Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Assistant Deputy Minister's Office

Bureau du sous-ministre adjoint

Population and Public Health Division
777 Bay Street, 19th Floor
Toronto ON M7A 1S5

Division de la santé de la population et de la santé publique
777, rue Bay, 19e étage
Toronto ON M7A 1S5

Telephone: (416) 212-8119
Facsimile: (416) 212-2200

Téléphone: (416) 212-8119
Télécopieur: (416) 212-2200

iApprove-2017-00910

NOV 15 2017

Dr. Christopher Mackie
Medical Officer of Health
Middlesex-London Health Unit
50 King Street
London ON N6A 5L7

Dear Dr. Mackie:

Re: Ministry of Health and Long-Term Care Public Health Funding and Accountability Agreement with the Board of Health for the Middlesex-London Health Unit (the "Board of Health") dated January 1, 2014, as amended (the "Accountability Agreement")

This letter is further to the recent letter from the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, in which he informed your organization that the Ministry of Health and Long-Term Care (the "ministry") will provide the Board of Health with up to $328,900 in one-time funding for the 2017-18 funding year to support the provision of public health programs and services in your community. This will bring the total maximum funding available under the Accountability Agreement for the 2017-18 funding year up to $21,189,800 ($20,760,900 in base funding and $428,900 in one-time funding).

The ministry entered into an Accountability Agreement with the Board of Health dated January 1, 2014, as amended. I am pleased to provide you with two (2) copies of the Amending Agreement that contains the terms and conditions governing the funding referred to in the Minister's letter.

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

.../2

Dr. Christopher Mackie

The government remains committed to balancing the budget for 2017-18 through to 2019-20 and therefore it is critical that you continue to manage costs within your approved budget.

Please review the Amending Agreement carefully, sign both copies enclosed, and return both copies to:

Brent Feeney
Manager, Funding and Oversight Unit
Accountability and Liaison Branch
Population and Public Health Division, Ministry of Health and Long-Term Care
393 University Avenue, Suite 2100
Toronto ON M7A 2S1

When all the parties have signed the Amending Agreement, the ministry will return one (1) copy to you and will begin to flow the funds reflected in Schedule A of the Amending Agreement.

Should you require any further information or clarification, please contact Mr. Feeney at 416-212-6397 or by email at Brent.Feeney@ontario.ca.

Sincerely,

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

Enclosure

c: Laura Di Cesare, Director of Corporate Services, Middlesex-London Health Unit
Tammy Beaudry, Acting Supervisor, Finance, Middlesex-London Health Unit
Jim Yuill, Director, Financial Management Branch, MOHLTC
Phil Cooke, Director, Fiscal Oversight & Performance Branch, MOHLTC

Amending Agreement No. 7

This Amending Agreement No. 7, effective as of January 1, 2017.

Between:

Her Majesty the Queen
in right of Ontario
as represented by
the Minister of Health and Long-Term Care

(the **"Province"**)

- and -

Board of Health for the Middlesex-London Health Unit

(the **"Board of Health"**)

WHEREAS the Province and the Board of Health entered into a Public Health Funding and Accountability Agreement effective as of the first day of January, 2014 (the **"Accountability Agreement"**); and,

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 7, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This amending agreement ("Amending Agreement No. 7") shall be effective as of the first date written above.

2. Except for the amendments provided for in this Amending Agreement No. 7, all provisions in the Accountability Agreement shall remain in full force and effect.

3. Capitalized terms used but not defined in this Amending Agreement No. 7 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   (a) Deleting Schedule A-7 (Program-Based Grants) and substituting Schedule A-8 (Program-Based Grants), attached to this Amending Agreement No. 7.

   (b) Deleting Schedule B-6 (Related Program Policies and Guidelines) and substituting Schedule B-7 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 7.

(c) Deleting Schedule C-4 (Reporting Requirements) and substituting Schedule C-5 (Reporting Requirements), attached to this Amending Agreement No. 7.

(d) Deleting Schedule D-3 (Reporting Requirements) and substituting Schedule D-4 (Reporting Requirements), attached to this Amending Agreement No. 7.

The Parties have executed the Amending Agreement No. 7 as of the date last written below.

Her Majesty the Queen in the right of Ontario as represented by the Minister of Health and Long-Term Care

____________________________ _______________

Name: Roselle Martino Date
Title: Assistant Deputy Minister,
Population and Public Health Division

Board of Health for the Middlesex-London Health Unit

I/We have authority to bind the Board of Health.

____________________________ _______________

Name: Date
Title:

____________________________ _______________

Name: Date
Title:

SCHEDULE A-8
PROGRAM-BASED GRANTS

Board of Health for the Middlesex-London Health Unit

Program/Initiative Name			2016 Approved Allocation ($)	Increase / (Decrease) ($)	2017 Approved Allocation ($)
Base Funding (January 1, 2017 to December 31, 2017, unless otherwise noted)					
Mandatory Programs (75%)			16,131,200	-	16,131,200
Chief Nursing Officer Initiative (100%)	# of FTEs	1.00	121,500	-	121,500
Electronic Cigarettes Act: Protection and Enforcement (100%)			39,500	-	39,500
Enhanced Food Safety - Haines Initiative (100%)			80,000	-	80,000
Enhanced Safe Water Initiative (100%)			35,700	-	35,700
Harm Reduction Program Enhancement (100%)			-	250,000	250,000
Healthy Smiles Ontario Program (100%)			692,700	-	692,700
Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00	90,100	-	90,100
Infectious Diseases Control Initiative (100%)	# of FTEs	10.50	1,166,800	-	1,166,800
MOH / AMOH Compensation Initiative (100%) [(1)]			114,000	-	114,000
Needle Exchange Program Initiative (100%)			363,700	-	363,700
Small Drinking Water Systems Program (75%)			23,900	-	23,900
Smoke-Free Ontario Strategy: Prosecution (100%)			25,300	-	25,300
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)			367,500	-	367,500
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)			285,800	-	285,800
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)			150,700	-	150,700
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)			100,000	-	100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)			80,000	-	80,000
Social Determinants of Health Nurses Initiative (100%)	# of FTEs	2.00	180,500	-	180,500
Vector-Borne Diseases Program (75%)			462,000	-	462,000
Sub-Total Base Funding			**20,510,900**	**250,000**	**20,760,900**

