

**From:** [Richardson, Dr. Elizabeth](#)  
**To:** [Davies, Cathy](#); [Kolar, Loren](#)  
**Subject:** Fw: City of Hamilton, Public Health Services - Program-Based Grants  
**Date:** April-21-17 2:13:06 PM  
**Attachments:** [Hamilton Amending Agreement No. 6.pdf](#)  
[Hamilton ADM Letter 2017-03-31.pdf](#)  
**Importance:** High

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For the correspondence section of the May BOH meeting please.

Sent from my BlackBerry 10 smartphone on the Bell network.

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**From:** PHD Finance (MOHLTC) <PHDfinance@ontario.ca>  
**Sent:** Friday, April 21, 2017 10:17 AM  
**To:** Richardson, Dr. Elizabeth  
**Cc:** Klumpp, Helen; Feeney, Brent (MOHLTC); Han, Sandra (MOHLTC)  
**Subject:** City of Hamilton, Public Health Services - Program-Based Grants

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Please find attached the in-year approval letter for your public health unit, as signed by the Assistant Deputy Minister of the Population and Public Health Division. This letter is in follow-up to the funding letter sent to you by email earlier today from the Minister of Health and Long-Term Care.

In addition, please find attached an Amending Agreement to the Public Health Funding and Accountability Agreement, which includes the terms and conditions governing the funding. Amendments have been high-lighted for your convenience.

Hard copies of the Assistant Deputy Minister approval letter and Amending Agreement will be sent to you by regular mail. Payments and/or adjustments to funding will be made when both the ministry and Board of Health have signed the Amending Agreement.

Thank you.

**Ministry of Health  
and Long-Term Care**

Assistant Deputy Minister's Office

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

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

**Ministère de la Santé  
et des Soins de longue durée**

Bureau du sous-ministre adjoint

Division de la santé de la population et de la santé publique  
777, rue Bay, 19<sup>e</sup> étage  
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iApprove-2016-01777

**MAR 31 2017**

Dr. Elizabeth Richardson  
Medical Officer of Health  
City of Hamilton, Public Health Services  
110 King Street West, 2nd Floor  
Hamilton ON L8P 4S6

Dear Dr. Richardson:

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

This letter is further to the recent letter from the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, in which he informed your organization that the Ministry of Health and Long-Term Care (the "ministry") will provide the Board of Health with up to \$43,700 in additional one-time funding for the 2015-16 funding year and up to \$80,100 in additional one-time funding for the 2016-17 funding year to support the provision of mandatory and related public health programs and services in your community. This will bring the total maximum funding available under the Accountability Agreement for the 2016-17 funding year up to \$28,993,800 (\$28,181,700 in base funding and \$812,100 in one-time funding).

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

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

Dr. Elizabeth Richardson

The government remains committed to eliminating the deficit by 2017-18 and therefore it is critical that you continue to manage costs within your approved budget.

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

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

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

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

Sincerely,



Roselle Martino  
Assistant Deputy Minister  
Population and Public Health Division

Enclosure

c: Helen Klumpp, Manager, Finance and Administration, City of Hamilton, Public Health Services

Jim Yuill, Director, Financial Management Branch, MOHLTC

Eva Roszuk, Director (A), Fiscal Oversight & Performance Branch, MOHLTC

## Amending Agreement No. 6

**This Amending Agreement No. 6**, 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. 6, 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. 6”) shall be effective as of the first date written above.
2. Except for the amendments provided for in this Amending Agreement No. 6, 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. 6 have the meanings ascribed to them in the Accountability Agreement.
4. The Accountability Agreement is amended by:
  - (a) Deleting Schedule A-6 (Program-Based Grants) and substituting Schedule A-7 (Program-Based Grants), attached to this Amending Agreement No. 6.
  - (b) Deleting Schedule B-5 (Related Program Policies and Guidelines) and substituting Schedule B-6 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 6.

