Our Vision:
*Healthy People in Vibrant Communities*

# BOARD OF HEALTH MEETING AGENDA

Oxford County Administration Building
21 Reeve Street, Woodstock, ON
Virtual Participation: MS Teams
Thursday, April 24, 2025, at 2:00 p.m.

| ITEM | AGENDA ITEM | LEAD | EXPECTED OUTCOME |
|---|---|---|---|
| **1.0 CONVENING THE MEETING** | | | |
| 1.1 | Call to Order, Recognition of Quorum<br>• Introduction of Guests, Board of Health Members and Staff | Bernia Martin | |
| 1.2 | Approval of Agenda | Bernia Martin | Decision |
| 1.3 | Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for. | Bernia Martin | |
| 1.4 | Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health's website. | Bernia Martin | |
| **2.0 APPROVAL OF MINUTES** | | | |
| 2.1 | Approval of Minutes: March 27, 2025 | Bernia Martin | Decision |
| **3.0 APPROVAL OF CONSENT AGENDA ITEMS** | | | |
| **4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION** | | | |
| **5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION** | | | |
| 5.1 | Medical Officer of Health Report for April 24, 2025 | Dr. Ninh Tran | Receive and File |
| 5.2 | Chief Executive Officer's Report for April 24, 2025 | Cynthia St. John | Decision |
| **6.0 NEW BUSINESS/OTHER** | | | |
| **7.0 CLOSED SESSION** | | | |
| **8.0 RISING AND REPORTING OF THE CLOSED SESSION** | | | |
| **9.0 FUTURE MEETINGS & EVENTS** | | | |
| 9.1 | • Board of Health Orientation: Thursday, May 22, 2025 at 12:00 p.m.<br>• Board of Health Meeting: Thursday, May 22, 2025 at 1:00 p.m.<br>  ○ St. Thomas Site: 1230 Talbot Street, St. Thomas, ON<br>  ○ Virtual Participation: MS Teams | | |
| **10.0 ADJOURNMENT** | | | |

# March 27, 2025
# Board of Health Meeting
## OPEN SESSION MINUTES

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, March 27, 2025 commencing at 1:15 p.m.

**PRESENT:**

| | |
|---|---|
| Ms. C. Agar | Board Member |
| Mr. J. Couckuyt | Board Member |
| Mr. G. Jones | Board Member (Vice Chair) |
| Mr. J. Herbert | Board Member |
| Ms. B. Martin | Board Member (Chair) |
| Mr. S. Molnar | Board Member |
| Mr. D. Mayberry | Board Member |
| Mr. M. Peterson | Board Member |
| Mr. L. Rowden | Board Member |
| Mr. D. Shinedling | Board Member |
| Mr. E. Taylor | Board Member |
| Dr. N. Tran* | Medical Officer of Health (ex officio) |
| Ms. C. St. John | Chief Executive Officer (ex officio) |
| Ms. W. Lee | Executive Assistant |

**GUESTS:**

| | |
|---|---|
| Ms. K. Bastian | Manager, Strategic Initiatives |
| Ms. J. Gordon | Administrative Assistant |
| Mr. P. Heywood | Program Director |
| Mr. D. McDonald | Director, Corporate Services and Human Resources |
| Ms. M. Nusink | Director, Finance |
| Ms. C. Richards | Manager, Foundation Standards |
| Ms. N. Rowe* | Manager, Communications |
| Mr. I. Santos | Manager, Information Technology |
| Mr. D. Smith | Program Director |

**REGRETS:**

| | |
|---|---|
| Mr. M. Ryan | Board Member |
| Mr. D. Warden | Board Member |
| Ms. S. MacIsaac | Program Director |

**Represents virtual participation*

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

## 1.1 CALL TO ORDER, RECOGNITION OF QUORUM

The meeting was called to order at 1:15 p.m.

Welcome to Councillor Earl Taylor.

The BOH sends on its deep sympathy to M. Ryan on the passing of his father.

## 1.2 AGENDA

**Resolution # (2025-BOH-0327-1.2)**
Moved by D. Mayberry
Seconded by J. Herbert

That the agenda for the Southwestern Public Health Board of Health meeting for March 27, 2025 be approved.

Carried.

## 1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

## 2.0 APPROVAL OF MINUTES

**Resolution # (2025-BOH-0327-2.1)**
Moved by G. Jones
Seconded by M. Peterson

That the minutes for the Southwestern Public Health Board of Health meeting for February 27, 2025 be approved.

Carried.

## 3.0 CONSENT AGENDA

No Items.

## 4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

No items.

## 5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

### 5.1 Medical Officer of Health's Report

Dr. N. Tran reviewed his report.

J. Herbert referenced a recent news article stating that 90% of measles cases affected unvaccinated individuals, primarily children and a few adults, and asked how this compares to data in the Southwestern Public Health (SWPH) region. Dr. Tran confirmed that the main risk factor for measles is vaccination status, noting that over 90% of reported cases—locally and provincially—have not received any measles-containing vaccine. He emphasized that susceptibility to measles is not related to belonging to any particular group but solely to vaccination status.

D. Shinedling asked if there were resources or technologies that could have helped contain the measles outbreak more quickly. Dr. Tran responded that while measles will find those who are unvaccinated regardless of available technology or staff, there were several lessons learned that could have improved efficiency. These included avoiding unnecessary healthcare visits for testing, introducing a self-assessment tool to redirect public inquiries and thereby freeing up staff and resources for more focused case and contact management, and launching an external dashboard to improve data communication. He noted these quality improvement efforts have been shared with other health units.

D. Shinedling also inquired about the potential value of wastewater testing. Dr. Tran explained that while it may support early detection in large urban centers with centralized wastewater systems, it is less practical in Southwestern Public Health's region due to its decentralized infrastructure.

J. Couckuyt referenced a Globe and Mail article in which some parents and grandparents expressed a lack of concern about measles, and noted the article also reported declining vaccine trust and uptake since COVID-19. He asked whether this trend applies to the Southwestern Public Health region.

Dr. Tran responded that SWPH serves a diverse community and works to tailor vaccine messaging to resonate across various groups. He acknowledged concerning trends in both vaccine coverage and public attitudes, noting that skepticism and complacency—especially regarding measles—existed even before COVID. The pandemic further impacted public trust in institutions, creating ongoing challenges in rebuilding confidence. He emphasized that the MMR vaccine is safe, highly effective, and has been widely used since the 1960s, but acknowledged that restoring trust in vaccines will require sustained effort.

B. Martin added that Dr. N. Tran is making an exceptional effort in pointing out the importance of preventing measles rather than undergoing the long-term impacts caused by the disease.

B. Martin asked what vaccination rate is needed to contain measles. Dr. Tran responded that approximately 95% coverage is required to achieve herd immunity. While high overall rates are helpful, uniform distribution is critical, as measles can still spread within pockets of unvaccinated individuals. He noted that SWPH is currently below the herd immunity threshold, even in school settings, which is contributing to ongoing transmission and the rise in cases across additional health units.

S. Molnar commended SWPH for its creative communication efforts, including televised meetings and media partnerships. He suggested that delegations be sent to local municipalities to share accurate information and answer community questions directly. Dr. Tran agreed and noted that SWPH already engages with diverse communities and tailors messaging by audience and medium. He emphasized that vaccination remains the most effective protection, though not everyone is able or willing to be vaccinated. From an infection prevention and control perspective, SWPH is also providing guidance on symptom management and how to reduce transmission.

**Resolution # (2025-BOH-0327-5.1)**
Moved by S. Molnar
Seconded by J. Couckuyt

> That Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for March 27, 2025.