SCHEDULE A-8
PROGRAM-BASED GRANTS

Board of Health for the Middlesex-London Health Unit

Program/Initiative Name	2017 Approved Allocation ($)
One-Time Funding (April 1, 2017 to March 31, 2018, unless otherwise noted)	
Capital: Space Needs and Site Selection Process (100%)[(2)]	100,000
Healthy Menu Choices Act, 2015 - Enforcement (100%)	30,000
Healthy Smiles Ontario Program: Dental Clinic Costs (100%)	90,000
Human Papillomavirus Vaccine Program (100%)[(3)]	26,000
New Purpose-Built Vaccine Refrigerators (100%)	13,500
Panorama - Immunization Solution (100%)[(4)]	129,400
Public Health Inspector Practicum Program (100%)	10,000
Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)	30,000
Sub-Total One-Time Funding	**428,900**
Total	**21,189,800**

(1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.
(2) One-time funding is funded by the Health Capital Division.
(3) One-time funding is for the period of January 1, 2017 to December 31, 2017
(4) One-time funding is jointly funded by the Population and Public Health Division and the Health Services I&IT Cluster.

Payment Schedule

Base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when both Parties have signed the Agreement.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

Chief Nursing Officer Initiative (100%)

Under the Organizational Standards, the Board of Health is required to designate a Chief Nursing Officer. 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 (MOH) or Chief Executive Officer, preferably at a senior management level, and in that context will contribute to organizational effectiveness. Should the role not be implemented at the senior management level as per the recommendations of the 'Public Health Chief Nursing Officer Report (2011)', the Chief Nursing Officer should nonetheless participate in senior management meetings in the Chief Nursing Officer role as per the intent of the recommendation.

The presence of a Chief Nursing Officer in the Board of Health will enhance the health outcomes of the community at individual, group, and population levels:

- Through contributions to organizational strategic planning and decision making;
- By facilitating recruitment and retention of qualified, competent public health nursing staff; and,
- By enabling quality public health nursing practice.

Furthermore, the Chief Nursing Officer articulates, models, and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer:

- 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 <u>OR</u> be committed to obtaining such qualification within three (3) 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.).

Base funding for this initiative must be used for Chief Nursing Officer related activities (described above) of up to or greater than 1.0 Full-Time Equivalent (FTE). These activities

Type of Funding	***Base***
Source	***Public Health***

may be undertaken by the designated Chief Nursing Officer and/or a nursing practice lead. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting Chief Nursing Officer activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

Electronic Cigarettes Act – Protection and Enforcement (100%)

The government has a plan, Patients First: Ontario's Action Plan for Health Care (February 2015), for Ontario that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages the people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. Part of this plan includes taking a precautionary approach to protect children and youth by regulating electronic cigarettes (e-cigarettes) through the *Electronic Cigarettes Act, 2015*.

Base funding for this initiative must be used for implementation of the *Electronic Cigarettes Act, 2015* and enforcement activities, including prosecution. Any prosecution costs must be identified through the reporting templates provided by the ministry.

The Board of Health must comply and adhere to the *Electronic Cigarettes Act*: Public Health Unit Guidelines and Directives: Enforcement of the *Electronic Cigarettes Ac*t.

The Board of Health is also required to submit an annual work plan and interim and final activity reports on dates specified in Schedule C of the Agreement.

<u>Communications and Issues Management Protocol</u>

1. The Board of Health shall:
   a. Act as the media focus for the Project;
   b. Respond to public inquiries, complaints and concerns with respect to the Project;
   c. Report any potential or foreseeable issues to the CMD of the Ministry of Health and Long-Term Care;
   d. Prior to issuing any news release or other planned communications, notify the CMD as follows:

Type of Funding	***Base***
Source	***Public Health***

i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
ii. Web Designs – 10 business days prior to launch;
iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
iv. Public Relations Plan for Project – 15 business days prior to launch;
v. Digital Marketing Strategy – 10 business days prior to launch;
vi. Final advertising creative – 10 business days to final production; and,
vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.

e. Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
f. Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
g. Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Marketing Division
   Strategic Planning and Integrated Marketing Branch
   10th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Email: healthcommunications@ontario.ca

Enhanced Food Safety – Haines Initiative (100%)

The Enhanced Food Safety – Haines Initiative was established to augment the Board of Health's capacity to deliver the Food Safety Program as a result of the provincial government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario".

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard under the Ontario Public Health Standards (OPHS). Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Food Safety Program, and how the success of the activities will be evaluated.

The Board of Health is also required to submit an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan, on the date specified in Schedule C of the Agreement.

Enhanced Safe Water Initiative (100%)

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health's capacity to meet the requirements of the Safe Water Program Standard under the OPHS.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Safe Water Program, and how the success of the activities will be evaluated.

The Board of Health is also required to submit an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan, on the date specified in Schedule C of the Agreement.

Harm Reduction Program Enhancement (100%)

The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;

Type of Funding	***Base***
Source	***Public Health***

2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response:

Base funding for this program is intended to support the Board of Health in building 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
  - Identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy)
  - Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment.
  - This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders
  - Identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. This should include First Nations, Métis and Inuit communities where appropriate.
- Adopt and ensure timely data entry into the Ontario Harm Reduction Database
  - Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per ministry direction (to be provided).

