Amending Agreement No. 10

This Amending Agreement No. 10, effective as of January 1, 2018.

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. 10, 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. 10") shall be effective as of the first date written above.

2. Except for the amendments provided for in this Amending Agreement No. 10, 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. 10 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   (a) Updating the title of the "Ontario Public Health Standards" throughout the Accountability Agreement to the "Ontario Public Health Standards: Requirements for Programs, Services, and Accountability".

   (b) Deleting any references to the "Organizational Standards" throughout the Accountability Agreement and substituting it with "Organizational Requirements".

   (c) Adding the following to the Background section of the Accountability Agreement:

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, which came into effect on January 1, 2018, includes a revised Public Health Accountability Framework which articulates the scope of the accountability relationship between the Board of Health and the Province and establishes expectations for the Board of Health in the domains of the delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice. Accountability is demonstrated in part through the submission of planning and reporting tools by the Board of Health to the Province. These tools enable the Board of Health to demonstrate that they are meeting defined expectations and provide appropriate oversight for public funding and resources.

(d) Deleting the following from the Background section of the Accountability Agreement:

Under section 81.2 of the Act, the Minister of Health and Long-Term Care may enter into an agreement with the Board of Health of the Public Health Unit for the purpose of setting out requirements for the accountability of the Board of Health and the management of the Public Health Unit.

(e) Making the following revisions to Article 1.2 (Interpretation and Definitions) of the Accountability Agreement:

Adding the following definition: **"Budget"** means the budget attached to this Agreement in Schedule "A".

Deleting the definition for **"Compliance Variance"** from the Accountability Agreement.

Deleting the definition for **"Funding Year"** from the Accountability Agreement and substituting it with the following: **"Board of Health Funding Year"** means the period commencing on January 1st and ending on the following December 31st.

Adding the following definition: **"Maximum Base Funds"** means the maximum base funds set out in Schedule "A".

Adding the following definition: **"Maximum One-Time Funds"** means the maximum one-time funds set out in Schedule "A".

Adding the following definition: **"Ministry Funding Year"** means the period commencing on April 1st and ending on the following March 31st.

Deleting the definition for **"Organizational Standards"** from the Accountability Agreement and substituting it with the following: **"Organizational Requirements"** means those requirements articulated in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.

Deleting the definitions for **"Performance Indicator"** and **"Performance Target"** from the Accountability Agreement.

Deleting the definition for **"Performance Variance"** from the Accountability Agreement and substituting it with the following: **"Performance Variance"** means any of: a) non-compliance with any aspect of the *Health Protection and Promotion Act*, its regulations,

the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability published by the Minister under s. 7 of the Act; or, b) any other matter that could significantly affect the Board of Health's ability to perform its obligations under this Agreement.

Deleting "(c) Organizational Standards" from the definition for **"Program(s)"** from the Accountability Agreement.

Deleting the definition for **"Tangible Capital Asset"** from the Accountability Agreement.

(f) Deleting Article 2.2(c) (Execution of Agreement) from the Accountability Agreement and substituting it with the following:

(c) will deliver programs and services that meet the Ontario Public Health Standards: Requirements for Programs Services, and Accountability published under section 7 of the Act, and will comply with the Organizational Requirements therein; and,

(g) Deleting Article 3.3 (Amendments to this Agreement during Term), Article 3.4 (Additional Schedules during Term), and Article 3.5 (Review of Agreement) from the Accountability Agreement and substituting the sections with the following:

3.3 Amendments to this Agreement during Term. The Parties agree that amendments to the Agreement and schedules may be made during the Term of this Agreement. Without limiting the generality of the foregoing, the Province may, at any time, upon consultation with the Board of Health, amend the Agreement by adding:

(a) a new Schedule "A" (Grants and Budget);

(b) a new Schedule "B" (Related Program Policies and Guidelines);

(c) a new Schedule "C" (Reporting Requirements); and/or,

(d) a new Schedule "D" (Financial Controls).