Carried.

### 5.2 Governance Standing Committee Report

G. Jones reviewed the report.

**Resolution # (2025-BOH-0327-5.2)**
Moved by D. Shinedling
Seconded by M. Peterson

> That Board of Health for Southwestern Public Health accept the Governance Standing Committee Chair's report for March 27, 2025.

Carried.

### 5.3 Chief Executive Officer's Report

C. St. John reviewed the report.

D. Mayberry inquired about item 1.1 regarding the drug checking kits distribution initiative and asked which partners are involved. C. St. John clarified that the initiative involves SWPH's regular community partners, including Regional HIV/AIDS Connection, CMHA sites, Indwell sites in both Elgin and Oxford, and Oxford County Community Health Centre.

D. Mayberry also asked about the measles one-time funding request, questioning whether it represents additional costs and whether staff are already in place. C. St. John responded that additional staff have been and will continue to be hired to support measles outbreak management.

S. Molnar referenced the one-time funding request regarding Measles outbreak management, asking whether the $878K figure was current or could increase. C. St. John confirmed the amount may rise and this figure was based upon the date of the report. D. Shinedling inquired about the

Ministry's support, and C. St. John noted that SWPH maintains a strong relationship with the Ministry and the Office of the Chief Medical Officer of Health and remains hopeful about receiving the additional funding especially considering the fact that this health unit's region has had the most cases of any region in Ontario.

C. Agar asked whether the heatADAPT funding could be used directly to support vulnerable individuals. C. St. John responded that the funding is intended to support strategy development, research, and identifying barriers to accessing heat interventions. The work is expected to inform how the community can better respond to extreme heat. C. St. John will follow up with the team and report back with more detail on what is specifically planned for the three focus areas.

L. Rowden referenced successful efforts in British Columbia that led to heat-related policy improvements, emphasizing the value of data in driving effective interventions. C. St. John notes that this is the type of work that public health leads and that this grant will support.

S. Molnar asked if staff resources are associated with the HeatADAPT funding. Cynthia St. John clarified that SWPH's contribution is in-kind and that current staff undertaking this work are eligible under the grant, though this may create gaps elsewhere. S. Molnar noted his overall support for the funding initiative, expressing interest in the partnerships and broader studies on vulnerable populations.

S. Molnar asked whether other jurisdictions are receiving similar funding. Dr. Tran indicated no specific knowledge of other funded areas but committed to bringing further information back. He noted SWPH's approach is with an equity lens and emphasis on the importance of understanding barriers in order to develop effective, targeted solutions.

**Resolution # (2025-BOH-0327-5.3-2.1)**
Moved by D. Mayberry
Seconded by M. Peterson

> That the Board of Health ratify the signing of the HeatADAPT agreement between SWPH and Health Canada.

Carried.

**Resolution # (2025-BOH-0327-5.3-2.2)**
Moved by J. Herbert
Seconded by M. Peterson

> That the Board of Health ratify the signing of the Annual Service Plan for 2025.

Carried.

**Resolution # (2025-BOH-0327-5.3)**
Moved by M. Peterson
Seconded by J. Couckuyt

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for March 27, 2025.

Carried.

## 6.0 NEW BUSINESS

J. Herbert noted the importance of Board members receiving media updates prior to their release to the public.

## 7.0 TO CLOSED SESSION

**Resolution # (2025-BOH-0327-C7)**

Moved by G. Jones
Seconded by M. Peterson

That the Board of Health move to closed session in order to consider one or more the following as outlined in the Ontario Municipal Act:

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

Other Criteria:

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

Carried.

## 8.0 RISING AND REPORTING OF CLOSED SESSION

**Resolution # (2025-BOH-0327-C8)**
Moved by S. Molnar
Seconded by D. Mayberry

That the Board of Health rise with a report.

Carried.

**Resolution # (2025-BOH-0327-C3.1)**
Moved by D. Shinedling
Seconded by J. Herbert

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Chair's Report for March 27, 2025.

Carried.

**Resolution # (2025-BOH-0327-C3.2)**
Moved by D. Shinedling
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for March 27, 2025.

Carried.

**Resolution # (2025-BOH-0327-C3.3A)**
Moved by G. Jones
Seconded by D. Shinedling

That the Board of Health ratify the tentative memorandum of agreement reached March 21, 2025 between the Board of Health of the Oxford Elgin St. Thomas Health Unit and the Ontario Nurses' Association effective January 1, 2025, until December 31, 2027.

Carried.

**Resolution # (2025-BOH-0327-C3.3)**
Moved by L. Rowden
Seconded by S. Molnar

That the Board of Health for Southwestern Public Health approve the Director of Corporate Services and Human Resources report dated March 27, 2025.

Carried.

## 9.0 FUTURE MEETING & EVENTS

## 10.0 ADJOURNMENT

The meeting adjourned at 2:54 p.m.

**Resolution # (2025-BOH-0327-9.0)**
Moved by M. Peterson
Seconded by J. Herbert

That the meeting adjourn to meet again on Thursday, April 24, 2025 at 1:00 p.m.

Carried.

**Confirmed:** _____

# Medical Officer of Health

## Report to the Board

| | |
|---|---|
| MEETING DATE: | April 24, 2025 |
| SUBMITTED BY: | Dr. Ninh Tran, Medical Officer of Health (written as of April 10, 2025) |
| SUBMITTED TO: | Board of Health |
| PURPOSE: | ☐ Decision<br>☐ Discussion<br>☒ Receive and File |
| AGENDA ITEM # | 5.1 |
| RESOLUTION # | 2025-BOH-0424-5.1 |

## 1.0 Measles

### *Current Case Count and Impact*

The number of measles cases in the Southwestern Public Health (SWPH) region continues to rise. Since October 2024, there have been 328 confirmed cases as of April 9, 2025. The vast majority of these are in individuals who are not fully vaccinated, most of whom are completely unvaccinated. Notably, 72.6% of cases are in individuals 18 years of age and younger. To date, there have been 30 hospitalizations, representing 9.1% of reported cases. These trends and proportions have remained stable since the last Board of Health report.

### *Impact on SWPH and Health System*

The continued case numbers and related exposures are placing sustained pressure on both SWPH and the broader healthcare system. Case and contact management efforts remain focused on those at highest risk. Public notifications of potential exposures are ongoing through media releases and are supported by our online Measles Exposure Risk Assessment Tool, which helps the public understand their risk and receive guidance.

### *Enhanced Supports*

As noted in the last Board of Health report, SWPH secured additional support from the Public Health Agency of Canada's (PHAC) Canadian Field Epidemiology Program (CFEP). A PHAC Field Epidemiologist provided critical support with data and process improvements, as well as with active outbreak investigations.

In addition, SWPH partnered with the McMaster Public Health and Preventive Medicine Residency Program to host a Public Health Medical Resident Physician, Dr. Atiba Nelson.

Dr. Nelson has provided valuable medical consultation and communication support during his placement thus far.

Both the PHAC Field Epidemiologist and the Public Health Medical Resident have been instrumental in our measles response. We are grateful for their contributions, as well as for the continued efforts of our dedicated staff and community partners.

## 2.0 Provincial Spring RSV program and Spring COVID vaccination update

As we approach the end of the 2024/25 respiratory illness season, both the Provincial Adult Respiratory Syncytial Virus (RSV) Prevention Program and the Spring COVID-19 Vaccination Program will continue into the spring.