Naloxone Kit Distribution and Training:

Base funding for this program will establish the Board of Health (or their Designate) as a naloxone distribution lead/hub for eligible community organizations which will increase dissemination of kits to those most at risk of opioid overdose. These organizations include:

Type of Funding	***Base***
Source	***Public Health***

- Community Health Centres (including Aboriginal Health Access Centres);
- AIDS Service Organizations;
- Outreach organizations;
- Shelters; and,
- Withdrawal management programs.

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

- Order naloxone
  - Ordering of naloxone kits as outlined by the ministry; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory
  - Includes managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations.
  - Ensure community organizations distribute naloxone in accordance with eligibility criteria established by the ministry.
- Train community organization staff on naloxone administration
  - Includes the provision of training on 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
  - Includes providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
- Support policy development at community organizations
  - Provide 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
  - Encourage eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of NARCAN® Nasalspray

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

- Your use of the Narcan is entirely at your own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by

Type of Funding	***Base***
Source	***Public Health***

her Majesty the Queen in Right of Ontario as represented by the Ministry of Health and Long-Term Care, including Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) in connection with the Narcan.

- The ministry takes no responsibility for any unauthorized use of the Narcan by you or by your clients.
- You agree 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 ministry.
- You agree to comply with the terms and conditions as it relates to the use and administration of Narcan as specified in all applicable federal and provincial laws.
- You agree to provide training to persons who will be administering Narcan. 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 Narcan.
- You agree to follow all ministry written instructions relating to the proper use, administration, training and/or distribution of Narcan.
- You agree to immediately return any Narcan in your custody or control at the written request of the ministry at your own cost or expense.
- You agree that the ministry does not guarantee supply of Narcan, nor that Narcan will be provided to you in a timely manner.

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

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

- Surveillance systems should include a set of “real-time” qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.

Type of Funding	***Base***
Source	***Public Health***

- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community partners, including people who use drugs, about changes in the acute, local risk level, to inform action. They should also include reporting to the province through a mechanism currently under development.

The Board of Health is required to submit an annual activity report and quarterly program reports on dates specified in Schedule C of the Agreement.

Healthy Smiles Ontario Program (100%)

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.

HSO builds upon and links with existing public health dental infrastructure to provide access to dental services for eligible children and youth.

The core objectives of the HSO Program are to:

- Improve program awareness for clients, providers, and community partners;
- Improve access to oral health services for eligible clients;
- Streamline administration, adjudication, and enrolment processes for clients and providers;
- Improve the oral health outcomes of eligible clients;
- Improve oral health awareness in the eligible client population;
- Ensure effective and efficient use of resources by providers; and,
- Improve the client and provider experience.

The HSO Program has the following three (3) streams (age of ≤ 17 years of age and Ontario residency are common eligibility requirements for all streams):

1. **Preventive Services Only Stream (HSO-PSO):**
    - Eligibility comprised of clinical need and attestation of financial hardship.
    - Eligibility assessment and enrolment undertaken by boards of health.
    - Clinical preventive service delivery in publicly-funded dental clinics and through fee-for-service providers in areas where publicly-funded dental clinics do not exist.

2. **Core Stream (HSO-Core):**

Type of Funding	***Base***
Source	***Public Health***

- Eligibility correlates to the level at which a family/youth's Adjusted Net Family Income (AFNI) is at, or below, the level at which they are/would be eligible for 90% of the Ontario Child Benefit (OCB), OR family/youth is in receipt of benefits through Ontario Works, Ontario Disability Support Program, or Assistance for Children with Severe Disabilities Program.
- Eligibility assessment undertaken by the Ministry of Finance and Ministry of Community and Social Services; enrolment undertaken by the program administrator, with client support provided by boards of health as needed.
- Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

3. **Emergency and Essential Services Stream (HSO-EESS):**
   - Eligibility comprised of clinical need and attestation of financial hardship.
   - Eligibility assessment undertaken by boards of health and fee-for-service providers, with enrolment undertaken by the program administrator.
   - Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services under the HSO Program to eligible children and youth in low-income families. It is within the purview of the Board of Health to allocate funding from the overall base funding amount across the program expense categories.

HSO Program expense categories include:

- Clinical service delivery costs, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that provide clinical dental services for HSO;
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities for HSO: management of the clinic(s); financial and programmatic reporting for the clinic(s); and, general administration (i.e., receptionist) at the clinic(s); and,
  - Overhead costs associated with HSO clinical service delivery services such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with portable and mobile clinics; staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

- Oral health navigation costs, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that are engaged in:
    - Client enrolment for HSO-PSO and HSO-EESS clients (i.e., helping clients during the enrolment process for those two (2) streams);
    - Promotion of the HSO Program (i.e., local level efforts at promoting and advertising the HSO Program to the target population);
    - Referral to services (i.e., referring HSO clients to fee-for-service providers for service delivery where needed);
    - Case management of HSO clients; and,
    - Oral health promotion and education for HSO 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 staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT costs associated with oral health navigation.

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’s Communications and Marketing Division (CMD) to ensure use of the brand aligns with provincial standards.

Operational expenses not covered within this program include: staff recruitment incentives, billing incentives, and client transportation. Other expenses not included within this program

Type of Funding	***Base***
Source	***Public Health***

include other oral health activities required under the OPHS including the *Oral Health Assessment and Surveillance Protocol*.

Other requirements of the HSO Program include:

- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients using HSO resources. 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., with HSO resources must be reported as income in the quarterly financial reports, annual reconciliation reports, and Program-Based Grants budget submissions. Revenues must be used to offset expenditures of the HSO Program.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use provincial approved systems or mechanisms.
    - 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.
- The Board of Health is responsible for ensuring value-for-money and accountability for public funds.
- The Board of Health must ensure that funds are used to meet the objectives of the HSO Program with a priority to deliver clinical dental services to HSO clients.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

The Board of Health is also required to submit an annual activity report, detailing the operationalization of the HSO Program, on the date specified in Schedule C of the Agreement.

