

Haldimand-Norfolk Health Unit Operating Budget

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HALDIMAND-NORFOLK HEALTH UNIT SUMMARY

PROPOSED 2019 HALDIMAND-NORFOLK
HEALTH UNIT OPERATING BUDGET


Health and
Social Services
Halimand and Norfolk



PROPOSED 2019 LEVY SUPPORTED OPERATING BUDGET
HALDIMAND-NORFOLK HEALTH UNIT SUMMARY
BOARD OF HEALTH NET LEVY REQUIREMENT

	2018 Forecasted Actuals	2018 APPROVED BUDGET	2019 Adjusted Budget	2019 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2019 PROPOSED BUDGET	2019 Budget \$ Incr/(Decr)	2019 Budget % of TOTAL Incr/(Decr)
Program Based Grants	2,069,200	2,422,200	2,540,900	4.9	33,100	4,300	2,578,300	156,100	6.4
Smoke Free Ontario	19,000	19,600	18,500	(5.6)	0	0	18,500	(1,100)	(5.6)
Healthy Babies/Healthy Children	89,700	113,600	118,200	4.0	0	0	118,200	4,600	4.0
Prenatal & Postnatal Nurse Practitioner Program	0	0	0	0.0	0	0	0	0	0.0
Preschool Speech & Language	38,400	61,400	69,700	13.5	0	0	69,700	8,300	13.5
Nurse Practitioner Program	0	0	900	100.0	0	0	900	900	100.0
TOTAL	2,216,300	2,616,800	2,748,200	5.0	33,100	4,300	2,785,600	168,800	6.5



PROPOSED 2019 HALDIMAND-NORFOLK HEALTH UNIT OPERATING BUDGET
HALDIMAND-NORFOLK HEALTH UNIT SUMMARY

	2018 Forecasted Actuals	2018 APPROVED BUDGET	2019 Adjusted Budget	2019 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2019 PROPOSED BUDGET	2019 Budget \$ Incr/(Decr)	2019 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	7,277,400	7,724,000	7,816,100	1.2	22,900	23,200	7,862,200	138,200	1.8
Materials & Supplies	477,100	442,300	390,100	(11.8)	14,600	2,900	407,600	(34,700)	(7.8)
Services	325,100	303,000	332,400	9.7	400	4,300	337,100	34,100	11.3
Transfer Payments/Grants	2,500	2,500	2,500	0.0	0	0	2,500	0	0.0
Interdepartmental Charges	1,607,900	1,656,000	1,674,900	1.1	68,000	0	1,742,900	86,900	5.2
Financial	700	3,500	3,500	0.0	0	0	3,500	0	0.0
Infrastructure Funding	0	0	0	0.0	0	0	0	0	0.0
Capital	34,900	0	0	0.0	0	14,900	14,900	14,900	100.0
TOTAL EXPENDITURES	9,725,600	10,131,300	10,219,500	0.9	105,900	45,300	10,370,700	239,400	2.4
REVENUES									
Federal/Provincial Grants	(7,391,900)	(7,402,700)	(7,343,800)	(0.8)	(72,800)	(41,000)	(7,457,600)	54,900	0.7
Fees & Service Charges	(76,000)	(78,000)	(95,200)	22.1	0	0	(95,200)	17,200	22.1
Other Revenues	(41,300)	(33,800)	(32,300)	(4.4)	0	0	(32,300)	(1,500)	(4.4)
TOTAL REVENUES	(7,509,200)	(7,514,500)	(7,471,300)	(0.6)	(72,800)	(41,000)	(7,585,100)	70,600	0.9
NET LEVY REQUIREMENT	2,216,300	2,616,800	2,748,200	5.0	33,100	4,300	2,785,600	168,800	6.5
HALDIMAND SHARE	903,700	1,061,000	1,116,600	5.2	14,000	1,700	1,132,300	71,300	6.7
NORFOLK SHARE	1,312,600	1,555,800	1,631,600	4.9	19,100	2,600	1,653,300	97,500	6.3
STAFFING COMPLEMENT		79.95	79.95		(0.20)	0.25	80.00	0.05	

PROGRAM BASED GRANTS

PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Program Based Grants PROGRAM SUMMARY

PROGRAM FUNCTION/SERVICES

1. The Haldimand-Norfolk Health Unit (HNHU) obtains its legal authority under the *Health Protection and Promotion Act* (HPPA)
2. The HPPA specifies the organization and delivery of public health in Ontario, and sets expectations for boards of health to oversee, provide or ensure the provision of public health programs and services, its regulations, and in the Ontario Public Health Standards published by the Minister of Health and Long-Term Care
3. Funding for the Health Unit is provided through a combination of Ministry of Health and Long-Term Care (MOHLTC) and municipal levy contributions; in exchange for funding, the Board of Health commits to deliver services defined in the Accountability Agreement
4. The Health Unit is structured in accordance with HPPA and consists of two branches – Health Promotion and Health Protection:
 - a. The Health Promotion team consists of; Registered Public Health Nurses, Health Promoters, Public Health Dietitians, Dental Assistants, Dental Hygienists, Program Assistants, Program Managers, and a Manager
 - b. The Health Protection team consists of; certified Public Health Inspectors, Registered Public Health Nurses, Registered Practical Nurses, Nurse Practitioner, Infection Control Practitioner, Program Assistants, Program Managers, and a Manager

PERFORMANCE MEASURES

Measurable Service	2016	2017	2018 as at Sept 30
Pregnant mothers and support people attending prenatal classes	178	172	84
Baby-Friendly Initiative (BFI) Progress	Intermediate Status	Advanced Status	Successful Pre-Assessment
Well Baby Drop-ins and parent/caregiver consultations	148	160	126
Children Received Dental Screening	4,155	4,971	3,234
Contacts Made with High School Students by PHN	644	651	331
Tooth brushing program (number of students)	400	572	726
Food Inspections (does not include Special Events)	1,211	1,158	788
Recreational Water Inspections	92	87	85
Seasonal Housing Inspections	481	497	515
Doses of Influenza Vaccine Administered	101	182	4
Personal Service Settings Inspections	123	118	42
Daycare Facilities Inspections	41	38	14
Institutional Food Inspections	129	128	77
Residential Facilities Inspections	6	6	2
Diseases of Public Health Significance Investigated	487	355	456
Institutional Outbreaks	38	24	31
Sexual Health Appointments	1,117	807	840

PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Program Based Grants PROGRAM SUMMARY

