



## HEALTH AND SOCIAL SERVICES ADVISORY COMMITTEE

Monday October 25, 2021  
9:30 a.m.

Microsoft Teams meeting

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| <b>1. Disclosure of Pecuniary Interest</b>  |             |
| <b>2. Additions to Agenda</b>   |             |
| <b>3. Presentations/Deputations</b>   |             |
| <b>4. Adoption/Correction of Advisory Committee Meeting Minutes</b>   |             |
| A. Health and Social Services Advisory Committee Meeting dated September 27, 2021.                            | <b>3</b>    |
| <b>5. Update on Reports</b>   |             |
| A. From the September 27, 2021 Meeting  |             |
| <b>6. Consent Items</b>   |             |
| <b>7. Staff Reports</b>   |             |
| <b>6.1 General Manager</b>  |             |
| <b>6.2 Public Health</b>  |             |
| A. COVID-19 Update (Verbal)   |             |
| B. Staff Report HSS 21-18<br>Re: Annual Service Plan, Budget Submission and Funding Update – BUDGET AMENDMENT | <b>6</b>    |
| <b>6.3 Social Services and Housing</b>  |             |
| A. Staff Report HSS 21-19<br>Re: Housing Services Operating Subsidy Agreement: Simcoe                         | <b>38</b>   |

**6.4 Quality, Planning, Accountability and Performance**

**8. Sub-Committee Reports**

**9. Communications**

**10. Other Business**

**11. Closed Session**

**12. Adjournment**

**13. Next Meeting – November 22, 2021**

**Contact Information**

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## HEALTH AND SOCIAL SERVICES ADVISORY COMMITTEE MINUTES

9:30 a.m.

Monday, September 27, 2021

Microsoft Teams Meeting

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**Present:** Councillor Ryan Taylor (Chair), Councillor Bernie Corbett, Councillor Stewart Patterson, Councillor Chris Van Paassen, Councillor Kim Huffman

**Also Present:** Heidi Van Dyk-Ellis, Stephanie Rice, Lori Friesen, Matt Bowen, Dr. Matt Strauss, Kristen Demeulemeester (Recorder)

**Regrets:** Councillor Tony Dalimonte

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### 1. Disclosure of Pecuniary Interest

None were reported.

### 2. Additions to Agenda

Heidy VanDyk-Ellis, Acting General Manager, Health and Social Services introduced the new Acting Medical Officer of Health, Dr. Matt Strauss. Dr. Strauss gave a brief introduction and responded to questions of Committee.

### 3. Presentations/Deputations

- A. Matt Bowen, Haldimand Norfolk Housing Corporation  
Re: Alternative Average Market Rent

Matt Bowen, Haldimand Norfolk Housing Corporation presented a deputation regarding the Alternative Average Market Rent and responded to questions of Committee.

Mover: Councillor Huffman  
Seconder: Councillor Van Paassen

THAT the deputation from Matt Bowen regarding the Alternative Average Market Rent be received.

Carried.

- i. Staff Report HSS 21-07  
Re: Request for Affordable Housing Alternative Average Market Rent (AAMR)

Heidy VanDyk-Ellis, Acting General Manager, Health and Social Services

presented the Staff Report HSS 21-07 regarding Request for Affordable Housing Alternative Average Market Rent (AAMR), and responded to questions of Committee.

Mover: Councillor Corbett  
Secunder: Councillor Huffman

THAT Staff HSS 21-07 be referred back to staff to bring forth additional information at the November 22, 2021 Meeting.

Carried.

#### **4. Adoption/Correction of Advisory Committee Meeting Minutes**

- A. Health and Social Services Advisory Committee Meeting Minutes dated July 19, 2021.

The minutes of the Health and Social Services Advisory Committee meeting dated July 19, 2021, having been distributed to all Committee Members and there being no errors reported, they were there upon declared adopted and signed by Chair Dalimonte.

#### **5. Update on Reports**

- A. From the July 19, 2021 Meeting

Heidy VanDyk-Ellis, Acting General Manager, advised that Staff Report HSS 21-14, Vector-Borne Disease Program Update 2020-2021 was approved as presented.

#### **6. Consent Items**

#### **7. Staff Reports / Discussion Items**

##### **6.1 General Manager**

- A. Staff Report CAO 21-62  
Re: Rabies Investigation Report Requests

Kevin Klingenberg, Deputy Clerk, Manager of Legislative and Information Services presented Staff Report CAO 21-62 regarding Rabies Investigation Report Requests and responded to questions of Committee.

Mover: Councillor Van Paassen  
Secunder: Councillor Corbett

THAT Staff Report CAO 21-62 regarding Rabies Investigation Report Request be received as information.

Carried.

## **6.2 Public Health**

### **A. COVID-19 Update**

Heidy VanDyk-Ellis, Acting General Manager, Health & Social Services, provided an update on COVID-19. Information was provided to updated committee on farm, workplace and congregate setting outbreaks as well as providing additional information regarding the vaccine rollout. The mass clinics have concluded however there are several pop-up clinics in the counties. There will be a Go-Vax bus touring the local fairs providing vaccinations. Third dose are being given to LTC residents and some retirement home residents.

## **6.3 Social Services and Housing**

## **6.4 Quality, Planning, Accountability and Performance**

## **8. Sub-Committee Reports**

## **9. Communications**

A. Toronto Public Health – Compulsory Vaccinations for Eligible Students

B. 2021-2022 Advisory Committee Meeting Schedule – Amended

Mover: Councillor Corbett

Secunder: Councillor Huffman

THAT Communications items A and B be received as information.

Carried.

## **10. Other Business**

A. Giant Hogweed

The Environmental Health Team will prepare an information memo to the committee by email and include it on the next agenda under Communications.

## **11. Adjournment**

**12. Next Meeting** – Monday October 25, 2021 at 9:30 a.m.

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Chair

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Secretariat

**Advisory Committee Meeting – October 25, 2021**

**Board of Health Meeting – November 2, 2021**

Subject: Annual Service Plan, Budget Submission and  
Funding Update – BUDGET AMENDMENT  
Report Number: HSS 21-18  
Division: Health and Social Services  
Department: Haldimand-Norfolk Health Unit  
Purpose: For Decision

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**Executive Summary:**

This report is to advise the Board of Health on the submission of the Annual Service Plan and Budget Submission (ASP). It also provides information on the current Public Health funding and accountability agreement received on July 22, 2021, and requests approval of the funding received, to amend the current operating budget.

**Discussion:**

The Ministry of Health (MOH) requires submission of an ASP to accompany the request for funding for mandatory and related programs.

The purpose of the ASP is to:

- Communicate program plans and budgeted expenditures for a given year; and
- Describe the programs and services Boards of Health (BOH) are planning to deliver in accordance with the Ontario Public Health Standards (OPHS), where requirements for Programs, Services, and Accountability (the "Standards") are based on local needs and budgets at the program level.

The ASP describes existing services planned per the OPHS and reflects programs that are cost-shared and 100% funded by the MOH. As of January 1<sup>st</sup>, 2020, the municipal cost share is 30% for public health programs and services. The cost-sharing change applies to all cost-shared and 100% ministry funded programs, except for the Ontario Seniors Dental Care Program and the Medical Officer of Health Compensation Initiative. The Accountability Agreement utilized for the ASP was received on January 5<sup>th</sup>, 2021 and included both provincial and municipal sources of funding.

Given the increased demands at the local level regarding COVID-19, the MOH scaled back the 2021 ASP submission template and only requested that public health units complete budget/financial sections and one-time requests for funding. Additionally, the MOH is providing public health units the opportunity to request additional one-time funding to support 2021 COVID-19 Extraordinary Costs, including costs associated with

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administering the COVID-19 Vaccine Program. Budgeted financial data was provided for COVID-19 Extraordinary Costs and the COVID-19 Vaccine program in the same manner as other programs under the OPHS (at 100%). Any extraordinary costs expected to be incurred over and above our existing/funding approved budget could be requested as a one-time request.

This year there were no base funding requests, and the submission was limited to six one-time requests, which included COVID-19 Extraordinary Costs and the COVID-19 Vaccine Program.

The ASP submission does not include the programs funded by the Ministry of Children, Community and Social Services, or programs funded by third parties, and as a result excludes funding requests for:

- Healthy Babies Healthy Children

A summary of the Annual Service Plan and Budget Submission includes:

- 1) **Budgetary and Financial Allocations:** A base program submission of **\$8.9 million** for 2021 within the existing Board of Health approved budget of \$12.4 million.
- 2) **Additional One-Time Funding Requests:** If approved, the Ministry provides funding for a specific item or time-limited service. Additional dollars do not become part of base funding. There is a limit of up to six one-time funding requests which must fall into one of seven categories; capital, COVID-19 Extraordinary Costs, COVID-19 Vaccine Program, Extraordinary Costs (Non-COVID-19), new purpose-built vaccine refrigerators, public health inspector practicum program, and Smoke-Free Ontario (SFO) Enforcement Tablet Upgrades.

For the 2021-22 funding year, the maximum funding available under the agreement is up to \$11,323,400 (\$6,073,400 in base and \$5,250,000 in one-time funding), compared to the 2020-21 funding year final approvals of \$12,927,000 (\$6,073,400 in base and \$6,853,600 in one-time).

In total, staff submitted 6 one-time funding requests, totaling **\$8.17 million**. Table 1 outlines one-time funding requested and approved for the calendar (2020) and fiscal (2020-21) years. Additional details for the funding requested can be found in attachment #2 and additional details for the funding received can be found in attachment #3.