Infection Prevention and Control Nurses Initiative (100%)

The Infection Prevention and Control Nurses Initiative was established to support additional FTE infection prevention and control nursing services for every board of health in the province.

Base funding for this initiative must be used for nursing activities of up to or greater than one (1) FTE related to infection prevention and control activities. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

Qualifications required for these positions are:

1. A nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
2. Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting infection prevention and control nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

Infectious Diseases Control Initiative (180 FTEs) (100%)

Base funding for this initiative must be used solely for the purpose of hiring infectious diseases control positions and supporting these staff (e.g., recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance the Board of Health's ability to handle and coordinate increased activities related to outbreak management, including providing support to other boards of health during infectious disease outbreaks. Positions eligible for base funding under this initiative include physicians, inspectors, nurses, epidemiologists, and support staff.

The Board of Health is required to remain within both the funding levels and the number of FTE positions approved by the Province.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

Staff funded through this initiative are required to be available for redeployment when requested by the Province, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting infectious diseases control related activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

MOH / AMOH Compensation Initiative (100%)

The Province committed to provide boards of health with 100% of the additional base funding required to fund eligible 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. Please refer to Appendix C of the 2017 Program-Based Grants User Guide for additional criteria, policies and processes for this initiative.

To improve the timeliness of future adjustments to cash flow resulting from potential changes to MOH and AMOH positions (e.g., new hires, leave periods, movement on the salary grid, changes in base salary and benefits, and/or FTE), a maximum base allocation has been approved for the Board of Health. This maximum base allocation includes criteria such as: additional salary and benefits for 1.0 FTE MOH position and 1.0 FTE or more AMOH positions where applicable, potential placement at the top of the MOH/AMOH Salary Grid, and inclusion of stipends. Some exceptions will apply to these criteria.

The maximum base 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.

Type of Funding	***Base***
Source	***Public Health***

There have been no changes to the MOH/AMOH Salary Grid under this initiative since June 1, 2015. Any future changes to the Salary Grid will be communicated to boards of health pending the status of negotiations related to a new Physician Services Agreement.

In an effort to streamline the funding, reporting and approval processes, the Board of Health is required to submit an annual application for this initiative as part of the Program-Based Grants budget submission process on the date specified in Schedule C of the Agreement. Participating MOHs and AMOHs are also required to sign and submit a Physician Authorization and Consent Form as part of the Program-Based Grants budget submission process.

Needle Exchange Program Initiative (100%)

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Board of Health's Needle Exchange Program.

The Board of Health is required to submit an annual activity report on the date specified in Schedule C of the Agreement.

Small Drinking Water Systems Program (75%)

Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

Smoke-Free Ontario Strategy (100%)

The government released a plan for Ontario in February 2015 that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use.

The plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy. It articulates Ontario's goal to have the lowest smoking rates in Canada.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Public Health***

The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by: preventing experimentation and escalation of tobacco use among children, youth and young adults; increasing and supporting cessation by motivating and assisting people to quit tobacco use; and, protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke. These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

The Province provides funding to the Board of Health to implement tobacco control activities that are based in evidence and best practices, contributing to reductions in tobacco use rates.

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation, prosecution, and protection and enforcement at the local and regional levels.

The Board of Health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines and the Directives: Enforcement of the *Smoke-Free Ontario Act*. Operational expenses not covered within this program include information and information technology equipment.

The Board of Health is required to submit a Smoke-Free Ontario annual work plan and interim and final program activity reports on dates specified in Schedule C of the Agreement.

<u>Communications and Issues Management Protocol</u>

1. The Board of Health shall:
   a. Act as the media focus for the Project;
   b. Respond to public inquiries, complaints and concerns with respect to the Project;
   c. Report any potential or foreseeable issues to CMD of the Ministry of Health and Long-Term Care;
   d. Prior to issuing any news release or other planned communications, notify the CMD as follows:
      i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
      ii. Web Designs – 10 business days prior to launch;
      iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;

Type of Funding	***Base***
Source	***Public Health***

iv. Public Relations Plan for Project – 15 business days prior to launch;
v. Digital Marketing Strategy – 10 business days prior to launch;
vi. Final advertising creative – 10 business days to final production; and,
vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.

e. Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
f. Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
g. Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Marketing Division
   Strategic Planning and Integrated Marketing Branch
   10th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Email: healthcommunications@ontario.ca

Social Determinants of Health Nurses Initiative (100%)

Base funding for this initiative must be used solely for the purpose of nursing activities of up to or greater than two (2) FTE public health nurses with specific knowledge and expertise in social determinants of health and health inequities issues, and to provide enhanced supports internally and externally to the Board of Health to address the needs of priority populations impacted most negatively by the social determinants of health.

Base funding for this initiative is for public health nursing salaries and benefits only and cannot be used to support operating or education costs.

As these are public health nursing positions, required qualifications for these positions are:

1. To be a registered nurse; and,

Type of Funding	***Base***
Source	***Public Health***

2. To have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the *Health Protection and Promotion Act* (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlight social determinants of health nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

Vector-Borne Diseases Program (75%)

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

The Board of Health is required to submit an annual activity report on the date specified in Schedule C of the Agreement.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

Healthy Menu Choices Act, 2015 – Enforcement (100%)

Beginning January 1, 2017, the *Healthy Menu Choices Act, 2015* (HMCA) and its accompanying regulation require food service premises with 20 or more locations in Ontario to display calories on menus for standard food items.

