rental and/or other leasing costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other debt obligations (including non-RBC debt)	$ -									
Interest on operating line	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Principal loan payments	$ -	$ 39,500.00	$ 39,500.00	$ 39,500.00	$ 39,500.00	$ 39,500.00	$ 39,500.00	$ 39,500.00	$ 39,500.00	$ -
Interest on term loans	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interest on capital leases and other debt obligations (including non-RB	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Banking fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other expenses		$ 28,500.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	
Total Cash Outflows	**$ -**	$ 2,484,228.00	$ 3,214,500.00	$ 2,564,500.00	$ 2,564,500.00	$ 2,564,500.00	$ 2,564,500.00	$ 2,564,500.00	$ 3,214,500.00	$ -
Net increase/(derease) in cash	$ -	$ (1,061,892.00)	$ (1,792,164.00)	$ (992,164.00)	$ (2,056,829.37)	$ 2,744,527.70	$ (2,076,640.30)	$ (2,076,640.30)	$ (1,519,584.30)	$ -
Ending cash balance		**$ (48,882.00)**	**$ (1,841,046.00)**	**$ (2,833,210.00)**	**$ (4,890,039.37)**	**$ (2,145,511.67)**	**$ (4,222,151.97)**	**$ (6,298,792.27)**	**$ (7,818,376.57)**	**$ (7,818,376.57)**

Working capital facilities:	Authorized amounts	September	October	November	December	January	February	March	April	May
Operating line	$ 100,000.00	$ 48,882.00	$ 100,000.00	$ 100,000.00	$ 100,000.00	$ 100,000.00	$ 100,000.00	$ 100,000.00	$ 100,000.00	$ 100,000.00
Net working capital (surplus) / deficit		**$ -**	**$ 1,741,046.00**	**$ 2,733,210.00**	**$ 4,790,039.37**	**$ 2,045,511.67**	**$ 4,122,151.97**	**$ 6,198,792.27**	**$ 7,718,376.57**	**$ 7,718,376.57**

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

Friday, July 2, 2021

Mr. Brent Feeney
Manager, Funding and Oversight
Accountability and Liaison Branch
Office of the Chief Medical Officer of Health
Ministry of Health
393 University Avenue, Suite 2100
Toronto, ON M7A 2S1

Dear Brent,

Please accept this letter as Southwestern Public Health's formal and immediate request to obtain its December 2021 payment in advance, to address current cashflow issues associated with awaiting the province's COVID-19 one-time extraordinary funding package.

Without this advance, SWPH will not be able to pay its bills, nor will it be able to ensure payroll is met. SWPH has requested an increase to its line of credit with its bank and SWPH has received a temporary increase but not for the total amount requested and needed. As such, the health unit will still be financially strapped for cash even with the increase in its line of credit. SWPH cannot stress enough the importance of **timely** Ministry of Health COVID-19 funding as the line of credit increase and potential December early transfer are only stop-gap measures for a situation that is growing increasingly worrisome. Without timely COVID-19 funding, SWPH will need to further levy its municipalities for these expenses so that its COVID-19 pandemic emergency response work (case and contact management and mass immunization clinics) remains uninterrupted.

As well, we would like to request that SWPH be allowed to submit an amendment to its initial one-time request for 2021 COVID-19 funding, as proposed in SWPH's annual service plan (ASP). As discussed previously with you, at the time the request was developed and approved by the Board of Health (Fall 2020), SWPH was estimating the costs based on several unknowns including when a vaccine would be ready for distribution and what the needs would be related to case and contact management and further waves. SWPH's COVID-19 funding request needs to be increased significantly in order to manage its ongoing pandemic response efforts.

Thank you kindly for your time and consideration to these two important matters.

Sincerely,

Cynthia St. John
Chief Executive Officer

c: Monica Nusink, Director of Finance (CFO)

Ontario
LEGISLATIVE
ASSEMBLY

Jeff Yurek, MPP

Elgin-Middlesex-London

Constituency Office
750 Talbot St., Suite 201, West Wing
St. Thomas, Ontario N5P 1E2

Tel. (519) 631-0666
Toll Free 1-800-265-7638
Fax: (519) 631-9478
E-mail: jeff.yurekco@pc.ola.org

Hon. Christine Elliott
Minister of Health
College Park 5th Flr
777 Bay St, Toronto, ON M7A 2J3

August 5, 2021

Dear Minister Elliott,

I am writing to bring your attention to a matter recently raised with me by Southwestern Public Health (SWPH). As you will find in the attached, SWPH notes the significant progress made in our collective efforts to combat COVID-19, which has come at a cost to the suite of programs and services the health unit would typically provide. SWPH is now requesting the continuation of mitigation funding in order to ensure that it has the necessary resources to continue its pandemic mitigation efforts while delivering comprehensive community care in other core disciplines.

