Amending Agreement No. 3

This Amending Agreement No. 3, effective as of January 1, 2015.

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 City of Hamilton, Public Health Services

(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. 3, 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. 3") shall be effective as of the first date written above.

2. Except for the amendments provided for in this Amending Agreement No. 3, 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. 3 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   (a) Deleting Schedule A-3 (Program-Based Grants) and substituting Schedule A-4 (Program-Based Grants), attached to this Amending Agreement No. 3.

   (b) Deleting Schedule B-2 (Related Program Policies and Guidelines) and substituting Schedule B-3 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 3.

(c) Deleting Schedule C-1 (Reporting Requirements) and substituting Schedule C-2 (Reporting Requirements), attached to this Amending Agreement No. 3.

(d) Deleting Schedule D-1 (Performance Obligations) and substituting Schedule D-2 (Performance Obligations), attached to this Amending Agreement No. 3.

The Parties have executed the Amending Agreement No. 3 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: Executive Director,
Public Health Division

_____ _____
Name: Martha Greenberg Date
Title: Assistant Deputy Minister (A),
Health Promotion Division

Board of Health for the City of Hamilton, Public Health Services

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

_____ _____
Name: Date
Title:

_____ _____
Name: Date
Title:

SCHEDULE A-4
PROGRAM-BASED GRANTS

Board of Health for the City of Hamilton, Public Health Services

Source	Program / Initiative Name			2014 Approved Allocation ($)	Increase / (Decrease) ($)	2015 Approved Allocation ($)
Base Funding (January 1st to December 31st, unless otherwise noted)						
Public Health & Health Promotion	Mandatory Programs (75%)			23,456,806	94	23,456,900
Public Health	Chief Nursing Officer Initiative (100%)	# of FTEs	1.00	121,414	86	121,500
	Enhanced Food Safety – Haines Initiative (100%)			78,259	41	78,300
	Enhanced Safe Water Initiative (100%)			42,232	68	42,300
	Healthy Smiles Ontario Program (100%)			1,448,217	83	1,448,300
	Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00	90,066	34	90,100
	Infectious Diseases Control Initiative (100%)	# of FTEs	10.00	1,111,164	36	1,111,200
	Needle Exchange Program Initiative (100%)			92,187	17,713	109,900
	Small Drinking Water Systems Program (75%)			41,100	-	41,100
	Social Determinants of Health Nurses Initiative (100%)	# of FTEs	2.00	180,448	52	180,500
	Vector-Borne Diseases Program (75%)			718,873	27	718,900
Health Promotion	Children In Need Of Treatment Expansion Program (75%)[1]			152,888	21,712	174,600
	Electronic Cigarettes Act - Protection and Enforcement (100%)[2]				51,900	51,900
	Smoke-Free Ontario Strategy: Prosecution (100%)			10,000	-	10,000
	Smoke-Free Ontario Strategy: Protection and Enforcement (100%)			334,900	39,300	374,200
	Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)			285,800	-	285,800
	Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)			276,800	-	276,800
	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
Sub-Total Base Funding				**28,621,154**	**131,146**	**28,752,300**

SCHEDULE A-4
PROGRAM-BASED GRANTS

Board of Health for the City of Hamilton, Public Health Services

Source	Program / Initiative Name	2015 Approved Allocation ($)
One-Time Funding (April 1, 2015 to March 31, 2016, unless otherwise noted)		
Public Health	Public Health Inspector Practicum Program (100%)	10,000
Health Promotion	*Electronic Cigarettes Act* - Protection and Enforcement (100%)	51,900
	Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations (100%)	18,800
Health Capital Investment	Capital: Office Consolidation (75%)	264,600
Sub-Total One-Time Funding		**345,300**

Total	**29,097,600**

(1) Base funding is jointly funded by the Health Promotion Division and Public Health Division.
(2) Base funding is pro-rated at $38,925 in 2015.

Payment Schedule

Base funding is flowed on a bi-weekly basis.

One-Time funding is flowed as follows: 50% when both Parties have signed the Agreement; and, up to 50% upon receipt of the third quarter financial report.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

Chief Nursing Officer Initiative (100%)

Under the Organizational Standards, the Board of Health is required to:

- Designate a Chief Nursing Officer; and,
- Implement the Chief Nursing Officer role, at minimum, at a management level (and preferably a senior management level) within the Board of Health reporting directly to the Medical Officer of Health or Chief Executive Officer.

