Amending Agreement No. 5

This Amending Agreement No. 5, effective as of January 1, 2016.

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. 5, 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. 5") shall be effective as of the first date written above.

2. Except for the amendments provided for in this Amending Agreement No. 5, 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. 5 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   (a) Deleting Schedule A-5 (Program-Based Grants) and substituting Schedule A-6 (Program-Based Grants), attached to this Amending Agreement No. 5.

   (b) Deleting Schedule B-4 (Related Program Policies and Guidelines) and substituting Schedule B-5 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 5.

(c) Deleting Schedule C-3 (Reporting Requirements) and substituting Schedule C-4 (Reporting Requirements), attached to this Amending Agreement No. 5.

(d) Deleting Schedule D-2 (Performance Obligations) and substituting Schedule D-3 (Performance Obligations), attached to this Amending Agreement No. 5.

(e) Deleting Schedule E-1 (Board of Health Financial Controls) and substituting Schedule E-2, attached to this Amending Agreement No. 5.

The Parties have executed the Amending Agreement No. 5 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 City of Hamilton, Public Health Services

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

____________________________ _______________

Name: Date
Title:

____________________________ _______________

Name: Date
Title:

SCHEDULE A-6
PROGRAM-BASED GRANTS

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

Source	Program / Initiative Name			2015 Approved Allocation ($)	Increase / (Decrease) ($)	2016 Approved Allocation ($)
Base Funding (January 1st to December 31st, unless otherwise noted)						
Public Health & Health Promotion	Mandatory Programs (75%)[1]			22,616,867	33,833	22,650,700
Public Health	Chief Nursing Officer Initiative (100%)	# of FTEs	1.00	121,500	-	121,500
	Enhanced Food Safety – Haines Initiative (100%)			78,300	-	78,300
	Enhanced Safe Water Initiative (100%)			42,300	-	42,300
	Healthy Smiles Ontario Program (100%)[2]			1,530,111	(28,611)	1,501,500
	Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00	90,100	-	90,100
	Infectious Diseases Control Initiative (100%)	# of FTEs	10.00	1,111,200	-	1,111,200
	MOH / AMOH Compensation Initiative (100%)[3]			271,000	-	271,000
	Needle Exchange Program Initiative (100%)			109,900	71,600	181,500
	Small Drinking Water Systems Program (75%)			41,100	-	41,100
	Social Determinants of Health Nurses Initiative (100%)	# of FTEs	2.00	180,500	-	180,500
	Vector-Borne Diseases Program (75%)			718,900	14,400	733,300
Health Promotion	Children in Need of Treatment (CINOT) Expansion Program (75%)[4]			-	-	-
	Electronic Cigarettes Act: Protection and Enforcement (100%)			51,900	-	51,900
	Smoke-Free Ontario Strategy: Prosecution (100%)			10,000	-	10,000
	Smoke-Free Ontario Strategy: Protection and Enforcement (100%)			374,200	-	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				**28,090,478**	**91,222**	**28,181,700**

SCHEDULE A-6
PROGRAM-BASED GRANTS

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

Source	Program / Initiative Name	2016 Approved Allocation ($)
One-Time Funding (April 1, 2016 to March 31, 2017, unless otherwise noted)		
Public Health	*Immunization of School Pupils Act* - Regulatory Amendments Implementation (100%) (January 1, 2016 to December 31, 2016)	168,000
	Outbreaks of Diseases: Health Promotion for Raccoon Rabies Strain (100%)	163,000
	Outbreaks of Diseases: Staffing Request for Raccoon Rabies Strain (100%) (January 1, 2016 to December 31, 2016)	198,400
	Panorama (100%)[5]	137,600
	Public Health Inspector Practicum Program (100%)	10,000
Health Promotion	*Electronic Cigarettes Act:* Tobacco Control Area Network (100%)	30,000
	Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations (100%)	25,000
Sub-Total One-Time Funding		**732,000**