Table 1: One-Time Funding

|   | <b>Request</b>  | <b>Funding Requested (\$)</b> | <b>Funding Received (\$)</b> | <b>Period of Use<sup>1</sup></b> |
|---|---|-------------------------------|------------------------------|----------------------------------|
| 1 | Simcoe Preventative Delivery System - Chair and Cabinetry | 56,700                        | 0                            | N/A                              |
| 2 | COVID-19: Extraordinary Costs                             | 3,032,300                     | 1,280,000                    | Calendar                         |
| 3 | COVID-19: Vaccine Program                                 | 4,539,100                     | 2,269,600                    | Calendar                         |
| 4 | Ontario Seniors Dental Care Program – Capital: GAB        | 370,000                       | 300,000                      | Fiscal                           |
| 5 | Gilbertson Administration Building Lighting Retrofits     | 25,000                        | 25,000                       | Fiscal                           |
| 6 | Strategic Option Analysis                                 | 150,000                       | 150,000                      | Fiscal                           |
|   | <b>Total One-Time Funding Requests</b>                    | <b>\$8,173,100</b>            | <b>\$4,024,600</b>           |                                  |

It is important to note that requests #2 and #3, COVID-19 Extraordinary Costs and Vaccine programs, have been given an initial allocation from the MOH. This was to support Public Health Units by offering cash flow based on a percentage of what was submitted in the ASP. The Ministry has committed to fund all eligible COVID-19 costs within both programs.

The Ministry has further communicated that request #4 will be funded in accordance with the requested amount, however, an amendment to support this has not yet been received. This is in line with a budget amendment report previously presented to the Board (HSS 20-19).

Base funding allocations are outlined in Table 2. There are no changes in base funding when comparing to 2020 calendar year allocations. These details can also be found in attachment #3.

Table 2: Calendar Base Funding

|   | <b>Request</b>                          | <b>Funding (\$)</b> | <b>Increase/ (Decrease)</b> |
|---|---|---------------------|-----------------------------|
| 1 | Mandatory Programs (70%)                | 5,431,900           | 0                           |
| 2 | MOH/AMOH Compensation Initiative (100%) | 103,600             | 0                           |
| 3 | Ontario Seniors Dental Care (100%)      | 537,900             | 0                           |
|   | <b>Total Base Funding</b>               | <b>\$6,073,400</b>  | <b>\$0</b>                  |

Additional one time funding received for 2021-2022 that was not applied for within the ASP is outlined in Table 3, and can also be found in attachment #3.

Table 3 – Other One-Time Funding

|   | <b>Program Description</b>                              | <b>Funding (\$)</b> | <b>Period Of Use</b> |
|---|---|---------------------|----------------------|
| 1 | Mitigation  | 325,400             | Calendar             |
| 2 | Ontario Senior’s Dental Care Program Capital: Dunnville | 400,000             | Fiscal               |
| 3 | COVID-19: School-Focused Nurses Initiative              | 500,000             | Fiscal               |
|   | <b>Total Other One-Time Funding</b>                     | <b>\$1,225,400</b>  |                      |



The MOH has further committed funding for the COVID-19: School Focused Nurses Initiative into the 2022-23 fiscal year. The program will end on July 31, 2022.

## Financial Services Comments

### Norfolk

The Approved 2021 Haldimand-Norfolk Health Unit Operating Budget was developed based on the most recent information from the Ministry of Health (MOH) at that time. This included using 2020 Approved Allocations. The result was funding of \$6,073,400 being included in the budget. As outlined in Table 2, an amendment is not required for base funding.

One-time programs, unless known during budget development, are not included in proposed budgets. Due to this, the Health Unit’s request for the COVID-19 Extraordinary Costs program to be funded from the shared levy was included in the Proposed 2021 Operating Budget. Although the Ministry has committed to funding all COVID-19 eligible costs for both the Extraordinary Costs and Vaccine programs, staff are recommending the budget be amended to only include current commitments outlined in Table 1. Eligible approved requests outlined in Table 1 will not affect the levy as expenditures will be included to offset funding, with the exception of the Extraordinary Costs program where the approved expenditures funded from the shared levy (\$1,859,900) will decrease by \$1,280,000.

The Ontario Seniors Dental Care Program capital initiatives for Dunnville and Simcoe offices have been extended to at least March 31, 2022. The Dunnville project has been completed slightly over budget with the deficit funded by the Ministry. The full allocation outlined in Table 3 should not be required.

If approved, the 2021 budgets will be amended to include MOH one-time funding of \$4,010,500 as outlined in Table 4. The 2022 operating budget will include appropriate fiscal funding to support offsetting costs within their approved allocations, up to March 31, 2022 unless otherwise stated in Tables 1 and 3.

Any realized surplus or deficit at the end of the calendar year will be shared by Haldimand and Norfolk Counties as per the cost sharing agreement.

Table 4 – Budget Amendment Summary

|   | <b>Description</b>           | <b>Approved Allocation (\$)</b> | <b>Budgeted Allocation (\$)</b> | <b>Variance (\$)</b> |
|---|------------------------------|---------------------------------|---------------------------------|----------------------|
| 1 | Base Mandatory Programs      | 6,073,400                       | 6,073,400                       | 0                    |
| 2 | One-Time Programs (HNHU)     | 500,400                         | 325,400                         | 175,000              |
| 3 | One-Time Programs (COVID-19) | 4,049,100                       | 290,600                         | 3,758,500            |
| 4 | One-Time Capital Programs    | 700,000                         | 623,000                         | 77,000               |
|   | <b>Total</b>                 | <b>\$11,322,900</b>             | <b>\$7,312,400</b>              | <b>\$4,010,500</b>   |

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**Haldimand**

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

**Interdepartmental Implications:****Norfolk****Haldimand****Consultation(s):**

None

**BOH Strategic Plan Linkage:**

Communication, Healthy, Supportive Environment, Organizational Strength and Quality and Performance: The ASPBS adheres to the MOH requirements to secure funds to achieve the OPHS and all the strategic goals.

**Strategic Plan Linkage:**

Financial Sustainability and Fiscal Responsibility: The ASPBS adheres to the MOH requirements for budget submissions to secure the funding required to fulfill the OPHS, with the focus on local needs.

**Conclusion:**

This report is to advise the Board of Health of the Annual Service Plan and Budget Submission provided to the Ministry of Health on April 1<sup>st</sup>, 2021. Additionally, this report updates the Board of Health of the funding available for the 2021-2022 funding year.

**Recommendation(s) of Health and Social Services Advisory Committee:****Recommendation(s):**

THAT Staff Report HSS 21-18 Annual Service Plan, Budget Submission, and funding Agreement 2021 be received as information;

AND THAT the Approved 2021 Haldimand-Norfolk Health Unit Operating Budget be amended to include \$4,010,500 in one-time funding;

AND FURTHER THAT the Board of Health endorse the delivery of one-time programs as outlined in the report.

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**Attachments:**

1. 2021 Annual Service Plan and Budget Submission Overall Budget Summary
2. One-Time Funding Requests Summary
3. New Schedules to Public Health Funding and Accountability Agreement (2021) for the Haldimand Norfolk Health Unit

Reviewed and Submitted By:

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# 2021 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

## Budget Summary

| Base Funding                               |                       |                                     |                          |   |                          |   |
|--|-----------------------|-------------------------------------|--------------------------|---|--------------------------|---|
| Source of Funding                          | Budget (at 100%)<br>A | Provincial Share<br>B= A*Prov.Share | Approved Allocation<br>C | Variance Surplus / (Deficit)<br>D = C - B | One-Time Mitigation<br>E | Variance after One-Time Mitigation Surplus / (Deficit)<br>F = D + E |
| Mandatory Programs (Cost-Shared)           | 8,404,000             | 5,882,800                           | 5,431,900                | (450,900)                                 | 325,400                  | (125,500)   |
| Ontario Seniors Dental Care Program (100%) | 537,900               | 537,900                             | 537,900                  | -   |                          |   |
| <b>Total</b>                               | <b>8,941,900</b>      | <b>6,420,700</b>                    | <b>5,969,800</b>         | <b>(450,900)</b>                          |                          |   |

## Summary of Expenditures by Standard

| Standards   | Total Board of Health | Salaries and Wages | Benefits         | Travel         | Building Occupancy | Municipal Charges | Professional Services | Expenditure Recoveries & Offset Revenues | Other Program Expenditures |
|---|-----------------------|--------------------|------------------|----------------|--------------------|-------------------|-----------------------|--|----------------------------|
| <b>Direct Costs</b>   |                       |                    |                  |                |                    |                   |                       |  |                            |
| Population Health Assessment                                | 115,300               | 75,400             | 18,800           | 2,000          | 3,700              | 9,900             | 1,400                 | -  | 4,100                      |
| Health Equity   | 169,200               | 109,300            | 32,400           | 2,500          | 4,800              | 13,000            | 1,800                 | -  | 5,400                      |
| Effective Public Health Practice                            | 349,300               | 226,400            | 60,200           | 5,800          | 10,900             | 29,600            | 4,300                 | -  | 12,100                     |
| Emergency Management  | 51,900                | 33,800             | 9,400            | 800            | 1,500              | 4,100             | 600                   | -  | 1,700                      |
| Chronic Disease Prevention and Well-Being                   | 985,000               | 284,700            | 74,400           | 8,100          | 15,300             | 41,600            | 543,900               | -  | 17,000                     |
| Food Safety   | 420,000               | 312,700            | 83,800           | 8,100          | 15,200             | 41,400            | 6,000                 | (64,200)                                 | 17,000                     |
| Healthy Environments  | 354,500               | 226,500            | 57,300           | 6,500          | 12,200             | 33,400            | 4,900                 | -  | 13,700                     |
| Healthy Growth and Development                              | 401,900               | 263,300            | 73,900           | 6,400          | 12,100             | 32,700            | 4,800                 | (4,700)                                  | 13,400                     |
| Immunization  | 474,000               | 341,700            | 96,100           | 5,600          | 10,500             | 28,500            | 4,200                 | (24,300)                                 | 11,700                     |
| Infectious and Communicable Diseases Prevention and Control | 1,240,600             | 810,300            | 224,900          | 19,400         | 36,800             | 99,900            | 14,600                | (6,300)                                  | 41,000                     |
| Safe Water  | 399,400               | 261,300            | 67,700           | 6,500          | 12,200             | 33,200            | 4,900                 | -  | 13,600                     |
| School Health   | 1,894,600             | 1,170,300          | 344,700          | 35,000         | 65,700             | 179,200           | 26,200                | -  | 73,500                     |
| Substance Use and Injury Prevention                         | 1,139,900             | 722,300            | 199,500          | 20,000         | 37,800             | 103,000           | 15,000                | -  | 42,300                     |
| <b>Total Direct Costs</b>                                   | <b>7,995,600</b>      | <b>4,838,000</b>   | <b>1,343,100</b> | <b>126,700</b> | <b>238,700</b>     | <b>649,500</b>    | <b>632,600</b>        | <b>(99,500)</b>                          | <b>266,500</b>             |
| <b>Indirect Costs</b>                                       |                       |                    |                  |                |                    |                   |                       |  |                            |
| Indirect Costs  | 946,300               | 695,500            | 175,800          | 13,700         | 25,900             | 70,500            | 10,300                | (74,300)                                 | 28,900                     |
| <b>Total Expenditures</b>                                   | <b>8,941,900</b>      | <b>5,533,500</b>   | <b>1,518,900</b> | <b>140,400</b> | <b>264,600</b>     | <b>720,000</b>    | <b>642,900</b>        | <b>(173,800)</b>                         | <b>295,400</b>             |