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, and in that context will contribute to organizational effectiveness.

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 heath, 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.).

Base funding for this initiative must be used to create additional hours of nursing service (1.0 Full-Time Equivalent (FTE) minimum). Funding is for nursing salaries and benefits

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

only and cannot be used to support operating or education costs. This funding is for the Chief Nursing Officer position and/or for nursing service to support the functions of the Chief Nursing Officer.

The Board of Health must confirm to the Province that a qualified Chief Nursing Officer has been designated and that a new public health nurse FTE has been established. In addition, at the discretion of the Province, the Board of Health may be required to submit an annual activity report related to the initiative confirming the maintenance of the funded 1.0 nursing FTE, 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.

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 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 on the date specified in Schedule C, detailing the results achieved and the allocation of the funding based on the implementation plan.

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 under the OPHS.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

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 on the date specified in Schedule C, detailing the results achieved and the allocation of the funding based on the implementation plan.

Healthy Smiles Ontario Program (100%)

The Healthy Smiles Ontario Program provides prevention and basic treatment services for children and youth, from low-income families, who are 17 years of age or under, and who do not have access to any form of dental coverage. The goal of the Healthy Smiles Ontario Program is to improve the oral health of children and youth in low-income families. Healthy Smiles Ontario builds upon and links with existing public health dental infrastructure to expand access to dental services for children and youth.

The core objectives of the Healthy Smiles Ontario Program are: Ontario-wide oral health infrastructure development; preventive and basic treatment services for the target population; and, oral health promotion.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services (both prevention and basic treatment) under the Healthy Smiles Ontario Program to children and youth in low-income families. Program expense categories include:

- Salaries, wages and benefits
  - Dental care providers – clinical
  - Administration
  - Oral health staff – non-clinical

- Fee-for-service delivery

- Administrative expenses which include: building occupancy, travel, staff training and professional development, material/supplies, office equipment, professional and purchased services, communication costs, other operating, and information and information technology equipment.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

- Health Promotion (including Communication Costs for Marketing / Promotional Activities)
    - Funding used to promote oral health (communication costs, include marketing / promotional activities; travel; promotional materials; and, training).
    - Funding used for marketing / promotional activities must not compromise front-line service for current and future Healthy Smiles Ontario clients.
    - The Board of Health is responsible for ensuring promotional / marketing activities have a direct, positive impact on meeting the objectives of the Healthy Smiles Ontario Program.
    - The Board of Health is reminded that Healthy Smiles Ontario promotional / marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the Healthy Smiles Ontario Program.
    - The overarching Healthy Smiles Ontario 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 Healthy Smiles Ontario Program locally, the Board of Health is requested to align local promotional products with the provincial Healthy Smiles Ontario brand. When the Board of Health uses the Healthy Smiles Ontario brand, it is required to liaise with the Province'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 oral health activities required under the OPHS.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an Oral Health Program Report, which should include projected costs for oral health activities, including the Healthy Smiles Ontario Program, to be undertaken by the Board of Health.

Other requirements of the Healthy Smiles Ontario Program include:

- All revenues collected under the Healthy Smiles Ontario Program (including revenues collected for the provision of services to non-Healthy Smiles Ontario clients) must be reported as income (i.e. revenue collected for CINOT, Ontario Works, Ontario Disability Support Program and other non-Healthy Smiles Ontario programs). Revenues must be used to offset expenditures.

- The Board of Health must use Oral Health Information Support System (OHISS) for the Healthy Smiles Ontario Program.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

- The Board of Health must enter into Service Level Agreements with any organization it partners with for purposes of delivering the Healthy Smiles Ontario Program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds.

- Any significant changes to the Ministry-approved Healthy Smiles Ontario business model, including changes to plans, partnerships, or processes, or otherwise as outlined in the Board of Health's Ministry-approved business case and supporting documents 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 Healthy Smiles Ontario 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 Healthy Smiles Ontario Program with a priority to deliver dental services (both prevention and basic treatment) to Healthy Smiles Ontario clients.

- The Board of Health is required to bill back the relevant programs for services provided to non-Healthy Smiles Ontario clients.

Infection Prevention and Control Nurses Initiative (100%)

The Infection Prevention and Control Nurses Initiative was established to support one (1) additional FTE Infection Prevention and Control Nurse for every board of health in the province.