PRIOR YEAR ACHIEVEMENTS

1. The provincial release of modernized Public Health Standards (2018), in combination with the implementation of the *Patients First Act* (2016) and the advice of the Ontario Health Minister's Expert Panel on Public Health (2017) challenged staff to respond to changing needs in a way that allows public health to be integrated within a system of health services; organizes public health to best support integration; and engages health units to deliver services in partnership with other sectors
2. The Health Unit joined other organizations to form the Haldimand-Norfolk Sub-Region Anchor Table, and contributed to the identification of collective priorities of enhanced cultural safety; integrated and coordinated care through Health Links; and improved access to mental health and addictions services
3. The Health Unit submitted its inaugural Annual Service Plan and Budget Submission to the Ministry of Health and Long-Term Care, and received positive feedback on content, further validated by increases to base and one-time funding
4. As of July 2018, the Health Unit has submitted evidence of completion to address 38 out of 48 Organizational Audit recommendations
5. Established a cross team working group to address the new mental health standard
6. Completed a cannabis situational assessment to guide local efforts with respect to legalization in Canada
7. Responded to the increased demand for Seasonal Housing inspections to enable farmers to access labour
8. Increased public safety by installing nine sharps return kiosks in convenient locations throughout Haldimand and Norfolk County
9. Launched the Harm Reduction Expansion Program in response to the national opioid crisis

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. Leverage the Haldimand-Norfolk Sub-Region Anchor Table, Health Links Action Table and Mental Health and Addictions Action Table to align efforts of the Health Unit and other organizations to optimize client outcomes and system resources
2. Integrate monitoring of progress with the Health Unit Operational Plan with the Ministry Annual Service Plan and Budget Submission
3. Submit evidence to the MOHLTC demonstrating completion of the remaining 10 recommendations from the Organizational Audit
4. Achieve the BFI designation
5. Work with community partners to plan and implement a child falls prevention program and positive parenting program
6. Partner with school boards to implement the new Vision Screening Protocol
7. Develop a comprehensive drug strategy to integrate responses for alcohol, opioids, tobacco and cannabis
8. Complete planning and implement the new mental health promotion plan
9. Implement a disclosure program to ensure transparency of all inspections and investigation results
10. Increase awareness and use of infection prevention and control practices in settings that are required to be inspected
11. Increase effective and efficient management and mitigation of public health risks associated with infection prevention and control lapses
12. Implement Active Surveillance for Ticks to determine at 'risk areas' for Lyme Disease which will provide data to support clinical diagnosis
13. Partner with both counties for the drinking water hauler program
14. Increase in staff training and development of new policies and procedures to align with new protocols and regulations

PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Program Based Grants **PROGRAM SUMMARY**

MAIN BUDGET DRIVERS/SERVICE ENHANCEMENTS

1. BAI (Board Approved Initiative) HSS-650-2019-046 2018 MOHLTC Approved Budget for HNHU (HSS 18-28); hiring a 0.8 Public Health Nurse and 1.0 Panorama Coordinator (FTEs reallocated to QPAP) with all associated expenditures largely funded by the MOHLTC - levy impact of \$33,100
2. NBI HSS-650-2019-056 Vision Screening Tools and Equipment; Equipment and Capital expenditures - 100% funded by the MOHLTC
3. NBI HSS-650-2019-054 Cannabis Legislation and Enforcement; Services - levy impact of \$4,300
4. Salaries & Benefits increase of \$93,100 consist of:
 - a. Economic, merit and job evaluations totaling \$70,200;
 - b. BAI 2018 MOHLTC Approved Budget for HNHU totaling \$22,900
5. Services increase of \$30,000 is driven by:
 - a. The new Stericycle contract offered through the Needle Exchange Program (MOHLTC funded);
 - b. The new vaccine delivery contract used by the Environmental Health and Vaccine Preventable Diseases teams
6. Interdepartmental Charges increase of \$96,700 is driven by:
 - a. Anticipated need for repairs and maintenance to the Gilbertson Administration Building charged to the Health Unit;
 - b. Increase to the Quality, Planning, Performance and Accountability budget charged to the Health Unit;
 - c. BAI 2018 MOHLTC Approved Budget for HNHU where a position is charged to the Health Unit

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. Continued financial challenges with capped budgets for all mandatory and related programs
2. With the introduction of a full-time Medical Officer of Health (MOH) in October 2018, there is substantial opportunity to explore partnerships with Primary Care (Family Physicians) that will optimize system resources
3. Gas Wells – To establish an understanding of the health implications from long-term exposure to hydrogen sulphide from gas wells, and to develop standardized public health response plans for monitoring, reporting and remediating leaks
4. Integrated Drug Strategy – To create a single, system level strategy to reflect priorities in alcohol, cannabis, opioids and tobacco
5. Partnering to Promote Indigenous Health – To bridge and integrate resources and jurisdictions to optimize population health
6. The new ministry mandated vision screening program requires that it be delivered within existing staff complements
7. Monitoring food affordability has become more challenging with the removal of the Nutritious Food Basket protocol, tools and templates
8. Implementation and education about new regulations such as personal service settings, infection prevention and control (IPAC) lapses
9. Implement and launch new public disclosure system and creation of quality assurance components



PROPOSED 2019 HALDIMAND-NORFOLK HEALTH UNIT OPERATING BUDGET
Program Based Grants

	2018 Forecasted Actuals	2018 APPROVED BUDGET	2019 Adjusted Budget	2019 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2019 PROPOSED BUDGET	2019 Budget \$ Incr/(Decr)	2019 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	5,618,100	5,948,300	6,018,500	1.2	22,900	0	6,041,400	93,100	1.6
Materials & Supplies	351,000	309,900	290,800	(6.2)	14,600	2,400	307,800	(2,100)	(0.7)
Services	298,800	267,600	292,900	9.5	400	4,300	297,600	30,000	11.2
Transfer Payments/Grants	2,500	2,500	2,500	0.0	0	0	2,500	0	0.0
Interdepartmental Charges	1,404,100	1,450,400	1,479,100	2.0	68,000	0	1,547,100	96,700	6.7
Financial	700	800	800	0.0	0	0	800	0	0.0
Infrastructure Funding	0	0	0	0.0	0	0	0	0	0.0
Capital	32,900	0	0	0.0	0	14,900	14,900	14,900	100.0
TOTAL EXPENDITURES	7,708,000	7,979,500	8,084,600	1.3	105,900	21,600	8,212,100	232,600	2.9
REVENUES									
Federal/Provincial Grants	(5,556,800)	(5,480,600)	(5,447,500)	(0.6)	(72,800)	(17,300)	(5,537,600)	57,000	1.0
Fees & Service Charges	(71,400)	(74,000)	(95,200)	28.6	0	0	(95,200)	21,200	28.6
Other Revenues	(10,600)	(2,700)	(1,000)	(63.0)	0	0	(1,000)	(1,700)	(63.0)
TOTAL REVENUES	(5,638,800)	(5,557,300)	(5,543,700)	(0.2)	(72,800)	(17,300)	(5,633,800)	76,500	1.4
NET LEVY REQUIREMENT	2,069,200	2,422,200	2,540,900	4.9	33,100	4,300	2,578,300	156,100	6.4
HALDIMAND SHARE	844,100	982,200	1,032,600	5.1	14,000	1,700	1,048,300	66,100	6.7
NORFOLK SHARE	1,225,100	1,440,000	1,508,300	4.7	19,100	2,600	1,530,000	90,000	6.3
STAFFING COMPLEMENT		59.72	59.72		(0.20)	0.00	59.52	(0.20)	