# 2021 Annual Service Plan and Budget Submission

Board of Health for the Haldimand-Norfolk Health Unit

## One-Time Funding Requests

| <b>One-Time Funding Requests Summary</b>                | <b>Amount</b>    |
|---|------------------|
| Simcoe Preventive Delivery System – Chair and Cabinetry | 56,700           |
| COVID-19 Extraordinary Costs                            | 3,032,300        |
| COVID-19 Vaccine Program                                | 4,539,100        |
| Ontario Seniors Dental Care Program                     | 370,000          |
| Gilbertson Administration Building Lighting Retrofits   | 25,000           |
| Strategic Option Analysis                               | 150,000          |
| <b>Total One-Time Funding Requested</b>                 | <b>8,173,100</b> |

# **New Schedules to the Public Health Funding and Accountability Agreement**

**BETWEEN THE PROVINCE AND THE BOARD OF HEALTH**

**(BOARD OF HEALTH FOR THE HALDIMAND-NORFOLK HEALTH UNIT)**

**EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2021**

**SCHEDULE "A"  
GRANTS AND BUDGET**

Board of Health for the Haldimand-Norfolk Health Unit

| <b>DETAILED BUDGET - MAXIMUM BASE FUNDS<br/>(FOR THE PERIOD OF JANUARY 1, 2021 TO DECEMBER 31, 2021, UNLESS OTHERWISE NOTED)</b> |                                      |
|--|--------------------------------------|
| <b>Programs/Sources of Funding</b>   | <b>2021 Approved Allocation (\$)</b> |
| Mandatory Programs (70%)   | 5,431,900                            |
| Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative (100%) <sup>(1)</sup>       | 103,600                              |
| Ontario Seniors Dental Care Program (100%)   | 537,900                              |
| <b>Total Maximum Base Funds<sup>(2)</sup></b>  | <b>6,073,400</b>                     |

| <b>DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS<br/>(FOR THE PERIOD OF APRIL 1, 2021 TO MARCH 31, 2022, UNLESS OTHERWISE NOTED)</b> |   |
|---|---|
| <b>Projects / Initiatives</b>   | <b>2021-22 Approved Allocation (\$)</b> |
| Mitigation (100%) <sup>(3)</sup>  | 325,400                                 |
| Mandatory Programs: Merger Costs – Review and Planning (100%)   | 150,000                                 |
| Capital: Lighting Retrofits – Gilbertson Administration Building (100%)   | 25,000                                  |
| COVID-19: Extraordinary Costs (100%) <sup>(3)</sup>   | 1,280,000                               |
| COVID-19: Vaccine Program (100%) <sup>(3)</sup>   | 2,269,600                               |
| Ontario Seniors Dental Care Program Capital: New Dental Operator and Upgrades – Health and Social Services (100%)               | 300,000                                 |
| Ontario Seniors Dental Care Program Capital: New Operator and Dental Suite – Dunnville Satellite Office (100%)                  | 400,000                                 |
| School-Focused Nurses Initiative (100%) <sup>(4)</sup>  | 500,000                                 |
| # of FTEs   | 5.0                                     |
| <b>Total Maximum One-Time Funds<sup>(2)</sup></b>   | <b>5,250,000</b>                        |

| <b>MAXIMUM TOTAL FUNDS</b>       | <b>2021-22 Approved Allocation (\$)</b> |
|----------------------------------|---|
| <b>Base and One-Time Funding</b> | <b>11,323,400</b>                       |

| <b>DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS<br/>(FOR THE PERIOD OF APRIL 1, 2022 to MARCH 31, 2023, UNLESS OTHERWISE NOTED)</b> |   |
|---|---|
| <b>Projects / Initiatives</b>   | <b>2022-23 Approved Allocation (\$)</b> |
| School-Focused Nurses Initiative (100%) <sup>(5)</sup>  | 165,000                                 |
| # of FTEs   | 5.0                                     |
| <b>Total Maximum One-Time Funds<sup>(2)</sup></b>   | <b>165,000</b>                          |

**NOTES:**

- (1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.
- (2) Maximum base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when the Province provides a new Schedule "A".
- (3) Approved one-time funding is for the period of January 1, 2021 to December 31, 2021.
- (4) Approved one-time funding is for the period of April 1, 2021 to March 31, 2022.
- (5) Approved one-time funding is for the period of April 1, 2022 to July 31, 2022.

*Provincial base funding is provided to the Board of Health for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act (HPPA), Regulations under the HPPA, Ontario Public Health Standards, and the Agreement. Provincial base funding is also provided to the Board of Health for the purposes of delivering related public health programs and initiatives in accordance with Schedule B.*

### **Mandatory Programs: Harm Reduction Program Enhancement**

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

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

#### Local Opioid Response

Base funding must be used to build a sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e., decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:

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

#### Naloxone Kit Distribution and Training

The Board of Health (or their Designate) must be established as a naloxone distribution lead/hub for eligible community organizations, as specified by the Province, which will increase dissemination of kits to those most at risk of opioid overdose.

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



- Order naloxone kits as outlined by the Province; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory, including managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations, and ensuring community organizations distribute naloxone in accordance with eligibility criteria established by the Province.
- Comply with the quarterly reporting requirements established by the Province.
- With the exception of entities (organizations, individuals, etc.) as specified by the Province:
  - Train community organization staff on naloxone administration, including how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
  - Train community organization staff on naloxone eligibility criteria, including providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
  - Support policy development at community organizations, including providing consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
  - Promote naloxone availability and engage in community organization outreach, including encouraging eligible community organizations to acquire naloxone kits for distribution to their clients.

*Use of naloxone (NARCAN® Nasal Spray and injectable naloxone formulations)*

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

- Its use of naloxone is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with naloxone.
- The Province takes no responsibility for any unauthorized use of naloxone by the Board of Health or by its clients.
- The Board of Health also agrees to:
  - Not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
  - Comply with the terms and conditions as it relates to the use and administration of naloxone as specified in all applicable federal and provincial laws.
  - Provide training to persons who will be administering naloxone. The training shall consist of the following: opioid overdose prevention; signs and symptoms of an opioid overdose; and, the necessary steps to respond to an opioid overdose, including the proper and effective administration of naloxone.
  - Follow all provincial written instructions relating to the proper use, administration, training and/or distribution of naloxone.

- Immediately return any naloxone in its custody or control at the written request of the Province at the Board of Health's own cost or expense, and that the Province does not guarantee supply of naloxone, nor that naloxone will be provided to the Board of Health in a timely manner.

### Opioid Overdose Early Warning and Surveillance

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

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

### ***Mandatory Programs: Healthy Smiles Ontario Program***

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that the following requirements are met:

- 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 of Health's Communications and Marketing Division to ensure use of the brand aligns with provincial standards.
- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., must be reported as income in financial reports as per Schedule C of the Agreement.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use the following provincial approved systems or mechanisms, or other as specified by the Province.

- Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15<sup>th</sup> of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
- Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.
- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented. Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

### ***Mandatory Programs: Nursing Positions***

Base funding may be utilized to support Chief Nursing Officer, Infection Prevention and Control, and Social Determinants of Health Nursing positions, as well as other nursing positions at the Board of Health.

The Board of Health shall only employ a Chief Nursing Officer with the following qualifications:

- 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 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.).

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 or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:

- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:

- The position is required to be to be a Registered Nurse; and,
- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

### ***Mandatory Programs: Smoke-Free Ontario***

Smoke-Free Ontario is a comprehensive approach that combines programs, policies, social marketing, and legislation to reduce the use of tobacco and vapour products and lower health risks by protecting Ontarians from second-hand smoke and vapour, and to keep harmful products out of the hands of children and youth.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that it complies with any written directions provided by the Province on the interpretation and enforcement of the *Smoke-Free Ontario Act, 2017*.

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

The Province provides the Board of Health with 100% of the additional base funding required to fund eligible Medical Officer of Health (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 maximum base funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation, including requirements related to minimum salaries.

### ***Ontario Seniors Dental Care Program (100%)***

The Ontario Seniors Dental Care Program (OSDCP) provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. The program is being implemented through a phased approach.

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services were available for eligible seniors through Boards of Health, participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure.

The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserved areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2021, with consideration being given to the ongoing implementation challenges presented by the COVID-19 response.

### Program Enrolment

Program enrolment is managed centrally and is not a requirement of the Board of Health. The Board of Health is responsible for local oversight of dental service delivery to eligible clients under the program within the Public Health Unit area.

