Finance & Facilities Standing Committee
MS Teams Electronic Participation
Thursday, May 26, 2022
12:00 p.m.

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 - March 28, 2022	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 May 26, 2022	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 – September 19, 2022	Joe Preston	Information
9.0 ADJOURNMENT			

CEO REPORT

Open Session

MEETING DATE:	May 26, 2022
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 #	2022-FFSC-0526-4.1

1. First Quarter Financial Statements (Decision):

At the end of quarter one, March 31, 2022, Southwestern Public Health is currently underspent by approximately $3,021,000 or 16% of the general program budget. The underspending is due to Covid-19 staffing and resources, in particular our mass immunization clinics using a lot of our mandatory staffing and focus resulting in less regular program work occurring in the first quarter. Beyond the underspending and focus on covid-19, there is nothing remarkable about the revenue and expenses for Quarter 1.

All program expenses and variances are reviewed monthly. At the end of March, we spent significantly less on regular programing due to the suspension or reduction of many programs to focus on responding to COVID-19. It is anticipated that there will be a difference in Quarter 2 given the staff teams are restarting several other programs and services of a non-covid-19 nature.

MOTION: (2021-FFSC-0526-4.1A)
That the Finance & Facilities Standing Committee recommend to the Board of Health to approve the first quarter financial statements for Southwestern Public Health.

2. 2022 Funding Grant and Accountability Agreement (Decision):

SWPH received its 2022 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, 2022, to December 31, 2022. All one-time funding is for the period of April 1, 2022, to March 31, 2023. Please see the attached correspondence along with the funding summary.

The actual agreement itself did not have any noteworthy changes to draw your attention to.

Highlights:

- ✓ Base funding was noted at $11,085,800, a 1% increase over the previous year. Mandatory Base funding increase is pro-rated at $82,350 for the period of April 1, 2022 to December 31, 2022. Therefore, actual cash flow for 2022 will be $11,058,350.
- ✓ Mitigation funding to offset municipal contribution to public health remains the same amount as prior year with $1,498,900 of provincially funded mitigation funding received.
- ✓ Medical Officer of Health Top Up Compensation Initiative remains at $178,700 and continues to be funded 100% provincially.
- ✓ Ontario Senior Dental Care Program increased by 18% this year to $1,061,100. Similar to base funding, this funding will also be prorated for the period of April 1, 2022 to December 31, 2022. Therefore, actual cash flow for 2022 will be $1,021,150.
- ✓ Covid-19 General Funding was approved at $963,500 despite requesting $1,926,863. This results in 50% less than requested.
- ✓ Covid-19 Vaccine Funding was approved at $6,140,600 despite requesting $12,173,502. This results in 50% less than requested.
- ✓ Covid-19 Recovery Funding was denied despite requesting $1,287,106. Every health unit in the province was denied Covid-19 funding for recovery.
- ✓ IPAC Hub funding was provided again in the amount of $685,000 as anticipated.
- ✓ Four of our five one-time business cases that SWPH requested were approved, albeit at less than requested for one of them, and they are funded 100% provincially. They are:
    - Public Health Inspector Practicum Program - $20,000
    - Space Needs Assessment - $30,000
    - Needle Exchange Program - $36,500 (requested $60,100)
    - Ontario Senior Dental Care Capital: new fixed site in Woodstock - $1,540,000

MOTION: (2021-FFSC-0526-4.1B)
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.

3. **Facilities Report** (Receive and File):

St. Thomas Site

a. Electric Vehicle Charging Stations

Under the purchasing group, OECM (Ontario Education Collaborative Marketplace), SWPH has access to several vendor of record agreements including the agreement for the purchase and installation of Electric Vehicle Charging Stations. The OECM has supplier agreements with Arntjen Solar North American Inc, Autochargers.ca, Blackstone Energy Services Ltd. and Precise ParkLink Inc. for the supply, delivery, installation, and testing of electric vehicle (EV) charging stations as well the ongoing maintenance, operation, and data services.

For the purposes of obtaining the quotes, the parking lot on the northeast side of 1230 Talbot was recommended as the installation site. This location is most ideal as the electrical room is also on the east side of the building thereby substantially reducing the electrical costs and minimizing disruption of vehicular traffic. The area along the east side of parking lot offers the most room for future expansion/additional EV units.