3.4 Deemed to be replaced. If the Province provides a new schedule in accordance with section 3.3, the new schedule shall be deemed to be Schedule "A" (Grants and Budget), Schedule "B" (Related Program Policies and Guidelines), Schedule "C" (Reporting Requirements), or Schedule "D" (Financial Controls), as the case may be, (collectively referred to as "New Schedules"), for the period of time to which it relates, provided that if the Board of Health does not agree with all or any of the New Schedules, the Board of Health may terminate the Agreement pursuant to section 12.1.

3.5 Additional Schedules during Term. The Parties agree that additional schedules may be added to this Agreement by the Province, upon consultation with the Board of Health, during the Term of this Agreement.

3.6 Review of Agreement. The Parties agree to review this Agreement every five (5) years to determine if amendments are necessary and/or appropriate.

(h) Deleting 4.2(e) from Article 4.2 (Limitation on Payment of the Grant) of the Accountability Agreement.

(i) Deleting Article 4.6 (Interest) and Article 4.9 (Revenues) from Article 4 (Grant) of the Accountability Agreement.

(j) Deleting Article 5 (Performance Improvement) and substituting it with the following new Article 5 (Performance Improvement):

5.1 Performance Improvement. The Parties agree to adopt a proactive and responsive approach to performance improvement ("Performance Improvement Process"), based on the following principles:

(a) a commitment to continuous quality improvement;

(b) a culture of information sharing and understanding; and,

(c) a focus on risk-management.

5.2 Elements of Performance Improvement Process. The Board of Health's Performance Improvement Process shall include, but is not limited to:

(a) measuring the Board of Health's performance as articulated in Schedules "A", "B", and "C"; and,

(b) the use of tools including, but not limited to those specified in sections 5.4, 5.5, and 5.6.

5.3 Reports. If, through its Performance Improvement Process, a Board of Health identifies a variance in its performance, the Board of Health shall submit in writing a report to the Province, within the timeframe provided by the Province. In addition, the Province may request in its sole discretion such a report from the Board of Health, and the Board of Health shall provide a report to the Province, within the timeframe provided by the Province. The report to the Province shall include:

a) the cause of the variance;

b) an assessment of the impact of the variance on program and service delivery;

c) a description of how the Board of Health plans to resolve the variance and the timeline within which the Board of Health expects to resolve it; and,

d) a description of how the Board of Health plans to resolve any impacts on program and service delivery and the timeline within which the Board of Health expects to resolve them.

5.4 Action Plan. The Province may request in writing, either before or after a report(s) specified in section 5.3 has been requested or provided, that the Board of Health submit an Action Plan to address variance(s) described in the report(s). The Action Plan shall describe:

(a) the remedial actions undertaken (or planned to be undertaken) by the Board of Health; and,

(b) the timeframe when the remedial action is expected to be completed.

5.5 Approval of Action Plan. The Action Plan must be approved by both the Province and the Board of Health prior to its implementation. Any revisions to the Action Plan also require the approval of both the Province and the Board of Health.

(k) Deleting Article 6.2 (Asset Management) and Article 6.3 (Disposal) from Article 6 (Acquisition of Goods and Services, and Disposal of Assets) of the Accountability Agreement.

(l) Deleting Article 8.2(a) from Article 8.2 (Record Maintenance) of the Accountability Agreement and substituting it with the following:

(a) All financial records (including invoices) relating to the Grant in a manner consistent with generally accepted accounting principles.

(m) Deleting Article 12.1 (Termination on Notice) from the Accountability Agreement and substituting it with the following:

12.1 Termination on Notice. The Province or the Board of Health may terminate this Agreement at any time upon giving at least 120 days' Notice to the other Party.

(n) Deleting Article 12.3 (Consequences of Termination on Notice by the Province) from the Accountability Agreement and substituting it with the following:

12.3 Consequences of Termination on Notice by the Province. If either the Province or the Board of Health terminates this Agreement or a specific Program pursuant to sections 12.1 or 12.2 or 12.2.2, the Province may:

(a) cancel all further instalments of the Grant;

(b) demand the repayment of any Grant remaining in the possession or under the control of the Board of Health; and/or,

(c) assist the Board of Health to wind-down the Program, project, or other initiative purchased with the Grant; set the Wind-Down Amount; and,

(i) permit the Board of Health to offset the Wind-Down Amount against any Grant amount remaining in the possession or under the control of the Board of Health; and/or,

(ii) provide a Grant to the Board of Health to cover the Wind-Down Amount.