Total	**28,913,700**

(1) 2015 base funding for mandatory programs has been adjusted by ($840,033) for dental integration; ($442,739) was reallocated to Healthy Smiles Ontario and ($397,294) was removed in its entirety (relates to fee-for-service costs which is now being administered through a 3rd party).
(2) 2015 base funding for Healthy Smiles Ontario has been adjusted by $81,811 for dental integration; $442,739 was reallocated from mandatory programs and ($360,928) was removed in its entirety (relates to fee-for-service costs which are now being administered through a 3rd party).
(3) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.
(4) 2015 base funding for CINOT Expansion has been adjusted by ($174,600) for dental integration; amount was removed in its entirety (relates to fee-for-service costs which are now being administered through a 3rd party).
(5) One-time funding is jointly funded by the Population and Public Health Division and the Health Services I&IT Cluster.

Payment Schedule

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

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

Chief Nursing Officer Initiative (100%)

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

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

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

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

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

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public 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 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.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

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

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 (OPHS). Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

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

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

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

Enhanced Safe Water Initiative (100%)

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

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

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

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RELATED PROGRAM POLICIES AND GUIDELINES

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

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

Healthy Smiles Ontario Program (100%)

The newly integrated 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 integrates the previous HSO Program; Children in Need of Treatment (CINOT) and CINOT Expansion Programs; delivery of preventive oral health services; as well as dental benefits previously provided to children and youth under the Ontario Disability Support Program, Assistance for Children with Severe Disabilities, and Ontario Works.

The goal of the HSO Program is to enable access to improved oral health outcomes for children and youth in low-income families. HSO builds upon and links with existing public health dental infrastructure to expand access to dental services for eligible children and youth.

The core objectives of the HSO Program are to:

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

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

1. Preventive Services Only Stream (HSO-PSO):

- Eligibility comprised of clinical need and attestation of financial hardship.
- Eligibility assessment and enrolment undertaken by boards of health.
- Clinical preventive service delivery in publicly-funded dental clinics and through fee-for-service providers in areas where publicly-funded dental clinics do not exist.

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RELATED PROGRAM POLICIES AND GUIDELINES

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

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).
- Eligibility assessment undertaken by the Ministry of Finance; 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 (both prevention and basic treatment) 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:

- **Clinic 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 clinic services such as: clinical materials and supplies; building occupancy costs; 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:

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RELATED PROGRAM POLICIES AND GUIDELINES

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

    - Client enrolment for HSO-PSO and HSO-EESS clients (i.e., helping clients during the enrolment process for those two (2) streams);
    - Promotion of the HSO Program (i.e., local level efforts at promoting and advertising the HSO program to the target population);
    - Referral to services (i.e., referring HSO clients to fee-for-service providers for service delivery where needed);
    - Case management of HSO clients; and,
    - Oral health promotion and education for HSO clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated 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 OPHS including the Oral Health Assessment and Surveillance Protocol.

Other requirements of the HSO Program include:

- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients using HSO resources. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO

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RELATED PROGRAM POLICIES AND GUIDELINES

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

clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., with HSO resources must be reported as income in the quarterly financial reports, annual reconciliation reports, and Program-Based Grants budget submissions. Revenues must be used to offset expenditures of the HSO Program.

- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use provincial approved systems or mechanisms.
  - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the Province 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 Province 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.

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

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RELATED PROGRAM POLICIES AND GUIDELINES

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.

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

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

Base funding for this initiative must be used solely for the purpose of hiring 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, 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.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting infectious diseases control

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

related activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

MOH / AMOH Compensation Initiative (100%)

The Province committed to provide boards of health with 100% of the additional base funding required to fund eligible MOH and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits. The Board of Health must comply and adhere to the MOH/AMOH Compensation Initiative Guidelines.

