



Proposed 2014 Haldimand-Norfolk
BOARD OF HEALTH
Operating Budget
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New Budget Initiatives

Norfolk County 2014 New Budget Initiatives

Number	Name	Description	Budget Impact \$	FTEs	2014 Net Levy Impact \$	SLT Priority Ranking
HSS-510-2014-151	Program Assistant Community Health	To reallocate 0.17 FTE of the Program Assistant from the Tobacco Coordination Program (G532.5325) to the Community Health Team (G510.1101).	1,500	-	1,500	3
HSS-510-2014-152	Health Promoter School Health	To reallocate 0.25 FTE of the Health Promoter position from the Youth Engagement Program (G532.5325) to the School Health Team (G510.1104).	3,700	-	3,700	3
HSS-510-2014-156	Public Health Inspector	To add a part time (0.5 FTE) Public Health Inspector to the Environmental Health Team.	8,400	0.50	8,000	3
HSS-526-2014-148	Preschool Speech Pathologist	To restore the Speech pathologist position from 0.55 FTE to 1.0 FTE.	-	0.45	-	1
TOTAL			\$ 13,600	0.95	\$ 13,200	

Norfolk County Proposed 2014 New Budget Initiative

Name	HSS-510-2014-151 Program Assistant Community Health		SLT Priority Ranking	3
Division	Public Health	Position Type	Permanent Full-Time	
Strategic Theme	Health Unit Strategic Plan	FTEs	0.00	
Strategic Direction	Implement Ontario Public Health Standards (OPHS)	Budget Impact	\$ 1,500	
Strategic Goal	Effective processes and services to support compliance	Net Levy Impact	\$ 1,500	
Included in Business Plan?	Yes	Request Need	Business Continuity Requirement	
Start Date	01-January-2014	New or Existing	Existing Program	
End Date	No end date			

DESCRIPTION
To reallocate 0.17 FTE of the Program Assistant from the Tobacco Coordination Program (G532.5325) to the Community Health Team (G510.1101).

JUSTIFICATION	FINANCIAL IMPACT																																								
<p>The Program Assistant in the Community Health Team provides support to the tobacco related programs outside of the Ontario Tobacco Strategy programs such as smoking cessation etc. The support required in the Ontario Tobacco Strategy programs has gradually diminished over the past few years. The reallocation of the 0.17 FTE would increase the Program Assistant to 0.67 FTE for the Community Health Team.</p> <p>The requirement for the Program Assistant time in the Ontario Tobacco Strategy programs has gradually diminished. This Program Assistant also supports the Community Health Team as well. This change will still leave 0.33 FTE Program Assistant for the Ontario Tobacco Strategy programs. The 0.17 FTE Program Assistant will provide the necessary support to the tobacco related programs in the Community Health Team (G510.1101).</p> <p>The Tobacco Coordination Program is a 100% funded program by the Ministry of Health and Long Term Care. This initiative will also assist in balancing the budget with the anticipated ministry funding for 2014.</p> <p>The Community Health Team is part of the mandatory programs which is cost shared 70/30 with the Ministry of Health and Long Term Care.</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></td> </tr> <tr> <td>Materials, Supplies and Services</td> <td></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> <td style="text-align: right;">TOTAL EXPENDITURES</td> <td style="text-align: right;">0</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;">(2,500)</td> </tr> <tr> <td>User Fees and /or Service Charges</td> <td></td> </tr> <tr> <td>Other Recoveries/Collections/Sponsorships/Donations</td> <td></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 style="text-align: right;">1,000</td> </tr> <tr> <td style="text-align: right;">TOTAL REVENUES</td> <td style="text-align: right;">(1,500)</td> </tr> <tr> <td style="text-align: right;">BUDGET IMPACT</td> <td style="text-align: right;">1,500</td> </tr> <tr> <td style="text-align: right;">ADJUSTMENT FOR FIRST YEAR DEFERRAL</td> <td style="text-align: right;">0</td> </tr> <tr style="background-color: yellow;"> <td style="text-align: right;">2014 NET LEVY IMPACT</td> <td style="text-align: right;">\$ 1,500</td> </tr> </tbody> </table>	EXPENDITURE AND REVENUE ITEMS		Expenditures:	(\$)	Salaries and Benefits		Materials, Supplies and Services		Transfer Payments and Grants to Others		Interdepartmental Charges		Capital Expenditures		Other Expenditures		TOTAL EXPENDITURES	0	Revenues:	(\$)	Provincial/Federal Grants/Funding	(2,500)	User Fees and /or Service Charges		Other Recoveries/Collections/Sponsorships/Donations		Transfers from Reserve/Reserve Funds		Interdepartmental Recoveries		Other Revenues	1,000	TOTAL REVENUES	(1,500)	BUDGET IMPACT	1,500	ADJUSTMENT FOR FIRST YEAR DEFERRAL	0	2014 NET LEVY IMPACT	\$ 1,500
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Norfolk County Proposed 2014 New Budget Initiative