(o) Deleting Article 15.1 (Return of The Grant) from the Accountability Agreement and substituting it with the following:

15.1 Return of The Grant. If the Province requests in writing the repayment of the whole or any part of the Grant; due, for example, to an Event of Default or at the end of the Board of Health Funding Year or the Ministry Funding Year; the amount requested

shall be deemed to be a debt due and owing to the Province and the Board of Health shall pay the amount immediately, unless the Province directs otherwise.

(p) Deleting Article 15.4 (Unused Grant) from the Accountability Agreement and substituting it with the following:

15.4 Unused Grant. The Board of Health agrees that it shall report to the Province in writing any part of the Grant that has not been used or accounted for by the Board of Health, either 30 days prior to the end of the Board of Health Funding Year, in the quarterly financial reports, or in a report provided as soon thereafter as possible, and when the amount of the unused Grant is known.

(q) Deleting Article 15.5 (Carry Over of Grant Not Permitted) from the Accountability Agreement and substituting it with the following:

15.5 Carry Over of Grant Not Permitted. The Board of Health is not permitted to carry over the Grant from one Board of Health Funding Year to the next, unless pre-authorized in writing by the Province. In no case shall the Board of Health be permitted to carry over the Grant beyond the end of the Ministry Funding Year.

(r) Deleting Article 15.6 (Return of Unused Grant) from the Accountability Agreement and substituting it with the following:

Return of Unused Grant. Without limiting any rights of the Province under Article 13, or sections 15.1 or 15.2, if the Board of Health has not spent all of the Grant allocated for the Board of Health Funding Year or the Ministry Funding Year as provided for in the schedules, the Province may:

(a) demand the return of the unspent Grant; and,

(b) adjust the amount of any further instalments of the Grant accordingly.

(s) Deleting Article 27.1 (Schedules) from the Accountability Agreement and substituting it with the following:

27.1 Schedules. This Agreement includes the following schedules:

(a) Schedule “A” – Grants and Budget;

(b) Schedule “B” – Related Program Policies and Guidelines;

(c) Schedule “C” – Reporting Requirements; and,

(d) Schedule “D” – Board of Health Financial Controls.

(t) Deleting Schedule A-10 (Program-Based Grants) and substituting a new Schedule “A” (Grants and Budget), attached to this Amending Agreement No. 10.

(u) Deleting Schedule B-9 (Related Program Policies and Guidelines) and substituting a new Schedule “B” (Related Program Policies and Guidelines), attached to this Amending Agreement No. 10.

(v) Deleting Schedule C-6 (Reporting Requirements) and substituting a new Schedule “C” (Reporting Requirements), attached to this Amending Agreement No. 10.

The Parties have executed the Amending Agreement No. 10 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"
GRANTS AND BUDGET

Board of Health for the Middlesex-London Health Unit

GRANTS		
Funding Type	**Amount ($)**	**Funding Period**
Maximum Base Funds - Mandatory Programs (Cost-Shared)[1]	16,615,200	For each Board of Health Funding Year from the Effective Date until the Maximum Base Funds change, or the Agreement is terminated.
Maximum Base Funds - Related Programs (100%)[1]	4,180,700	For each Board of Health Funding Year from the Effective Date until the Maximum Base Funds change, or the Agreement is terminated.
Maximum Base Funds - Related Programs (Cost-Shared)[1]	485,900	For each Board of Health Funding Year from the Effective Date until the Maximum Base Funds change, or the Agreement is terminated.
Maximum One-Time Funds (100%)	40,000	For the Ministry Funding Year from April 1, 2018 to March 31, 2019, unless otherwise noted.
Maximum Total Funds for the Board of Health and Ministry Funding Years[2]	**21,321,800**	

NOTES:

(1) The Board of Health may be permitted to carry over maximum base funds from the end of the Board of Health funding year to the end of the Ministry funding year, upon written request from the Board of Health and subsequent written consent from the Province.