SMOKE FREE ONTARIO

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Health and
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PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Smoke Free Ontario PROGRAM SUMMARY

PROGRAM FUNCTION/SERVICES

1. The purpose of the Smoke Free Ontario Strategy is to lead and coordinate Smoke Free Ontario (SFO) funded programs within the Health Unit per the Ministry of Health and Long-Term Care's (MOHLTC) accountability agreement
2. There are three components to the Smoke Free Ontario Strategy; Tobacco Control Coordination, Local Capacity Building (Enforcement) and Youth Engagement

PERFORMANCE MEASURES

Measurable Service	2016	2017	2018 as of Sept 30
# of inspections of the Smoke-Free Ontario Act (SFOA)	861	723	306
Progressive enforcement actions resulting from inspections (education and materials provided)	560	526	260
Tobacco Vendor Compliance Rate (Youth Access)	97.65%	92.11%	93.33%

PRIOR YEAR ACHIEVEMENTS

1. Continued to service Haldimand and Norfolk residents to quit smoking; services include counselling and nicotine replacement therapy (NRT):
 - a. 109 Quit Clinic clients (496 appointments) – 4.6 appointments per client (8 boxes of patches, 9 boxes of short acting);
 - b. 102 residents participated in STOP and received 5 week supply of NRT
2. Implementation of local smoke-free outdoor bylaw in Norfolk County
3. Various local and regional youth engagement initiatives, including advocacy work and peer messaging:
 - a. 651 student volunteer hours;
 - b. 805 residents directly reached through events;
 - c. 89,430 residents estimated to be reached through paid and earned media
4. 100% of mandatory inspections completed

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. To continue to implement SFO strategies and support the modernization of the *Smoke Free Ontario Act, 2017* in an effort to reach Ontario's goal to have the lowest smoking rates of Canada (less than 5% by 2030)
2. To continue to offer quit smoking services, including counselling and NRT (under new funding model for the NRT; Ministry is funding CAMH to distribute to PHUs instead of funding PHUs direct)
3. Complete all mandatory inspections
4. To work in partnership with other Public Health Unit staff and community stakeholders to actively engage youth in taking action to address health issues of importance to them with respect to changing individual and community attitudes about tobacco use, de-normalize the tobacco industry and its products and address other correlated risk factors

PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Smoke Free Ontario

PROGRAM SUMMARY

5. To continue to work with both Counties on their smoke free outdoor space by-laws to protect residents from second hand smoke

MAIN BUDGET DRIVERS/SERVICE ENHANCEMENTS

1. NBI HSS-650-2019-055 Temporary Full-Time Health Promotor; 100% funded by the MOHLTC
2. Salaries & Benefits increase of \$22,400 consist of:
 - a. Decrease of \$800 from staff turnover with an offset coming from economic, merit and job evaluation increases;
 - b. NBI for a Temporary Full-Time Health Promotor - increase of \$23,200
3. Materials & Supplies decrease of \$33,900 is driven by the removal of the NRT program
4. Interdepartmental Charges increase of \$2,100 is driven by increased maintenance and repair costs for the Gilbertson Administration Building
5. Fees & Service Charges decrease of \$4,000 consist of the NRT user fee no longer being required

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. Anticipated new 2017 SFOA was put on pause with change in government
2. The need/demand for smoking cessation supports, including Quit Clinics, remains high; we will be adjusting to the new NRT access model
3. October 2018 cannabis legislation, including public education, prevention/harm reduction and enforcement will increase workload



PROPOSED 2019 HALDIMAND-NORFOLK HEALTH UNIT OPERATING BUDGET

Smoke Free Ontario

	2018 Forecasted Actuals	2018 APPROVED BUDGET	2019 Adjusted Budget	2019 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2019 PROPOSED BUDGET	2019 Budget \$ Incr/(Decr)	2019 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	267,500	323,700	322,900	(0.2)	0	23,200	346,100	22,400	6.9
Materials & Supplies	54,600	58,000	23,600	(59.3)	0	500	24,100	(33,900)	(58.4)
Services	3,700	7,000	7,200	2.9	0	0	7,200	200	2.9
Interdepartmental Charges	17,200	17,400	19,500	12.1	0	0	19,500	2,100	12.1
Financial	0	2,700	2,700	0.0	0	0	2,700	0	0.0
Infrastructure Funding	0	0	0	0.0	0	0	0	0	0.0
Capital	0	0	0	0.0	0	0	0	0	0.0
TOTAL EXPENDITURES	343,100	408,800	375,900	(8.0)	0	23,700	399,600	(9,200)	(2.3)
REVENUES									
Federal/Provincial Grants	(309,000)	(370,700)	(342,900)	(7.5)	0	(23,700)	(366,600)	(4,100)	(1.1)
Fees & Service Charges	(600)	(4,000)	0	(100.0)	0	0	0	(4,000)	(100.0)
Other Revenues	(14,400)	(14,500)	(14,500)	0.0	0	0	(14,500)	0	0.0
TOTAL REVENUES	(324,000)	(389,200)	(357,400)	(8.2)	0	(23,700)	(381,100)	(8,100)	(2.1)
NET LEVY REQUIREMENT	19,000	19,600	18,500	(5.6)	0	0	18,500	(1,100)	(5.6)
HALDIMAND SHARE	7,700	7,900	7,500	(5.1)	0	0	7,500	(400)	(5.1)
NORFOLK SHARE	11,300	11,700	11,000	(6.0)	0	0	11,000	(700)	(6.0)
STAFFING COMPLEMENT		3.93	3.93		0.00	0.25	4.18	0.25	

HEALTHY BABIES/ HEALTHY CHILDREN

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Healthy Babies/Healthy Children

PROGRAM SUMMARY

PROGRAM DESCRIPTION

1. Healthy Babies Healthy Children (HBHC) is a voluntary program for families with children (prenatal to age six); the HBHC program was introduced in 1998 across Ontario to support parents during the critical early years of a child's development, helping children get a healthy start in life; this program is funded by the Ministry of Child and Youth Services and is grounded in evidence to be both effective and efficient; families most in need receive the most service with the program offered to:
 - a. help children develop and grow;
 - b. help struggling families parent;
 - c. help remove physical, emotional and social barriers for families
2. Research shows that pregnant mothers and new babies with poor health are more likely to experience long term health problems with an increased cost to our health care system; the risks of a poor start in life include physical and mental health problems, delinquencies, homelessness and school failures; if our most vulnerable families don't receive timely service there is a higher chance that parents will opt out of services
3. The Healthy Babies Healthy Children Program works closely with community partners (e.g. hospitals, children's aid society, children's services, family support programs) and other health unit programs such as the Baby Friendly Initiative and Smoking Cessation program