Name	HSS-510-2014-152 Health Promoter School Health		SLT Priority Ranking	3
Division	Public Health	Position Type	Permanent Full-Time	
Strategic Theme	Health Unit Strategic Plan	FTEs	0.00	
Strategic Direction	Implement Ontario Public Health Standards (OPHS)	Budget Impact	\$ 3,700	
Strategic Goal	Effective processes and services to support compliance	Net Levy Impact	\$ 3,700	
Included in Business Plan?	Yes	Request Need	Business Continuity Requirement	
Start Date	01-January-2014	New or Existing	Existing Program	
End Date	No end date			

DESCRIPTION

To reallocate 0.25 FTE of the Health Promoter position from the Youth Engagement Program (G532.5325) to the School Health Team (G510.1104).

JUSTIFICATION

As a result of the Service Review and reorganization, the Health Promoter in the Youth Engagement Program will also be supporting youth related activities in the School Health Program. As a result, 0.25 FTE of the Health Promoter is being reallocated to the School Health Team.

The Youth Engagement Coordinator is part of the Ontario Tobacco Strategy. As a result of the Service Review and reorganization, the Youth Engagement Coordinator will also support youth related activities in the School Health Program. 0.25 FTE of this position is being reallocated from the Youth Engagement Program (G532.5326).

This program is a 100% funded program from the Ministry of Health and Long Term Care. This initiative will also assist in balancing the budget with the anticipated ministry funding for 2014.

The School Health Program is part of the mandatory programs which is cost shared 70/30 with the Ministry of Health and Long Term Care.

FINANCIAL IMPACT

EXPENDITURE AND REVENUE ITEMS

Expenditures:	(\$)
Salaries and Benefits	
Materials, Supplies and Services	
Transfer Payments and Grants to Others	
Interdepartmental Charges	
Capital Expenditures	
Other Expenditures	
TOTAL EXPENDITURES	0
Revenues:	(\$)
Provincial/Federal Grants/Funding	(6,300)
User Fees and /or Service Charges	
Other Recoveries/Collections/Sponsorships/Donations	
Transfers from Reserve/Reserve Funds	
Interdepartmental Recoveries	
Other Revenues	2,600
TOTAL REVENUES	(3,700)
BUDGET IMPACT	3,700
ADJUSTMENT FOR FIRST YEAR DEFERRAL	0
2014 NET LEVY IMPACT	\$ 3,700

Norfolk County Proposed 2014 New Budget Initiative

Name	HSS-510-2014-156 Public Health Inspector		SLT Priority Ranking	3
Division	Public Health	Position Type	Permanent Part-Time	
Strategic Theme	Health Unit Strategic Plan	FTEs	0.50	
Strategic Direction	Community Well-Being	Budget Impact	\$ 8,400	
Strategic Goal	Promote a Healthy and Sustainable Environment	Net Levy Impact	\$ 8,000	
Included in Business Plan?	Yes	Request Need	Business Continuity Requirement	
Start Date	01-February-2014	New or Existing	New Program	
End Date	No end date			

DESCRIPTION
To add a part time (0.5 FTE) Public Health Inspector to the Environmental Health Team.