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

DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1, 2018 TO DECEMBER 31, 2018, UNLESS OTHERWISE NOTED)					
Programs/Sources of Funding[1]			**2017 Approved Allocation ($)**	**Increase / (Decrease) ($)**	**2018 Approved Allocation ($)**
Mandatory Programs (Cost-Shared)			16,131,200	484,000	16,615,200
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%)[2]			114,000	-	114,000
Needle Exchange Program Initiative (100%)			400,600	-	400,600
Small Drinking Water Systems Program (Cost-Shared)			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 (Cost-Shared)			462,000	-	462,000
Total Maximum Base Funds			**20,797,800**	**484,000**	**21,281,800**

SCHEDULE "A"
GRANTS AND BUDGET

Board of Health for the Middlesex-London Health Unit

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2018 TO MARCH 31, 2019, UNLESS OTHERWISE NOTED)	
Projects / Initiatives	**2018-19 Approved Allocation ($)**
Healthy Menu Choices Act, 2015 - Enforcement (100%)	30,000
Public Health Inspector Practicum Program (100%)	10,000
Total Maximum One-Time Funds	**40,000**

(1) The Board of Health may be permitted to move approved funding from one funding source to another, upon written consent from the Province.
(2) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

Chief Nursing Officer Initiative (100%)

Under the Organizational Requirements of the Ontario Public Health 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 OR 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.).

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

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 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.

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.

<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:
      i. News Releases – identify five (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;

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

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".

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. 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.

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

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 Ontario Public Health Standards.

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

Harm Reduction Program Enhancement (100%)

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 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.

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

- 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).

<u>Naloxone Kit Distribution and Training:</u>

Base funding for this program will establish the Board of Health (or their Designate) as a naloxone distribution lead/hub for eligible community organizations, as specified by the ministry, 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
  - 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.
- With the exception of entities (organizations, individuals, etc.) as specified 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.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

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:

- Its use of the Narcan 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 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 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 ministry.
  - 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.
  - 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.
  - To follow all ministry written instructions relating to the proper use, administration, training and/or distribution of Narcan.
  - To immediately return any Narcan in its custody or control at the written request of the ministry at the Board of Health's own cost or expense.
  - That the ministry does not guarantee supply of Narcan, nor that Narcan will be provided to the Board of Health 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

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

overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

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

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 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):**
   - 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.

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

- 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.
- 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 all streams of the program;

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

- 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 include other oral health activities required under the Ontario Public Health Standards, including the *Oral Health Protocol, 2018*.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

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 Standards Activity Reports, Annual Reports, and Annual Service Plan and Budget Submission. 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 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.
- 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.

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

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.

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.

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.

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.

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

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 allocation approved for the Board of Health includes criteria for potential MOH and AMOH positions 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.

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.

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.

Small Drinking Water Systems Program (Cost-Shared)

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.

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

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.

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.

<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;

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

d. Prior to issuing any news release or other planned communications, notify the CMD as follows:
   i. News Releases – identify five (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

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

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

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,
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.

Vector-Borne Diseases Program (Cost-Shared)

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.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

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

Effective January 1, 2017, the *Healthy Menu Choices Act, 2015* (HMCA) and its accompanying regulation requires certain 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 Protocol, 2018 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; and, costs associated with the assumed role of Lead Boards of Health to streamline communication with head office and other boards of health.

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.

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

Influenza

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

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"

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		
Q1 Standards Activity Report	For Q1	April 30 of the current Board of Health Funding Year
Q2 Standards Activity Report	For 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	June 30 of the current Board of Health Funding Year
6. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

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

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

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

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

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

Report Details

Annual Service Plan and Budget Submission

- The Board of Health shall provide its Annual Service Plan and Budget Submission by March 1st of the current Board of Health Funding Year.
- 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 Accountability 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.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Accountability 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.

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; Auditor's Attestation Report in the Province's prescribed format; and, Annual Reconciliation (Certificate of Settlement) Report Forms.

MOH/AMOH Compensation Initiative

- The Board of Health shall complete, sign, and submit an annual application in order to participate in this Initiative and be considered for funding.
- Any participating MOH or AMOH shall also complete, sign, and submit a Physician Authorization and Consent Form.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.