Quotes were obtained for the purchase and installation of two ChargePoint, Level 2 commercial dual port charging station, with bollard mounts providing charging for up to 4 vehicles. Quotes include the supply and install of appropriate conduits from the electrical room at east side of 1230 Talbot to east side of parking lot and the supply and install of electrical feeds and conduit running back to panel for future car chargers as well as necessary Electrical Safety Authority inspection fees/permits. The extra electrical and conduit quoted will accommodate up to 3, additional dual port charging stations providing charging for up to 10 vehicles.

Meetings and site visits were arranged with all 4 vendors. After meeting with all vendors, two submitted comprehensive pricing. SWPH is recommending that Precise ParkLink Inc. be awarded the contract for the supply and installation of ChargePoint Dual Port Level 2 Commercial Charger. Included is a 5-year pre paid network cloud service plan per port (4) and 5-year prepaid ChargePoint Assure for parts and on-site labour.

The charging stations are also equipped with the ability to have clients/staff pay for the charge via a credit card or we can provide it to them free of charge. The use of the EV station would require the person to download the app in order to pay for the usage and allows for us to set time limits on the length of time a person can occupy a station. SWPH would be responsible

for setting the price (i.e. $5 for a full charge) and ChargePoint manages the collection of the fee and sends us the money less a fee (on average the fee is about $.50) We have been told that the utility cost is minimal, however if we notice an increase we can adjust the rates through the app.

We are recommending that a fee be charged for use of the stations to avoid them being used excessively by non-staff/non-clients and ensure they are available for those actually at the health unit.

SWPH has reached out to our insurance company and was informed that there would be no additional cost to insure the charging stations.

The cost of the project is $ 59,508.00and will include the electrical infrastructure for future expansion to 3 additional dual port chargers. SWPH is also actively pursuing a federal grant through Natural Resources Canada, Zero Emissions Vehicle Infrastructure Program. The grant can be applied for once a commitment for purchase is made.

SWPH is recommending that we proceed with the installation of the EV stations as it fits in line with our climate change initiative and allows for potential expansion at the St. Thomas site.

HVAC System

There is no action required from the Committee at this point but it is important to understand what the issues are related to the building's HVAC system.

Early in 2020 SWPH made the decision to replace all HVAC units. This decision was made after years of compressor failures and three-way valve malfunctions which consequently resulted in costly repairs. At the time of replacement, HTS, our HVAC contractor and Daiken, manufacturer of units, surmised that these malfunctions were likely caused by the units being installed on improper brackets/bracing which resulted in excessive vibration. The replacement work was extensive and took place throughout January and February of 2020.

In November of 2021, our regular maintenance company noticed there was no heat on the lower west side of the building and a failure code on system prompted a service call to our HVAC maintenance contractor, HTS. HTS revealed that the primary compressor in the unit had failed. Luckily, the new units have a failover or slave unit that operates the unit if one compressor goes down. This keeps the unit operational. The units that were replaced did not have this type of compressor. All the compressors are still under warranty and were replaced at no cost to the organization however, replacing the compressor requires many hours of labor along with a supply, recover and recharge of refrigerant, nitrogen flush, pressure testing and monitoring to confirm proper operation. The cost for the repairs were $6,500. Then again in early December 2021 a second compressor failed (the left unit of the pair that went down in November).

SWPH arranged a meeting with HTS to discuss concerns about why a compressor would fail after such a short time, and the expense related to the required repair. HTS confirmed their installations were completed by their most skilled technicians who practice caution to eliminate contamination and that acid and other testing was completed prior to completing the project. HTS noted that until the broken unit is pulled out and taken apart, the cause can't be determined. They also noted that there could be underlying issues in the building, the compressor is only one part of the entire system and in the past, there were other issues with branch box selectors and oil in traps. HTS noted then that they would be working with Daiken and has assured SWPH that once the compressor was replaced, the entire system would undergo a complete evaluation. If there is faulty equipment, SWPH would not be expected to cover the full costs.

In February 2022, maintenance noticed an issue with the unit serving the front line area on East side of building), and again, due to new design, the unit continues to function with the failover, but the non-functioning compressor must be replaced. Compressors are still under warranty, but once again the associated costs of such as labor along with a supply, recover and recharge of refrigerant, nitrogen flush, pressure testing and monitoring to confirm proper operation will likely cost more than $7,000.00. This will be the third compressor that has failed, since replacing them all in 2020.

SWPH has been in contact with HTS and is awaiting a full report from Daiken. After the last incident, we discussed and agreed that there would be a formal investigation and an examination of the unit that failed that was removed, however no information or explanation for the continued issues has been received. These heat pumps are only two years old. SWPH is following up with HTS and Daiken and a full report will be forthcoming to the Committee.