JUSTIFICATION	FINANCIAL IMPACT																																								
<p>The Senior Public Health Inspector within the Health Unit currently develops and coordinates the Public Health Emergency Plan. With the enhanced integration of the Health and Social Services Department, the current work of coordinating and developing the Health and Social Services Emergency Evacuation Centre and Response Plan will be handled by the Senior Public Health Inspector. This more integrated approach will have all of the work related to emergency planning for the Health and Social Services Department handled by one individual.</p> <p>In order for this more coordinated approach, the Senior Public Health Inspector will need to have some public health inspection tasks completed by another Public Health Inspector. This New Budget Initiative requires a permanent part time (0.5 FTE) Public health Inspector to take on this work.</p> <p>The Environmental Health Team is part of the mandatory programs which is cost shared 70/30 with the Ministry of Health and Long Term Care.</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;">47,600</td> </tr> <tr> <td>Materials, Supplies and Services</td> <td></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;">47,600</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;">33,300</td> </tr> <tr> <td>User Fees and /or Service Charges</td> <td></td> </tr> <tr> <td>Other Recoveries/Collections/Sponsorships/Donations</td> <td></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 style="text-align: right;">5,900</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">TOTAL REVENUES</td> <td style="text-align: right;">39,200</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">BUDGET IMPACT</td> <td style="text-align: right;">8,400</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">ADJUSTMENT FOR FIRST YEAR DEFERRAL</td> <td style="text-align: right;">(400)</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">2014 NET LEVY IMPACT</td> <td style="text-align: right;">\$ 8,000</td> </tr> </tbody> </table>	EXPENDITURE AND REVENUE ITEMS		Expenditures:	(\$)	Salaries and Benefits	47,600	Materials, Supplies and Services		Transfer Payments and Grants to Others		Interdepartmental Charges		Capital Expenditures		Other Expenditures		TOTAL EXPENDITURES	47,600	Revenues:	(\$)	Provincial/Federal Grants/Funding	33,300	User Fees and /or Service Charges		Other Recoveries/Collections/Sponsorships/Donations		Transfers from Reserve/Reserve Funds		Interdepartmental Recoveries		Other Revenues	5,900	TOTAL REVENUES	39,200	BUDGET IMPACT	8,400	ADJUSTMENT FOR FIRST YEAR DEFERRAL	(400)	2014 NET LEVY IMPACT	\$ 8,000
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Norfolk County Proposed 2014 New Budget Initiative

Name	HSS-526-2014-148 Preschool Speech Pathologist		SLT Priority Ranking	1
Division	Public Health	Position Type	Permanent Full-Time	
Strategic Theme	Health Unit Strategic Plan	FTEs	0.45	
Strategic Direction	Implement Ontario Public Health Standards (OPHS)	Budget Impact	\$ 0	
Strategic Goal	Cost of initiatives must be within funding envelope	Net Levy Impact	\$ 0	
Included in Business Plan?	Yes	Request Need	Business Continuity Requirement	
Start Date	01-April-2014	New or Existing	Existing Program	
End Date	Subject to Funding			

DESCRIPTION
To restore the Speech pathologist position from 0.55 FTE to 1.0 FTE.

JUSTIFICATION	FINANCIAL IMPACT																																								
<p>The Speech Pathologist position was reduced to 0.55 FTE in 2013 due to a maternity leave. The employee has returned from leave, and therefore the position is being restored to 1.0 FTE.</p> <p>This program is a 100% funded program from the Ministry of Children and Youth Services.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #ADD8E6;"> <th colspan="2" style="text-align: left;">EXPENDITURE AND REVENUE ITEMS</th> </tr> <tr> <td style="padding: 2px;">Expenditures:</td> <td style="text-align: right; padding: 2px;">(\$)</td> </tr> <tr> <td>Salaries and Benefits</td> <td style="text-align: right;">40,300</td> </tr> <tr> <td>Materials, Supplies and Services</td> <td></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;">40,300</td> </tr> <tr> <td style="padding: 2px;">Revenues:</td> <td style="text-align: right; padding: 2px;">(\$)</td> </tr> <tr> <td>Provincial/Federal Grants/Funding</td> <td style="text-align: right;">40,300</td> </tr> <tr> <td>User Fees and /or Service Charges</td> <td></td> </tr> <tr> <td>Other Recoveries/Collections/Sponsorships/Donations</td> <td></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;">40,300</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: right;">BUDGET IMPACT</td> <td style="text-align: right;">0</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;">2014 NET LEVY IMPACT</td> <td style="text-align: right;">\$ 0</td> </tr> </table>	EXPENDITURE AND REVENUE ITEMS		Expenditures:	(\$)	Salaries and Benefits	40,300	Materials, Supplies and Services		Transfer Payments and Grants to Others		Interdepartmental Charges		Capital Expenditures		Other Expenditures		TOTAL EXPENDITURES	40,300	Revenues:	(\$)	Provincial/Federal Grants/Funding	40,300	User Fees and /or Service Charges		Other Recoveries/Collections/Sponsorships/Donations		Transfers from Reserve/Reserve Funds		Interdepartmental Recoveries		Other Revenues		TOTAL REVENUES	40,300	BUDGET IMPACT	0	ADJUSTMENT FOR FIRST YEAR DEFERRAL	0	2014 NET LEVY IMPACT	\$ 0
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PUBLIC HEALTH SUMMARY