Specifically, the HMCA requires regulated food service premises to:

1. Display the number of calories for every standard food item that is listed or depicted on a menu, including menu boards, and display calories on labels or tags for standard food items that are put on display, and on signs for self-serve food and drink items; and,
2. Display contextual information to help educate customers about their daily caloric requirements.

Board of Health inspectors designated under the HMCA are enforcing the legislation in accordance with the Menu Labelling Compliance Protocol, 2017 under the Ontario Public Health Standards.

One-time funding must be used for extraordinary costs incurred in enforcing the HMCA. Eligible costs include:

- Salaries and wages associated with the enforcement of the HMCA, inclusive of overtime for existing staff, or hiring other employees (new temporary or casual staff).
- Mileage costs for staff travelling within their region to conduct inspections and follow up on complaints.
- Communication costs associated with printed educational material provided to providers/public.

Healthy Smiles Ontario Program: Dental Clinic Costs (100%)

One-time funding must be used to cover dental clinic costs while the Board of Health determines the dental clinic model for 2018.

Human Papillomavirus Vaccine Program (100%)

As of September 2016 the Human Papillomavirus (HPV) immunization program switched from grade 8 to grade 7 and expanded to include boys. In addition, the Province implemented a high-risk HPV immunization program for men who have sex with men (MSM).

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

One-time funding must be used for extraordinary costs incurred in implementing the HPV immunization program expansions (i.e., grade 7 boys and MSM) and will be available until December 31, 2017. Examples of appropriate eligible costs include:

- Salaries and wages associated with the implementation of the HPV immunization program expansion, inclusive of overtime for existing staff, or hiring other employees (new temporary or casual staff).
- Mileage costs for staff running additional school clinics or other clinics.
- Costs associated with the delivery of vaccines to providers who provide health care related services to MSM population. Eligible only for boards of health that currently cover vaccine delivery costs for health care providers in their jurisdiction.
- Communication costs associated with printed educational material provided to providers/public.

New Purpose-Built Vaccine Refrigerators (100%)

One-time funding must be used for the purchase of one (1) new 49 cubic foot (approximate) purpose-built vaccine refrigerator(s) used to store publicly funded vaccines. The purpose-built refrigerator(s) must meet the following specifications:

a. Interior
    - Fully adjustable, full extension stainless steel roll-out drawers;
    - Optional fixed stainless steel shelving;
    - Resistant to cleaning solutions;
    - Ongoing positive forced fan air circulation to ensure temperature uniformity at all shelf levels;
    - Fan is either encased or removed from the chamber. Fan auto shut-off when door is opened; and,
    - Walls are smooth, scratch and corrosion resistant painted interior and exterior surfaces.

b. Refrigeration System
    - Heavy duty, hermetically sealed compressors;
    - Refrigerant material should be R400 or equivalent;
    - Advanced defrost sensor(s) to manage the defrost cycle and minimize trace amounts of frost build-up; and,
    - Evaporator operates at +2°C, preventing vaccine from freezing.

c. Doors
    - Full view non-condensing, glass door(s), at least double pane construction;

Type of Funding	***One-Time***
Source	***Public Health***

- Spring-loaded closures include ≥90^0 stay open feature and $<90^0$ self-closing feature;
- Door locking provision;
- Option of left or right hand opening; and,
- Interior cabinet lights with door activated on/off switch, as well as, an independent external on/off.

d. Tamper Resistant Thermostat
- The thermostat should be set at the factory to +5oC with a control range between +2ºC to +8ºC but this could be done at the time of delivery/installation at no additional cost.

e. Thermometer
- A automatic temperature recording and monitoring device with battery backup;
- An external built-in visual digital display thermometer independent of the temperature recording and monitoring device which has a digital temperature display in Celsius and temperature increment readings of 0.1ºC;
- The external built-in digital thermometer must also be able to record and display the maximum, minimum and current temperatures and allow the user to easily check and reset these recordings as required; and,
- The automatic temperature recording and monitoring device and digital display thermometer must be calibrated/accurate within +/- 0.5ºC or better.

f. Alarm Condition Indicator
- Audible and visual warnings for over-temperature, under-temperature and power failure;
- Remote alarm contacts;
- Door ajar enunciator; and,
- Alarm testing system.

g. Top or Bottom Mounted Compressors/Condensers
- Compressor mounted at top or bottom but not in rear.

h. Noise Levels
- The noise produced by the operation of the refrigerator shall not exceed 85 decibels at one metre. Specifications of the refrigerator must include the noise level measured in decibels of sound at one metre from the refrigerator.

i. Locking Plug
- Power supply must have a locking plug.

j. Castors
- Heavy duty locking castors either installed at the factory or upon delivery.

k. Voltage Safeguard

Type of Funding	***One-Time***
Source	***Public Health***

- Voltage safeguard device capable of protecting against power surges related to the resumption of power to the refrigerator.

l. Warranty
- The warranty should include, from date of acceptance, a five (5) year comprehensive parts and labour warranty with the stipulation that a qualified service representative shall be on-site no later than twelve (12) hours after the service call was made. Software upgrades provided free of charge during the warranty period.

m. Electrical Equipment
- All electrically operated equipment must be UL, CSA and/or Electrical Safety Authority approved and bear a corresponding label. The equipment should specify the electrical plug type, voltage and wattage rating, and the recommended breaker size for the circuit connection.

Panorama – Immunization Solution (100%)

The Immunization Solution includes:

- Panorama's Immunization and Inventory Modules;
- Student Information Exchange tool (STIX);
- Public Health Information Exchange (PHIX);
- m-IMMS (Mobile Immunization Clinic Tool);
- Immunization Reconciliation Tool (IRT);
- Immunization Connect Ontario (ICON) solution – registration management and web portal for secure immunization submission and look-up;
- Panorama's Operational Reports;
- Panorama Enhanced Analytical Reporting (PEAR); and,
- Other applications or tools developed to support the Immunization Solution, interoperability with the Immunization Solution and Analytics.