### Adult RSV Prevention Program

Ontario's publicly funded adult RSV program targets individuals at higher risk of severe disease and those living in high-risk settings. Eligible individuals include those aged 60 and older who are also:

- Residents of long-term care homes, Elder Care Lodges, retirement homes, or similar settings (e.g., co-located facilities)
- Patients in hospital receiving Alternate Level of Care (ALC), including similar settings such as complex continuing care or hospital transitional programs
- Patients receiving hemodialysis or peritoneal dialysis
- Recipients of solid organ or hematopoietic stem cell transplants
- Individuals experiencing homelessness
- Individuals who identify as First Nations, Inuit, or Métis

Please note that the Infant and High-Risk RSV Program has now concluded.

### Spring COVID-19 Vaccination Program

The spring COVID-19 vaccine program is intended for high-risk individuals who have completed their primary series. These individuals are recommended to receive an additional dose of the COVID-19 vaccine. Eligible groups include:

- Adults aged 65 years and older
    - The National Advisory Committee on Immunization (NACI) recommends that adults aged 80+ should receive an additional dose; those aged 65–79 may receive one
- Adult residents of long-term care homes and other congregate living settings for seniors
- Individuals 6 months of age and older who are moderately to severely immunocompromised due to an underlying condition or treatment
- Individuals aged 55 and older who identify as First Nations, Inuit, or Métis, and their non-Indigenous household members who are also 55 and older

For more information, please visit the provincial COVID-19 vaccine program webpage: https://www.ontario.ca/page/covid-19-vaccine-program

**MOTION: 2025-BOH-0424-5.1**
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for April 24, 2025.

# CEO REPORT

**OPEN SESSION**

| | |
|---|---|
| MEETING DATE: | April 24, 2025 |
| SUBMITTED BY: | Cynthia St. John, Chief Executive Officer (written as of April 10, 2025) |
| SUBMITTED TO: | Board of Health |
| PURPOSE: | ☒ Decision<br>☐ Discussion<br>☒ Receive and File |
| AGENDA ITEM # | 5.2 |
| RESOLUTION # | **2025-BOH-0424-5.2** |

## 1.0 PROGRAM AND SERVICE UPDATES (RECEIVE AND FILE):

### 1.1 APRIL IS ORAL HEALTH MONTH

April marks Oral Health Month—an opportunity to highlight the critical connection between oral health and overall well-being. Unfortunately, for many in our community, maintaining good oral health remains out of reach due to financial constraints and other social determinants of health.

To help reduce these inequities, Southwestern Public Health (SWPH) delivers the Ontario Seniors Dental Care Program (OSDCP) and Healthy Smiles Ontario (HSO), in alignment with the Oral Health Protocol under the Ontario Public Health Standards.

Our Oral Health Month initiatives are focused on public education and engagement. These efforts emphasize the importance of routine dental care, effective brushing and flossing habits, and healthy eating as preventive measures against dental disease.

Highlighted activities for Oral Health Month include:

- ***Social Media Campaigns:***
  Videos promoting OSDCP and HSO are being shared across Facebook, Instagram, and YouTube. These are targeted to reach eligible clients' family members and support networks to raise awareness and encourage enrollment.

- ***Radio Advertisements:***
  Throughout April, commercials are airing on HeartFM, myFM, and De Brigj radio stations to reach diverse audiences across our region.
- ***Community Outreach:***
  Promotional materials are being shared with community centres, geared-to-income seniors' residences, and similar organizations. This direct outreach helps build stronger connections and increase visibility of our programs.
- ***Events and Screenings:***
  We are hosting a screening and fluoride varnish event at a local EarlyON Centre. Families will receive information on how to access the Healthy Smiles Ontario program.
- ***Healthcare Provider Engagement:***
  Our monthly healthcare provider newsletter will feature Oral Health Month messaging, with reminders about how clients can access our dental care programs.
- ***Mobile Dental Services:***
  The SWPH mobile dental clinic continues to provide no-cost dental care to eligible clients, helping to remove transportation barriers and increase access for seniors and children living in rural or remote areas.

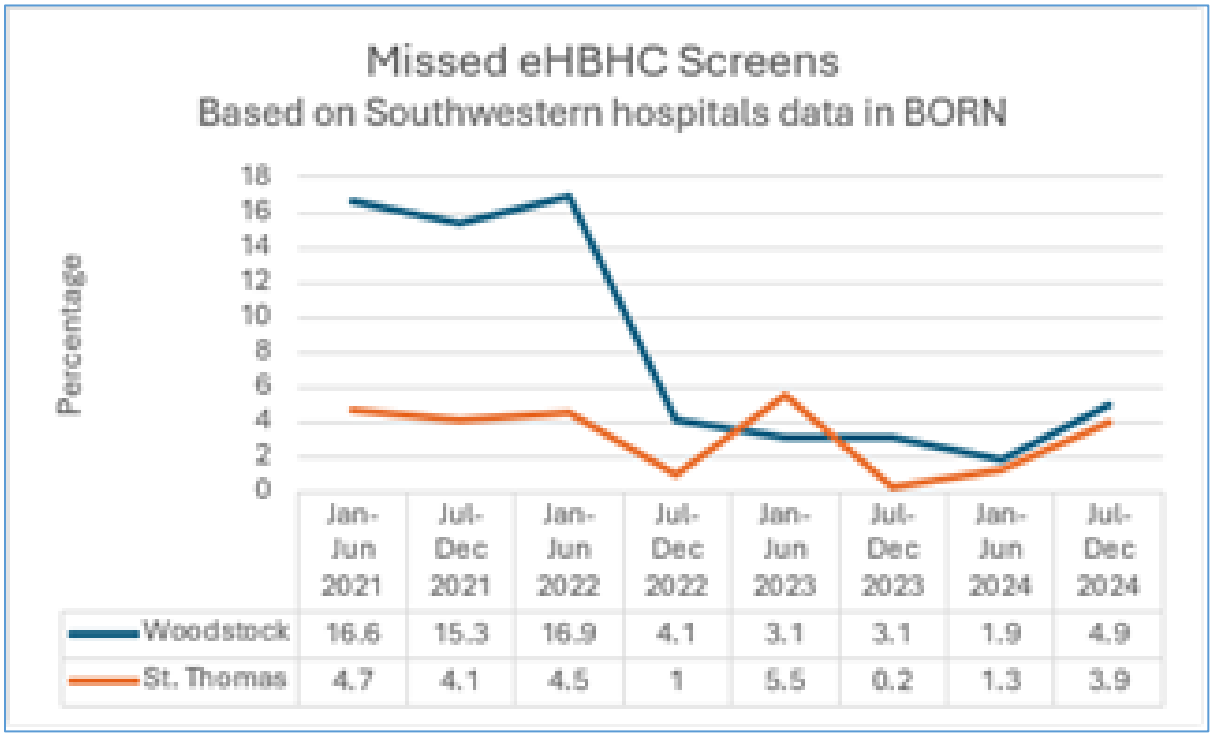
SWPH remains committed to improving oral health outcomes through education, outreach, and clinical service delivery. By promoting awareness and expanding access to care, we continue working toward better health and equity for everyone in our communities.

## 1.2 BORN DATA: MATERNAL NEWBORN SCREENING COMPLETION RATES

SWPH continues to monitor and support the completion of newborn screening in alignment with best practices and provincial targets. The Better Outcomes Registry & Network (BORN) Ontario serves as a vital repository of perinatal and child health data, tracking the percentage of completed screens for newborns across the province.

BORN's quality standard is clear: the ideal is zero missed screens. However, in practice, the acceptable threshold set by BORN is that no more than 10% of eligible newborns miss their screening. I am pleased to report that over the past three years our local hospital partners have met and exceeded this standard. Prior to the three years, hospital partners were trending above the 10% threshold.