In cases where eligible seniors present with acute pain and urgent need, and are not already enrolled in the program, OSDCP providers, at the clinical discretion of the attending dental care provider, may support timely access to emergency dental treatment by providing immediate services following the seniors' signing of an emergency need and eligibility attestation. This attestation and enrollment process is to be administered at the local level. Following the delivery of emergency treatment, all seniors will need to submit an OSDCP application, be determined eligible, and be enrolled to receive any further non-emergency dental care through the OSDCP.

### Program Delivery

The OSDCP is delivered through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.

With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

Base funding for the OSDCP must be used in accordance with the OSDCP-related requirements of the *Oral Health Protocol, 2018* (or as current), including specified requirements for service delivery, oral health navigation, and data collection and analysis. The Board of Health can allocate base funding for this Program across the program expense categories, with every effort made to maximize clinical service delivery and minimize administrative costs.

Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019.

As part of implementation, eligible expense categories under this Program also include:

- *Clinical service delivery costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).
  - Overhead costs associated with the Program's clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.
  
- *Oral health navigation costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program's clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program's clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
  - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

Operational expenses that are **not** eligible under this Program include:

- Staff recruitment incentives;
- Billing incentives; and,
- Costs associated with any activities required under the Ontario Public Health Standards, including the *Oral Health Protocol, 2018* (or as current), which are not related to the OSDCP.

## Other Requirements

### *Marketing*

- When promoting the OSDCP locally, the Board of Health is requested to align local promotional products with the provincial Program brand and messaging. The Board of Health is required to liaise with the Province to ensure use of the brand aligns with provincial standards.

### *Revenue*

- The Board of Health is required to bill-back relevant programs for services provided to non-OSDCP clients using resources under this Program. All revenues collected under the OSDCP, including revenues collected for the provision of services to non-Program clients such as Ontario Works adults, Ontario Disability Support Program adults, Non-Insured Benefits clients, municipal clients, HSO clients, etc., with resources under this Program must be reported as an offset revenue to the Province. Priority must always be given to clients eligible under this Program. The Board of Health is required to closely monitor and track revenue from bill-back for reporting purposes to the Province.
- A client co-payment is required on new denture services. Co-payment amounts are specified by the Province in Appendix A of the OSDCP Denture Services Factsheet for Providers (Factsheet), which applies to both dentists and denturists. It is the Board of Health's responsibility to collect the client co-payment for the codes outlined in Appendix A of the Factsheet. The Board of Health may determine the best mechanism for collecting co-payments, using existing payment and administration processes at the local level, in collaboration with OSDCP service delivery partners (e.g., Community Health Centre, Aboriginal Health Access Centre), as needed. The remaining cost of the service, after co-payment, is to be absorbed by the Board of Health through its operating base funding for the OSDCP. The revenue received from client co-payments for OSDCP service(s) is to be used to offset OSDCP program expenditures. Co-payment revenues are to be reported as part of the financial reporting requirements to the Province.

### *Community Partners*

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.
- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

### ***Mitigation (100%)***

One-time mitigation funding must be used to offset the increased costs of municipalities as a result of the 70% (provincial) / 30% (municipal) cost-sharing change for mandatory programs.

### ***Mandatory Programs: Merger Costs – Review and Planning (100%)***

One-time funding must be used for consulting services to conduct a review, and determine feasibility, of a potential merger of neighbouring public health units to enhance capacity in the delivery of public health programs and services. Eligible costs include work plan design.

### ***Capital: Lighting Retrofits – Gilbertson Administration Building (100%)***

One-time funding must be used to replace light fixtures at the public health unit occupied space at the Gilbertson building. Eligible costs include the cost of retrofitting interior lighting that has reached end of life expectancy and is posing safety issues.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

### ***COVID-19: Extraordinary Costs (100%)***

One-time funding must be used to offset extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province (excluding costs associated with the delivery of the COVID-19 vaccine program). Extraordinary costs refer to the costs incurred over and above the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

- Staffing – Salaries and benefits, inclusive of overtime for existing or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; new temporary or casual staff; salaries and benefits associated with overtime worked by indirect staff (e.g., finance, HR, legal, communications, etc.) and management staff (where local board of health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities.



- Travel and Accommodation – for staff delivering COVID-19 service away from their home office location, or for staff to conduct infectious disease surveillance activities (swab pick-ups and laboratory deliveries).
- Supplies and Equipment – small equipment and consumable supplies (including laboratory testing supplies and personal protective equipment) not already provided by the ministry, and information and information technology upgrades related to tracking COVID-19 not already approved by the ministry.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services including courier services and rental cars, data entry or information technology services for reporting COVID-19 data to the ministry (from centres in the community that are not operated by the Board of Health) or increased services required to meet pandemic reporting demands, outside legal services, and additional premises rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a public health unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at “arm’s length” (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

The following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost.
- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.
- Costs associated with COVID-19 case and contact management self-isolation sites.
- Costs associated with municipal by-law enforcement.

- Electronic Medical Record systems.

The Board of Health is required to retain records of COVID-19 spending.

**COVID-19: Vaccine Program (100%)**

One-time funding must be used to offset extraordinary costs associated with organizing and overseeing the COVID-19 immunization campaign within local communities, including the development of local COVID-19 vaccination campaign plans. Extraordinary costs refer to the costs incurred over and above the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

- Staffing – salaries and benefits, inclusive of overtime, for existing staff or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; new temporary or casual staff; and, salaries and benefits associated with overtime worked by indirect staff (e.g., finance, HR, legal, communications, etc.) and management staff (where local board of health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities. Activities include providing assistance with meeting provincial and local requirements for COVID-19 surveillance and monitoring (including vaccine safety surveillance, adverse events and number of people vaccinated), administering the COVID-19 vaccine, managing COVID-19 Vaccine Program reporting requirements, and planning and deployment of immunization/ vaccine clinics.
- Travel and Accommodation – for staff delivering COVID-19 Vaccine Program services away from their home office location, including transporting vaccines, and transportation/accommodation for staff of mobile vaccine units.
- Supplies and Equipment – supplies and equipment associated with the storage and handling of the COVID-19 vaccines (including vaccine refrigerators, freezers, coolers, etc.), small equipment and consumable supplies (including personal protective equipment) not already provided by the Province, supplies necessary to administer the COVID-19 vaccine (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.) not already provided by the Province, information and information technology upgrades related to tracking COVID-19 immunization not already approved by the ministry.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services (e.g., courier services, transporting clients to vaccination clinics), data entry or information technology services for reporting COVID-19 data related to the Vaccine Program to the Province from centres in the community that are not operated by the Board of Health or increased services required to meet pandemic reporting demands, outside legal services, and additional premises leased or rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19 immunization outreach.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a public health unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at “arm’s length” (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

The following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost.
- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.

The Board of Health is required to retain records of COVID-19 spending.

***Ontario Seniors Dental Care Program Capital: New Dental Operatory and Upgrades – Health and Social Services (100%)***

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used to convert the preventive clinic to also provide restorative dental services. Eligible costs include the addition of a new dental operatory and x-ray machine, upgrades to the existing dental chair, expansion of the sterilization area, furniture and equipment, replacement of two rooftop HVAC units and increased construction costs.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.

- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

***Ontario Seniors Dental Care Program Capital: New Operatory and Dental Suite – Dunnville Satellite Office (100%)***

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used for a new preventive and treatment operatory and dental suite. Eligible costs include the addition of a new dental operatory, equipment for a sterilization and pump room, and furniture.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

***School-Focused Nurses Initiative (100%)***

The School-Focused Nurses Initiative was created for the 2020-21 school year to support additional nursing FTE capacity in every board of health to provide rapid-response support to school boards and schools in facilitating public health and preventative measures related to the COVID-19 pandemic. One-time funding for this initiative is being renewed for the 2021-22 school year.

The school-focused nurses contribute to the following activities in support of school boards and schools:

- Providing support in the development and implementation of COVID-19 health and safety plans;

- Providing sector specific support for infection prevention; surveillance, screening and testing; outbreak management; case and contact management; and COVID-19 vaccinations; and,
- Supporting communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus is on the COVID-19 response, the additional nurses may also support the fulfilment of board of health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards. The additional FTEs may also support childcare centres, home childcare premises and other priority settings relating to the health of school-aged children and youth.

The initiative is being implemented with the following considerations:

- Recruitment of Registered Nurses to the extent possible;
- French language and Indigenous (First Nation, Métis, Inuit) service needs;
- Capacity for both in-person and virtual delivery;
- Consistency with existing collective agreements; and,
- Leveraging the Chief Nursing Officer role as applicable in implementing this initiative, as well as coordinating with existing school health, nursing, and related programs and structures within the Board of Health (e.g., School Health Teams, Social Determinants of Health Nurses, Infection Prevention and Control Nurses, and school-based programs such as immunization, oral and vision screening, reproductive health, etc.).

Qualifications required for these positions are:

- Current registration with the College of Nurses of Ontario (i.e., Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class).

One-time funding must be used to continue the new temporary FTEs for school-focused nurses as specified in Schedule A of the Agreement. Funding is for nursing salaries, wages, and benefits only and cannot be used to support other operating costs. Additional costs incurred by the Board of Health to support school re-opening initiatives that cannot be managed within the existing budget of the Board of Health, are admissible through the COVID-19 extraordinary costs process.

## ***Infectious Diseases Programs Reimbursement***

Funding for Infectious Diseases Programs will be provided on a case-by-case basis through direct reimbursement. These funds are provided to offset the costs of treatment medications not made available through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

To be reimbursed, original receipts and client identification information needs to be submitted to the Infectious Diseases Section of the Health Protection and Surveillance Policy and Programs Branch (Office of Chief Medical Officer of Health, Public Health). Clients will not be directly reimbursed.

Questions about the reimbursement process and expense eligibility can be submitted to the following email: [IDPP@ontario.ca](mailto:IDPP@ontario.ca).