Base funding for this initiative must be used for the creation of additional hours of nursing service (1.0 FTE) and for nursing salaries/benefits 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 majority of the Infection Prevention and Control Nurse's time must be spent on infection prevention and control activities. The Board of Health is required to maintain this position as part of baseline nursing staffing levels.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

At the discretion of the Province, the Board of Health may be required to submit an annual activity report related to the initiative confirming the maintenance of the funded 1.0 nursing FTE, 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%)

In response to the SARS crisis of 2003, the Province announced that it would bolster its infection and communicable disease control and prevention capacity by increasing full-time positions for infection control practitioners in health facilities. This included 180 FTE infectious diseases control positions for local boards of health.

Base funding for this initiative must be used solely for the purpose of hiring and supporting 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. Positions eligible for base funding under this initiative include physicians, inspectors, nurses, and epidemiologists.

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 the Infectious Diseases Control Initiative is 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.

At the discretion of the Province, the Board of Health may be required to submit an annual activity report related to the initiative confirming the maintenance of the funded positions, 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.

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.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

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

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.

Social Determinants of Health Nurses Initiative (100%)

The Social Determinants of Health Nurses Initiative was established to support salaries and benefits for two (2) FTE public health nursing positions for each Board of Health.

Public health nurses with specific knowledge and expertise on social determinants of health and health inequities issues will 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 in the Board of Health area.

Projects/activities undertaken by the nurses in these funded positions must be clearly related to social determinants of health, health equity, or priority populations and must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

The Board of Health is required to adhere to the following:

- Base funding for this initiative must be used for the creation of additional hours of nursing service (2.0 FTEs);
- In keeping with the original 9,000 Nurses Initiative recommendations for nursing hires, base funding must be used for no more than two (2) nursing positions per 1.0 FTE;
- The Board of Health must commit to maintaining baseline nurse staffing levels and creating two (2) public health nursing FTEs above this baseline; and,
- Base funding is for public health nursing salaries and benefits only and cannot be used to support operating or education costs.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

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.

At the discretion of the Province, the Board of Health may be required to submit an annual activity report. 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.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Health Promotion Division***

Children In Need Of Treatment Expansion Program (75%) (jointly funded by the Public Health Division)

The Children In Need Of Treatment (CINOT) Expansion Program provides coverage for basic dental care for children 14 through 17 years of age in addition to general anaesthetic coverage for children five (5) through 13 years of age. The Board of Health must be in compliance with the OPHS and the CINOT Program Protocol, 2008 (or as current).

The Board of Health must use the OHISS application to process all CINOT Expansion claims. Financial report data should align with expenditures as recorded in OHISS and reflected in Age Profile and Procedure Code Profile Reports for the period January 1st through December 31st.

The Board of Health will not be permitted to transfer any projected CINOT Expansion Program surplus to its CINOT 0-13 year old budget.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an Oral Health Program Report, which should include projected costs for oral health activities, including CINOT Programs, to be undertaken by the Board of Health.

Electronic Cigarettes Act – Protection and Enforcement (100%)

On May 26, 2015 the government passed legislation – *the Making Healthier Choices Act, 2014* (MHCA) to protect youth from the dangers of tobacco and the potential harms of electronic cigarettes, known as e-cigarettes. The MHCA supports the provincial government's commitment to achieve the lowest smoking rate in Canada. The MHCA includes legislation to regulate the sale, display, promotion, and use of e-cigarettes (*Electronic Cigarettes Act, 2014* (ECA)) – Schedule 3. The legislation would:

- Ban the sale and supply of e-cigarettes to anyone under the age of 19.
- Prohibit the use of e-cigarettes in certain places where the smoking of tobacco is prohibited.
- Ban the sale of e-cigarettes in certain places where the sale of tobacco is prohibited.
- Prohibit the display and promotion of e-cigarettes in places where e-cigarettes or tobacco products are sold, or offered for sale.

Base funding for this initiative must be used to prepare for implementation and enforce the legislation (as of January 1, 2016).

The Board of Health must comply and adhere to the *Electronic Cigarettes Act*: Public

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Health Promotion Division***

Health Unit Guidelines and Directives: Enforcement of the *Electronic Cigarettes Act*.

The Board of Health is required to submit an annual work plan and interim and final program activity reports to the Province on dates specified in Schedule C based on the requirements outlined in the Directives. Work plan and reporting templates will be provided by the Province.