PROGRAM FUNCTION/SERVICES

1. Babies are born into families where a number of factors such as health, economic, behavioral and lifestyle influences make it difficult for them to achieve their full potential for growth and development; the HBHC program identifies these barriers and works with the families to support healthy child development and effective parenting; doing this as early as possible improves life chances for vulnerable children and their families and helps to prevent serious problems later in life
2. Directed by protocols and practice requirements and mandated by the Ontario Public Health Standards, this program is offered to families with children (prenatal to age six)
3. Long term involvement with HBHC (average of 18 months) has been demonstrated to provide the best child development outcomes
4. Program services include:
 - a. Screening families with children (prenatal to age six) for any risk factors such as child's physical health, mother's physical and mental health, and a variety of social factors that if present, may indicate a child's risk for poor developmental outcomes
 - b. Home visits by Public Health Nurses and Family Home Visitors (trained peers) to families who need and want more support; this home visiting program includes goal setting, education, support and service coordination for families; each family's service plan is unique to them, and blended visits provide support, information, education, and role modelling to move the family towards their goals
 - c. Home visits to families across Haldimand and Norfolk Counties; there are also two Family Home Visitors from the Low German Speaking Mennonite Community who offer culturally sensitive service and translation to families
 - d. Referrals to community services, such as Housing, Ontario Works, HN REACH to ensure all necessary supports are in place

PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Healthy Babies/Healthy Children PROGRAM SUMMARY

PERFORMANCE MEASURES

Measurable Service	2016	2017	2018 as of Sept 30
Healthy Baby/Healthy Children (HBHC) screens (prenatal, postpartum & early childhood)	1,085	1,030	694
Postpartum families screened with two or more risk factors	59%	60.3%	63.6%
Home visits provided to families	1,965 visits with 250 families	1,901 visits with 247 families	1,442 visits with 198 families

The HBHC program impacts many families in our community positively every year, and has provided families with meaningful experiences. Here is a quote from one mother: “This program is an exceptional one. Just having someone on your side to help guide you when you need it; someone who can answer your questions without judgement, give advice if wanted. I could not imagine what I would have done without this program. My children benefited greatly. It helped me get to where I am today....a stronger, more knowledgeable and better mother.”

PRIOR YEAR ACHIEVEMENTS

1. On average, families stay involved with the program for 21 months; this helps to ensure better child health outcomes
2. 85% of families at discharge had achieved their goal of optimal growth and development
3. 83% of families at discharge had achieved their positive parenting goal
4. 89% of families at discharge had achieved their goal of optimal parental health
5. Worked with Norfolk General Hospital to launch electronic HBHC newborn screens through BORN (Better Outcomes Registry & Network)

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. Staff have the knowledge and skills to provide prenatal, breastfeeding and child development assistance to families with risk factors
2. Continued work on quality improvement to support efficient and effective work within the HBHC program. In 2018 program changes were made to decrease the number of days between visits to families, and increase our reach to families that we are unable to contact
3. To identify, contact and provide service to families with risk factors
4. Evidence-based assessment tools will be used to provide better service and help to meet family goals (e.g., Nursing Child Assessment Satellite Training, Nipissing)
5. To collaborate with community partners in the planning, development, implementation and evaluation of programs and services which positively impact healthy families and communities
6. Increased number of referrals and screens received from community partners
7. Support successful implementation of the (BORN) electronic HBHC newborn screens with Norfolk General Hospital

PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Healthy Babies/Healthy Children

PROGRAM SUMMARY

MAIN BUDGET DRIVERS/SERVICE ENHANCEMENTS

1. Salaries & Benefits increase of \$12,000 is based on economic, merit and job evaluations
2. Net operating expenditures have decreased by \$7,400 and are driven by I.T. charges that have been revised based on the entire HNNU Department allocation
 - a. Due to status quo funding over the last few years, staff have attempted to control operating expenses to maintain a minimal levy impact

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. The HBHC program was introduced by the MOHLTC in 1998; very few increases in funding have been received over the years while salaries, benefits, mileage and other costs have increased
2. Population growth of young families in some communities will result in more families participating in the program; percentage of families identified with risk factors has remained at about 60% for a number of years



PROPOSED 2019 HALDIMAND-NORFOLK HEALTH UNIT OPERATING BUDGET

Healthy Babies/Healthy Children

	2018 Forecasted Actuals	2018 APPROVED BUDGET	2019 Adjusted Budget	2019 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2019 PROPOSED BUDGET	2019 Budget \$ Incr/(Decr)	2019 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	823,800	838,900	850,900	1.4	0	0	850,900	12,000	1.4
Materials & Supplies	46,600	47,800	49,400	3.3	0	0	49,400	1,600	3.3
Services	11,200	14,600	16,700	14.4	0	0	16,700	2,100	14.4
Interdepartmental Charges	102,300	104,400	93,300	(10.6)	0	0	93,300	(11,100)	(10.6)
Infrastructure Funding	0	0	0	0.0	0	0	0	0	0.0
Capital	2,000	0	0	0.0	0	0	0	0	0.0
TOTAL EXPENDITURES	985,900	1,005,700	1,010,300	0.5	0	0	1,010,300	4,600	0.5
REVENUES									
Federal/Provincial Grants	(892,100)	(892,100)	(892,100)	0.0	0	0	(892,100)	0	0.0
Fees & Service Charges	(4,100)	0	0	0.0	0	0	0	0	0.0
Other Revenues	0	0	0	0.0	0	0	0	0	0.0
TOTAL REVENUES	(896,200)	(892,100)	(892,100)	0.0	0	0	(892,100)	0	0.0
NET LEVY REQUIREMENT	89,700	113,600	118,200	4.0	0	0	118,200	4,600	4.0
HALDIMAND SHARE	36,300	46,000	47,900	4.1	0	0	47,900	1,900	4.1
NORFOLK SHARE	53,400	67,600	70,300	4.0	0	0	70,300	2,700	4.0
STAFFING COMPLEMENT		9.50	9.50		0.00	0.00	9.50	0.00	

PRESCHOOL SPEECH & LANGUAGE

PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Preschool Speech & Language