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

NET LEVY REQUIREMENT

	2013 Forecasted Actuals	2013 APPROVED BUDGET	2014 Adjusted Budget	2014 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2014 PROPOSED BUDGET	2014 Budget \$ Incr/(Decr)	2014 Budget % Incr/(Decr)
Program Based Grants	1,188,922	1,176,500	1,148,500	(2.4)	0	13,600	1,162,100	(14,400)	(1.2)
Ontario Tobacco Strategy	1,745	0	0	0.0	0	0	0	0	0.0
Healthy Babies/Healthy Children	0	0	0	0.0	0	0	0	0	0.0
Prenatal & Postnatal Nurse Practitioner Program	0	0	0	0.0	0	0	0	0	0.0
Fiscal Programs	0	0	0	0.0	0	0	0	0	0.0
Total PUBLIC HEALTH SUMMARY	1,190,667	1,176,500	1,148,500	(2.4)	0	13,600	1,162,100	(14,400)	(1.2)

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET
Public Health

	2013 Forecasted Actuals	2013 APPROVED BUDGET	2014 Adjusted Budget	2014 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2014 PROPOSED BUDGET	2014 Budget \$ Incr/(Decr)	2014 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	7,085,631	7,076,200	7,173,500	1.4	0	87,900	7,261,400	185,200	2.6
Materials & Supplies	231,995	229,800	227,900	(0.8)	0	0	227,900	(1,900)	(0.8)
Services	1,175,229	1,225,800	1,117,200	(8.9)	0	0	1,117,200	(108,600)	(8.9)
Transfer Payments/Grants	38,900	38,900	0	(100.0)	0	0	0	(38,900)	(100.0)
Interdepartmental Charges	788,640	999,700	879,100	(12.1)	0	0	879,100	(120,600)	(12.1)
Financial	497	600	600	0.0	0	0	600	0	0.0
Long Term Debt Charges	0	0	0	0.0	0	0	0	0	0.0
Capital	15,127	10,600	3,200	(69.8)	0	0	3,200	(7,400)	(69.8)
TOTAL EXPENDITURES	9,336,019	9,581,600	9,401,500	(1.9)	0	87,900	9,489,400	(92,200)	(1.0)
REVENUES									
Federal/Provincial Grants	(7,122,677)	(7,364,700)	(7,254,000)	(1.5)	0	(64,800)	(7,318,800)	(45,900)	(0.6)
Financial Charges/Investment Income	(5,700)	(9,300)	(9,300)	0.0	0	0	(9,300)	0	0.0
Fees & Service Charges	(64,940)	(64,500)	(66,200)	2.6	0	0	(66,200)	1,700	2.6
Transfer From Reserve & Reserve Funds	(22,088)	0	(50,000)	100.0	0	0	(50,000)	50,000	100.0
Other Revenues	(27,418)	(47,500)	(31,100)	(34.5)	0	0	(31,100)	(16,400)	(34.5)
Interdepartmental Recoveries	(95,900)	(95,900)	(53,600)	(44.1)	0	0	(53,600)	(42,300)	(44.1)
TOTAL REVENUES	(7,338,723)	(7,581,900)	(7,464,200)	(1.6)	0	(64,800)	(7,529,000)	(52,900)	(0.7)
NET LEVY REQUIREMENT	1,997,296	1,999,700	1,937,300	(3.1)	0	23,100	1,960,400	(39,300)	(2.0)
HALDIMAND SHARE	806,635	823,200	788,800	(4.2)	0	9,500	798,300	(24,900)	(3.0)
NORFOLK SHARE	1,190,661	1,176,500	1,148,500	(2.4)	0	13,600	1,162,100	(14,400)	(1.2)
STAFFING COMPLEMENT		85.80	82.94		0.00	0.95	83.89	(1.91)	



Program Based Grants

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Program Based Grants

Purpose and Description of Function

The Public Health Unit

The Health Unit obtains its legal authority under the Health Protection and Promotion Act. The Act specifies that Boards of Health must provide or ensure the provision of a minimum level of public health programs and services in specific areas through the Ontario Public Health Standards and corresponding Protocols. The purpose of the Public Health Standards is to set out the minimum requirements for fundamental public health programs and services targeted at prevention of disease, health promotion and health protection. Through these standards the Board of Health seeks to enable residents of the community to realize their full health potential. This is accomplished by promoting improved health, preventing disease and injury, controlling threats to human life and function, and facilitating social conditions to ensure equal opportunity in attaining health for all.