The data table on the following page illustrates screening completion rates, tracked biannually from 2021 through to 2024, for hospitals within our catchment area. Since mid-2022, the rate of missed screens has remained well below the 10% threshold, reflecting strong commitment and collaboration across care teams.




| | Jan-Jun 2021 | Jul-Dec 2021 | Jan-Jun 2022 | Jul-Dec 2022 | Jan-Jun 2023 | Jul-Dec 2023 | Jan-Jun 2024 | Jul-Dec 2024 |
|---|---|---|---|---|---|---|---|---|
| Woodstock | 16.6 | 15.3 | 16.9 | 4.1 | 3.1 | 3.1 | 1.9 | 4.9 |
| St. Thomas | 4.7 | 4.1 | 4.5 | 1 | 5.5 | 0.2 | 1.3 | 3.9 |

This consistent success is particularly noteworthy given the challenges posed by the COVID-19 pandemic during parts of this reporting period. It also underscores the value of our strategic work to improve liaison between hospital partners and public health. Focused efforts to build relationships, clarify roles, and streamline follow-up processes have paid off.

We recognize that even a single missed screen can represent a lost opportunity for early detection and intervention in a newborn's life. While our region's performance is strong, our collective goal remains to achieve zero missed screens wherever possible. We will continue to support hospital partners by championing the completion of the screening, advocate for system improvements, and ensure timely follow-up for any infants who require additional screening or care.

This is a success worth celebrating—and a reminder of the power of partnership in protecting and promoting child health from the earliest moments of life.

## 1.3 VACCINE PREVENTABLE DISEASE

Due to the ongoing measles response by our Vaccine Preventable Diseases (VPD) team, Southwestern Public Health (SWPH) has extended the suspension deadline for elementary students not in compliance with the Immunization of School Pupils Act, R.S.O. 1990 (ISPA), from March 25, 2025, to May 22, 2025. This extension was communicated to parents and guardians through school boards and school leaders.

In January 2025, first notices were issued to nearly 2,900 elementary students in our region, advising families to update vaccination records and/or obtain missing vaccinations. Second

notices were sent in February to students who remained outstanding. By March 25, 2025, this number had dropped to fewer than 353 students, thanks to actions taken by parents, local healthcare providers, and the SWPH VPD team.

Given SWPH's current focus on measles prevention and post-exposure activities—including responses to school and childcare exposures—this extension allowed the VPD team to concentrate its efforts on the measles outbreak. Enhancing protection against measles illness has remained a top organizational priority.

It is important to note that this extension does not limit SWPH's authority to act in the event of a measles exposure in a school setting. Children who do not have two doses of a measles-containing vaccine are not permitted to attend school for 21 days following an exposure, as directed by Public Health.

### 1.4 UPDATE ON ALCOHOL POLICY

At the Board of Health meeting held on October 24, 2024, members expressed a strong interest in clarifying the allocation of the additional $10 million designated for social responsibility. To facilitate this, the Board directed staff to draft a formal letter to both the Ministry of Finance and the Ministry of Health to seek information on the distribution of funds and emphasize the importance of involving public health experts in the decision-making process. Additionally, following a productive gathering of the Oxford Mental Health and Addictions Action Coalition (OMHAAC), where SWPH is an active participant, it was reported that the coalition has received an invitation to engage directly with representatives from the Ministry of Health and the Ministry of Finance. This meeting aims to discuss the forthcoming allocation of the $10 million to bolster social responsibility and public health initiatives. In light of the coalition's representation of community interests, SWPH feels confident in the coalition's ability to advocate effectively on behalf of local needs and, therefore, does not deem it necessary to request a separate meeting with the ministries.

## 2.0 ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (ALPHA) AGM & CONFERENCE (RECEIVE AND FILE):

alPHa's 2025 Annual General Meeting and Conference in Toronto, Ontario will continue the important conversation on the role and focus of local Public Health Agencies (LPHAs) in the province. Board members are invited to participate in the event from Wednesday, June 18 to Friday, June 20, 2025. SWPH's annual budget includes support for member attendance – please reach out if you are interested. The program has been appended for your information.

## 3.0 FINANCIAL MATTERS:

### 3.1 INTERNAL CONTROLS AND PROCESSES (RECEIVE AND FILE):

Under the Ontario Public Health Standards and Accountability Framework, the Board is required to ensure that administration implements appropriate financial management and oversight which include a process for internal financial controls. Attached is Southwestern Public Health's monthly financial control checklist which is completed each month to ensure all month end procedures are done accurately and timely. This list outlines the controls that are in place. I confirm that SWPH followed the internal financial control checklist without issue.

### 3.2 REVISED 2024 FUNDING LETTER AND AMENDING AGREEMENT (DECISION):

On March 26, 2025, we received a revised 2024 funding letter (see attached) which included the following:

- Public Health Inspector Practicum Program (100%) for the period of April 1, 2024, to March 31, 2025, in the amount of $20,000.
- Covid-19: Vaccine Program Extraordinary Costs (100%) for the period of April 1, 2024, to March 31, 2025, in the amount of $413,500.
- Respiratory Syncytial Virus (RSV) Adult and Infant Prevention Program (100%) for the period of April 1, 2024, to March 31, 2025, in the amount of $111,900.

These additional funds received albeit well after our fiscal year was completed, have helped to reduce the cost of our mandatory program and services costs, contributing to the 2024 surplus that will be shown in the audited financial statements presented next month.

With any changes in funding, the Ministry of Health issues a new Amending Agreement to the Accountability Agreement that the Board of Health has with the Ministry of Health. The amending agreement, effective January 1, 2024 had no material/substantial changes from the previous agreement in place but nevertheless, it is an amending agreement that notes these additional funding elements and as such, the agreement requires board acceptance.

**MOTION: 2025-BOH-0424-5.2-3.2**
That the Board of Health for Southwestern Public Health accept the Amending Agreement between the Ministry of Health and Southwestern Public Health effective January 1, 2024.

### 3.3 2025 FUNDING AND ACCOUNTABILITY AGREEMENT (DECISION):

In March 2025, SWPH received its 2025 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, 2025, to December 31, 2025. There was no one-time funding provided in this letter. Please see the attached correspondence along with the funding summary. There were no noteworthy changes to the actual agreement between this version and last year's version of the agreement.

*Highlights:*

- Base funding was noted at $12,950,900 which now includes the previous mitigation funding of $1,498,900 (this was used to offset municipal contribution to public health) and a 1% increase over the previous year.
- Medical Officer of Health Top Up Compensation Initiative remains at $178,700 and the top up portion of the compensation is funded provincially. Of note, although it states we are eligible for up to $178,700, that amount is determined based on the framework; and due to the minimum salary required of $242,000 it is anticipated we will only receive approximately $80,000.
- Ontario Seniors Dental Care Program remains at $1,061,100 and continues to be funded 100% provincially. We did request additional funds for 2025 of approximately $223,300 but this request was denied. The additional funding request was to support increased clinical services. As these funds were not received, services will remain at their current levels and not be increased to meet demand.
- IPAC Hub funding was not noted in the funding letter either. It is anticipated it will be sent in a separate letter at a later date.

**MOTION: 2025-BOH-0424-5.2-3.3**
That the Board of Health for Southwestern Public Health accept the Amending Agreement between the Ministry of Health and Southwestern Public Health effective January 1, 2025.