PROGRAM SUMMARY

PROGRAM FUNCTION/SERVICES

1. The Preschool Speech and Language (PSL) Program provides a full range of speech-language interventions to children in Haldimand and Norfolk Counties, from birth until the end of the junior kindergarten school year
2. Services provided include:
 - a. Assessment of all communication skills
 - b. Consultation with parents, caregivers, licensed childcare and other professionals
 - c. Monitoring emerging skills
 - d. Home programs for caregivers
 - e. Parent and caregiver training and support
 - f. Small group therapy with children and parents
 - g. Individual therapy with child and parents
 - h. Supported transition to school
 - i. Community information and drop-in sessions
3. Recommended interventions are based on assessment and numerous standardized tests completed by a Registered Speech-Language Pathologist (SLP); the intensity and length of services provided depend on the type of the speech or language disorder present
4. Although some children are discharged because they have achieved age-appropriate speech and language outcomes, many with more severe disorders or delays stay with the program until they are transitioned to the SLPs working in the schools
5. The program is delivered in health unit office locations including Dunnville, Caledonia, Simcoe and Langton. Home visits are provided to some clients and staff often visit childcare settings and schools.
6. The Health Unit has a one-year term based agreement with the Affiliated Services for Children and Youth (ASCY) to deliver the Infant Hearing Program in Haldimand and Norfolk Counties. There are three Preschool Speech and Language support staff people that are trained infant hearing screeners. HNHU invoices ASCY monthly for expenditures incurred.
7. Local birthing facilities (including hospitals) no longer provide infant hearing screens so babies born in in Haldimand and Norfolk counties are referred to this program.

PERFORMANCE MEASURES

Measurable Service	2016	2017	2018 as of Sept 30
Referrals Received for the Preschool Speech/Language Program	269	297	230
Initial Assessments Completed for the Preschool Speech/Language Program	190	191	139
Infant Hearing Screens Conducted	514	517	428

PRIOR YEAR ACHIEVEMENTS

1. 38% of all initial assessments were provided to children less than 30 months of age (Ministry target is 45%)

PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Preschool Speech & Language

PROGRAM SUMMARY

2. Group assessment pilot project implemented in Norfolk that resulted in 24 families being removed from the waitlist.
3. New partnership formed with the EarlyON Child and Family Centre in Caledonia; the space allows the SLP working in Caledonia to provide group assessment and intervention
4. Average wait between initial assessment and treatment is 9 weeks which meets the Ministry target of three months
5. Quality improvement project led to decrease in the amount of time spent creating assessment reports
6. 65 children were transitioned to senior kindergarten

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. Use new strategies, including group assessments, to reduce the wait time for initial assessment
2. Further develop partnership with EarlyON Child and Family Centers and increase the number of locations that speech and language services are provided in Haldimand and Norfolk Counties

MAIN BUDGET DRIVERS/SERVICE ENHANCEMENTS

1. The program is driven by Salaries & Benefits which increase by \$8,700 and is based on economic, merit and job evaluations
2. Due to status quo funding over the prior few years, staff have attempted to contain all other costs to maintain a minimal levy impact - net decrease of \$200 for all other operating expenditures

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. The total expenditures for the program have increased while funding received from the Ministry of Children and Youth Services (MCYS) remains status quo
2. There is a 10 month wait for this program; contributing factors include continuous funding shortfalls to staff the program to meet demand, an increase in the number of clients with an Autism Spectrum Disorder diagnosis and moving into Haldimand and Norfolk transferring in to program from other speech and language program locations
3. There has been an influx of children moving into the catchment area who were receiving speech and language services elsewhere in the province; the MCYS requires that those children be transferred directly into the program instead of going on to the wait list
4. The Infant Hearing Program rolled out a new expanded hearing screening process which involves many extra steps; screens now take 10-15 minutes longer to complete; this has resulted in a reduced capacity to deliver Speech and Language Services



PROPOSED 2019 HALDIMAND-NORFOLK HEALTH UNIT OPERATING BUDGET

Preschool Speech & Language

	2018 Forecasted Actuals	2018 APPROVED BUDGET	2019 Adjusted Budget	2019 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2019 PROPOSED BUDGET	2019 Budget \$ Incr/(Decr)	2019 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	470,400	489,500	498,200	1.8	0	0	498,200	8,700	1.8
Materials & Supplies	22,900	24,700	23,000	(6.9)	0	0	23,000	(1,700)	(6.9)
Services	10,600	13,400	15,100	12.7	0	0	15,100	1,700	12.7
Interdepartmental Charges	74,300	73,900	73,700	(0.3)	0	0	73,700	(200)	(0.3)
Infrastructure Funding	0	0	0	0.0	0	0	0	0	0.0
Capital	0	0	0	0.0	0	0	0	0	0.0
TOTAL EXPENDITURES	578,200	601,500	610,000	1.4	0	0	610,000	8,500	1.4
REVENUES									
Federal/Provincial Grants	(523,500)	(523,500)	(523,500)	0.0	0	0	(523,500)	0	0.0
Other Revenues	(16,300)	(16,600)	(16,800)	1.2	0	0	(16,800)	200	1.2
TOTAL REVENUES	(539,800)	(540,100)	(540,300)	0.0	0	0	(540,300)	200	0.0
NET LEVY REQUIREMENT	38,400	61,400	69,700	13.5	0	0	69,700	8,300	13.5
HALDIMAND SHARE	15,500	24,900	28,200	13.3	0	0	28,200	3,300	13.3
NORFOLK SHARE	22,800	36,500	41,500	13.7	0	0	41,500	5,000	13.7
STAFFING COMPLEMENT		5.80	5.80		0.00	0.00	5.80	0.00	

NURSE PRACTITIONER PROGRAM

PROPOSED 2019 HALDIMAND-NORFOLK
HEALTH UNIT OPERATING BUDGET

PROPOSED 2019 BOARD OF HEALTH OPERATING BUDGET

Nurse Practitioner Program

PROGRAM SUMMARY

PROGRAM FUNCTION/SERVICES

1. The purpose of the Nurse Practitioner - Sexual Health programming is to expand the clinical sexual health services including access to birth control and sexually transmitted infection testing including HIV/AIDS
2. Reasons for visits may include Sexually Transmitted Infections and Blood Borne Infections counselling, testing and treatment to contraceptive counselling, birth control, pregnancy testing and sexual health related immunizations; the expanded scope of the Nurse Practitioner provides the ability to see more complex clients and undertake procedures that are not included in the Public Health Nurse scope of practice

PERFORMANCE MEASURES

Measurable Service	2016	2017	2018 as of Sept 30
Number of patients encountered in clinic (total visits)	470	147	341

PRIOR YEAR ACHIEVEMENTS

1. Received 100% capped funding through the Primary Care branch of the Ministry of Health and Long-Term Care to increase nurse practitioner to full-time hours
2. New clinic schedule implemented to increase access to sexual health services for residents of Haldimand County
3. Nurse practitioner led the development and implementation of new policies and practices to align with the College of Nurses of Ontario's Standards and Guidelines

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. To provide clinical sexual health services in Haldimand and Norfolk Counties
2. To provide birth control counselling and low cost birth control
3. To provide sexually transmitted disease testing and free treatment
4. To provide non-nominal HIV testing, counselling and referral
5. To collaborate with community partners and priority populations in policy development and health promotion