Communications

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;
(d) Prior to issuing any news release or other planned communications, notify CMD as follows:
   i. News Releases – identify 5 business days prior to release;
   ii. Web Designs – 10 business days prior to launch;
   iii. Marketing Communications (e.g. 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 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 18 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
   9th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Fax: 416-327-8791, Email: Judy.Langille@ontario.ca

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Health Promotion Division***

Smoke-Free Ontario Strategy (100%)

The Ontario government is committed to achieving the lowest smoking prevalence rates in Canada through actions and investments in the Smoke-Free Ontario Strategy. 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 to the Province on dates specified in Schedule C. Work plan and reporting templates will be provided by the Province.

<u>Communications</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;
(d) Prior to issuing any news release or other planned communications, notify CMD as follows:
    i. News Releases – identify 5 business days prior to release;
    ii. Web Designs – 10 business days prior to launch;
    iii. Marketing Communications (e.g. 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;

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base***
Source	***Health Promotion Division***

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 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 18 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
9th Floor, Hepburn Block, Toronto, ON M7A 1R3
Fax: 416-327-8791, Email: Judy.Langille@ontario.ca

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

Public Health Inspector Practicum Program (100%)

One-time funding must be used to hire one (1) Public Health Inspector Practicum position. 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 to the ministry an approved financial report detailing the budgeted expenses and the actual expenses incurred; CIPHI BOC form; and, a report back.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Health Promotion Division***

Electronic Cigarettes Act – Protection and Enforcement (100%)

One-time funding must be used for additional resources to enforce the e-cigarette legislation in 2015-16.

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

The Board of Health is required to submit an annual work plan and program activity reports to the Province on dates specified in Schedule C based on the requirements outlined in the Directives. One-time funding activities and outcomes should be included and reported on as part of the base-funded e-cigarette reporting requirements as specified in Schedules B and C. Work plan and reporting templates will be provided by the Province.

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.

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 to the Province on dates specified in Schedule C. Reporting templates will be provided by the Province.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***
Source	***Health Capital Investment Branch***

Capital: Office Consolidation (75%)

One-time funding must be used to consolidate remaining public health staff at the McMaster Health Campus and establish a new public health services clinic in the shared clinic space at the new Campus. Costs include move package preparation and coordination by an interior design consultant, and system furniture and private office furniture.

SCHEDULE B-3

RELATED PROGRAM POLICIES AND GUIDELINES

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

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

The Province committed to provide boards of health with 100% of the additional funding required to fund eligible physicians within salary ranges associated with the Medical Officer of Health/Associate Medical Officer of Health provisions related to this payment as per the 2012 Physician Services Agreement.

Base funding for this initiative must be used to provide additional salary/benefits/stipends for the individual Medical Officer of Health, Associate Medical Officer of Health or Acting Medical Officer of Health funded under this initiative and cannot be used to support other physicians or staffing costs. Any funding for additional compensation is made via an application process separate from the Program-Based Grants budget submission process.

The Board of Health is required to notify the Province in the case of any change in an eligible physician's base salary, benefits, FTE and/or position status as this may impact the total amount of additional compensation granted in that year.

Vaccine Programs

Funding on a per dose basis will be provided to the Board of Health for the administration of the following vaccines:

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

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.

SCHEDULE C-2

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. 2015 Program-Based Grants (PBG) 1st Quarter Financial Report (*for the period of January 1, 2015 to March 31, 2015*)	April 30, 2015
2. 2015 PBG 2nd Quarter Financial Report (*for the period of January 1, 2015 to June 30, 2015*)	July 31, 2015
3. Smoke-Free Ontario Strategy 2nd Quarter (Interim) Program Activity Report (*for the period of January 1, 2015 to June 30, 2015*)	July 31, 2015
4. 2015 PBG 3rd Quarter Financial Report (*for the period of January 1, 2015 to September 30, 2015*)	October 30, 2015
5. Smoke Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations 2nd Quarter (Interim) Program Activity Report *(for the period of April 1, 2015 to September 30, 2015)*	October 30, 2015
6. *Electronic Cigarettes Act* – Protection and Enforcement 2016 Work Plan	November 13, 2015
7. Smoke-Free Ontario Strategy 2016 Work Plan	November 13, 2015
8. 2015 PBG Revised Budget	December 11, 2015
9. 2015 PBG 4th Quarter Financial Report (*for the period of January 1, 2015 to December 31, 2015*)	January 29, 2016
10. Enhanced Food Safety – Haines Initiative Annual Activity Report (*for the period of January 1, 2015 to December 31, 2015*)	January 29, 2016
11. Enhanced Safe Water Initiative Annual Activity Report (*for the period of January 1, 2015 to December 31, 2015*)	January 29, 2016
12. *Electronic Cigarettes Act* – Protection and Enforcement 4th Quarter (Final) Program Activity Report *(for the period of January 1, 2015 to December 31, 2015)*	February 15, 2016