The Haldimand-Norfolk Health Unit continues to administer a number of 100% provincially funded programs including the Infection Control Program (SARS), the Infection Control Practitioner, Healthy Babies Healthy Children, the Preschool Speech and Language Program, the Nurse Practitioner Program, the Smoke - Free Ontario Strategy, the Prenatal & Postnatal Nurse Practitioner Service, the Healthy Smiles Ontario Program, the Public Health Nurses - Priority Populations Program, and the Chief Nursing Officer.

General Health Programs

The general health programs are cost shared with the Ministry of Health and Long-Term Care under the 75/25 funding formula capped at \$4,675,200, which results in an actual municipal contribution of approximately 30%. Haldimand County contributes 40.67% of the municipal share based on the number of households recorded annually on the assessment rolls.

During 2014, the Health Unit will experience a full year of implementation of the new organizational structure that resulted from the service review. Staff and managers will be initiating work on the five strategic directions and the 28 recommendations that were identified. The 2014 budget reflects the new structure and has been adjusted to reflect the movement of staff and programs between teams. An evaluation plan is being developed to monitor the successes of the changes and identify future improvements.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Program Based Grants

Objectives for the Coming Year

1. To complete Phase 2 of the comprehensive service review which began in 2011 to determine proper allocation of resources and the most effective organizational structure.
2. To identify areas of realignment of staff skills to task in order to improve compliance with the Ontario Public Health Standards.
3. To continue to adapt to the current fiscal realities within the aim of continuing to provide cost effective and quality services and programs to both Haldimand and Norfolk Counties.
4. To continue to closely monitor the upcoming changes in the public health sector as announced by the Ministry of Health and Long Term Care and the Ministry of Children and Youth Services and keep the Board informed as to the effects of these changes on the Health Unit.
5. To provide ongoing and consistent direction to all teams within the Health Unit.
6. To continue to provide consistent and unified internal and external communication.

Major Budget Changes

As a result of continued review of program staffing needs to carry on specific programs has resulted in the following changes to Salaries and Benefits through New Budget Initiatives:

- HSS.510.2014.151 - Program Assistant Community Health - \$10,200 increase
- HSS.510.2014.152 - Health Promoter School Health - \$20,900 increase
- HSS.510.2014.156 - Public Health Inspector - \$47,600 increase

Excluding the above New Budget Initiatives, the overall Salaries and Benefits have increased by \$118,200 or 2.2% due to incremental increases and projected benefit rates and accommodation costs. Accommodation costs are offset 100% by a transfer from the WSIB reserve in the amount of \$50,000.

Interdepartmental recoveries have decreased \$42,300 based on reduced staff compliment to allocate throughout various programs.

Other Revenues have decreased by \$18,900 largely due to discontinued dental services of \$14,900, anticipated decrease in recoveries from the Ministry for travel and training reimbursements of \$8,000, offset by Maternal & Child Health Program's revenue generated from the infant car seat program in the amount of \$3,000 and miscellaneous revenues of \$1,000.

In addition, minor increases under Materials & Supplies in the amount of \$2,700 is made up primarily of the following :

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Program Based Grants

- Increases of \$17,000 are mainly due to the Public Health Awareness Initiatives - Infection, Prevention and Control Week, Sexually Transmitted Infections Week and World Tuberculosis Day, previously funded 100% by the Ministry and now included under the 75% Cost Shared funding
- The Needle Exchange Program shows a substantial increase in Medical Supplies of \$11,600
- Offset by Small Drinking Water Systems decreasing their operating supplies by \$25,400 due to reduced funding.
- The remaining \$500 decrease is miscellaneous expenditures.