MAIN BUDGET DRIVERS/SERVICE ENHANCEMENTS

1. Salaries & Benefits increase of \$2,000 is based on economic, merit and job evaluation offset by Ministry funding
2. Remaining operating expenditures net increase of \$900 are driven by additional visits to the Dunnville location

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. Continued financial challenge with capped budget despite slightly increased funding



PROPOSED 2019 HALDIMAND-NORFOLK HEALTH UNIT OPERATING BUDGET
Nurse Practitioner Program

	2018 Forecasted Actuals	2018 APPROVED BUDGET	2019 Adjusted Budget	2019 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2019 PROPOSED BUDGET	2019 Budget \$ Incr/(Decr)	2019 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	97,700	123,600	125,600	1.6	0	0	125,600	2,000	1.6
Materials & Supplies	1,900	1,900	3,300	73.7	0	0	3,300	1,400	73.7
Services	800	400	500	25.0	0	0	500	100	25.0
Interdepartmental Charges	10,000	9,900	9,300	(6.1)	0	0	9,300	(600)	(6.1)
Infrastructure Funding	0	0	0	0.0	0	0	0	0	0.0
Capital	0	0	0	0.0	0	0	0	0	0.0
TOTAL EXPENDITURES	110,400	135,800	138,700	2.1	0	0	138,700	2,900	2.1
REVENUES									
Federal/Provincial Grants	(110,400)	(135,800)	(137,800)	1.5	0	0	(137,800)	2,000	1.5
Other Revenues	0	0	0	0.0	0	0	0	0	0.0
TOTAL REVENUES	(110,400)	(135,800)	(137,800)	1.5	0	0	(137,800)	2,000	1.5
NET LEVY REQUIREMENT	0	0	900	100.0	0	0	900	900	100.0
HALDIMAND SHARE	0	0	400	100.0	0	0	400	400	100.0
NORFOLK SHARE	0	0	500	100.0	0	0	500	500	100.0
STAFFING COMPLEMENT		1.00	1.00		0.00	0.00	1.00	0.00	

BOARD OF HEALTH APPROVED INITIATIVES

PROPOSED 2019 HALDIMAND-NORFOLK
HEALTH UNIT OPERATING BUDGET

Number	Name	Description	Annualized Budget Impact \$	Annualized FTE Impact	2019 Net Levy Impact \$	2019 Net Levy FTE Impact	SLT Priority Ranking
HSS-650-2019-044	Needle Exchange Program Initiative Funding Increases	HSS 18-10 Needle Exchange Program Initiative Funding Increases Board of Health meeting (Resolution #6 March 21, 2018).	-	-	-	-	2
HSS-650-2019-046	MOHLTC Approved Budget for HNHU	HSS 18-28 MOHLTC Approved Budget for HNHU Board of Health meeting (Resolution #5 - July 3, 2018).	16,900	0.80	16,900	0.80	2
TOTAL			16,900	0.80	16,900	0.80	

Board of Health Proposed 2019 Approved Initiative

Name	HSS-650-2019-044 Needle Exchange Program Initiative Funding Increases		SLT Priority Ranking	2
Department	Haldimand Norfolk Health Unit	Position Type	Not Applicable	
Strategic Theme	Health Unit Strategic Plan	FTEs	0.00	
Strategic Direction	Implement Ontario Public Health Standards (OPHS)	Budget Impact	\$ 0	
Strategic Goal	Implementation of Ontario Public Health Standards	Net Levy Impact	\$ 0	
Included in Business Plan?	Yes	Request Need	Legislated	
Start Date	20-March-2018	New or Existing	Existing Program	
End Date	No end date			

DESCRIPTION

HSS 18-10 Needle Exchange Program Initiative Funding Increases Board of Health meeting (Resolution #6 March 21, 2018).

JUSTIFICATION

The Haldimand-Norfolk Health Unit has an Accountability Agreement with the Ministry of Health & Long-Term Care (Attachment #2) that outlines obligations of the Board of Health to deliver public health programs and services in accordance with the *Health Protection and Promotion Act*, Ontario Public Health Standards (2018) and Ontario Public Health Organizational Standards.

The enhanced provision of the Needle Exchange Program Initiative has resulted in an increase in base funding of \$12,000. This funding will allow the purchase of additional needles, syringes and sharps containers and associated disposal costs.

FINANCIAL IMPACT

EXPENDITURE AND REVENUE ITEMS

Expenditures:	(\$)
Salaries and Benefits	
Materials, Supplies and Services	12,000
Transfer Payments and Grants to Others	
Interdepartmental Charges	
Capital Expenditures	
Other Expenditures	
TOTAL EXPENDITURES	12,000
Revenues:	(\$)
Provincial/Federal Grants/Funding	12,000
User Fees and /or Service Charges	
Other Recoveries/Collections/Sponsorships/Donations	
Transfers from Reserve/Reserve Funds	
Interdepartmental Recoveries	
Other Revenues	
TOTAL REVENUES	12,000
BUDGET IMPACT	0
ADJUSTMENT FOR FIRST YEAR DEFERRAL	0
2019 NET LEVY IMPACT	\$ 0

Board of Health Proposed 2019 Council-Approved Initiative

Name	HSS-650-2019-046 MOHLTC Approved Budget for HNHU		SLT Priority Ranking	2
Department	Haldimand Norfolk Health Unit	Position Type	Permanent Full-Time	
Strategic Theme	Health Unit Strategic Plan	FTEs	0.80	
Strategic Direction	Implement Ontario Public Health Standards (OPHS)	Budget Impact	\$ 16,900	
Strategic Goal	Implementation of Ontario Public Health Standards	Net Levy Impact	\$ 16,900	
Included in Business Plan?	Yes	Request Need	Legislated	
Start Date	03-July-2018	New or Existing	Existing Program	
End Date	No end date			

DESCRIPTION
HSS 18-28 MOHLTC Approved Budget for HNHU Board of Health meeting (Resolution #5 - July 3, 2018)