One-time funding for this initiative must be used for costs incurred for the ongoing operations and upgrades of the components of the Immunization Solution already implemented, as well as, to deploy and adopt components of the Immunization Solution scheduled for implementation and the associated readiness activities and business process transformation.

<u>Conduct Ongoing Operations and Implementation of Upgrades (releases and enhancements) for the implemented components of the Immunization Solution:</u>

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

- Engage in continuous review of business processes to seek improvements, efficiencies, and best practices;
- Implement and support identified improvements and best practices;
- Participate in the development of use-case scenarios for enhancements and releases, as required;
- Provide Subject Matter Expert (SME) Functional Testing resources for selected enhancements or releases, as required;
- Participate in the development of operational and enhanced surveillance reports, as required;
- Implement any defined workarounds;
- Conduct duplicate record resolution;
- Prepare and implement plans to address the data collection, transformation, entry and validation from all immunization reporting sources and methods to the Immunization Solution;
- Conduct upload of all school lists using STIX;
- Support PHIX related activities and administration;
- Maintain local training materials and programs;
- Maintain internal Board of Health support model including the Problem Resolution Coordinator (PRC) role and ensuring integration with the Ministry’s service model;
- Implement internal Board of Health incident model including the Incident Coordinator (IC) role for privacy incident and auditing practices and ensuring integration with the Ministry’s and eHealth Ontario’s incident model;
- Review and adjust existing system accounts, roles and responsibilities to ensure correct authorization and access levels are being provided to account holders;
- Support user identification and authentication activities including assistance ICON;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes;
- Implement and adhere to data standards, security, audit, and privacy policies and guidelines;
- Maintain the security and technical infrastructure required for the operation of the Immunization Solution including the approved level(s) of the supported browser(s) and the use of encrypted drives and files;
- Ensure required security and privacy measures are followed including using ICON, PHIX and/or Secure File Transmission mechanisms for transferring data, applying password

Type of Funding	***One-Time***
Source	***Public Health***

protection, and encrypting devices where personal and personal health information is involved;
- Confirm appropriate privacy, security, and information management related analyses, activities, and training have been executed in accordance with the Board of Health's obligations as a Health Information Custodian under the *Personal Health Information Protection Act* (PHIPA) and other applicable laws and local business practices and processes;
- Sign required agreements with the Ministry and eHealth Ontario prior to production use of the Immunization Solution;
- Participate in surveys, questionnaires, and ad-hoc reviews, as required;
- Participate in structured reviews and feedback sessions including; work groups, committees, forums, and benefit analysis sessions as required;
- Maintain communications with both internal staff and external stakeholders; and,
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
  - Business Practices and Change Management,
  - Release Planning and Deployment,
  - Information Governance,
  - Audit Policies and Guidelines,
  - Data Standards and Reporting,
  - Data Analytics and Artificial Intelligence, Cognitive Computing,
  - Benefits Evaluation,
  - Innovations and Integration,
  - User Experience, and,
  - Technical (IT) Experience.

<u>Conduct Deployment and Adoption Activities for components of the Immunization Solution scheduled for implementation:</u>

- Review of business processes and workflows and implement changes required to support adoption of new components as per specific Board of Health requirements and best practices;
- Participate in the development of use-case scenarios for new components, as required;
- Provide SME Functional Testing resources for new components, as required;
- Develop local training plans, materials, and programs and complete and execute training plans for new components, as required;

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

- Complete data mapping and dry runs of data migration/data integration, validate data migration/data integration results, and address duplicate record resolution and data transformation and cleansing, as required;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes, as required;
- Support onboarding activities for the Immunization Solution and components including ICON and PHIX;
- Complete deployment checklists as per required activities;
- Establish and implement internal Board of Health support model including providing the PRC and ensuring integration with the Ministry's service model;
- Establish and implement internal Board of Health incident model including providing the IC and ensuring integration with the Ministry's and eHealth Ontario's incident model;
- Implement the security and technical infrastructure required for the operation of the Immunization Solution including the approved level(s) of the supported browser(s) as communicated by the Ministry and the use of encrypted drives, devices and files;
- Confirm appropriate privacy, security, and information management related analyses, activities, and training have been executed in accordance with the Board of Health's obligations as a Health Information Custodian under PHIPA and other applicable laws and local business practices and processes;
- Implement required security and privacy measures including using ICON, PHIX and/or Secure File Transmission mechanisms for transferring data, applying password protection, and encrypting devices where personal health information is involved;
- Maintain and execute a communication/information plan for both internal staff and external stakeholders;
- Sign required agreements with the Ministry and eHealth Ontario Hosting prior to production use of Immunization Solution; and,
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
  - Business Practices and Change Management,
  - Release Planning and Deployment,
  - Benefits Evaluation,
  - Innovations and Integration,
  - User Experience, and,
  - Technical (IT) Experience.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

Conduct benefits evaluation for the implemented components of the Immunization Solution: (If responding with NO please provide an explanation. Where applicable, please provide some "Good News" examples):

- Does the Immunization Solution improve the user experience with the following immunization workflows and business functions at a health unit?
  - Resolution of duplicate client and immunization records?
  - Collection of demographic information from School Boards?
  - Recording of immunization history (i.e. historical or administered vaccines, medical exemptions, contraindications)?
  - Clinical assessment of an individual's immunization status as per the Ontario-recommended immunization schedule?
  - Management of information for an immunization clinic?
  - Targeted communication or counselling to individuals regarding their recommended immunizations?
  - Assessment of a school population as per the *Immunization School Pupils Act* (ISPA)?
  - Implementation of the Suspension process?
- Does the Immunization Solution improve the assessment of immunization coverage rates?
- Does the Immunization Solution improve the assessment of the effectiveness of publicly-funded immunization programs?
- Does the Immunization Solution improve an individual's access to their complete immunization record?
- Does the Immunization Solution reduce the number of suspension letters and orders issued to parents?
- Does the Immunization Solution better support the health unit's ability to respond to outbreaks of vaccine preventable diseases?