MOTION: (2022-FFSC-0526-4.1)
That the Finance and Facilities Standing Committee accept the Chief Executive Officer's Report for May 26, 2022.

SOUTHWESTERN PUBLIC HEALTH

For the Three Months Ending Thursday, March 31, 2022

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	$193	$16,547	$16,354	$66,187	$65,994	0.%
Effective Public Health Practise	28,122	114,603	86,481	458,413	430,291	6.%
Health Equity & CNO Nurses	0	103,976	103,976	415,903	415,903	0.%
Health Equity Program	0	625	625	2,500	2,500	0.%
Population Health Assessment	6,989	80,384	73,395	321,534	314,546	2.%
Foundational Standards Total	**35,304**	**316,135**	**280,831**	**1,264,537**	**1,229,233**	**3.%**
Chronic Disease Prevention & Well-Being						
Built Environment	0	64,140	64,140	256,560	256,560	0.%
Healthy Eating Behaviours	0	52,380	52,380	209,519	209,519	0.%
Healthy Menu Choices Act Enforcement	0	2,042	2,042	8,168	8,168	0.%
Physical Activity and Sedentary Behaviour	0	19,982	19,982	79,927	79,927	0.%
Substance Prevention	0	54,897	54,897	219,589	219,589	0.%
Suicide Risk & Mental Health Promotion	0	13,226	13,226	52,904	52,904	0.%
Chronic Disease Prevention & Well-Being Total	**0**	**206,667**	**206,667**	**826,667**	**826,668**	**0.%**
Food Safety						
Enhanced Food Safety - Haines Initiative	0	0	0	0	0	0.%
Food Safety (Education, Promotion & Inspection)	19,623	125,521	105,897	502,082	482,459	4.%
Food Safety Total	**19,623**	**125,521**	**105,897**	**502,082**	**482,459**	**4.%**
Healthy Environments						
Climate Change	0	31,837	31,837	127,347	127,347	0.%
Health Hazard Investigation and Response	5,950	89,557	83,607	358,228	352,278	2.%
Healthy Environments Total	**5,950**	**121,394**	**115,444**	**485,575**	**479,626**	**1.%**
Healthy Growth & Development						
Breastfeeding	25,841	78,117	52,276	312,469	286,628	8.%
Parenting	5,150	108,919	103,768	435,675	430,524	1.%
Reproductive Health/Healthy Pregnancies	3,545	128,233	124,687	512,931	509,386	1.%
Healthy Growth & Development Total	**34,536**	**315,269**	**280,732**	**1,261,075**	**1,226,538**	**3.%**
Immunization						
Vaccine Administration	32,263	23,768	-8,496	95,071	62,807	34.%
Vaccine Management	27,231	43,014	15,783	172,056	144,825	16.%
Community Based Immunization Outreach	6,909	19,252	12,342	77,006	70,096	9.%
Immunization Monitoring and Surveillance	6,108	8,272	2,164	33,086	26,978	18.%
Immunization Total	**72,511**	**94,306**	**21,793**	**377,219**	**304,706**	**19.%**
Infectious & Communicable Diseases						
Infection Prevention & Control	137,406	316,792	179,385	1,267,166	1,129,760	11.%
Infection Prevention and Control Nurses Initiation	0	0	0	0	0	0.%
Infectious Diseases Control Initiative	0	0	0	0	0	0.%
Needle Exchange	19,191	15,225	-3,966	60,900	41,709	32.%
Rabies Prevention and Control and Zoonotics	43,995	53,010	9,016	212,042	168,047	21.%
Sexual Health	151,484	227,749	76,265	910,997	759,512	17.%
Tuberculosis Prevention and Control	4,559	6,911	2,353	27,646	23,087	16.%
Vector-Borne Diseases	13,355	43,496	30,142	173,985	160,630	8.%
COVID-19 Pandemic	2,004,758	481,716	-1,523,042	1,926,863	-77,895	104.%
COVID-19 Mass Immunization	1,151,009	3,043,376	1,892,366	12,173,502	11,022,492	9.%
COVID-19 Backlog	151,865	235,280	83,415	941,120	789,255	16.%
COVID-19 Recovery	25,571	86,497	60,926	345,986	320,415	7.%
Infectious & Communicable Diseases Total	**3,703,193**	**4,510,052**	**806,859**	**18,040,207**	**14,337,012**	**21.%**
Safe Water						
Enhanced Safe Water Initiative	0	0	0	0	0	0.%
Small Drinking Water Systems	0	0	0	0	0	0.%
Water	9,126	71,083	61,957	284,332	275,205	3.%
Safe Water Total	**9,126**	**71,083**	**61,957**	**284,332**	**275,205**	**3.%**
School Health - Oral Health						
Healthy Smiles Ontario	194,776	214,536	19,760	858,143	663,367	23.%
School Screening and Surveillance	9,671	47,692	38,021	190,767	181,096	5.%
School Health - Oral Health Total	**204,447**	**262,228**	**57,781**	**1,048,910**	**844,463**	**19.%**
School Health - Vision						
Vision Screening	0	38,737	38,737	154,946	154,946	0.%
School Health - Immunization						
School Immunization	54,922	258,095	203,173	1,032,380	977,458	5.%
School Health - Other						
Comprehensive School Health	8,275	279,073	270,798	1,116,292	1,108,017	1.%
Substance Use & Injury Prevention						
Falls Prevention	0	30,411	30,411	121,642	121,642	0.%
Harm Reduction Enhancement	26,359	76,116	49,757	304,463	278,104	9.%
Road Safety	0	16,762	16,762	67,049	67,049	0.%
Smoke Free Ontario Strategy: Prosecution	4,329	118,325	113,996	473,301	468,972	1.%
Substance Misuse Prevention	9,184	40,926	31,741	163,702	154,518	6.%
Substance Use & Injury Prevention Total	**39,872**	**282,540**	**242,667**	**1,130,157**	**1,090,284**	**4.%**
TOTAL DIRECT PROGRAM COSTS	**4,187,759**	**6,881,100**	**2,693,336**	**27,524,379**	**23,336,615**	**15.%**
INDIRECT COSTS						
Indirect Administration	358,638	617,122	258,484	2,468,490	2,109,851	15.%
Corporate	28,010	58,398	30,388	233,592	205,582	12.%
Board	7,844	7,800	-44	31,200	23,356	25.%
HR - Administration	174,940	215,087	40,147	860,347	685,407	20.%