The main item offsetting these increases are within Services with a substantial decrease of \$101,500 due to the following:

- As Epidemiology is no longer taking part in the Rapid Risk Surveillance System, there is a significant decrease of \$65,000 under Contracted Services.
- This decrease is further driven by a reduction to dental services of \$66,800, partly reduced based on 2013 actuals in the Oral Health Program and partly based on decreased funding in the Expanded CINOT program.
- This is offset by an increase to Contracted Services through the Healthy Communities Program inviting trainers and speakers for workshops for \$30,000
- Miscellaneous services of \$300

In addition, Interdepartmental Charges are decreasing by of \$92,500, which is mostly due to the reallocation of staffing to the new H&SS Coordinated Admin Services. This is a new cost centre comprised of administrative costs that are shared across the Health and Social Services programs. Offsetting are decreased Human Resources charges of \$6,800 and miscellaneous increases of \$2,900.

Under the area of Transfer Payments/Grants, a reduction of \$38,900 related to one time costs has been removed along with the offsetting reduction under Federal/Provincial Grants.

Revenues are also increasing \$8,100 under Federal/Provincial Grants due to the following changes:

- 100% funding with a net increase of \$26,000 driven by:
 - New one time Healthy Communities funding of \$65,500
 - Additional funding for the Public Health Nurse Priority Populations Program of \$6,900
 - Decrease to Healthy Smiles funding of \$46,300
- Increased Ministry of Health 75% Funding of \$9,400 has been calculated based on an anticipated 2% capped increase over the 2013 approved level. The availability of this projected increase is being adjusted to encompass the three New Budget Initiatives noted above.
- Vaccination funding has decreased by \$27,300 based on 2013 forecasted actuals

Another reduction to the proposed budget is a decrease of \$7,400 in Capital from the 2013 Council Approved Initiative HSS 515 2013 141 - Panorama Funding - Phase 1, which entailed the purchase of laptops for \$10,000. Offset by Report H.S. 13-51 Panorama Funding 2013-2014 that requires software for the above mentioned laptops and a dedicated fax machine in the amount of \$3,200 are the required Capital expenses.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Program Based Grants

Projected increases in inspection fees based on previous years actuals have raised Fees and Service Charges by \$1,200. The remaining increase of \$500 can be attributed to miscellaneous program registration fees, for a total increase of of \$1,700.

Municipal recoveries based on Haldimand/Norfolk household percentages, show a decrease of \$24,900 for Haldimand's share of the net levy requirement, which includes \$9,500 for the three New Budget Initiatives noted above.

It should be noted that approved Ministry funding is based on 75% Provincial Share, 25% Municipal Share.

The 2014 Haldimand Norfolk Board of Health Proposed Operating Budget results in a 70% Provincial Share, 30% Municipal Share.

Performance Measures

Performance indicators, the program deliverables and the expected outcomes are outlined in the annual operational plan completed by the Health Unit and the 2011-2013 Accountability Agreement with the Ministry of Health and Long Term Care.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET
Program Based Grants

	2013 Forecasted Actuals	2013 APPROVED BUDGET	2014 Adjusted Budget	2014 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2014 PROPOSED BUDGET	2014 Budget \$ Incr/(Decr)	2014 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	5,513,382	5,375,400	5,493,600	2.2	0	78,700	5,572,300	196,900	3.7
Materials & Supplies	195,959	192,500	195,200	1.4	0	0	195,200	2,700	1.4
Services	1,082,417	1,128,600	1,027,100	(9.0)	0	0	1,027,100	(101,500)	(9.0)
Transfer Payments/Grants	38,900	38,900	0	(100.0)	0	0	0	(38,900)	(100.0)
Interdepartmental Charges	672,997	883,000	790,500	(10.5)	0	0	790,500	(92,500)	(10.5)
Financial	497	600	600	0.0	0	0	600	0	0.0
Long Term Debt Charges	0	0	0	0.0	0	0	0	0	0.0
Capital	15,127	10,600	3,200	(69.8)	0	0	3,200	(7,400)	(69.8)
TOTAL EXPENDITURES	7,519,279	7,629,600	7,510,200	(1.6)	0	78,700	7,588,900	(40,700)	(0.5)
REVENUES									
Federal/Provincial Grants	(5,330,479)	(5,439,600)	(5,392,100)	(0.9)	0	(55,600)	(5,447,700)	8,100	0.1
Financial Charges/Investment Income	0	0	0	0.0	0	0	0	0	0.0
Fees & Service Charges	(64,940)	(64,500)	(66,200)	2.6	0	0	(66,200)	1,700	2.6
Transfer From Reserve & Reserve Funds	(22,088)	0	(50,000)	100.0	0	0	(50,000)	50,000	100.0
Other Revenues	(11,528)	(29,900)	(11,000)	(63.2)	0	0	(11,000)	(18,900)	(63.2)
Interdepartmental Recoveries	(95,900)	(95,900)	(53,600)	(44.1)	0	0	(53,600)	(42,300)	(44.1)
TOTAL REVENUES	(5,524,935)	(5,629,900)	(5,572,900)	(1.0)	0	(55,600)	(5,628,500)	(1,400)	0.0
NET LEVY REQUIREMENT	1,994,344	1,999,700	1,937,300	(3.1)	0	23,100	1,960,400	(39,300)	(2.0)
HALDIMAND SHARE	805,422	823,200	788,800	(4.2)	0	9,500	798,300	(24,900)	(3.0)
NORFOLK SHARE	1,188,922	1,176,500	1,148,500	(2.4)	0	13,600	1,162,100	(14,400)	(1.2)
STAFFING COMPLEMENT		64.12	61.75		0.00	0.92	62.67	(1.45)	