### Leprosy

The Board of Health may submit claims on a case-by-case basis for medication costs related to the treatment of Leprosy. As per Chapter A: Leprosy, of the *Infectious Diseases Protocol, 2018* (or as current), treatment should be under the direction of an infectious disease specialist and should refer to World Health Organization (WHO) treatment recommendations.

### Tuberculosis

The Board of Health may submit claims on a case-by-case basis for second-line and select adjunct medications related to the treatment of active tuberculosis and latent tuberculosis infection. For more information on the reimbursement process, see section 9 of the *Tuberculosis Program Guideline, 2018* (or as current).

## ***Vaccine Programs Reimbursement***

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the Standards Activity Reports or other reports as requested by the Province, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted on the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

### Influenza

- The Province will continue to pay \$5.00/dose for the administration of the influenza vaccine.
- All doses administered by the Board of Health to individuals aged 6 months or older who live, work or attend school in Ontario.

### Meningococcal

- The Province will continue to pay \$8.50/dose for the administration of the meningococcal vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
  - Men-C-C doses if given in substitution of Men-C-ACYW135 for routine doses.

Note: Doses administered through the high-risk program are not eligible for reimbursement.

### Human Papillomavirus (HPV)

- The Province will continue to pay \$8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- High-risk program: MSM <26 years of age.

**SCHEDULE “C”  
REPORTING REQUIREMENTS**

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

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

| Name of Report   | Reporting Period                            | Due Date   |
|--|---|--|
| <b>1. Annual Service Plan and Budget Submission</b>      | For the entire Board of Health Funding Year | April 1 of the current Board of Health Funding Year      |
| <b>2. Quarterly Standards Activity Reports</b>           |   |  |
| Q2 Standards Activity Report                             | For Q1 and Q2                               | July 31 of the current Board of Health Funding Year      |
| Q3 Standards Activity Report                             | For Q3                                      | October 31 of the current Board of Health Funding Year   |
| Q4 Standards Activity Report                             | For Q4                                      | January 31 of the following Board of Health Funding Year |
| <b>3. Annual Report and Attestation</b>                  | For the entire Board of Health Funding Year | April 30 of the following Board of Health Funding Year   |
| <b>4. Annual Reconciliation Report</b>                   | For the entire Board of Health Funding Year | April 30 of the following Board of Health Funding Year   |
| <b>5. MOH / AMOH Compensation Initiative Application</b> | For the entire Board of Health Funding Year | As directed by the Province                              |
| <b>6. Other Reports and Submissions</b>                  | As directed by the Province                 | As directed by the Province                              |



## **Definitions**

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

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

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

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

“Q4” means the period commencing on October 1st and ending on the following December 31st.

## **Report Details**

### **Annual Service Plan and Budget Submission**

- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

### **Quarterly Standards Activity Reports**

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Agreement.
- Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
- The Quarterly Standards Activity Reports shall be signed on behalf of the Board of Health by an authorized signing officer.

### **Annual Report and Attestation**

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.
- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

### **Annual Reconciliation Report**

- The Board of Health shall provide to the Province an Annual Reconciliation Report for

funding provided for public health programs governed under the Accountability Agreement.

- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.
- Specific to Temporary Pandemic Pay Initiative, the Board of Health shall provide the following as part of the Annual Reconciliation Report:
  - Accounting for the reporting of both the revenue and expenditures for the Temporary Pandemic Pay Initiative should appear as separate and distinct items within the Annual Reconciliation Report.
  - The Audited Financial Statement must include appropriate disclosure regarding the Board of Health's revenue and expenditures related to the Temporary Pandemic Pay Initiative.

Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative Application

- The Board of Health shall complete and submit an annual application in order to participate in this Initiative and be considered for funding.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

## SCHEDULE "D"

### 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.

## Advisory Committee Meeting – October 25, 2021

### Council-In-Committee – November 09, 2021

Subject: Housing Services Operating Subsidy Agreement: Simcoe  
Community Homes Inc., Lynn View Terrace  
Report Number: HSS 21-19  
Division: Health and Social Services  
Department: Haldimand Norfolk Social Services and Housing  
Purpose: For Decision

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#### Executive Summary:

Lynn View Terrace, part of Simcoe Community Homes Inc., provides housing for seniors in Simcoe. They are currently operating under a federal housing provider's agreement, which ended with the expiry of their mortgage in May, 2021. Staff have been in discussion with the Board to move Lynn View Terrace from the federal funding model to the provincial funding model and to enter into a new operating agreement. This change provides the housing provider with opportunities to access funding that is available to social housing providers from the federal and provincial governments for capital repairs and maintenance. This also means that the Service Manager retains these social housing units in the long term. At this time there is no financial impact to the County for this change as the provincial funding formula calculation for Lynn View Terrace calculates no operating subsidy due to the fact that there is no mortgage payment.

The purpose of this staff report is to obtain Council approval of the subsidy agreement and request the Mayor and Clerk sign the agreement with the Board of Directors of Simcoe Community Homes Inc., Lynn View Terrace.

#### Discussion:

Lynn View Terrace is a social housing provider whose operating subsidy has historically been calculated according to the 2% Federal Write Down Funding Model. At each time of mortgage renewal, a calculation is done to determine the cost of the original mortgage at the renewal rate and the constant cost of the original mortgage at 2%. The Service Manager must provide funding to these providers which is the difference between these two rates. Over the years, as the interest rates for mortgages have decreased, the funding this provider has received has also decreased.

The provincial benchmark funding model considers rent revenues as well as expenses not only for mortgage but property taxes and indexed expenses for operating items such as utilities and insurance. It also requires annual contributions to capital reserves. This method of subsidy calculation is a more accurate reflection of the housing providers' operating and capital expenses and promotes financial planning and sustainability. The Service Manager uses this formula to calculate the operating subsidies for the majority of the non-profit housing providers in Haldimand and Norfolk Counties. As part of this exercise, Norfolk County Finance staff have prepared a draft subsidy calculation for Lynn View Terrace using their most recent financial statements. This calculation shows that there is no municipal operating subsidy owed to Lynn View Terrace under the provincial funding formula as there is no mortgage payment to include in the subsidy calculation. The calculation shows that they are financially viable without a municipal operating subsidy.

As part of the new operating agreement, the Service Manager requires the provider make a commitment to operate as a social housing community for ten years past the time of their mortgage payout. At the present time, once the provider's mortgage is paid out their operating agreement ends, and they could choose to no longer operate as a social housing community. This would be detrimental to the Service Manager as it would mean a loss of much needed rent geared-to-income housing units in Haldimand and Norfolk Counties. The Service Manager, in order to maintain current service standards, would have to secure an equivalent number of units elsewhere. Around the province Service Managers are proactively engaging in end of operating planning discussions with housing providers. The decision to change Lynn View Terrace to the provincial funding formula is an excellent end of operating agreement strategy.

The agreement is attached to this staff report for Council's review. The essential elements of the proposed agreements are as follows:

1. The Service Manager agrees to calculate the operating subsidy for Lynn View Terrace according to the provincial benchmark-funding model and pay the subsidy monthly to the housing provider, should they be eligible for an operating subsidy; at this time they are not.
2. The housing provider agrees to operate as a social housing community according to the regulations of the *Housing Services Act, 2011* for 10 years past the time of their mortgage payout.
3. During the ten year post mortgage payout period, if the housing provider dissolves and transfers its project, and the new owner will assume the responsibilities under the agreement as a social housing community, the Service Manager will enter into an agreement with the new owner.
4. At the end of the ten year post mortgage payout period, the responsibilities under the agreement will be deemed to be fulfilled and the housing provider will not owe any money to the Service Manager. Should they choose to continue to operate as a social housing community, their operating subsidy will continue as long as the Service Manager is responsible to fund social housing.

THIS Social Housing Operating Subsidy Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

BETWEEN

**The Corporation of Norfolk County (Norfolk County)**

AND

**Simcoe Community Homes Inc., Lynn View Terrace**

The Corporation of Norfolk County operating as the Consolidated Municipal Services Manager for Haldimand and Norfolk Counties, and Simcoe Community Homes Inc., Lynn View Terrace, an Ontario not for profit corporation operating a seniors housing project in the Town of Simcoe, Norfolk County; have agreed to the following terms and conditions under which financial subsidies will be provided by Norfolk County to Simcoe Community Homes Inc., Lynn View Terrace for the operation of their subsidized seniors housing units.

Norfolk County Responsibilities:

1. Norfolk County will pay to Simcoe Community Homes Inc., Lynn View Terrace an additional financial subsidy, calculated annually according to the provincial benchmark funding formula outlined in the *Housing Services Act*;
2. Norfolk County will pay this subsidy monthly, by direct deposit, on or about the final day of the month, for the month preceding;

Simcoe Community Homes Inc., Lynn View Terrace Responsibilities:

1. Simcoe Community Homes Inc., Lynn View Terrace agrees to have their financial subsidy calculated according to the provincial benchmark funding formula;
2. Simcoe Community Homes Inc., Lynn View Terrace agrees to operate as a seniors' social housing project at least until the time of their mortgage payout (on or about Dec 1, 2021);
3. If, at the time of mortgage payout, Simcoe Community Homes Inc., Lynn View Terrace decides not to remain in the social housing program for a minimum of ten (10) additional years (on or about Dec 1, 2031), Simcoe Community Homes Inc., Lynn View Terrace agrees to pay to Norfolk County the aggregate difference between the subsidy they received according to the benchmark funding formula and the subsidy they would have received according to the federal funding formula, calculated from the first additional payment up to the date of mortgage payout. Interest charges shall not be applied to the amount to be repaid;
4. At the end of each year of the ten (10) year post mortgage timeframe that Simcoe Community Homes Inc., Lynn View Terrace operates as a seniors' social housing project, the amount repayable to Norfolk County will be reduced by ten percent (10%). At the end of these (10) years, Norfolk County will consider Simcoe Community Homes Inc., Lynn View Terrace to have fulfilled their obligation outlined in this agreement, and no repayment of subsidy to Norfolk County will be required;