Premises	392,153	391,124	-1,030	1,564,491	1,172,338	25.%
TOTAL INDIRECT COSTS	**961,585**	**1,289,531**	**327,946**	**5,158,120**	**4,196,534**	**19.%**
TOTAL GENERAL SURPLUS/DEFICIT	**5,149,344**	**8,170,631**	**3,021,282**	**32,682,499**	**27,533,149**	**16.%**
100% MINISTRY FUNDED PROGRAMS						
MOH Funding	45,757	45,757	0	183,027	137,270	25.%
Senior Oral Care	219,190	225,325	6,135	901,300	682,110	24.%
TOTAL 100% MINISTRY FUNDED	**264,947**	**271,082**	**6,135**	**1,084,327**	**819,380**	**24.%**
One-Time Funding - April 1, 2021 to March 31, 2022						
OTF NEP	19,000	19,100	100	19,100	100	99.%
OTF Public Health Inspector Practicum	10,000	10,000	0	10,000	0	100.%
OTF Elgin-Oxford Merger Costs	400,000	400,000	0	400,000	0	100.%
OTF Mobile Dental Clinic	0	500,000	500,000	500,000	500,000	0.%
OTF IPAC HUB	685,000	685,000	0	685,000	0	100.%
OTF School Nurses	900,000	900,000	0	900,000	0	100.%
Total OTF	**2,014,000**	**2,514,100**	**500,100**	**2,514,100**	**500,100**	**100.%**
Programs Funded by Other Ministries, Agencies						
Healthy Babies Healthy Children	499,037	1,653,539	1,154,502	1,653,539	1,154,502	30.%
Pre and Post Natal Nurse Practitioner	139,000	139,000	0	139,000	0	100.%
School Nutrition Program	68,451	52,318	-16,133	209,270	140,819	33.%
Public Health Agency of Canada	196,999	213,900	16,901	213,900	16,901	92.%
Total Programs Funded by Other Ministries, Agencies	**903,487**	**2,058,757**	**1,155,270**	**2,215,709**	**1,312,222**	**75.%**

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 2022

Issued May 2022

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 1ST TO DECEMBER 31ST, UNLESS OTHERWISE NOTED)	
Programs/Sources of Funding	**Approved Allocation ($)**
Mandatory Programs (70%)[1]	11,085,800
MOH / AMOH Compensation Initiative (100%)[2]	178,700
Ontario Seniors Dental Care Program (100%)[3]	1,061,100
Total Maximum Base Funds[4]	**12,325,600**