### 3.4 PROCUREMENT POLICY AND BUYING CANADIAN (RECEIVE AND FILE):

SWPH is reviewing its administrative procurement policies to strengthen the purchasing of Canadian-made products as part of a broader commitment to supporting the national economy and strengthening local industries, in line with the Premier's initiative to bolster the local economy and counter external economic pressures. As part of this initiative, we are currently reviewing our list of vendors to identify which are already Canadian and which are not. For those vendors that are not Canadian, we will do our best to explore and source Canadian alternatives wherever possible. We always try to support local businesses regardless but by prioritizing domestic suppliers, SWPH aims to reinforce our role as a proud advocate for Canadian growth. We will update the Board in May as to the status of our findings.

**MOTION: 2025-BOH-0424-5.2**
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for April 24, 2025.


**June 18th: Mobile Workshops 10 a.m. to noon and 1:30 p.m. to 3:30 p.m.**
**Opening Reception 5 p.m. to 7 p.m. EDT**
**June 19th: AGM & Conference 8:15 a.m. to 4:45 p.m. EDT**
**June 20th: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m. EDT**
Pantages Hotel, Rehearsal Hall, 3rd Floor, 200 Victoria Street
Toronto, ON M5B 1V8
*Draft Program: April 8, 2025*

| **June 18th** | |
|---|---|
| **Toronto Public Health - Food and Health History:**<br>**Toronto's First Market – Mobile Workshop**<br>Workshop Leaders: Lori Zuppinger and Jessica Algie, Educators, Outreach & Public Programming, City of Toronto<br><br>The histories of food and health have always been closely linked. Join representatives from the City of Toronto Archives for a walking tour of the St. Lawrence Market complex – Toronto's oldest marketplace and its first civic centre – to explore the evolution of food regulation and food safety in the city.<br><br>The meeting point of the beginning of the tour is the front doors of the Pantages Hotel and the end point is the St. Lawrence Market. Please note, the distance from the Pantages Hotel to the St. Lawrence Market is a 25-minute walk. Following the tour, attendees are encouraged to enjoy lunch at the market and then head to Nathan Phillips Square in time for the afternoon mobile workshop. *Tour runs rain or shine. Please dress accordingly.* | 10 a.m. – noon |

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| **Spirit Garden and Nathan Phillips Square at Toronto City Hall - Mobile Workshop**<br><br>The City of Toronto revitalized Nathan Phillips Square in order to host a greater | 1:30 p.m. – 3:30 p.m. |

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| number and variety of activities and special events. A key element of this revitalization is the Spirit Garden that opened in Fall 2024. The south-west quadrant of Nathan Phillips Square is an Indigenous cultural space and responds to the Truth and Reconciliation Commission of Canada's Call to Action 82, aligns with the City of Toronto's commitments to Indigenous Peoples, and is led by the Toronto Council Fire Native Cultural Centre in partnership with the City of Toronto. Additional changes at Nathan Phillips Square that are part of the revitalization project, also important in enhancing the public realm, will be highlighted. *Tour runs rain or shine. Please dress accordingly.* | |
| **Opening Reception**<br>Come and join colleagues, old and new, at a reception with a cash bar and light snacks at the Pantages Hotel. This is an excellent opportunity to connect and reconnect with colleagues and special guests. | 5 p.m. – 7 p.m. |
| **June 19th** | |
| ***Breakfast will be available at 7:30 a.m.*** | |
| **Call to Order, Opening Remarks, and Land Acknowledgement**<br>Conference Chair: Trudy Sachowski, Chair, alPHa Board of Directors<br>Hon. Doug Ford, Premier of Ontario *(invited)*<br>Hon. Sylvia Jones, Deputy Premier and Minister of Health *(invited)* | 8:15 a.m. – 8:30 a.m. |
| **Fostering Understanding, Reconciliation, and Indigenous Connection Keynote Address and Workshop**<br>Marc Forgette, Makatew Workshops<br>Moderator: Dr. Na-Koshie Lamptey<br><br>Marc Forgette is a noted Indigenous speaker and founder of Makatew Workshops, working with organizations across Canada to deliver meaningful, hands-on learning rooted in Indigenous culture. Back by popular demand, Marc will share powerful teachings through a keynote address and an engaging workshop that fosters understanding, reconciliation, and connection. | 8:30 a.m. – 10 a.m. |
| **Morning Break** | 10 a.m. – 10:15 a.m. |
| **Combined alPHa Business Meeting and Resolutions Session**<br>Conference Chair: Trudy Sachowski, Chair, alPHa Board of Directors Resolutions Chair and Parliamentarian: Dr. Robert Kyle, MOH, Durham Region Health Department | 10:15 a.m. – 12:15 p.m. |

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| **Lunch, Distinguished Service Awards, and Recognition of Board of Directors**<br>Speakers: Trudy Sachowski, Chair, alPHa Board of Directors and Loretta Ryan, Chief Executive Officer, alPHa<br><br>The Distinguished Service Award (DSA) is given by alPHa to individuals in recognition of their outstanding contributions to public health in Ontario by board of health members, health unit staff, and public health professionals. The Award is given to those individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health. | 12:15 p.m. – 1:45 p.m. |
| **Connecting Ontarians to Primary Care**<br>Speaker: Dr. Jane Philpott, Chair, Primary Care Action Team *(invited)*<br>Moderator: Dr. Hsiu-Li Wang, Commissioner & Medical Officer of Health, Region of Waterloo | 1:45 p.m. – 2:10 p.m. |
| **Ontario Health & Public Health Ontario: Working in Partnership with Local Public Health**<br>Speakers: Dr. Chris Simpson *(invited)*, Acute and Hospital-Based Care Executive Vice-President, Chief Medical Executive, Ontario Health, and Michael Sherar, President and Chief Executive Officer, Public Health Ontario<br>Moderator: Susan Stewart, Director, Merger Office, South East Public Health | 2:10 p.m. – 2:35 p.m. |
| **Public Health and Engagement with Indigenous Communities**<br>Speakers from the Indigenous and Intergovernmental Unit Accountability and Liaison Branch, Ministry of Health and Indigenous Primary Health Care Council (IPHCC)<br>Moderator: Dr. Lianne Catton, Medical Officer of Health and Chief Executive Officer, Northeastern Public Health | 2:35 p.m. – 3:00 p.m. |
| **Networking Break** | 3:00 p.m. – 3:30 p.m. |
| **Navigating Ontario's Political Landscape in Challenging Times**<br>Speakers: Sabine Matheson, Principal, and John Perenack, Principal, StrategyCorp<br>Moderator: Cynthia St. John, Chief Executive Officer, Southwestern Public Health<br><br>We live in an increasingly uncertain world. The political landscape is changing rapidly and by the time of the conference, both the Federal and the Provincial governments will be well into their new mandates. Hear about what to expect regarding the public policy climate and key political issues impacting public health agencies and their local boards of health.<br><br>*Attendees will have an opportunity to pose questions in advance and at the conference. Please send advance questions for this session to: communications@alphaweb.org on or before June 13th.* | 3:30 p.m. – 4:15 p.m. |
| **Update from the Chief Medical Officer of Health**<br>Speaker: Dr. Kieran Moore, Chief Medical Officer of Health<br>Moderator: Trudy Sachowski, Chair, alPHa Board of Directors | 4:15 p.m. – 4:45p.m. |

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| **Wrap Up**<br>Conference Chair: Trudy Sachowski, Chair, alPHa Board of Directors | 4:45 p.m. – 4:50 p.m. |
| **June 20th** | |
| ***Breakfast will be available starting at 8:30 a.m.***<br><br>**Section Meetings:** *Members of the BOH Section and COMOH Section will meet in the morning. There are separate agendas for these meetings.* | 9 a.m. – 12 p.m. |