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

Please note that the maximum base allocation in Schedule A of the Agreement will not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will be adjusted by the Province on an ongoing basis to reflect the actual amount the MOH and AMOH positions at the Board of Health are eligible for based on most recent data. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health is also required to provide an annual application for this funding for eligible MOH (and AMOHs if applicable), detailing updated information on these positions, on the date specified in Schedule C of the 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.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

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

Small Drinking Water Systems Program (75%)

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

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

Social Determinants of Health Nurses Initiative (100%)

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

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

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

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

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

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RELATED PROGRAM POLICIES AND GUIDELINES

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

Vector-Borne Diseases Program (75%)

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

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

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

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* and enforcement activities.

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

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

1. The Board of Health shall:

(a) Act as the media focus for the Project;
(b) Respond to public inquiries, complaints and concerns with respect to the Project;
(c) Report any potential or foreseeable issues to the CMD of the Ministry of Health and Long-Term Care;
(d) Prior to issuing any news release or other planned communications, notify the CMD as follows:
   i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
   ii. Web Designs – 10 business days prior to launch;
   iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
   iv. Public Relations Plan for Project – 15 business days prior to launch;
   v. Digital Marketing Strategy – 10 business days prior to launch;
   vi. Final advertising creative – 10 business days to final production; and,
   vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
(e) Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

(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 Communications Counsel and Planning Branch
   10th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Email: healthcommunications@ontario.ca

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.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

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*.

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

Communications and Issues Management Protocol

1. The Board of Health shall:

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

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

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 Communications Counsel and Planning Branch
   10th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Email: healthcommunications@ontario.ca

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

Immunization of School Pupils Act Regulatory Amendments Implementation (100%)

Regulatory amendments under the *Immunization of School Pupils Act* (ISPA) – including three (3) additional designated diseases for which immunization is required to attend school (meningococcal disease, varicella, and pertussis) – became effective on July 1, 2014. Boards of health began assessing students to ensure they meet the new immunization requirements in the 2014-15 school year.

One-time funding must be used for extraordinary costs associated with the implementation of the ISPA regulatory amendments. Eligible costs include:

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

Outbreaks of Diseases: Health Promotion for Raccoon Rabies Strain (100%)

One-time funding must be used to develop a public awareness campaign reminding residents and visitors to avoid contact with wild animals, report sick animals, vaccinate pets, and report suspected rabid animal exposures. Eligible costs include paper-based rabies resources, posters, television and radio announcements, outdoor signage for parks, trails, and leash-free areas, movie theatre announcements, and educational materials.

Outbreaks of Diseases: Staffing Request for Raccoon Rabies Strain (100%)

One-time funding must be used to offset staffing extraordinary costs related to the Board of Health's response to a raccoon rabies strain.

Panorama (100%) (Jointly funded by the Population and Public Health Division and the Health Services I&IT Cluster)

The Panorama System includes:

- Panorama's Immunization and Inventory Modules;
- Student Information Exchange tool (STIX);
- Public Health Information Exchange (PHIX);

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

- m-IMMS (Mobile Disconnected Tool);
- Immunization Reconciliation Tool (IRT);
- Panorama's Operational Reports;
- Panorama Enhanced Analytical Reporting (PEAR); and,
- Other applications or tools developed to support the Panorama System such as m-IMMS (Mobile Connected Tool), Immunization Reporting and Validation Web Portals, Bar Coding, EMR Integration and Mobile Apps.