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 ($)**
Cost-Sharing Mitigation (100%)[5]			1,498,900
Mandatory Programs: Needle Exchange Program (100%)			36,500
Mandatory Programs: Public Health Inspector Practicum Program (100%)			20,000
Capital: Space Needs Assessment (100%)			20,000
COVID-19: General Program (100%)[5]			963,500
COVID-19: Vaccine Program (100%)[5]			6,140,600
Infection Prevention and Control Hub Program (100%)			685,000
Ontario Seniors Dental Care Program Capital: New Fixed Site - Oxford County Dental Suite (100%)			1,540,000
School-Focused Nurses Initiative (100%)[6]	# of FTEs	**9**	672,000
Temporary Retention Incentive for Nurses (100%)			386,000
Total Maximum One-Time Funds[4]			**11,962,500**

MAXIMUM TOTAL FUNDS	**2022-23 Approved Allocation ($)**
Base and One-Time Funding	**24,288,100**

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 ($)**
Temporary Retention Incentive for Nurses (100%)	386,000
Total Maximum One-Time Funds[4]	**386,000**

2021-22 CARRY OVER ONE-TIME FUNDS[7] (CARRY OVER FOR THE PERIOD OF APRIL 1, 2022 to MARCH 31, 2023)		
Projects / Initiatives	**2021-22 Approved Allocation ($)**	**2022-23 Carry Over Amount ($)**
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic (100%)	550,000	500,000
Total Maximum One-Time Funds	**550,000**	**500,000**

NOTES:

(1) Base funding increase for Mandatory Programs is pro-rated at $82,350 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be $11,058,350.

(2) Cash flow will be adjusted to reflect the actual status of current Medical Officer of Health and Associate Medical Officer of Health positions.

(3) Base funding increase for the Ontario Seniors Dental Care Program is pro-rated at $119,850 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be $1,021,150.

(4) Maximum base and one-time funding is flowed on a mid and end of month basis, unless otherwise noted by the Province. Cash flow will be adjusted when the Province provides a new Schedule "A".

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

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

(7) Carry over of one-time funding is approved according to the criteria outlined in the provincial correspondence dated March 14, 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. Community stakeholders, including First Nations, Métis and Inuit communities and persons with lived experience, should be meaningfully engaged in the planning and implementation of all initiatives, 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.

Type of Funding	***BASE FUNDING***

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

- 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.
- 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 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.

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 to be eligible for funding under this Initiative.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

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.

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 2022, 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.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Where OSDCP client service access issues exist, as evidenced by waiting lists, for example, the Board of Health must take prompt action as feasible to establish OSDCP partnership agreements to address these access issues, including engaging in outreach and consultation with local dental providers and in compliance with the Board of Health or municipal procurement processes.

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 may allocate base funding for this Program across the program expense categories, with every effort made to maximize clinical service delivery and minimize administrative costs.

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.

Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is required 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

- While priority must be given to clients eligible under this Program, the Board of Health may provide services to non-OSDCP clients using resources under this Program. If this occurs, 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

Type of Funding	***BASE FUNDING***

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***

Cost-Sharing Mitigation (100%)

One-time cost-sharing 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, associated disposal costs, and other operating costs.

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

One-time funding must be used to hire one (1) or more 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.

Capital: Space Needs Assessment (100%)

One-time funding must be used by the Board of Health to hire a consultant/architect to review its return to work policy to understand the impact on future space needs; to review dental programs currently running in several locations to determine how much space is required and where; and, to review Woodstock office spaces to capture the current space being utilized and to prepare an estimate of how much space would be required should the organization relocate all services in Woodstock to a single location in a new leased space. Eligible costs include items identified in the Board of Health's one-time funding request.

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

COVID-19: General Program (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, human resources, 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 Province, and information and information technology upgrades related to tracking COVID-19 not already approved by the Province.
- 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 entry or information technology services for reporting COVID-19 data 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 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, including lost revenue claimed by another organization and/or third party.
- 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 track COVID-19 spending separately and 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 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, human resources, 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.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

- 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 Province.
- 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, including lost revenue claimed by another organization and/or third party.
- 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.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

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

Infection Prevention and Control Hub Program (100%)

One-time funding must be used by the Infection Prevention and Control (IPAC) Hubs to enhance IPAC practices in congregate living settings in the Board of Health's catchment area. Congregate living settings include, but are not limited to, long-term care homes, retirement homes, hospices, residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, supportive and residential housing funded by the Province.