FINANCIAL AND PROGRAM REPORTING REQUIREMENTS	
Name of Report	**Due Date**
13. Smoke-Free Ontario Strategy 4th Quarter (Final) Program Activity Report (*for the period of January 1, 2015 to December 31, 2015*)	February 15, 2016
14. 2016 PBG Budget Request and Support Documentation[1]	March 1, 2016
15. Needle Exchange Program Initiative Annual Activity Report (*for the period of January 1, 2015 to December 31, 2015*)	March 31, 2016
16. Vector-Borne Diseases Program Annual Activity Report (*for the period of January 1, 2015 to December 31, 2015*)	March 31, 2016
17. 2015 PBG Annual Reconciliation Report [2, 3, 4, 5]	April 29, 2016
18. Public Health Inspector Practicum Program – Approved Financial Report; CIPHI BOC Form; and, a Report Back *(for the period of April 1, 2015 to March 31, 2016)*	April 29, 2016
19. Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations 4th Quarter (Final) Program Activity Report (*for the period of April 1, 2015 to March 31, 2016*)	April 29, 2016
20. Other Base and One-Time Funding Activity Reports	As Requested

PERFORMANCE IMPROVEMENT REPORTING REQUIREMENTS	
Name of Report	**Due Date**
1. Mid-year Reporting on Achievement of Performance Indicators for current year	July 31, 2015 or As Required
2. Year-end Reporting on Achievement of Performance Indicators for Prior Year	January 29, 2016 or As Required
3. Compliance Reporting (as per a Compliance Variance in section 5.4)	As Required
4. Performance Reporting (as per an Performance Variance in section 5.5)	As Requested
5. Monitoring Indicator Reporting[6]	As Required

Notes:

1. Please refer to the PBG User Guide for further details on the supporting documentation required.

2. 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.

3. 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. The Province also requires copies of any Auditors' Management Letters issued to the Board of Health. Detailed instruction and templates will be provided by the Province.

4. 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.

5. For a one-time project(s) approved for the period up to March 31, 2016, the Board of Health is required to confirm and report expenditures related to the project(s) as part of the: 2015 PBG Annual Reconciliation Package, for the period up to December 31, 2015; 2016 PBG 1st Quarter Financial Report for the period up to December 31, 2015 and the period of January 1, 2016 to March 31, 2016; and, 2016 PBG Annual Reconciliation Package for the period of January 1, 2016 to March 31, 2016. In addition to the 2016 PBG Annual Reconciliation requirements, the Province requires a certification from a licensed auditor that the expenses were incurred no later than March 31, 2016 through a disclosure in the notes to the 2016 Audited Financial Statements.

6. 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-2

PERFORMANCE OBLIGATIONS

PART A

PURPOSE OF SCHEDULE

To set out Performance Indicators to improve Board of Health performance, set out Monitoring Indicators to monitor Board of Health performance, support the achievement of improved health outcomes in Ontario, and establish performance obligations for both parties.

PART B

Definitions

1. In this Schedule, the following terms have the following meanings:

   "**Board of Health Baseline**" means the result for a performance indicator for a previous time period that provides a starting point for establishing Performance Targets for future Board of Health performance and for measuring changes in such performance.

   "**Developmental Indicator**" means a measure of performance or an area of common interest for creating a measure of performance that requires development due to factors such as, but not limited to: the need for new data collection, methodological refinement, testing, consultation or analysis of reliability, feasibility or data quality before being considered as a potential Performance Indicator.

FUNDING YEAR 2015

1. The **Province** will:

   (a) Provide to the Board of Health technical documentation on the Performance Indicators set out in Table A and the Monitoring Indicators set out in Table B.

   (b) Provide to the Board of Health the values for the Performance Indicators set out in Table A as available.