JUSTIFICATION	FINANCIAL IMPACT																																								
<p>The MOHLTC approved the 2018 Health Unit budget, bringing the total base funding to \$5,878,300, as well as one-time and capital grants of \$198,900. Health Unit staff recommended that the increase in base funding be directed to cover the existing permanent full-time Panorama Coordinator (previously funded through one-time funding, and otherwise funded by the levy contribution) and hire one new 0.8 FTE Public Health Nurse Vaccine Preventable Diseases Program.</p> <p>Staff also recommended the implementation of the proposals associated with the approved one-time and capital requests, including hiring two additional contract positions (Public Health Inspector for 9 month contract; Health Promoter for 9 month contract).</p> <p>Funded by: MOHLTC \$60,800, Haldimand County \$14,000 and Norfolk County \$16,900</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ADD8E6;"> <th colspan="2" style="text-align: center;">EXPENDITURE AND REVENUE ITEMS</th> </tr> </thead> <tbody> <tr> <td>Expenditures:</td> <td style="text-align: right;">(\$)</td> </tr> <tr> <td>Salaries and Benefits</td> <td style="text-align: right;">88,300</td> </tr> <tr> <td>Materials, Supplies and Services</td> <td style="text-align: right;">3,400</td> </tr> <tr> <td>Transfer Payments and Grants to Others</td> <td></td> </tr> <tr> <td>Interdepartmental Charges</td> <td style="text-align: right;">69,100</td> </tr> <tr> <td>Capital Expenditures</td> <td></td> </tr> <tr> <td>Other Expenditures</td> <td></td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">TOTAL EXPENDITURES</td> <td style="text-align: right;">160,800</td> </tr> <tr> <td>Revenues:</td> <td style="text-align: right;">(\$)</td> </tr> <tr> <td>Provincial/Federal Grants/Funding</td> <td style="text-align: right;">60,800</td> </tr> <tr> <td>User Fees and /or Service Charges</td> <td></td> </tr> <tr> <td>Other Recoveries/Collections/Sponsorships/Donations</td> <td style="text-align: right;">14,000</td> </tr> <tr> <td>Transfers from Reserve/Reserve Funds</td> <td></td> </tr> <tr> <td>Interdepartmental Recoveries</td> <td style="text-align: right;">69,100</td> </tr> <tr> <td>Other Revenues</td> <td></td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">TOTAL REVENUES</td> <td style="text-align: right;">143,900</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">BUDGET IMPACT</td> <td style="text-align: right;">16,900</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">ADJUSTMENT FOR FIRST YEAR DEFERRAL</td> <td style="text-align: right;">0</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">2019 NET LEVY IMPACT</td> <td style="text-align: right;">\$ 16,900</td> </tr> </tbody> </table>	EXPENDITURE AND REVENUE ITEMS		Expenditures:	(\$)	Salaries and Benefits	88,300	Materials, Supplies and Services	3,400	Transfer Payments and Grants to Others		Interdepartmental Charges	69,100	Capital Expenditures		Other Expenditures		TOTAL EXPENDITURES	160,800	Revenues:	(\$)	Provincial/Federal Grants/Funding	60,800	User Fees and /or Service Charges		Other Recoveries/Collections/Sponsorships/Donations	14,000	Transfers from Reserve/Reserve Funds		Interdepartmental Recoveries	69,100	Other Revenues		TOTAL REVENUES	143,900	BUDGET IMPACT	16,900	ADJUSTMENT FOR FIRST YEAR DEFERRAL	0	2019 NET LEVY IMPACT	\$ 16,900
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NEW BUDGET INITIATIVES

Number	Name	Description	Annualized Budget Impact \$	Annualized FTE Impact	2019 Net Levy Impact \$	2019 Net Levy FTE Impact	SLT Priority Ranking
HSS-650-2019-054	Cannabis Legislation and Enforcement	This request is to add \$4,300 to the Community Health Team budget to support the implementation of the new cannabis legislation with respect to enforcement and community education, as well as to provide relevant training to staff.	2,600	-	2,600	-	3
HSS-650-2019-055	Temporary Full-Time Health Promotor	This request is to add \$23,700 to the Community Health Team budget to support the hire of a temporary full-time Health Promotor (3 month contract). The position will be 100% funded by the Ministry of Health & Long-Term Care (MOHLTC).	-	0.25	-	0.25	2
HSS-650-2019-056	Vision Screening Tools and Equipment	This request is for two Autorefractors (portable hand-held devices that screen for refractive errors) as well as additional supplies for the storage and use of the equipment. The Vision Screening Tools are 100% funded by the Ministry of Health & Long-Term Care (MOHLTC).	-	-	-	-	2
TOTAL			2,600	0.25	2,600	0.25	

Board of Health Proposed 2019 New Budget Initiative

Name	HSS-650-2019-054 Cannabis Legislation and Enforcement		SLT Priority Ranking	3
Department	Haldimand Norfolk Health Unit	Position Type	Not Applicable	
Strategic Theme	Health Unit Strategic Plan	FTEs	0.00	
Strategic Direction	Implement Ontario Public Health Standards (OPHS)	Budget Impact	\$ 2,600	
Strategic Goal	Implementation of Ontario Public Health Standards	Net Levy Impact	\$ 2,600	
Included in Business Plan?	Yes	Request Need	Legislated	
Start Date	01-January-2019	New or Existing	New Program	
End Date	No end date			

DESCRIPTION
This request is to add \$4,300 to the Community Health Team budget to support the implementation of the new cannabis legislation with respect to enforcement and community education, as well as to provide relevant training to staff.

JUSTIFICATION	FINANCIAL IMPACT																																								
<p>Within the Ontario Public Health Standards under Substance Use and Injury Prevention requirement three, it states that the Board of Health shall enforce the <i>Smoke Free Ontario Act, 2017</i>, in accordance with the Tobacco, and Smoke Protocol 2018 (or as current) which includes cannabis both medicinal and legalized.</p> <p>If approved, the request will be funded by both Haldimand (\$1,700) and Norfolk (\$2,600) Counties, per the cost sharing agreement.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ADD8E6;"> <th colspan="2" style="text-align: center;">EXPENDITURE AND REVENUE ITEMS</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Expenditures:</td> <td style="text-align: right;">(\$)</td> </tr> <tr> <td>Salaries and Benefits</td> <td></td> </tr> <tr> <td>Materials, Supplies and Services</td> <td style="text-align: right;">4,300</td> </tr> <tr> <td>Transfer Payments and Grants to Others</td> <td></td> </tr> <tr> <td>Interdepartmental Charges</td> <td></td> </tr> <tr> <td>Capital Expenditures</td> <td></td> </tr> <tr> <td>Other Expenditures</td> <td></td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">TOTAL EXPENDITURES</td> <td style="text-align: right;">4,300</td> </tr> <tr> <td>Revenues:</td> <td style="text-align: right;">(\$)</td> </tr> <tr> <td>Provincial/Federal Grants/Funding</td> <td></td> </tr> <tr> <td>User Fees and /or Service Charges</td> <td></td> </tr> <tr> <td>Other Recoveries/Collections/Sponsorships/Donations</td> <td style="text-align: right;">1,700</td> </tr> <tr> <td>Transfers from Reserve/Reserve Funds</td> <td></td> </tr> <tr> <td>Interdepartmental Recoveries</td> <td></td> </tr> <tr> <td>Other Revenues</td> <td></td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">TOTAL REVENUES</td> <td style="text-align: right;">1,700</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">BUDGET IMPACT</td> <td style="text-align: right;">2,600</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">ADJUSTMENT FOR FIRST YEAR DEFERRAL</td> <td style="text-align: right;">0</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">2019 NET LEVY IMPACT</td> <td style="text-align: right;">\$ 2,600</td> </tr> </tbody> </table>	EXPENDITURE AND REVENUE ITEMS		Expenditures:	(\$)	Salaries and Benefits		Materials, Supplies and Services	4,300	Transfer Payments and Grants to Others		Interdepartmental Charges		Capital Expenditures		Other Expenditures		TOTAL EXPENDITURES	4,300	Revenues:	(\$)	Provincial/Federal Grants/Funding		User Fees and /or Service Charges		Other Recoveries/Collections/Sponsorships/Donations	1,700	Transfers from Reserve/Reserve Funds		Interdepartmental Recoveries		Other Revenues		TOTAL REVENUES	1,700	BUDGET IMPACT	2,600	ADJUSTMENT FOR FIRST YEAR DEFERRAL	0	2019 NET LEVY IMPACT	\$ 2,600
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BUDGET IMPACT	2,600																																								
ADJUSTMENT FOR FIRST YEAR DEFERRAL	0																																								
2019 NET LEVY IMPACT	\$ 2,600																																								