The IPAC Hub will be required to provide IPAC supports and services to congregate living settings in its catchment. The type, amount, and scheduling of services provided by the IPAC Hub to congregate living settings will be based on the need, as identified by any of the following: the congregate living settings, the IPAC Hub, and IPAC Hub networks. The IPAC Hub will conduct an assessment to determine the allocation and priority of services. These services include provision of the following IPAC services supports either directly or through partnership with Hub Partners (other local service providers with expertise in IPAC):

- Education and training;
- Community/ies of practice to support information sharing, learning, and networking among IPAC leaders within congregate living settings;
- Support for the development of IPAC programs, policy, and procedures within sites;
- Support of assessments and audits of IPAC programs and practice;
- Recommendations to strengthen IPAC programs and practices;
- Mentorship for those with responsibilities for IPAC within congregate living settings;
- Support for the development and implementation of outbreak management plans (in conjunction with public health partners and congregate living settings); and,
- Support for congregate living settings to implement IPAC recommendations.

At all times, the congregate living organization will retain responsibility and accountability for their organization's IPAC program unless otherwise stated through a supplemental agreement with another partner. Supplemental agreements may be made with an organization operating an IPAC Hub.

Eligible one-time funding must be used for the provision of IPAC expertise, education, and support to congregate care settings and be subject to review by the Province. Allocation of funding must be used at the discretion of the Board of Health (the Hub), in conjunction with direction from the Province, and in consultation with the Ontario Health West Region, and with support from Public Health Ontario in service delivery. As appropriate to the jurisdiction, other health partners may also be engaged such as Ontario Health Teams.
In addition, the Board of Health (Hub) will be required to:

- Provide status reports, per the requirements in Schedule C.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

Ontario Seniors Dental Care Program Capital: New Fixed Site - Oxford County Dental Suite (100%)

As part of the OSDCP, capital funding is being provided to support capital investments in Boards of Health, 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 to retrofit a fixed clinical space in Oxford County to create a four (4) operatory dental clinic. Eligible costs include dental equipment, waiting room, storage, Panorex, and digital radiography.

Other requirements of this capital funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- Capital 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 Capital funding should be 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 ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection 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 to support additional nursing FTE capacity in every Board of Health to provide rapid-response support to school boards and schools, child care, and camps in facilitating public health preventative measures related to the COVID-19, including screening, testing, tracing, vaccination, education and mitigation strategies.

The school-focused nurses continue to 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; vaccinations, surveillance, screening and testing; outbreak management; case and contact management; 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.

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

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.

Temporary Retention Incentive for Nurses (100%)

Nurses are critical to the province's health workforce and its ongoing response to COVID-19. Across the province, nurses have demonstrated remarkable dedication, professionalism, and resilience. Ontario has introduced a temporary financial incentive to support nursing retention and stabilize the current nursing workforce during this critical time.

Through the Temporary Retention Incentive for Nurses, the Province is providing a lump sum payment of up to $5,000 for eligible full-time nurses and a prorated payment of up to $5,000 for eligible part-time and casual nursing staff across the province. The payment will be paid by employers, including Boards of Health, in two (2) installments, with the first payment made in Spring 2022 and second payment made in September 2022.

The eligibility period for the program is related to work performed between **February 13, 2022 to April 22, 2022**. To receive the first payment, nurses must be in employment as a practicing nurse on **March 31, 2022**. To receive the second payment, nurses must be in employment as a practicing nurse on **September 1, 2022**.

All those employed as practicing nurses (Registered Nurses, Registered Practical Nurses, Nurse Practitioners) are eligible for the incentive, except for:

- Those in private duty nursing.
- Those employed by schools / school boards.
- Those employed by postsecondary institutions.
- Nursing executives (i.e., Chief Nursing Officer).

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

In addition:

- Hours worked in any of the "excluded" areas are not eligible.
- Hours worked for Temporary Staffing Agencies are not eligible.
- Nurses are not eligible to receive any payment if they retire or leave employment prior to March 31, 2022.
- Nurses are only eligible to receive one payment if they retire or leave employment as a nurse prior to September 1, 2022.

One-time funding must be used to support implementation of the Temporary Retention Incentive for Nurses in accordance with the *Temporary Retention Incentive for Nurses Program Guide for Broader Public Sector Organizations*, and any subsequent direction provided by the Province. The Board of Health is required to consider various factors, including those identified in the Guide, to determine the appropriate implementation and eligibility of the program at its Public Health Unit.