5. Should, during the ten (10) year timeframe, financial subsidies cease to become available to Simcoe Community Homes Inc., Lynn View Terrace due to a change in provincial and/or municipal policy related to the funding of social housing, then no repayment of subsidy to Norfolk County will be required;
6. Should Simcoe Community Homes Inc., Lynn View Terrace decide to dissolve their non-profit corporation and transfer their social housing project, as per their Letters Patent, before the end of the ten (10) year post mortgage timeframe to another non-profit housing provider or charitable organization who will enter into an agreement with Norfolk County for the provision of social housing and assume the obligations of Simcoe Community Homes Inc. , Lynn View Terrace under this agreement, then Norfolk County will enter into such an agreement and relieve Simcoe Community Homes Inc., Lynn View Terrace of their obligations under this agreement;
7. Should Simcoe Community Homes Inc., Lynn View Terrace decide to continue to operate as a seniors' social housing project after the fulfillment of their obligation as outlined in this agreement, Simcoe Community Homes Inc., Lynn View Terrace will receive a financial subsidy for the operation of social housing, calculated annually in accordance with the provincial funding formula for social housing, and paid monthly. This funding arrangement will continue as long as Simcoe Community Homes Inc., Lynn View Terrace is operating as a seniors' social housing project and as long as a provincial funding formula for social housing exists;
8. Simcoe Community Homes Inc., Lynn View Terrace agrees to submit to Norfolk County all required financial and annual reporting as outlined in the *Housing Services Act*;
9. Simcoe Community Homes Inc., Lynn View Terrace acknowledges it is bound by all legislative requirements as outlined in the *Housing Services Act*;
10. Simcoe Community Homes Inc., Lynn View Terrace agrees that this Social Housing Operating Subsidy Agreement will be registered on title, at the expense of Norfolk County.

Any notice or other communication required, desired or permitted to be given by this Agreement shall be in writing and shall be effectively given if:

- (a) Delivered personally;
- (b) Sent by prepaid courier service, or
- (c) Sent by email or facsimile communication, and confirmed by mailing the original documents so sent by prepaid mail on the same or following day, addressed as follows:
  - i. In the case of notice to Norfolk County:  
  
Director, Social Services and Housing  
12 Gilbertson Drive  
P.O. Box 570  
Simcoe, ON N3Y 4N5

ii. In the case of notice to Simcoe Community Homes Inc., Lynn View Terrace :

Board President, Simcoe Community Homes Inc., Lynn View Terrace  
85 Argyle Street  
Simcoe, ON N3Y 1V7

IN WITNESS WHEREOF this agreement has been executed by the Parties.

Per: The Corporation of Norfolk County:

\_\_\_\_\_  
Mayor, Norfolk County

\_\_\_\_\_  
Clerk, Norfolk County

We have the authority to bind the corporation.

Per: Simcoe Community Homes Inc., Lynn View Terrace:

\_\_\_\_\_  
Board President, Simcoe Community Homes Inc., Lynn View Terrace

\_\_\_\_\_  
Board Member, Simcoe Community Homes Inc., Lynn View Terrace

We have the authority to bind the corporation.

The Board of Directors of Lynn View Terrace appointed representatives to meet with staff and negotiate the agreement, which was then approved, in draft, by the Board of Directors at a regular meeting.

Entering into this agreement allows the provider to apply for provincial and federal funding and maintains the much needed seniors housing units in our community.

### **Financial Services Comments:**

#### **Norfolk**

The Approved 2021 Levy Supported Operating Budget did not include an operating subsidy for Lynn View Terrace which is in line with, and determined from, the Federal Funding Formula.

Staff calculated a draft 2021 budget using the Provincial Funding Model, based on information obtained from the most recent audited financial statements. From the draft budget, Lynn View Terrace would not be eligible for an operating subsidy as their projected revenues were sufficient to support expenditures.

It should be noted that by switching to the Provincial Model, should Lynn View Terrace end the year in an operational deficit, the shortfall would be funded from the Norfolk County levy.

Should Council approve the change to the provincial funding model, operating budgets will include an allocation for a subsidy for Lynn View Terrace, should they qualify based on the model.

#### **Haldimand**

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services

### **Interdepartmental Implications:**

#### **Norfolk**

#### **Haldimand**

### **Consultation(s):**

**Strategic Plan Linkage:**

This report aligns with the 2019-2022 Council Strategic Priority "Focus on Service".

**Explanation:**

A new operating agreement maintains these units within the system, allowing continued access to subsidized housing for seniors in our community.

**Conclusion:**

Staff have completed negotiations with the Board of Directors of Lynn View Terrace to change their operating subsidy calculation from the federal model to the provincial benchmark model.

The providers' Board of Directors has approved the draft agreement. Staff are bringing the agreement forth to Council and recommend approval. This change has no levy impact at this time and secures these social housing units for seniors over a longer term.

**Recommendation(s) of Health and Social Services Advisory Committee:****Recommendation(s):**

THAT staff report HSS 21-19, Housing Services Operating Subsidy Agreement; Simcoe Community Homes Inc., Lynn View Terrace, be received as information;

AND THAT Council; direct staff to move forward in signing the new operating agreement with Lynn View Terrace

AND FURTHER THAT Council authorize the Mayor and Clerk to sign the Housing Services Operating Subsidy Agreement with Simcoe Community Homes Inc., Lynn View Terrace

**Attachment(s):**

Attachment 1- New Operating Agreement for Simcoe Community Homes Inc., Lynn view Terrace

Submitted and Reviewed By:

Heidy VanDyk

Acting General Manager, Health and Social Services

For more information, call:

519-426-6170 ext. 3120

Prepared By:  
Stephanie Rice  
Acting Director, Social Services & Housing  
For more information, call:  
519-426-6170 ext. 3122

## Advisory Committee Meeting – October 25, 2021

### Council-In-Committee – November 09, 2021

Subject: Ontario Works Business Plan 2021  
Report Number: HSS 21-20  
Division: Health and Social Services  
Department: Haldimand Norfolk Social Services and Housing  
Purpose: For Information

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#### Executive Summary:

The Ministry of Children, Community and Social Services requires all Employment Services Transformation (EST) sites to submit a business plan in 2021 that focuses on the transition activities to develop a thorough service plan at the start of 2022. Haldimand-Norfolk has been one of the EST sites since January 2021.

Receipt of Ontario Works funding from the Ministry of Children, Community and Social Services (MCCSS) is contingent upon the completion of a business plan or service plan. The 2021 Business plan is to be submitted along with the annual budget submission.

MCCSS has identified that, at a minimum, the business plan must include the CMSM's practical strategy for:

- Implementing EST, including the delivery of life stabilization services and supports, and working locally with Service System Managers to provide effective case management of shared clients
- Completing EST intake processes (common assessment, action planning) for exiting clients
- Ensuring that the program is delivered in accordance with legislation, regulations, policy directives, and policy guidelines document created specifically for EST municipalities.
- Achieving improved outcomes for Ontario Works participants.

Generally, a Service/Business plan will be approved by the Ministry if it:

- demonstrates how the key strategies in the service plan support the program's vision and mandate;
- provides a summary of the environmental context in which Ontario Works employment assistance will be delivered;
- demonstrates the appropriate financial and administrative activities required to support program delivery;
- illustrates how the CMSM will invest in case management strategies that best reflect their caseload, local conditions and local priorities and offer the best range of services and supports to respond to unique client needs for success toward employment and independence;
- demonstrates how established metrics will be achieved.

This report provides an overview of the Ontario Works Business Plan for 2021 that will be submitted to the Ministry once Council approval is given.

### **Discussion:**

The development of the attached Business Plan was completed by the Ontario Works management team and was guided by the requirements set out by the MCCSS.

The Ministry has identified a vision and mandate that is shared by all CMSM's and is articulated as follows:

#### Vision

To create an efficient, effective and streamlined social services system that focuses on people, providing them with a range of services and supports to respond to their unique needs and address barriers to success so they can move towards employment and independence.

#### Mandate

To provide life stabilization and financial assistance to people in financial need. The Ontario Works program:

- Recognizes individual responsibility and promotes self-reliance through participation in life stabilization activities
- serves people needing assistance by Providing financial assistance to those most in need while they meet obligations to become and stay employed
- Is accountable to the taxpayers of Ontario.

## Employment Services Transformation (EST)

While the Ministry of Labour, Training and Skills Development (MLTSD) through local Service System Managers (SSMs) will provide employment and training services to Ontario Works clients, Ontario Works delivery partners will assess readiness for employment, prior to the referral to the Employment Ontario/SSMs, and determine client's life stabilization needs.

### Life Stabilization Framework

Life stabilization supports are services that support an individual in attaining stable living conditions, community inclusion and readiness for employment for those with participation requirements or interest in working. It includes providing a continuum of supports and services to people in financial need, while recognizing individual responsibility and promoting self-reliance. All of these factors are important in supporting an individual along their path towards employment.

Ontario Works participants and Non-Disabled Adults included on an Ontario Disability Support Program benefit unit are required to complete a Common Assessment and an Action Plan with their Ontario Works Case Manager.

The Action Plan contains the actions the participant will take to work towards the attainment of employment and progress towards financial independence. Ontario Works Case managers assess the client for readiness for employment to determine if a referral to Employment Ontario is appropriate. If a referral is not appropriate, Life Stabilization supports and services are determined to address barriers to employment referral readiness. Case Managers work collaboratively with Employment Ontario staff, Social Services and Housing staff, and community agency partners to support clients along the path to employment.

The strategies identified in the Service/Business Plan are continually reviewed to ensure that outcomes are being achieved. Because the Service Plan is intended to be a living document, where necessary, based on local environmental changes, the strategies and targets identified in the Service Plan will be modified.