***The 2025 Conference is co-hosted by alPHa and Toronto Public Health.***

***This event is sponsored by:***

**Southwestern Public Health (SWPH)**
**April 2025**

| Control | Description | Completed at Month End Y/N/NA | Responsibility |
|---|---|---|---|
| **CASH** | | | |
| Deposit of cheques/cash | Mail is opened by the Corporate Services Executive Assistant. Any cash payments are processed in the cash register by frontline staff. Daily closing of the cash register is processed by the Accounting Supervisor(St. Thomas) and the Administrative Assistant (Woodstock). The Accounting Supervisor prepares the deposits and Journal Entry summary which is approved by the Director of Finance. | | Acct Supervisor |
| Bank Reconciliations | Bank reconciliations are prepared monthly by the Accounting Supervisor for all accounts. The Director of Finance reviews the reconciliations to identify any unusual reconciling items.<br>Director of Finance reviews and initials the bank deposits. | | Acct Supervisor |
| Cheques | the Accounting Supervisor ensures all outstanding cheques less than six months old. The Director of Finance reviews all outstanding cheques along with the bank reconciliations. | | Acct Supervisor |
| Petty Cash | The Accounting Supervisor reconciles petty cash monthly if used (Petty cash on hand + reimbursement vouchers = Balance per G/L) and the Director of Finance initials the reconciliation. | | Acct Supervisor |
| **ACCOUNTS RECEIVABLE** | | | |
| Receivables | Receivables are tracked in excel monthly by the Accounting Supervisor and they are supported by detailed schedules that reflect all transactions that have occurred in the month (includes taxes, employees etc.) The Director of Finance agrees to financials monthly. | | Acct Supervisor |
| Sub ledger | No subledger exists; therefore no reconciliation performed | | Director of Finance |
| **INVENTORY** | | | |
| Inventory | Inventory is currently maintained in central supply. Access is restricted by use of a FOB and access is granted only to Managers, Program Assistants, and CEO.<br>A perpetual inventory control system is in place. | | Director of Finance |
| **PREPAIDS** | | | |
| Prepaids | All prepaids are tracked monthly by the Accounting Supervisor and they are amortized over their remaining useful life. All prepaids are agreed to supporting invoices. The Director of Finance agrees to financials monthly. | | Acct Supervisor |
| **FIXED ASSETS** | | | |
| Fixed assets subledger | The Office Manager maintains the fixed asset listing.<br>The Director of Finance reviews the fixed asset subledger quarterly for accuracy and completeness. All transactions are tracked in an excel spreadsheet and agreed to invoices and compared to the budgeted amounts. | | Director of Finance |
| Write-offs | All assets that have been sold, damaged or are no longer in use are written off by the Director of Finance when informed by the manager after and after review and approval from the Chief Executive Officer. | | Director of Finance and the CEO |
| Repairs & maintenance | The Director of Finance reviews the repair and maintenance accounts monthly to ensure all expenditures have been accounted for in accordance with SWPH's capital policy. | | Director of Finance |
| **ACCOUNTS PAYABLE** | | | |
| Processing Accounts Payable | POs are generated for all purchases in accordance with SWPH's procurement policy (see "Procurement Policy") for authorization levels.<br>Goods that are received must have an initial on the purchase order/ paper requisition (if applicable). All invoices whether attached to a packing slip or not are sent to the appropriate personnel and signed to verify the goods were received and the pricing terms are correct. Invoices are then sent to the Accounting Supervisor who codes the invoices and sends them to the Director of Finance for review. The Director of Finance reviews the allocation to the G/L, pricing, terms, ensures authorized approval and initials them. | | Accounting Supervisor |
| Payment of Accounts Payable | Cheque runs are printed twice a month – on the 5th and 20th of the month and additional runs, as required. The Accounting Supervisor processes the cheques/EFTs to be signed and attaches a copy of each cheque/EFT to the appropriate invoice and sends it to be signed.<br>The Director of Finance reviews and signs the cheques/EFTs and ensures again that the invoices have been approved for payment. She also reviews the cheque register provided with the cheque run.<br>Once the Director of Finance has reviewed, the cheques and invoices are sent to CEO for review and signature. The CEO sets aside any unusual items if she feels they need a further explanation.<br>All cheques require dual signatures (one of which must be CEO).<br>Cheques are kept in a locked cabinet accessible only by the Accounting Supervisor or the Director of Finance. The computer processes the numbers on the cheques and does not allow for duplication. | | Accounting Supervisor |

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| Sub ledger | The Accounts Payable subledger is reviewed monthly by the Director of Finance and agreed to the Accounts Payable balance. | | Director of Finance |
| Invoices compared to PO's | Each time EFTs/cheques are issued the Finance Administrative Assistant will randomly select 5 invoices and ensure there is an approved PO attached, ensure the PO is dated prior to the invoice date, and that the purchase was with the approved authority schedule and limits | | Administrative Assistant |
| Vendor Purchase Summary | Quarterly the Accounting Supervisor will summarize total purchases by vendor and ensure the value of the purchases fall in line with the procurement policy. | | Administrative Assistant |
| **ACCRUED LIABILITIES** | | | |
| Accrued liabilities | The Accounting Supervisor tracks all accrued liabilities monthly in an excel spreadsheet and agrees to the GL. The Director of Finance verifies to monthly financial statements. | | Accounting Supervisor/Dir of Finance |
| **PAYROLL** | | | |
| Processing Payroll | All employees must record their time daily in Dayforce. The CEO, Authorized Directors and Managers have access to the Dayforce system and can view time reports at any time. Supervisors must approve each of their assigned staffs timesheets. If the timesheets are not approved, the Payroll & Benefits Administrator will follow-up with the Supervisor to ensure hours are correctly recorded. At the end of the pay period the Payroll & Benefits Administrator reviews all the time entries to ensure all are approved and identify any issues. The Payroll & Benefits Administrator then makes any necessary adjustments to payroll such as mileage claims, expenses, etc. | | Payroll and Benefits Administrator |
| Payroll Approval | Once all payroll information is entered, the Payroll & Benefits Administrator provides the Director of Finance with a copy of the preview for review. Once approved, the Payroll & Benefits Administrator processes the payroll and completes the required journal entries monthly. The Director of Finance reviews the manual information and signs off on the final submitted payroll register. | | Payroll and Benefits Administrator |
| Payroll Approval - One-Offs | Whenever there is a special pay (e.g. overtime payout, responsibility pay), the appropriate Laserfiche form must be completed and signed by the Chief Executive Officer. Any payments beyond a certain threshold must also be reviewed and initialed by a second person (either the Accounting Supervisor or the Director of Finance). | | Payroll and Benefits Administrator |
| Source Deductions | All Source deductions are remitted after each payroll by "Ceridian Dayforce", the company used to process our payroll. The Director of Finance receives and reviews the monthly statement provided by the Government confirming remittance (online). | | Payroll and Benefits Administrator |
| Pension Filings | The Payroll & Benefits Administrator prepares and submits the pension filings monthly. The amounts are reconciled by employee to the payroll register and submitted via EFT. | | Payroll & Benefits Administrator |
| Balance Sheet Reconciliation | The Payroll & Benefits Administrator reconciles the balance sheet and ensures they agree to the GL balances. | | Payroll & Benefits Administrator |
| Benefits Reconciliations | The Payroll & Benefits Administrator reconciles the benefits invoice from Sunlife monthly to ensure only active employees are included and each employee is correctly categorized. | | Payroll & Benefits Administrator |
| **MISCELLANEOUS** | | | |
| HST | The HST return is completed quarterly by the Accounting Supervisor and reviewed and initialed by the Director of Finance after the Accounting Supervisor files. The Accounting Supervisor then books the necessary journal entries when the funds are received. | | Accounting Supervisor |
| Corporate Credit Cards | There are four corporate credit cards. The Accounting Supervisor reconciles them monthly and processes them the same as accounts payable (see AP above for detailed procedures). | | Accounting Supervisor |
| Staff Expenses | All staff expenses are processed through payroll. Staff must complete an expense form which is signed and approved by their supervisor. The form is then submitted to the Payroll & Benefits Administrator for processing with payroll. The Director of Finance reviews along with the payroll register. | | Payroll & Benefits Administrator |
| Settlement Forms | Settlement forms are completed annually by the auditors. Upon completion the forms are reviewed by the Director of Finance, reviewed and approved by CEO before providing to the Board for final approval. | | Director of Finance and the CEO |
| **FINANCIAL STATEMENTS** | | | |
| Monthly internals | Financial statements are generated monthly and are compared to budget. The financials are provided to the appropriate Directors/Managers to review their financials and note any reasons for variances to budget. The internals along with summary notes are provided to the CEO monthly to review as well and discuss with direct reports. | | Accounting Supervisor and CEO |
| Board Statements | Financial statements are generated Quarterly and provided to the Board of Health. CEO reviews them at the Board of Health and highlights any discrepancies. During the Board meeting any additional questions are asked and the statements are approved. | | Director of Finance and the CEO |
| Mandatory Quarterly Reporting to the Ministry | Quarterly financial reports are completed by the Director of Finance in the template provided by the Ministry. Once complete, the CEO reviews and approves before the forms are electronically submitted to the Ministry. | | Director of Finance and the CEO |
| HBHC, PPNP, and Quarterly Reporting | Quarterly financial reports are completed by the Director of Finance and then reviewed by the Program Manager. Once complete, the CEO reviews and approves before the forms are electronically submitted to the Ministry. | | Director of Finance and the CEO |