The Board of Health is required to monitor the number of full-time employees receiving the incentive as well as the number of eligible part-time/casual hours. The Board of Health is also required to create and maintain records of payments and records must include the following details for each eligible worker:

- Number of work hours eligible for pandemic hourly pay.
- Gross amount of paid out to eligible workers.
- Number of statutory contributions paid by employers because of providing pay to eligible workers (applicable to part-time/casual workers).
- Completed employee attestations.

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	March 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. COVID-19 Expense Form	For the entire Board of Health Funding Year	As directed by the Province
6. Infection Prevention and Control Hub Program Reports	For the period of April 1, 2022 to March 31, 2023	As directed by the Province
7. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province

Name of Report	Reporting Period	Due Date
8. Temporary Retention Incentive for Nurses Reporting	For the entire Board of Health Funding Year	June 1 of the current Board of Health Funding Year October 3 of the current Board of Health Funding Year
9. 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 October 1st 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.

COVID-19 Expense Form

- The Board of Health shall complete and submit actual and forecasted expenditures associated with COVID-19 extraordinary costs (for both the COVID-19 Vaccine Program and the COVID-19 General Program) through the submission of a COVID-19 Expense Form.
- The COVID-19 Expense Form shall be signed on behalf of the Board of Health by an authorized signing officer.

Infection Prevention and Control Hub Program Reports

- The Board of Health shall provide to the Province status reports for one-time funding provided for the Infection Prevention and Control (IPAC) Hub Program in addition to identifying concerns and emerging issues to Ontario Health West in a timely way and contribute to shared problem solving. Reports will include:
  - Operational targets and progress;
  - Description and explanation of changes in strategy;
  - Communication strategies; and,
  - Changes in human resources within the IPAC Hub.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application in order to participate in this Initiative and be considered for funding.
- Supporting documentation such as employment contracts must be provided by the Board of Health, as requested by the Province.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

Temporary Retention Incentive for Nurses

- The Board of Health will be required to monitor and report on the number of full-time employees receiving the incentive, as well as the number of eligible part-time / casual hours. Key reporting timelines, which are subject to change, are as follows:
  - **June 1, 2022:** status update on progress of first payments to be provided to the

Province.

- **October 3, 2022:** status update on progress of second payments to be provided to 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.

Ministry of Health

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and Minister of Health

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Ministère de la Santé

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Ontario

May 2, 2022

eApprove-72-2022-381

Mr. Larry Martin
Chair, Board of Health
Oxford Elgin St. Thomas Health Unit
1230 Talbot Street
St. Thomas ON N5P 1G9

Dear Mr. Martin:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Oxford Elgin St. Thomas Health Unit up to $269,600 in additional base funding for the 2022-23 funding year, up to $386,000 in one-time funding for the 2021-22 funding year, and up to $9,481,600 in one-time funding for the 2022-23 funding year, to support the provision of public health programs and services in your community.

Dr. Kieran Moore, Chief Medical Officer of Health, will write to the Oxford Elgin St. Thomas Health Unit shortly concerning the terms and conditions governing the funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

Christine Elliott

Christine Elliott
Deputy Premier and Minister of Health

c: Cynthia St. John, Chief Executive Officer, Oxford Elgin St. Thomas Health Unit
Dr. Ninh Tran, Medical Officer of Health (A), Oxford Elgin St. Thomas Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery, MOH

Ministry of Health

Office of Chief Medical Officer of Health, Public Health
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Toronto, ON M7A 1N3

Tel.: 416 212-3831
Fax: 416 325-8412

Ministère de la Santé

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Ontario

eApprove-72-2022-381

May 2, 2022

Ms. Cynthia St. John
Chief Executive Officer
Oxford Elgin St. Thomas Health Unit
1230 Talbot Street
St. Thomas ON N5P 1G9

Dear Ms. St. John:

Re: Ministry of Health Public Health Funding and Accountability Agreement with the Board of Health for the Oxford Elgin St. Thomas Health Unit (the "Board of Health") dated May 1, 2018, as amended (the "Agreement")

This letter is further to the recent letter from the Honourable Christine Elliott, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health (the "ministry") will provide the Board of Health with up to $269,600 in additional base funding for the 2022-23 funding year, up to $386,000 in one-time funding for the 2021-22 funding year, and up to $9,481,600 in one-time funding for the 2022-23 funding year, to support the provision of public health programs and services in your community.