The Parties have executed the Amending Agreement No. 6 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  
Title: Assistant Deputy Minister,  
Population and Public Health Division

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Name:  
Title:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:

\_\_\_\_\_  
Date

**SCHEDULE A-7  
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%) <sup>1</sup>			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%) <sup>2</sup>			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%) <sup>3</sup>			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%) <sup>4</sup>			-	-
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-7  
PROGRAM-BASED GRANTS**

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

Source	Program / Initiative Name	2016 Approved Allocation (\$)
<b>One-Time Funding</b> (April 1, 2016 to March 31, 2017, unless otherwise noted)		
<b>Public Health</b>	Human Papillomavirus Program for Boys (100%) (January 1, 2016 to December 31, 2016)	76,000
	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%) <sup>5</sup>	137,600
	Public Health Inspector Practicum Program (100%)	10,000
	Shingles Immunization Program: Extraordinary Costs (100%) (January 1, 2016 to December 31, 2016)	4,100
	Syrian Refugee Resettlement (100%) (November 1, 2015 to March 31, 2016) <sup>6</sup>	43,700
<b>Health Promotion</b>	Electronic Cigarettes Act: Tobacco Control Area Network (100%)	30,000
	Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations (100%)	25,000
<b>Sub-Total One-Time Funding<sup>7</sup></b>		<b>855,800</b>
<b>Total</b>		<b>29,037,500</b>

(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.

(6) One-time funding for 2015-16 for Syrian Refugee Resettlement costs are claim-based.

(7) Total one-time funding for 2015-16 is \$43,700 and total one-time funding for 2016-17 is \$812,100.

**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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Public Health</b>

#### ***Chief Nursing Officer Initiative (100%)***

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

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

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

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

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

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration, or other relevant equivalent 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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Public Health</b>

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.

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Public Health</b>

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  $\leq 17$  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.

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Public Health</b>

#### 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:

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Public Health</b>

- 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

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Public Health</b>

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 15<sup>th</sup> 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.

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Public Health</b>

#### ***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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Public Health</b>

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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Public Health</b>

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.

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>Base</i></b>
Source	<b><i>Public Health</i></b>

#### ***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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Health Promotion</b>

#### ***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.

#### **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. 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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b>Health Promotion</b>

- (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](mailto: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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b>Base</b>
Source	<b><i>Health Promotion</i></b>

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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>Base</i></b>
Source	<b><i>Health Promotion</i></b>

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](mailto:healthcommunications@ontario.ca)

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>One-Time</i></b>
Source	<b><i>Public Health</i></b>

#### ***Human Papillomavirus Program for Boys (100%)***

One-time funding must be used to offset costs associated with the school-based Human Papillomavirus Program (HPV) expanded to include the provision of the HPV vaccine to grade 7 boys. Eligible costs include: Salaries and wages, inclusive of overtime for existing staff, or hiring other employees (new temporary or casual staff); travel and accommodation; purchased services; supplies and equipment; and, communication costs.

#### ***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.

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>One-Time</i></b>
Source	<b><i>Public Health</i></b>

***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);
- 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.

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

- 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;

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>One-Time</i></b>
Source	<b><i>Public Health</i></b>

- 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;
- 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.

Conduct Deployment and Adoption Activities for components of the Panorama System scheduled for implementation:

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>One-Time</i></b>
Source	<b><i>Public Health</i></b>

- 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;
- 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.

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:

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>One-Time</i></b>
Source	<b><i>Public Health</i></b>

- 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,
  - 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.

#### ***Shingles Immunization Program: Extraordinary Costs (100%)***

One-time funding must be used to offset extraordinary costs associated with the distribution of the Shingles vaccine to people from age 65 to 70. Eligible costs include: Salaries and wages, inclusive of overtime for existing staff, or hiring other employees

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>One-Time</i></b>
Source	<b><i>Public Health</i></b>

(new temporary or casual staff); travel and accommodation; purchased services; supplies and equipment; and, communication costs.

#### ***Syrian Refugee Resettlement (100%)***

One-time funding must be used for extraordinary costs incurred for the provision of health services (including dental services) for the Syrian Refugee Resettlement. Eligible costs include:

- **Staffing Costs:** additional staffing and/or overtime pay for health care providers and administrative staff.
- **Transportation Costs:** transportation of Syrian refugees to and from health care appointments (i.e., Syrian refugees housed at Resettlement Assistance Program (RAP) centre temporary accommodations).
- **Interpretation Costs:** interpretation services for clinical visits including interactions with health care providers and administrative staff.
- **Supplies, Equipment and Additional Space:** medical supplies/equipment, office supplies and additional space rental (e.g., rental of hotel space for refugee clinics).

In order to claim extraordinary costs associated with the Syrian Refugee Resettlement, the Board of Health is required to submit a Summary Report with detailed supporting documents to the Ministry for approval and payment.

## SCHEDULE B-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>One-Time</i></b>
Source	<b><i>Health Promotion</i></b>

#### ***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:

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- (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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>One-Time</i></b>
Source	<b><i>Health Promotion</i></b>

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](mailto: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-6

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>Other</i></b>
Source	<b><i>Public Health</i></b>

#### ***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.