**Ministry of Health**

Office of the Deputy Premier and
Minister of Health

777 Bay Street, 5th Floor
Toronto ON  M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

**Ministère de la Santé**

Bureau du vice-premier ministre
et ministre de la Santé

777, rue Bay, 5e étage
Toronto ON  M7A 1N3
Téléphone: 416 327-4300
www.ontario.ca/sante

Ontario

e-Approve-72-2024-717

March 24, 2025

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

Dear Bernia Martin:

I am pleased to advise you that the Ministry of Health (the "Ministry") will provide the Board of Health for the Oxford Elgin St. Thomas Health Unit up to $545,400 in one-time funding for the 2024-25 funding year to support the provision of public health programs and services in your community.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division 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,

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Ninh Tran, Medical Officer of Health, Oxford Elgin St. Thomas Health Unit
Cynthia St. John, Chief Executive Officer, Oxford Elgin St. Thomas Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

# 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 2024**

Issued March 2025

# Schedule A
# Grants and Budget

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

| DETAILED BUDGET - MAXIMUM BASE FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIODS OF JANUARY 1ST TO DECEMBER 31ST) | | |
|---|---|---|
| **Programs / Sources of Funding** | **Grant Details** | **2024 Grant ($)** |
| Mandatory Programs (Cost-Shared) | Per the March 28, 2024 Funding Letter, the 2024 Grant includes an annualized increase of $1,625,900. | 12,822,600 |
| MOH / AMOH Compensation Initiative (100%) | Cash flow will be adjusted to reflect the actual status of Medical Officer of Health (MOH) and Associate MOH positions, based on an annual application process. | 178,700 |
| Ontario Seniors Dental Care Program (100%) | Funding to support comprehensive dental care to eligible low-income seniors. | 1,061,100 |
| **Total Maximum Base Funds** | | **14,062,400** |

| DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIOD OF APRIL 1, 2024 TO MARCH 31, 2025, UNLESS OTHERWISE NOTED) | | |
|---|---|---|
| **Projects / Initiatives** | | **2024-25 One-Time Grant ($)** |
| Mandatory Programs: Public Health Inspector Practicum Program (100%) | | 20,000 |
| COVID-19 Vaccine Program (100%) | | 413,500 |
| Respiratory Syncytial Virus (RSV) Adult and Infant Prevention Programs (100%) | | 111,900 |
| **Total Maximum One-Time Funds** | | **545,400** |

| | |
|---|---|
| **Total Maximum Base and One-Time Funds[(1)]** | **14,607,800** |

**NOTES:**

(1) Cash flow will be adjusted when the Province provides a new Schedule "A".
(2) The timing of payments noted in this Schedule are subject to change.

**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.

<u>Local Opioid Response</u>

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.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province.

Naloxone Kit Distribution and Training

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

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

- 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:

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

- 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.
    - 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.

<u>Opioid Overdose Early Warning and Surveillance</u>

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 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.
    - 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

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

Appointments, Reporting, and Compensation, including requirements related to minimum salaries to be eligible for funding under this Initiative.

## Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) provides free, routine dental services for low-income seniors who are 65 years of age or older. It 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 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.

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.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

## *Type of Funding* ***Base Funding***

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.

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.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

- *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.

<u>Other Requirements</u>

*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.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

*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 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*** |
|---|---|

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

The Public Health Inspector (PHI) practicum placements support the delivery of front-line inspections across many program areas including food safety, drinking water, recreational water, infection prevention, vector-borne control, and rabies investigations.

Practicum placements are essential during peak demand (i.e., summer months) where there are higher public health risks. The higher inspection volumes (e.g., outdoor food events, outdoor pools, rabies investigations, West Nile virus, tick surveillance) can require additional inspection support.

The practicum program is also essential to ensure there is supply of appropriately trained Public Health Inspectors in the province and aligns with ongoing Health Human Resources (HHR) initiatives in Ontario.

One-time funding must be used to hire at least 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 (CIPHI) Board of Certification for field training for a 12-week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student's term.

## COVID-19 Vaccine Program (100%)

One-time funding must be used to support the Board of Health's fall respiratory response activities including vaccine administration for high-risk individuals for the COVID-19 Vaccine Program.

Eligible costs include:

- Staffing – salaries and benefits, inclusive of overtime, for existing staff or new temporary or casual staff; and, salaries and benefits associated with overtime worked by indirect staff (e.g., finance, human resources, legal, communications, etc.). Activities include administering the COVID-19 vaccine, managing COVID-19 Vaccine Program reporting requirements, and planning and deployment of immunization/vaccine clinics, if necessary.
- Travel and Accommodation – for staff delivering COVID-19 Vaccine Program services away from their home office location, including transporting vaccines, and transportation/accommodation for staff of mobile vaccine units.
- Supplies and Equipment – supplies and equipment associated with the storage and handling of the COVID-19 vaccines (including vaccine refrigerators, freezers, coolers,

etc.), small equipment and consumable supplies (including personal protective equipment) not already provided by the Province, supplies necessary to administer the COVID-19 vaccine (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.) not already provided by the Province, information and information technology upgrades related to tracking COVID-19 immunization not already provided 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 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.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***One-Time Funding*** |
|---|---|

- 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 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. Unspent funds are subject to recovery in accordance with the Ministry's year-end reconciliation policy.

## Respiratory Syncytial Virus (RSV) Adult and Infant Prevention Programs (100%)

One-time funding must be used by the Board of Health to offset extraordinary costs associated with delivering the Respiratory Syncytial Virus (RSV) Prevention programs.