### **Financial Services Comments:**

#### **Norfolk**

The Proposed 2021 Levy Supported Operating Budget for the Ontario Works Administration program was developed with funding information confirmed by the Ministry for the 2021 calendar year during 2020, as a result of the transition to an EST site. This included reduced funding of \$697,600. Staff presented for Council's consideration Option #15 in the Proposed Budget to partially offset the financial pressures created from the reduced funding. From this option, the approved 2021 budget contained an expenditure reduction of \$682,200.



The Proposed 2021 Levy Supported Operating Budget did not include any recommendations for changes to client benefits as staff did not have the necessary information to suggest such amendments. Benefits are funded 100% by the MCCSS.

There are no direct financial implications within the report as presented. The annual budget submission is completed each year based on the Council approved Levy Supported Operating Budget.

**Haldimand**

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

**Interdepartmental Implications:****Norfolk****Haldimand****Consultation(s):****Strategic Plan Linkage:**

This report aligns with the 2019-2022 Council Strategic Priority "Focus on Service".

**Explanation:**

The delivery of the Ontario Works program provides financial and life stabilization assistance to people in financial need.

**Conclusion:**

The Ontario Works Business Plan for 2021 must be submitted to the MCCSS in order to receive our on-going funding. The Business Plan is a living document, which is reviewed by the Haldimand & Norfolk Social Services Management Team on a regular basis. If necessary, in year adjustments to targets can, and will be made, to reflect any major changes in our local environment. In early 2022, a Full Service plan will be required by MCCSS. This will be brought to Council for approval once completed.

**Recommendation(s) of Health and Social Services Advisory Committee:**

**Recommendation(s):**

THAT staff report HSS 21-20, Ontario Works Business Plan 2021, be received as information;

AND THAT Council approve the Ontario Works Service Plan for 2021, as presented in this staff report;

AND FURTHER THAT Council direct staff to submit the Ontario Works Service Plan for 2021 to the Ministry of Community and Social Services for their approval;

**Attachment(s):**

Attachment 1 – Ontario Works Business Plan 2021

Submitted and Reviewed By:

Heidy VanDyk

Acting General Manager, Health and Social Services

For more information, call:

519-426-6170 ext. 3120

Prepared By:

Stephanie Rice

Acting Director, Social Services & Housing

For more information, call:

519-426-6170 ext. 3122

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# **Ontario Works Business/Service Plan Template:**

**For EST CMSMs**

**ONTARIO WORKS  
BUSINESS/SERVICE PLAN TEMPLATE FOR EST SITES**

*Note: This template includes items for Employment Services Transformation (EST) delivery partners to consider when undertaking service planning. EST delivery partners may submit a Business Plan for their 2021 service contract followed by a Service Plan at the start of 2022. EST sites may use this template or in an alternate format. Approval of a Business/Service Plan requires that sufficient information is presented to meet Ministry standards for approval.*

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**Business/Service Plan template for 2021**

**Ontario Works Vision and Mandate**

**All Ontario Works delivery partners share the same vision and mandate. This serves as a common starting point for the service planning process.**

***Vision***

To create an efficient, effective and streamlined social services system that focuses on people, providing them with a range of services and supports to respond to their unique needs and address barriers to success so they can move towards employment and independence.

***Mandate***

To provide life stabilization and financial assistance to people in financial need. The Ontario Works program:

- Recognizes individual responsibility and promotes self-reliance through participation in life stabilization activities
- serves people needing assistance by Providing financial assistance to those most in need while they meet obligations to become and stay employed
- Is accountable to the taxpayers of Ontario.

## Ministry Priorities

Ontario Works delivery partners play a key role in delivering on many of the government's priorities and have the ability to leverage provincial investments in infrastructure, employment, education and social services to create new opportunities for clients. As part of the service plan, Ontario Works delivery partners will articulate the efforts they will undertake to address the following ministry priorities for the current business cycle:

*Enter specific activities and strategies used to address the following key Ministry priorities in 2021, including any activities will be held for the start of 2022:*

As part of the 2021 Business Plan, articulate how will the below activities be undertaken to address the following Ministry priorities:

### 1. **Recovery and Renewal**

- **Accelerated digital delivery solutions**, including the launch of a new and easy-to-use SA Digital Application and expansion of the MyBenefits digital platform to improve access for people receiving social assistance and allow two-way digital messaging between clients and caseworkers.
- **Centralized and automated delivery**, beginning with centralized intake pilots across several municipalities that reduce paperwork, giving caseworkers more time to support clients through crisis and helping them get back to work.
- **Risk-based eligibility review**, to be developed alongside the centralized intake pilots, that uses provincial, federal and third-party sources to make financial assistance processing faster, while strengthening program integrity.
- **Access to employment and training**, partnering with the Ministry of Labour, Training and Skills Development to support people to get back to work, including people with disabilities who have been particularly hard hit by job losses during the COVID-19 outbreak.
- **Collaborating with municipal partners**, by co-designing a renewed SA operating model following work with municipalities to design a new SA transformation vision; and engaging with key stakeholders, including staff, provincial bargaining agents and clients.

### 2. **Improving Employment Outcomes**

For the interim, while a SA performance management framework is being developed EST Ontario Works delivery partners will use the interim performance metric as outcomes for service planning.

As outlined in the Ministry's memo, the Ministry is requesting an outcome target to be set for each performance metric as part of the Budget Submission and contract negotiation, see **section 2 – Strategies and Outcomes**, for further information.

### 3. **Develop and Maintain Local Community Service Partnerships**

Build on and strengthen the range of supports available to Ontario Works clients, including long-term recipients of SA and marginalized or disadvantaged groups across service sectors, including health, developmental services, housing and child-care.

#### **4. *Strengthen Program Accountability***

The ministry continues to refine program controls to support greater delivery and financial accountability. Delivery partners will need to consider how these controls impact their business processes and delivery approaches when constructing their service plans. Key elements include:

- Compliance with expectations related to completing the Eligibility Verification Process
- Participation in current, and prospective, Oversight Intelligence activities aimed at preventing and reducing financial losses
- Documentation requirements for Ontario Works benefits that are managed outside of SAMS

## **Section 1: Transition Plan**

### **Service Delivery**

- A summary of outcomes achieved in relation to establishing targets for 2021, and a description of service system outcomes and delivery successes, client outcomes, challenges and lessons learned.

*Enter specific strategies used for the transition to EST – below are some guiding questions:*

1. ***Strategies used to complete Module 1 of the Common Assessment Tool and Action Plan for new clients and existing clients? Include the target date to have the CAT and Action Plans completed for all existing clients***
  - The target date to complete Module 1 of the Common Assessment Tool (CAT1) and Action plan for existing clients is the end of 2021.
  - Existing client strategy: When a client is due for the participation update, the CAT1 is completed along with an appropriate Action plan. Also on a touch the file basis, cases are reviewed for the need to complete the CAT1 and/or Action Plan.
  - New client strategy: Clients are booked within 30 days of activation with Ontario Works (OW) or referral from Ontario Disability Support Program (ODSP) for an appointment to complete the CAT1. Clients sent to us via the Central Intake and Benefits Administration Unit (IBAU) are booked within 30 days for CAT1 and Action Plan completion.
  - The use of all available reports and follow up with the case managers to ensure all clients have the CAT1 and an action plan completed.
  - Continue to fill staff vacancies as quickly as possible to reduce workload pressures on staff and to ensure work can be completed in a timely manner.
  
2. ***Provide a brief description of how referrals to EO are determined? Include the following:***
  - a. ***Challenges or other lessons learnt***
    - In the beginning of EST, it was not clear when clients would be considered, “referral ready”. For example, clients who were working 20 hours or more.
    - Initial lack of clarity on the role of the SSM in relation to OW. This has now been clarified.
    - Reduction in employment related funds for those referred to Employment services has been challenging for many of our clients.
    - Initial uncertainty on what services and supports were being offered to clients referred to Employment Services.
    - Returned referrals- still working out when and why referrals are returned to decrease the number of returns.
  - b. ***Quarterly target for EO referrals; and***
    - Based on information from the Service System Manager (SSM), their target is to receive 1336 referral per year from our OW office; an average of approximately 111 referrals per month.
    - Based on the barriers of our clients and the actual caseload size, this number has not nor will it be achieved for 2021. For example, in January 2021 we had 1029 OW benefit units with 1819 beneficiaries (this includes all members of the benefit unit; adults

and children). As of August 2021, we have 952 benefit units and 1669 beneficiaries. We also have not received the expected number of Non-disabled Adult (NDA) referrals from ODSP. We currently have approximately 30 NDAs working with our office. This number is significantly lower than expected at the time of transition planning at the end of 2020.

- There was also a significant learning curve as a prototype site for EST, which has affected our referrals for 2021.
- Based on the above considerations, we would set a target of 45 referrals per month for 2021 with the intention of improving that number based on expected increase in NDA referrals, working with the SSM to continue to build on integrated case management, and increase referrals for those who will work with both EO and OW for life stabilization supports. We also expect an increase in our OW caseload once Federal Relief benefits end which would increase referral numbers. We expect to be able to provide more accurate referral numbers in 2022.

***c. Number of participants currently receiving employment services from existing EO providers***

Based on current data: 291.

**3. *Strategies used for determining which clients remain in Life Stabilization activities rather than referred to EO. Include details for revisiting cases in life stabilization activities to reconfirm readiness for employment, including those with earnings – both employed and self-employed.***

- Staff review previous outcome plans (if applicable) and complete the CAT module 1 with clients to determine employment referral readiness and/or barriers to employment requiring life stabilization supports.
- Action plans are reviewed every 1-3 months with clients for progress on goals and to revisit employment referral readiness. An EO-OW information document is also given to all clients to ensure they understand the process and the eventual goal of employment referral. This EO-OW document was created in collaboration with the SSM.
- Clients who are employed/self-employed are referred to EO.
- We offer information sessions (virtually and in paper format) to educate clients on available supports and services, including EO information.
- We have recently added an additional Community Support position by repurposing an existing vacant position. This will expand our capacity to work with more of our most vulnerable clients on life stabilization supports/goals.