Board of Health Proposed 2019 New Budget Initiative

Name	HSS-650-2019-055 Temporary Full-Time Health Promotor		SLT Priority Ranking	2
Department	Haldimand Norfolk Health Unit	Position Type	Temporary Full-Time	
Strategic Theme	Health Unit Strategic Plan	FTEs	0.25	
Strategic Direction	Use A Determinants of Health (DOH) Framework to Inform our Practices	Budget Impact	\$ 0	
Strategic Goal	Improved health for the residents of Haldimand and Norfolk	Net Levy Impact	\$ 0	
Included in Business Plan?	Yes	Request Need	Business Continuity Requirement	
Start Date	02-January-2019	New or Existing	New Program	
End Date	March-2019			

DESCRIPTION

This request is to add \$23,700 to the Community Health Team budget to support the hire of a temporary full-time Health Promotor (3 month contract). The position will be 100% funded by the Ministry of Health & Long-Term Care (MOHLTC).

JUSTIFICATION

In October 2018, Health Unit staff were informed that they could make a request for one-time funding to assist with the implementation of the new cannabis legislation with respect to enforcement and education costs under the *Smoke-Free Ontario Act, 2017*. Eligible expenditures include salaries, benefits and mileage costs. The position would not go forward if the Ministry is unable to provide assurance of funding.

FINANCIAL IMPACT

EXPENDITURE AND REVENUE ITEMS

Expenditures:	(\$)
Salaries and Benefits	23,200
Materials, Supplies and Services	500
Transfer Payments and Grants to Others	
Interdepartmental Charges	
Capital Expenditures	
Other Expenditures	
TOTAL EXPENDITURES	23,700
Revenues:	(\$)
Provincial/Federal Grants/Funding	23,700
User Fees and /or Service Charges	
Other Recoveries/Collections/Sponsorships/Donations	
Transfers from Reserve/Reserve Funds	
Interdepartmental Recoveries	
Other Revenues	
TOTAL REVENUES	23,700
BUDGET IMPACT	0
ADJUSTMENT FOR FIRST YEAR DEFERRAL	0
2019 NET LEVY IMPACT	\$ 0

Board of Health Proposed 2019 New Budget Initiative

Name	HSS-650-2019-056 Vision Screening Tools and Equipment		SLT Priority Ranking	2
Department	Haldimand Norfolk Health Unit	Position Type	Not Applicable	
Strategic Theme	Health Unit Strategic Plan	FTEs	0.00	
Strategic Direction	Implement Ontario Public Health Standards (OPHS)	Budget Impact	\$ 0	
Strategic Goal	Implementation of Ontario Public Health Standards	Net Levy Impact	\$ 0	
Included in Business Plan?	Yes	Request Need	Business Continuity Requirement	
Start Date	02-January-2019	New or Existing	New Program	
End Date	March-2019			

DESCRIPTION

This request is for two Autorefractors (portable hand-held devices that screen for refractive errors) as well as additional supplies for the storage and use of the equipment. The Vision Screening Tools are 100% funded by the Ministry of Health & Long-Term Care (MOHLTC).

JUSTIFICATION

In October 2018, Health Unit staff were informed that they could make a request for one-time funding to assist with the implementation of the new *Child Visual Health and Vision Screening Protocol, 2018*. The protocol outlines that health unit's shall provide, or ensure the provision of vision screening for senior kindergarten students in all schools annually. Each student will be screened for amblyopia, reduced stereopsis and/or strabismus and refractive vision disorders. In August 2018, the MOHLTC provided a training webinar for public health units which outlined the equipment needed to conduct the three required screening tests.

There are approximately 1,000 senior kindergarten students currently attending school in Haldimand-Norfolk. The population is growing however with many new developments coming into the area.

There are two main health equity concerns with vision screening in Haldimand-Norfolk. The first is household income and the ability to purchase eye glasses and the second is transportation to access a comprehensive eye exam, due to the rural nature of the geographic area. Although the overall poverty rate is lower than the Ontario average (11.74% vs 14.40%), there are areas within Haldimand-Norfolk where poverty rates are significantly higher.

While funding is anticipated, it should be noted that Vision Screening is Ministry legislated. If the MOHLTC is unable to provide funding, the School Health Team will work within their approved 2019 budget for to implement the new standard.

FINANCIAL IMPACT

EXPENDITURE AND REVENUE ITEMS

Expenditures:	(\$)
Salaries and Benefits	
Materials, Supplies and Services	2,400
Transfer Payments and Grants to Others	
Interdepartmental Charges	
Capital Expenditures	14,900
Other Expenditures	
TOTAL EXPENDITURES	17,300
Revenues:	(\$)
Provincial/Federal Grants/Funding	17,300
User Fees and /or Service Charges	
Other Recoveries/Collections/Sponsorships/Donations	
Transfers from Reserve/Reserve Funds	
Interdepartmental Recoveries	
Other Revenues	
TOTAL REVENUES	17,300
BUDGET IMPACT	0
ADJUSTMENT FOR FIRST YEAR DEFERRAL	0
2019 NET LEVY IMPACT	\$ 0

NEW BUDGET INITIATIVES DEFERRED BY SLT

2019 New Budget Initiatives Deferred by SLT
SLT Priority Ranking 4

Number	Name	Description	Annualized Budget Impact \$	Annualized FTE Impact	2019 Net Levy Impact \$
HSS-650-2019-042	Permanent Full-Time Administrative Assistant	The full time Administrative Assistant will join a team of administrative staff within the Health & Social Services Division, and will be primarily tasked with providing confidential support to the Medical Officer of Health (MOH).	52,700	1.00	52,700
TOTAL			52,700	1.00	52,700