If the Board of Health has agreed to be a Builder and Early Adopter it must also use the one-time funding toward the following activities for the Panorama – Immunization Solution as noted below:

- Provide special field support services to the Ministry for the Panorama System to: assist with resolution of field specific issues; assess and test releases, enhancements and innovations; identify business process improvements and change management strategies; and, conduct pilots, prototyping and proof of concept activity;
- Chair/Co-Chair Working Group(s), as required;

Type of Funding	***One-Time***
Source	***Public Health***

- Provision of human resources to provide support within at least three (3) of the following categories, as required:
  - Release Planning and Deployment,
  - Information Governance,
  - Business Practices and Change Management,
  - Audit Policies and Guidelines,
  - Data Standards and Reporting,
  - Data Analytics and Artificial Intelligence, Cognitive Computing
  - Innovations and Integration,
  - Benefits Evaluation,
  - User Experience, and,
  - IT Experience.

The Board of Health is also required to submit an annual activity report on the date specified in Schedule C outlining the results of the activities noted above. Information regarding the report requirements and a template will be provided for the Board of Health at a later date.

Public Health Inspector Practicum Program (100%)

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

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

Upon completion of the practicum placement, the Board of Health will be required to submit an approved financial report detailing the budgeted expenses and the actual expenses incurred; a completed CIPHI BOC form; and, a report back by the date specified in Schedule C of the Agreement.

Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)

One-time funding must be used for the purchase and provision of nicotine replacement therapy (NRT) to complement smoking cessation interventions (counseling and follow-up support) for priority populations.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Public Health***

The one-time funding will expand cessation services offered to priority populations identified at a higher risk of tobacco-use and help reach more Ontario smokers in quitting. One-time funding is for the purchase and provision of NRT and cannot be used to support staffing costs such as salaries and benefits.

The Board of Health is required to submit interim and final program activity reports for this project on dates specified in Schedule C of the Agreement.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Capital***
Source	***Public Health***

Capital: Space Needs and Site Selection Process (100%)

The Board of Health currently exists in two locations within the City of London: 50 King Street and 201 Queen Street. The 50 King Street location lease terminates in 2016 and the Board of Health is pursuing the option to relocate all services to one location.

Pursuant to the Community Health Capital Programs policy, one-time funding must be used to assist with costs to complete the capital planning requirements for a Stage 2 - Business Case submission. Eligible capital planning grant expenses may include consultant fees associated with project management, business case preparation, site selection activities (i.e., technical building assessments, site assessments, environmental assessments, and cost estimate preparation), and other consultant fees dependent on the scope and complexity of the project.

Approval of a capital planning grant for this project does not guarantee approval and provision of implementation grant funding for the proposed project. The number of proposed projects the Province can approve and fund in any fiscal year is based upon funding availability and historical funding commitments.

SCHEDULE B-7

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Other***
Source	***Public Health***

Vaccine Programs

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 quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information. The Board of Health is required to ensure that the vaccine information submitted on the quarterly financial reports accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

Influenza

The Province will continue to pay $5.00/dose for the administration of the influenza vaccine.

Meningococcal

The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine.

Human Papillomavirus (HPV)

The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.

SCHEDULE C-5

REPORTING REQUIREMENTS

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

FINANCIAL AND PROGRAM REPORTING REQUIREMENTS	
Name of Report	**Due Date**
1. 2017 *Electronic Cigarettes Act* – Protection and Enforcement Work Plan	November 10, 2016
2. 2017 Smoke-Free Ontario Strategy Work Plan	November 10, 2016
3. 2017 Program-Based Grants (PBG) Budget Request and Supporting Documentation[1]	March 1, 2017
4. 2017 MOH / AMOH Compensation Initiative Application	March 1, 2017
5. 2017 PBG 1st Quarter Financial Report (*for the period of January 1, 2017 to March 31, 2017*)	April 28, 2017
6. 2017 Ontario Naloxone 1st Quarter Project Activity Report[2] *(for the period of April 1, 2017 to June 30, 2017)*	July 15, 2017
7. 2017 PBG 2nd Quarter Financial Report (*for the period of January 1, 2017 to June 30, 2017*)	July 31, 2017
8. 2017 *Electronic Cigarettes Act* – 2nd Quarter Program Activity Report (*for the period of January 1, 2017 to June 30, 2017*)	July 31, 2017
9. 2017 Smoke-Free Ontario Strategy 2nd Quarter Program Activity Report (*for the period of January 1, 2017 to June 30, 2017*)	July 31, 2017
10. 2017 Ontario Naloxone Program 2nd Quarter Project Activity Report[2] *(for the period of July 1, 2017 to September 30, 2017)*	October 15, 2017
11. 2017 PBG 3rd Quarter Financial Report (*for the period of January 1, 2017 to September 30, 2017*)	October 31, 2017
12. 2017-18 Smoke Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations 2nd Quarter Program Activity Report *(for the period of April 1, 2017 to September 30, 2017)*	October 31, 2017
13. 2017 Ontario Naloxone Program 3rd Quarter Project Activity Report[2] *(for the period of October 1, 2017 to December 31, 2017)*	January 15, 2018