Additionally, SWPH is calling for adjustments to existing funding models that would support health units in overcoming the significant fiscal pressures brought about by their critical work during COVID-19.

Minister, your consideration of the above and attached is greatly appreciated and I am available to discuss further at your convenience.

Sincerely,

Jeff Yurek, MPP
Elgin-Middlesex-London

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

July 20, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

delivered via email
christine.elliott@ontario.ca

Dear Minister Elliott,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we wish to applaud the continuing commitment shown by you and your government for the financial support of local public health units in their ongoing COVID-19 pandemic response. The collective effort of all levels and branches of government in their prioritization of the health and well-being of Ontarians has been truly exceptional and heartening.

Much progress has been made in increasing vaccine rates, decreasing cases, alleviating pressures on our healthcare system, containing transmission, and implementing public health measures against COVID-19 whereby we have now progressed to Step 3 in the Roadmap to Reopen Ontario. Indeed, the improvements we have seen in recent weeks is cause for a thoughtful and thorough consideration of our larger recovery plans as the pandemic has significantly impacted our many and diverse communities.

As other health units have experienced, the extensive resources required to support our COVID response resulted in the necessary reduction or cessation of many programs and services. As we look towards the latter part of the fiscal year and into 2022, we note that much work remains as SWPH engages in rebuilding programs and services, addressing community needs, reviving regional connections and supports, and assessing the aftereffect of public health's focused pandemic work on local populations.

In essence, the recovery of post-pandemic public health programs and services cannot rest upon the support of local funders alone. Without a continuation of mitigation funding, our board will need to reduce staffing numbers that would be needed to resume standard public health services as well as address ongoing COVID-19 work, such as vaccine outreach and immunization, possible booster vaccinations, and case and contact management in schools and workplaces.

Given the leadership role public health units will play in their continued COVID-19 response, the extensive resources required to ensure Ministry targets and requirements are met and maintained, and public health's commitment to the mandates identified in the Ontario Public Health Standards (OPHS), we request that the Ministry commit to the following:

- Extension of mitigation funding for the 2022 fiscal year;
- Extension of the availability of one-time funding for COVID-19 extraordinary expenses;
- An increase in base funding levels to accommodate increasing operating costs since 2019; and,
- Multi-year funding dedicated to COVID recovery to restore and return programs to OPHS requirement levels.

Sufficient and sustained financial support from you and your government is a key component of public health recovery planning. At this time, we await approval of SWPH's 2021 Annual Service Plan and COVID-19 extraordinary expense one-time funding submission – plans and scope which have considerably exceeded our initial estimation given the priority mandate to vaccinate local populations posthaste. I would emphasize once more that our local plans to meet the needs of our communities hinge upon a timely indication of vital funding commitments for 2022 as well as this current year.

Our Board extends its sincere thanks for considering this critical request.

Yours truly,

Larry Martin
Chair, Board of Health

c: Cynthia St. John, CEO, Southwestern Public Health
The Honourable Doug Ford, Premier of Ontario
Ernie Hardeman, MPP Oxford County
Jeff Yurek, MPP Elgin Middlesex London
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Municipal Surpluses and Reserves

	Percentage	2018 Surplus (returned)	2019 Surplus (not returned)	2020 Surplus (none)	Reserve (returned)	Total Returned
City of St. Thomas	19.47%	$ 210,530.00		$ -	$ 190,773.24	$ 401,303.24
Elgin County	25.05%	$ 270,915.00		$ -	$ 245,491.41	$ 516,406.41
Oxford County	55.48%	$ 599,856.00		$ -	$ 543,563.25	$ 1,143,419.25
TOTAL	**100.00%**	**$ 1,081,301.00**	**$ 175,208.00**	**$ 175,508.00**	**$ 979,827.90**	**$ 2,061,128.90**

If we ask for $4M to cover cash shortfall

	Percentage	Cash needs	Total Returned	Additional Cash to flow
City of St. Thomas	19.47%	$ 778,802.57	$ 401,303.24	$ 377,499.33
Elgin County	25.05%	$ 1,002,181.63	$ 516,406.41	$ 485,775.22
Oxford County	55.48%	$ 2,219,015.80	$ 1,143,419.25	$ 1,075,596.55
TOTAL	**100.00%**	**$ 4,000,000.00**	**$ 2,061,128.90**	**$ 1,938,871.10**