The RSV Adult Prevention Program is intended for adults aged 60 years and older, living in high-risk settings, including residents living in long-term care homes (LTCHs), Elder Care Lodges and retirement homes; those experiencing homelessness; and those who identify as First Nations, Inuit or Métis. Per other vaccination programs, these settings may rely on varied public health unit support during the Fall 2024 campaign, including assistance in vaccine administration.

The RSV Infant and High-risk Prevention Program is intended for all infants born in 2024 prior to the RSV season (the National Advisory Committee on Immunization specifically recommends that infants 8 months of age or less be immunized), infants born during the 2024/25 RSV season, and high-risk children up to 24 months of age who remain vulnerable from severe RSV disease through their second RSV season. The role of public health units is especially important for:

- Infants born outside RSV season being immunized in the community (e.g., primary care, local public health units) during their first RSV season.
- Children up to 2 years of age who remain high-risk receiving a second dose in the community during their second RSV season.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***One-Time Funding*** |
|---|---|

Public health units should refer to the established tables on the planning and roll-out of the Fall 2024 campaign, as well as details provided on RSV programming.

Eligible costs include:

- Staffing - Salaries and benefits for existing staff or new temporary or casual staff to implement the RSV Prevention Programs. Activities include administering the RSV vaccine and prophylactics, meeting provincial and local requirements for surveillance and monitoring, managing reporting requirements (i.e., activities completed, outcomes such as number of homes/hospitals/community clinics and other settings visited, number of vaccines and prophylactics administered, age of individuals).
- Travel - Travel expenses (includes accommodation) for staff delivering services under the RSV Prevention Programs away from their home office location.
- Distribution/Transport/Cold Storage Costs – costs related to public health units completing cold-chain and logistics work (e.g., delivery) of the RSV vaccine to specific high-risk settings, including LTCH, Elder Care Lodges and retirement homes. And distribution of infant prophylactics to hospitals and community settings. This includes refrigerators and temperature monitoring devices.
- Supplies – supplies necessary to administer the RSV vaccine and prophylactics (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.). This also includes other ancillary requirements such as ordering bulk immunization supplies like needle tips, alcohol preps, sharps containers, band-aids, infant weigh scales.
- Communications/Data Processing – costs related to language interpretation/translation services, media announcements, public and provider awareness (including social media), signage, and education materials directly related to RSV immunization outreach. This also includes updating documentation systems, medical directives, websites, and in-hospital information/advertising.
- Education and Training - local education and training for providers for counseling of pregnant persons, parents, and guardians to begin in advance of product distribution and administration.
- Purchased Services - service level agreements for services/staffing with community providers and/or municipal organizations, hazardous waste disposal, transportation services (e.g., courier services, transporting clients to vaccination clinics), data entry or information technology services for reporting RSV data related to the RSV Prevention Programs to the Province from centres in the community that are not operated by the public health unit, outside legal services.
- Tracking, evaluation, and monitoring – including data management systems for retrieval of data on the catch-up cohort to inform tracking program and effectiveness.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***One-Time Funding*** |
|---|---|

- Outreach – efforts to reach underserviced, equity deserving and or unattached recipients.
- Other Operating – recruitment activities, staff training relevant to vaccine and prophylactics administration under the RSV Prevention Programs.

Boards of health are expected to be cost efficient and incorporate RSV vaccine activities, including administration supports, into their regular vaccine program activities, as much as possible.

**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 in the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

*Type of Funding* ***Other***

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.

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. MOH / AMOH Compensation Initiative Application** | For the entire Board of Health Funding Year | As directed by the Province |
| **6. Other Reports and Submissions** | As directed by the Province | As directed by the Province |

## Definitions

For the purposes of this Schedule, the following words shall have the following meanings:
**"Q1"** means the period commencing on January 1st and ending on the following March 31st.
**"Q2"** means the period commencing on April 1st and ending on the following June 30th.
**"Q3"** means the period commencing on July 1st and ending on the following September 30th.
**"Q4"** means the period commencing on 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.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application 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.

## 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**

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON  M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

**Ministère de la Santé**

Bureau du vice-premier ministre
et ministre de la Santé

777, rue Bay, 5e étage
Toronto ON  M7A 1N3
Téléphone: 416 327-4300
www.ontario.ca/sante

Ontario

e-Approve-72-2024-745

March 20, 2025

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

Dear Bernia Martin:

I am pleased to advise you that the Ministry of Health (the "Ministry") will provide the Board of Health for the Oxford Elgin St. Thomas Health Unit up to $32,075 in additional base funding for the 2024-25 funding year and up to $128,300 in additional base funding for the 2025-26 funding year to support the provision of public health programs and services in your community.

These approvals support the government's commitment to provide 1% growth funding to public health units for the 2025 calendar year as part of the Strengthening Public Health strategy.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division 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,

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Ninh Tran, Medical Officer of Health, Oxford Elgin St. Thomas Health Unit
Cynthia St. John, Chief Executive Officer, Oxford Elgin St. Thomas Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

# 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 2025**

Issued March 2025

# Schedule A
# Grants and Budget

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

| DETAILED BUDGET - MAXIMUM BASE FUNDS<br>(GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIOD OF JANUARY 1ST TO DECEMBER 31ST) | | |
|---|---|---|
| **Programs / Sources of Funding** | **Grant Details** | **2025 Grant ($)** |
| Mandatory Programs (Cost-Shared) | Per the March 20, 2025 Funding Letter, the 2025 Grant includes an annualized increase of $128,300 for the 2025 calendar year. | 12,950,900 |
| MOH / AMOH Compensation Initiative (100%) | Cash flow will be adjusted to reflect the actual status of Medical Officer of Health (MOH) and Associate MOH positions, based on an annual application process. | 178,700 |
| Ontario Seniors Dental Care Program (100%) | Funding to support comprehensive dental care to eligible low-income seniors. | 1,061,100 |
| **Total Maximum Base Funds** | | **14,190,700** |

**NOTES:**

(1) Cash flow will be adjusted when the Province provides a new Schedule "A".
(2) The timing of payments noted in this Schedule are subject to change.

**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.

<u>Local Opioid Response</u>

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.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province.

Naloxone Kit Distribution and Training

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

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

- 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:

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

- 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.
    - 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.

<u>Opioid Overdose Early Warning and Surveillance</u>

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 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.
    - 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

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

Appointments, Reporting, and Compensation, including requirements related to minimum salaries to be eligible for funding under this Initiative.

## Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) provides free, routine dental services for low-income seniors who are 65 years of age or older. It 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 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.

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.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

## *Type of Funding* ***Base Funding***

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.

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.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

- *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.

<u>Other Requirements</u>

*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.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

| *Type of Funding* | ***Base Funding*** |
|---|---|

*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 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* ***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 in the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered.

**SCHEDULE B**
**RELATED PROGRAM POLICIES AND GUIDELINES**

*Type of Funding* ***Other***

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.

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. MOH / AMOH Compensation Initiative Application** | For the entire Board of Health Funding Year | As directed by the Province |
| **6. Other Reports and Submissions** | As directed by the Province | As directed by the Province |

## Definitions

For the purposes of this Schedule, the following words shall have the following meanings:
**"Q1"** means the period commencing on January 1st and ending on the following March 31st.
**"Q2"** means the period commencing on April 1st and ending on the following June 30th.
**"Q3"** means the period commencing on July 1st and ending on the following September 30th.
**"Q4"** means the period commencing on 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.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application 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.

## 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.