   (c) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:

(i) Assess the effectiveness of public health unit partnerships regarding falls prevention: using a partnership evaluation tool;

(ii) Track progression on local alcohol policy development: policies that create or enhance safe and supportive environments;

(iii) Tobacco Prevention: Level of Achievement of Tobacco Use Prevention in Secondary School: progress towards implementation of tobacco-free living initiatives within secondary schools;

(iv) Obesity Prevention: Policy & Environmental Support Status: healthy eating and physical activity policy development and the creation of supportive environments that will help to reduce childhood obesity;

(v) Growth and Development – Parent access to the Nipissing District Developmental Screen™: promotion and implementation of healthy growth and development screen;

(vi) Presence of a certified food handler (CFH) in high-risk food service premises;

(vii) Completion of ISPA assessments for 7 and 17 year olds;

(viii) Vaccine wastage from all sources; and,

(ix) Adverse Events Following Immunization (AEFIs) Education and Reporting.

2. The **Board of Health** will,

(a) Use best efforts to achieve agreed upon Performance Targets for the Performance Indicators set out in Table A.

(b) Use best efforts to sustain or improve results for the Monitoring Indicators set out in Table B.

3. **Both Parties** will,

(a) By December 2015 (or by such later date as mutually agreed to by the Parties), establish appropriate Board of Health Baselines for all Performance Indicators as required and available.

(b) Develop Performance Targets for the Performance Indicators outlined in Table A (as applicable) once Board of Health Baselines are established.

Table A: Performance Indicators				
#	**Indicator**		**Year**	**Value**
1.1	% of population (19+) that exceeds the Low-Risk Drinking Guidelines **Under Review*	Baseline	N/A	N/A
		Target	N/A	N/A
1.2	Fall-related emergency visits in older adults aged 65+	Baseline	2009	5,639
		Target	2016	TBD
1.3	% of youth (ages 12-18) who have never smoked a whole cigarette	Baseline	2009 + 2010	86.6%
		Target	2016	TBD
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	Baseline	2011	79.0%
		Target	2015	≥90.0%
1.5	% of secondary schools inspected once per year for compliance with section 10 of the *Smoke-Free Ontario Act* (SFOA)	Baseline	2014	51.3%
		Target	2015	100.0%
1.6	% of tobacco retailers inspected for compliance with section 3 of the *Smoke-Free Ontario Act* (SFOA)	Baseline	2013	88.1%
		Target	2015	100.0%
1.7	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the *Smoke-Free Ontario Act* (SFOA)	Baseline	2013	93.2%
		Target	2015	100.0%
1.8	Oral Health Assessment and Surveillance: % of schools screened	Baseline	Sept. 2013-June 2014	100.0%
		Target	July 2014-June 2015	100.0%
	Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools	Baseline	Sept. 2013-June 2014	100.0%
		Target	July 2014-June 2015	100.0%
1.9	Implementation status of NutriSTEP® Preschool Screen	Baseline	2013	Preliminary
		Target	2015	Intermediate
1.10	Baby-Friendly Initiative (BFI) Status	Baseline	2011	Intermediate
		Target	2015	Advanced

Table A: Performance Indicators				
#	Indicator		Year	Value
2.3	% of Class A pools inspected while in operation	Baseline	2014	100.0%
		Target	2015	100.0%
2.4	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	Baseline	2014	100.0%
		Target	2015	100.0%
3.2	% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	Baseline	2014	100.0%
		Target	2015	100.0%
3.5	% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS	Baseline	2014	86.0%
		Target	2015	90.0%
3.6	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines *	Baseline	2015	TBD
4.1	% of HPV vaccine wasted that is stored/administered by the public health unit	Baseline	2012/13	1.8%
		Target	2015/16	1.6%
4.2	% of influenza vaccine wasted that is stored/administered by the public health unit	Baseline	2012/13	5.0%
		Target	2015/16	3.0%
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Baseline	2014	99.3%
		Target	2015	100.0%

* A baseline level of achievement is currently being established for this indicator, and no target will be established in 2015.

#	Table B: Monitoring Indicators
2.1	% of high-risk food premises inspected once every 4 months while in operation
2.2	% of moderate-risk food premises inspected once every 6 months while in operation
2.5	% of public spas inspected while in operation
3.1	% of personal services settings inspected annually
3.3	% of confirmed gonorrhea cases where initiation of follow-up occurred within two business days
3.4	% of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case

#	Table B: Monitoring Indicators
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