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

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

- Engage in continuous review of business processes to seek improvements, efficiencies, and best practices;
- Implement and support identified improvements and best practices;
- Participate in the development of use-case scenarios for enhancements and releases, as required;
- Provide Subject Matter Expert (SME) Functional Testing resources for selected enhancements or releases, as required;
- Participate in the development of operational and enhanced surveillance reports, as required;
- Implement any defined workarounds;
- Conduct duplicate record resolution;
- Prepare and implement plans to address the data collection, transformation, entry and validation from all immunization reporting sources and methods to the Panorama System;
- Conduct upload of all school lists using STIX;
- Maintain local training materials and programs;
- Maintain internal Board of Health support model including the Problem Resolution Coordinator (PRC) role and ensuring integration with the Ministry's service model;
- Implement internal Board of Health incident model including the Incident Coordinator (IC) role for privacy incident and auditing practices and ensuring integration with the Ministry's and eHealth Ontario's incident model;
- Review and adjust existing system accounts, roles and responsibilities to ensure correct authorization and access levels are being provided to account holders;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes;

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

- Implement and adhere to data standards, security, audit, and privacy policies and guidelines;
- Maintain the security and technical infrastructure required for the operation of the Panorama System including the approved level(s) of the supported browser(s) and the use of encrypted drives and files;
- Ensure required security and privacy measures are followed including using Secure File Transmission mechanisms for transferring data, applying password protection, and encrypting devices where personal and personal health information is involved;
- Confirm appropriate privacy, security, and information management related analyses, activities, and training have been executed in accordance with the Board of Health's obligations as a Health Information Custodian under the *Personal Health Information Protection Act* (PHIPA) and other applicable laws and local business practices and processes;
- Sign required agreements with the Ministry and eHealth Ontario prior to production use of Panorama System;
- Participate in surveys, questionnaires, and ad-hoc reviews, as required;
- Maintain communications with both internal staff and external stakeholders; and,
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
    - Business Practices and Change Management,
    - Release Planning and Deployment,
    - Information Governance,
    - Audit Policies and Guidelines,
    - Data Standards and Reporting,
    - Innovations and Alignment,
    - User Experience, and,
    - Technical (IT) Experience.

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

- Review of business processes and workflows and implement changes required to support adoption of new components as per specific Board of Health requirements and best practices;
- Participate in the development of use-case scenarios for new components, as required;
- Provide SME Functional Testing resources for new components, as required;
- Develop local training plans, materials, and programs and complete and execute training plans for new components, as required;
- Complete data mapping and dry runs of data migration/data integration, validate data migration/data integration results, and address duplicate record resolution and data transformation and cleansing, as required;

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

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

<u>If the Board of Health has agreed to be a Builder and Early Adopter it must also use the one-time funding toward the following activities for the Panorama System as noted below:</u>

- Provide special field support services to the Ministry for the Panorama System to: assist with resolution of field specific issues; assess and test releases, enhancements and innovations; identify business process improvements and change management strategies; and, conduct pilots, prototyping and proof of concept activity;
- Chair/Co-Chair Working Group(s), as required;
- Provision of human resources to provide support within at least three (3) of the following categories, as required:
  - Release Planning and Deployment,
  - Information Governance,
  - Business Practices and Change Management,
  - Audit Policies and Guidelines,

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

- Data Standards and Reporting,
- Innovations and Alignment,
- User Experience, and,
- IT Experience.

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

Public Health Inspector Practicum Program (100%)

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

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

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

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

Electronic Cigarettes Act: Tobacco Control Area Network (100%)

One-time funding must be used for activities that support the sharing of information and best practices related to the enforcement of the *Electronic Cigarettes Act*, 2015. The one-time funding will also support regional collaboration on activities to support local Board of Health efforts to ensure consistent enforcement approaches are implemented within and across Tobacco Control Area Networks (TCANs) with respect to the *Electronic Cigarettes Act*, 2015.

Communications and Issues Management Protocol

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 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. 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.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

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 Communications Counsel and Planning Branch
   10th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Email: healthcommunications@ontario.ca

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 on dates specified in Schedule C of the Agreement.

SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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

Vaccine Programs

Funding on a per dose basis will be provided to the Board of Health for the administration of 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-4

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. 2016 Program-Based Grants (PBG) Budget Request and Supporting Documentation[1]	March 1, 2016
2. 2016 PBG 1st Quarter Financial Report (*for the period of January 1, 2016 to March 31, 2016*)	April 29, 2016
3. 2016 PBG 2nd Quarter Financial Report (*for the period of January 1, 2016 to June 30, 2016*)	July 29, 2016
4. *Electronic Cigarettes Act* – Protection and Enforcement 2nd Quarter (Interim) Program Activity Report (*for the period of January 1, 2016 to June 30, 2016*)	July 29, 2016
5. Smoke-Free Ontario Strategy 2nd Quarter (Interim) Program Activity Report (*for the period of January 1, 2016 to June 30, 2016*)	July 29, 2016
6. 2016 MOH / AMOH Compensation Initiative Application	September 9, 2016
7. 2016 PBG 3rd Quarter Financial Report (*for the period of January 1, 2016 to September 30, 2016*)	October 31, 2016
8. Smoke Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations 2nd Quarter (Interim) Program Activity Report *(for the period of April 1, 2016 to September 30, 2016)*	October 31, 2016
9. *Electronic Cigarettes Act* – Protection and Enforcement 2017 Work Plan	November 10, 2016
10. Smoke-Free Ontario Strategy 2017 Work Plan	November 10, 2016
11. 2016 PBG 4th Quarter Financial Report (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017
12. 2016 Board of Health Financial Controls Checklist (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017
13. Enhanced Food Safety – Haines Initiative Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017

FINANCIAL AND PROGRAM REPORTING REQUIREMENTS	
Name of Report	**Due Date**
14. Enhanced Safe Water Initiative Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017
15. Healthy Smiles Ontario Program Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017
16. *Electronic Cigarettes Act* – Protection and Enforcement 4th Quarter (Final) Program Activity Report *(for the period of January 1, 2016 to December 31, 2016)*	February 17, 2017
17. Smoke-Free Ontario Strategy 4th Quarter (Final) Program Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	February 17, 2017
18. Needle Exchange Program Initiative Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	March 31, 2017
19. Vector-Borne Diseases Program Annual Activity Report (*for the period of January 1, 2016 to December 31, 2016*)	March 31, 2017
20. Panorama Annual Activity Report *(for the period of April 1, 2016 to March 31, 2017)*	April 28, 2017
21. Public Health Inspector Practicum Program – Approved Financial Report, CIPHI BOC Form, and Report Back *(for the period of April 1, 2016 to March 31, 2017)*	April 28, 2017
22. Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations 4th Quarter (Final) Program Activity Report (*for the period of April 1, 2016 to March 31, 2017*)	April 28, 2017
23. 2016 PBG Annual Reconciliation Report [2, 3, 4, 5]	April 28, 2017
24. 2016 Mandatory Programs Activity Report *(for the period of January 1, 2016 to December 31, 2016)*	To Be Confirmed
25. Other Base and One-Time Funding Activity Reports	As Requested

PERFORMANCE IMPROVEMENT REPORTING REQUIREMENTS	
Name of Report	**Due Date**
1. 2015-16 Vaccine Coverage and ISPA Performance and Monitoring[6] Indicators (*as of June 30, 2016*)	June 30, 2016 or As Required

PERFORMANCE IMPROVEMENT REPORTING REQUIREMENTS	
Name of Report	**Due Date**
2. Mid-year Reporting on Achievement of Performance Indicators for current year	July 29, 2016 or As Required
3. 2015-16 Vaccine Wastage Performance and Monitoring[6] Indicators (*for the period of September 1, 2015 to August 31, 2016*)	September 30, 2016 or As Required
4. Year-end Reporting on Achievement of Performance and Monitoring[6] Indicators (*for the period of January 1, 2016 to December 31, 2016*)	January 31, 2017 or As Required
5. Compliance Reporting (as per a Compliance Variance in section 5.4)	As Required
6. Performance Reporting (as per an Performance Variance in section 5.5)	As Requested

Notes:

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

2. 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; Annual Reconciliation (Certificate of Settlement) Report Forms; and, other supporting documentation. 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, 2017, the Board of Health is required to confirm and report expenditures related to the project(s) as part of the: 2016 PBG Annual Reconciliation Package, for the period up to December 31, 2016; 2017 PBG 1st Quarter Financial Report for the period up to December 31, 2016 and the period of January 1, 2017 to March 31, 2017; and, 2017 PBG Annual Reconciliation Package for the period of January 1, 2017 to March 31, 2017. In addition to the 2017 PBG Annual Reconciliation requirements, the Province requires a certification from a licensed auditor that the expenses were incurred no later than March 31, 2017 through a disclosure in the notes to the 2017 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-3

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 2016

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) % of food premises changing risk category; and

(vii) 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 2016 (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**
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	Baseline	2011	79.0%
		Target	2016	≥90%
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	2016	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	2016	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	2016	100.0%
1.8	Oral Health Assessment and Surveillance: % of schools screened	Baseline	July 2013-June 2014	100.0%
		Target	July 2015-June 2016	100.0%
	Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools	Baseline	July 2013-June 2014	100.0%
		Target	July 2015-June 2016	100.0%
1.9	Implementation status of NutriSTEP® Preschool Screen	Baseline	2013	Preliminary
		Target	2016	Advanced
1.10	Baby-Friendly Initiative (BFI) Status	Baseline	2011	Intermediate
		Target	2016	Designated

Table A: Performance Indicators				
#	Indicator		Year	Value
2.4	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	Baseline	2015	N/A
		Target	2016	100.0%
3.2	% of suspected rabies exposures reported with investigation initiated within one day of public health unit notification	Baseline	2015	99.6%
		Target	2016	100.0%
3.5	% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS	Baseline	2015	84.0%
		Target	2016	90.0%
4.2	% of influenza vaccine wasted that is stored/administered by the public health unit	Baseline	2014/15	13.1%
		Target	2015/16	3.0%
		Target	2016/17	4.5%
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Baseline	2015	100.0%
		Target	2016	100.0%
4.8	% of 7 or 8 year old students in compliance with ISPA*	Baseline	2016	TBD
4.9	% of 16 or 17 year old students in compliance with ISPA*	Baseline	2016	TBD

#	Table B: Monitoring Indicators
1.1	% of population (19+) that exceeds the Low-Risk Alcohol Drinking Guidelines
1.2	Fall-related emergency visits in older adults aged 65+
1.3	% of youth (ages 12-18) who have never smoked a whole cigarette
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
2.3	% of Class A pools inspected while in operation

#	Table B: Monitoring Indicators
2.5	% of public spas inspected while in operation
2.6	% of restaurants with a Certified Food Handler (CFH) on site at time of routine inspection*
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
3.6	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines
4.1	% of HPV vaccine wasted that is stored/administered by the public health unit
4.4	% of school-aged children who have completed immunizations for hepatitis B
4.5	% of school-aged children who have completed immunizations for HPV
4.6	% of school-aged children who have completed immunizations for meningococcus
4.7	% of MMR vaccine wastage*

* 2016 will be used as the baseline year for this indicator

SCHEDULE E-2

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.

Examples of potential controls to support this objective include, but are not limited to:

- Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
- Define approval limits to authorize appropriate individuals to perform appropriate activities.
- Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
- An authorized chart of accounts.
- All accounts reconciled on a regular and timely basis.
- Access to accounts is appropriately restricted.
- Regular comparison of budgeted versus actual dollar spending and variance analysis.
- Exception reports and the timeliness to clear transactions.
- Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.

- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

4. Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.

Examples of potential controls include, but are not limited to:

- Policy in place to define dollar limit for paying cash versus cheque.
- Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
- All cancelled or void cheques are accounted for along with explanation for cancellation.
- Process is in place for accruing liabilities.
- Stale-dated cheques are followed up on and cleared on a timely basis.
- Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
- Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.