FINANCIAL AND PROGRAM REPORTING REQUIREMENTS	
Name of Report	**Due Date**
14. 2017 PBG 4th Quarter Financial Report (*for the period of January 1, 2017 to December 31, 2017*)	January 31, 2018
15. 2017 Board of Health Financial Controls Checklist (*for the period of January 1, 2017 to December 31, 2017*)	January 31, 2018
16. 2017 Enhanced Food Safety – Haines Initiative Annual Activity Report (*for the period of January 1, 2017 to December 31, 2017*)	January 31, 2018
17. 2017 Enhanced Safe Water Initiative Annual Activity Report (*for the period of January 1, 2017 to December 31, 2017*)	January 31, 2018
18. 2017 Healthy Smiles Ontario Program Annual Activity Report (*for the period of January 1, 2017 to December 31, 2017*)	January 31, 2018
19. 2017 *Electronic Cigarettes Act* 4th Quarter Program Activity Report *(for the period of January 1, 2017 to December 31, 2017)*	February 16, 2018
20. 2017 Smoke-Free Ontario Strategy 4th Quarter Program Activity Report (*for the period of January 1, 2017 to December 31, 2017*)	February 16, 2018
21. 2017 Harm Reduction Program Enhancement Annual Activity Report (*for the period of January 1, 2017 to December 31, 2017*)	February 28, 2018
22. 2017 Needle Exchange Program Initiative Annual Activity Report (*for the period of January 1, 2017 to December 31, 2017*)	March 30, 2018
23. 2017 Vector-Borne Diseases Program Annual Activity Report (*for the period of January 1, 2017 to December 31, 2017*)	March 30, 2018
24. 2017-18 Panorama Annual Activity Report *(for the period of April 1, 2017 to March 31, 2018)*	April 27, 2018
25. 2017-18 Public Health Inspector Practicum Program Annual Activity Report *(for the period of April 1, 2017 to March 31, 2018)*	April 27, 2018
26. 2017-18 Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations 4th Quarter Program Activity Report (*for the period of April 1, 2017 to March 31, 2018*)	April 27, 2018
27. 2017 PBG Annual Reconciliation Report [3, 4, 5, 6]	April 30, 2018
28. Other Base and One-Time Funding Activity Reports	As Requested

PERFORMANCE IMPROVEMENT REPORTING REQUIREMENTS	
Name of Report	**Due Date**
1. 2016-17 Vaccine Coverage and ISPA Monitoring[7] Indicators (*as of June 30, 2017*) for Indicators: #4.4, 4.5, 4.6, 4.8 and 4.9	July 14, 2017 or As Required
2. 2016-17 Vaccine Wastage Monitoring[7] Indicators (*for the period of September 1, 2016 to August 31, 2017*) for Indicators #4.1 and 4.10	September 30, 2017 or As Required
3. Year-end Reporting for the remaining Monitoring[7] Indicators (*for the period of January 1, 2017 to December 31, 2017*)	January 31, 2018 or As Required
4. Compliance Reporting (as per a Compliance Variance in section 5.4)	As Required
5. Performance Reporting (as per an Performance Variance in section 5.5)	As Requested

Notes:

1. Please refer to the PBG User Guide for further details on the supporting documentation required.
2. Based on the Province's fiscal year (April 1st to March 31st).
3. The re-evaluation of annual reconciliations by the Province is limited to one (1) year after the annual reconciliations have been provided to the Board of Health.
4. The Annual Reconciliation Report must contain: Audited Financial Statements; Auditor's Attestation report in the Province's prescribed format; Annual Reconciliation (Certificate of Settlement) Report Forms; and, other supporting documentation. Detailed instruction and templates will be provided by the Province.
5. The Audited Financial Statements must include a separate account of the revenues and expenditures of mandatory programs, as a whole, and each "related" program. This must be presented in separate schedules by program or initiative category or by separate disclosure in the notes to the Audited Financial Statements. It is not necessary to identify the revenues and expenditures of the individual programs within mandatory programs, but each of the "related" programs must be identified separately.
6. For a one-time project(s) approved for the period up to March 31, 2018, the Board of Health is required to confirm and report expenditures related to the project(s) as part of the: 2017 PBG Annual Reconciliation Package, for the period up to December 31, 2017; 2018 PBG 1st Quarter Financial Report for the period up to December 31, 2017 and the period of January 1, 2018 to March 31, 2018; and, 2018 PBG Annual Reconciliation Package for the period of January 1, 2018 to March 31, 2018. In addition to the 2018 PBG Annual Reconciliation requirements, the Province requires

a certification from a licensed auditor that the expenses were incurred no later than March 31, 2018 through a disclosure in the notes to the 2018 Audited Financial Statements.

7. Monitoring Indicator means a measure of performance used to: (a) ensure that high levels of achievement are sustained; or (b) monitor risks related to program delivery.

SCHEDULE D-4

PERFORMANCE OBLIGATIONS

PART A

PURPOSE OF SCHEDULE

To set out Monitoring Indicators to monitor Board of Health performance and establish performance obligations.

PART B

FUNDING YEAR 2017

1. The **Province** will provide the Board of Health technical documentation on the Monitoring Indicators set out in Table A.

2. The **Board of Health** will use best efforts to sustain or improve results for the Monitoring Indicators set out in Table A.

Table A: Monitoring Indicators

#	Indicator
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection
1.7	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)
2.1	% of high-risk food premises inspected once every 4 months while in operation
2.3	% of Class A pools inspected while in operation
3.1	% of personal services settings inspected annually
3.6	% of confirmed gonorrhea cases treated according to Ontario treatment guidelines
4.1	% of HPV vaccine wasted that is stored/administered by the public health unit
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection
4.4	% of school-aged children who have completed immunizations for hepatitis B
4.5	% of school-aged children who have completed immunizations for HPV
4.6	% of school-aged children who have completed immunizations for meningococcus
4.7	% of MMR vaccine wasted
4.8	% of 7 or 8 year old students in compliance with the ISPA
4.9	% of 16 or 17 year old students in compliance with the ISPA
4.10	% of influenza vaccine wasted