This will bring the total maximum funding available under the Agreement for the 2022-23 funding year to up to $23,603,100 ($12,325,600 in base funding and $11,277,500 in one-time funding). Please find attached to this letter a new Schedule A (Grants and Budget), Schedule B (Related Program Policies and Guidelines), Schedule C (Reporting Requirements), and Schedule D (Board of Health Financial Controls) that, pursuant to section 3.4 of the Agreement, shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided.

It is also essential that you manage costs within your approved budget.

…/2

Ms. Cynthia St. John

Please review the new Schedules carefully. Should you require any further information and/or clarification, please contact Elizabeth Walker, Director, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health, at 416-212-6359 or by email at Elizabeth.Walker@ontario.ca.

Yours truly,

Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC FCAHS
Chief Medical Officer of Health

Attachments

c: Larry Martin, Chair, Board of Health, Oxford Elgin St. Thomas Health Unit
Dr. Ninh Tran, Medical Officer of Health (A), Oxford Elgin St. Thomas Health Unit
Monica Nusink, Director of Finance, Oxford Elgin St. Thomas Health Unit
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery, MOH
Peter Kaftarian, Assistant Deputy Minister, Hospitals and Capital Division, MOH
Jim Yuill, Director, Financial Management Branch, MOH
Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
Dianne Alexander, Director, Health Promotion & Prevention Policy & Programs, MOH
James Stewart, Director, Health Capital Investment Branch, MOH
Elizabeth Walker, Director, Accountability and Liaison Branch, MOH
Brent Feeney, Manager, Accountability and Liaison Branch, MOH

2022 Funding Letter Summary

	2022 Amount	2021 Amount	Increase per funding letter	% Increase	* ** Cash flowed in 2022	2022 BOH Budget	Above budgeted amounts	Cash flow % Increase
Mandatory Programs (70%) *	$ 11,085,800	$ 10,976,000	$ 109,800	1%	$ 11,058,350	$ 11,057,222	$ 1,128	0.75%
MOH Compensation Initiative (100%)	$ 178,700	$ 178,700	$ -	0%	$ 178,700	$ 178,700	$ -	
Ontario Senior Dental Care Program (100%) **	$ 1,061,100	$ 901,300	$ 159,800	18%	$ 1,021,150	$ 901,300	$ 119,850	9.14%
TOTAL	**$ 12,325,600**	**$ 12,056,000**	**$ 269,600**		**$ 12,258,200**	**$ 12,137,222**	**$ 120,978**	

* Mandatory Base funding is pro rated at $82,350 for the period of April 1, 2022 to December 31, 2022. Therefore cash actually flowing for 2022 will be $11,058,350

** OSDCP funding is pro rated at $119,850 for the period of April 1, 2022 to December 31, 2022. Therefore cash actually flowing for 2022 will be $1,021,150

One Time Funding (April 1, 2022 to March 31 ,2023)	2022 Amount	2021 Amount	Amount budgeted (ASP)	Difference to 2022 BOH Budget
Mitigation Funding (100%)	$ 1,498,900	$ 1,498,900	$ 1,498,900	$ -
Mandatory Programs: Needle Exchange Program (100%)	$ 36,500	$ 19,100	$ 60,100	-$ 23,600
Public Health Inspector Practicum Program (100%)	$ 20,000	$ 10,000	$ 20,000	$ -
Capital: Space Needs Assessment (100%)	$ 20,000	$ -	$ 20,000	$ -
COVID-19: General Program (100%)	$ 963,500	$ 5,242,300	$ 1,926,863	-$ 963,363
COVID-19: Vaccine Program (100%)	$ 6,140,600	$ 3,121,800	$ 12,173,502	-$ 6,032,902
Ontario Senior Dental Care Capital New Fixed Site -Oxford County (100%)	$ 1,540,000	$ -		$ 1,540,000
School Focused Nurses Initiative (100%) April to Dec 2022	$ 672,000	$ 900,000		$ 672,000
Temporary Retention Incentive for Nurses (100%)	$ 386,000	$ -		$ 386,000
Infection Prevention and Control Hub Program (100%)	$ 685,000	$ 685,000	685000	$ -
Supervised Consumption Site	$ -	$ -	$ 30,000	-$ 30,000
Covid-19 Recovery	$ -	$ -	$ 1,287,106	-$ 1,287,106
TOTAL	**$ 11,962,500**	**$ 11,477,100**	**$ 17,701,471**	**-$ 5,738,971**

TOTAL 2022 Ministry Funding	**$ 24,288,100**

Carry Over OTF Funding

Ontario Senior Dental Care Program Capital: Mobile Bus	$ 500,000	$ 550,000	$ 500,000	$ -