**4. *Explain some the case/change management activities related to Life Stabilization activities for ODSP Non-Disabled Adults?***

- The conversation and assessment for NDA referral to OW happen at the ODSP office.
- We have an ODSP-OW EST working group which includes staff and management from both offices to ensure processes are in place and to address any gaps or process issues.



- Once an ODSP NDA is referred to our OW office, a case manager meets with them within 30 days to complete the CAT1 and an appropriate action plan. Referrals are made to EO if the client is deemed referral ready. For clients requiring life stabilization supports, appropriate in-house and community referrals are made to address identified barriers to employment.

**5. A brief description on the strategies used for Life Stabilization referrals (i.e. to other programs - housing, childcare needs, etc.)**

- We have the advantage of in-house housing, homeless prevention, and Children’s Services programs. This enables quicker referrals and a more integrated approach to supports. We also have a shared consent, which allows communication across programs to deliver more holistic services.
- Our homeless prevention team works very closely with our community support workers, who also work closely with our case managers. The community support worker and homeless prevention team offer supports to our most vulnerable clients, such as those experiencing or at risk of experiencing homelessness.
- We offer in house workshops related to life stabilizations goals and resources.
- We work closely with community partners and refer clients to needed services and supports such as mental health, literacy, and addictions.

**6. Include any other details or preparation supports that would have been helpful in advance of the EST prototype rollout.**

- More information on the criteria for EO referral and what services and supports would be available to clients.
- Although we received training resources ahead of time we did not have much prep time once the “go live” information was shared.
- A site readiness process would have been helpful.
- Early access to the CAT1 and Action Plan technology
- Clients being informed of changes in advance with a more standardized information process. Staff were also not informed of the available funding for clients referred to EO so were unable to educate clients
- More training on how to ask the CAT1 questions, particularly the identity questions.
- A better understanding of integrated case management and the technology to support it at the onset of EST.

**Caseload**

- An overview of the current composition of the caseload and anticipated changes over the next two years (i.e. projected growth/decline, shifts in demographics, COVID-19 etc.).

- Note: Potential sources of caseload information include the Ontario Works Caseload at a Glance, Social Assistance Operations Performance Reports, Local Case Management System Reports, 2016 Census Data and other caseload information compiled locally by the delivery partner.

*Note: A full assessment of impact barriers must be addressed as part of the service plan prepared at the start of 2022.*

- Norfolk CMSM monthly average caseload in 20/21 is 1192 and it is projected to rise to 1276 for 21/22 and 1494 in 22/23 based on the end of federal relief benefits and caseload sizes are expected to return to the pre-pandemic levels. This forecast does not take into effect local economic trends.
- The OW caseload for August 2021 was 952 benefits units. Pre-COVID, using March 2020 data, the OW caseload was 1311. The decrease in our caseload can at least be partially attributed to Federal Benefits (CERB, CRB, etc.) and so we anticipate an increase in our caseload once these Federal Benefits are no longer available (see above)

### **Local Service Delivery Landscape and Community Partnerships**

A description of how delivery partners have developed, maintained and plan to grow relationships with local community stakeholders that enhance access to services and support for clients and that may impact life stabilization outcomes for participants. This includes *(if details are unknown, the completion of this section can be held until the development of a service plan)*:

- Current and future socioeconomic factors that may influence employment and employability:
- Education and skills required to obtain available jobs
- Access to transportation, health, housing and other services
- Regional and local demographic trends (e.g., shifts in population size, age groups, and increases or decreases in immigration).

**Key Community Partnerships** – to enhance life stabilization services for clients include a list of stakeholders (e.g. community agencies, mental health providers, including other human social service providers).

This section will be completed more fully in the Service Plan completed in early 2022. However, to provide some preliminary information:

- We have an ODSP-OW working group dedicated to ensure processes are in place related to EST, referrals and file transfers.
- OW staff meet regularly with EO staff and our SSM to ensure processes are developed and improved as necessary. These working relationships build understanding and allow us to more readily resolve issues.
- The Administrator is in regular contact with the SSM to discuss referral targets, staff questions and gaps. Part of this work resulted in a client information sheet to provide OW clients with information on EO supports and what to expect upon referral.
- Since we have homeless prevention, housing services and children's services in-house, there is ongoing staff engagement and information sharing.
- We will be collaborating with community paramedic services in both Counties to engage in outreach to serve some of our most vulnerable clients.

## Section 2: Strategies and Outcomes

### Performance

- The interim performance metrics are to be used by EST prototype municipalities starting in 2021.
- For determining targets and tracking achievement, the ministry has released a new interactive report which tracks Ontario Works Service Contract metrics for EST sites. The report provides interactive visualizations of relevant metrics to help establish targets for the 2021 service contract and to identify emerging trends over time.

The report currently features data for:

- Ontario Works clients and ODSP non-disabled adults with a completed Common Assessment Module 1
- Ontario Works clients and ODSP non-disabled adults with an active Life Stabilization Action Plan and length of time to create an action plan
- Ontario Works clients and ODSP non-disabled adult referrals to Employment Ontario that were accepted (i.e., ready for employment) by Service System Managers
- Amount of time from Ontario Works intake, or referral to Ontario Works for ODSP non-disabled adults, to referral to employment services.

*Enter service strategy and details on setting 2021 targets.*

- The available data from the interactive reports were used to understand current performance and to guide target setting. Because much of the data has not yet been made available, some of the targets were not set with the understanding these will be provided once the data becomes available.
- Projected caseload increase will also affect our data and therefore our targets are determined in line with this potential.
- OW performance reports were used to assist in setting targets. Caseload changes because of Federal Benefits has an impact on targets and target setting.
- ODSP NDA referrals have not been as expected. Although we expect an increase in referrals, the numbers have been much lower than anticipated.

#### **Action Steps and Resources**

- Outline the key strategies that will be used to achieve 2021 targets. Describe how the proposed strategies will be monitored to determine progress towards the achievement of outcome targets.
- Utilizing the reports and data to monitor our performance. This will be done on a regular and ongoing basis so work can be done to address gaps
- Process in place to book clients referred to us via IBAU within 30 days to complete the CAT1 and Action Plan
- All clients seen for review of action plan every 1-3 months to review referral readiness and to review progress toward goals
- Continue to meet with our SSM, EO partners and ODSP office to review processes and referrals
- Details on the strategies used that align with findings from Action Plans and Ministry priorities will follow in 2022.

### **Section 3: Program Management**

*Note: Details on the service delivery approach, analysis of resources and key program management activities can follow as part of the Service Plan, to be submitted at the start of 2022.*

#### **Overview of Learning Supports**

- An overview of other strategic learning plans to train staff in the delivery of life stabilization, to achieve program objectives and improve program outcomes (i.e. Supportive Approaches through Innovative Learning (SAIL)).

- To provide Risk based case management training to staff to continue moving from an enforcement-based perspective to “Assume Positive Intent” perspective. This will allow more time to focus on life stabilization activities with clients.
- SAIL principles review
- Community partner virtual meet and greet, other engagement activities, so staff are up to date with local services
- EST specific area of SAExtranet is utilized by staff on an ongoing basis for training/refresher needs
- Additions to the training noted above were provided to allow local business practices to be incorporated in Life Stabilization model. This includes Participation Benefits, how to provide information to OW participants in absence of in-person appointments (due to COVID-19) and community partnerships/resources
- Participation Working Group developed locally to allow for further development of local office practices around Life Stabilization. This allows for consistency across Case Managers. Items completed at this group are shared amongst staff and hard copy resources provided via our local SharePoint site
- Norfolk County does not have a dedicated trainer. Our office has three Senior Case Managers who provide case managers updated information. Case managers have ongoing support from the three Senior Case Managers.
- Staff and Program Managers continue to communicate with our Employment Ontario (EO) providers so we are continuing to support clients with Life Stabilization goals and employment referral readiness.
- Staff and Program Managers continue to communicate (monthly meetings etc.)with our ODSP office. This is in support of the non-disabled adults referred to Ontario Works to work on Life Stabilization goals.
- Continue to seek other learning/training opportunities to support our staff in the delivery of life stabilization.
- Continue to seek and provide training opportunities to our staff related to self-care and compassion fatigue.
- Eligibility Verification Process (EVP) given high priority in completion so all audits are completed within the expected timeframe. The EVP auditor completes follow up items or notifies the case manager. Any necessary referrals to the Eligibility Review Officer (ERO) are made.
- The ERO completes investigations of Fraud allegations as well as completing quality assurance measures, such as random file reviews to ensure program integrity.
- There are accounting control measures in place to manage and document benefits issued.

**Strategy to Deliver French Language Services**

- A strategy to ensure active delivery of French Language Services within designated communities.

There is a small population seeking French Language services in our counties. However, all forms are available in French and English and the County has contracted services with interpreter services available as needed.

**Business Practices**

- A description of how any changes, if required, will be made to business practices to meet standards for performance to comply with program policy (e.g. developing local policies to support program delivery).

- Local procedure developed and implemented for Centralized Intake (IBAU). Locally, we took a staggered approach to onboard our Case Management team in completing these applications, starting with a 3 month pilot project to evaluate our business processes. Our local procedure was development and Case Managers and support staff all completed an in-house training session developed by us. This training included the 'risk-based' lens provided from the Ministry in the provided Centralized Intake training delivered to local office.
- Reloadable payment cards are now available and promoted for those who cannot obtain DBD.
- Our OW Intake Support Workers have been assisting Homeless Prevention Services to assist with Homeless Prevention/Diversion intake locally.
- Working currently on a policy with ODSP regarding non-disabled adults (NDA's)
- 46.2% of our clients registered for MyBenefits. We will continue to promote this.
- We are currently reviewing opportunities and a plan for integration of our programs and services.
- More information and details to be provided in the 2022 Service Plan.