Healthy Babies/Healthy Children

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Healthy Babies/Healthy Children

Purpose and Description of Function

The goal of the Healthy Babies Healthy Children program is to promote optimal physical, communicative, and psychosocial development in children who are at risk. This will be accomplished by:

1. Increasing the access to and the use of needs based services and supports for children who are at risk of poor physical, cognitive, communicative, and psychosocial development, and their families.
2. Increasing effective parenting ability in high-risk families.
3. Increasing the proportion of high-risk children achieving appropriate developmental milestones.
4. The HBHC Program is offered to women and their families during the prenatal period and to families with children from birth up to transition to school.

The attainment of these objectives is linked to the Reproductive Health and Child Health objectives in the Mandatory Health Programs and Service Guidelines. This program is 100% funded by the Ministry of Children and Youth Services and is capped at \$892,100.

Objectives for the Coming Year

1. Maintain a network of health and social service providers to ensure that families with children who are at risk of physical, cognitive, communication and/or psychosocial problems, have access to a range of prevention and early intervention services. This will be done by collaborating with the Children's Services Coordinating and Advisory Group and its member agencies.
2. Link families with children who are at risk of physical, cognitive, communication and/or psychosocial problems to appropriate supports and services in the community. This will be determined through the ongoing implementation and review of service agreements with all of the relevant local service providers.
3. Screening prenatally and at birth to identify those at risk who will be further assessed to identify the high-risk families with children. Work will be done with local physicians to identify prenatal women at risk.
4. Ensure that high risk families with children who would benefit from a family home visitor, have access to this service through the Health Unit. Continue to facilitate access to the family home visiting program with direct referrals from the Children's Aid Society, Haldimand-Norfolk R.E.A.C.H., Women's Services and Norfolk Help Centre, for families at risk who meet the program criteria.
5. Continue and maintain strategies to ensure contact with all families having a baby within 48 hours of discharge.

Major Budget Changes

This program continues to feel the pressures of insufficient provincial funding. There has not been an increase in funding for the past eight years, with the exception of the Province's 9,000 Nurses Initiative, which added one fully funded nurse for Salary and Benefits only to the Healthy Babies, Healthy Children program in 2013.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Healthy Babies/Healthy Children

It is anticipated that the approved level of funding for 2014 will once again be capped at \$892,100.

The most significant change is due to Salaries and Benefits increasing overall by \$14,200 due to incremental increases and projected benefit rates.

As a result of capped funding the following Operations Costs cuts have been made:

- The Interdepartmental Charges have been reduced by \$6,500 and re-allocated to the Health Admin Cost Shared Mandatory Program funded at 70%
- Also reduced as a result of meeting budget requirements, Materials and Supplies decreased in the amount of \$1,300
- Services have decreased by \$6,400 which includes a decrease in mileage of \$4,400 and training and development of \$2,000 to meet budget requirements.

According to staff, the level of service will not be affected.

Performance Measures

The Grant Agreement from the Ministry of Children and Youth Services outlines the program standards and indicators and the expected outcomes.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET
Healthy Babies/Healthy Children

	2013 Forecasted Actuals	2013 APPROVED BUDGET	2014 Adjusted Budget	2014 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2014 PROPOSED BUDGET	2014 Budget \$ Incr/(Decr)	2014 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	807,600	835,500	849,700	1.7	0	0	849,700	14,200	1.7
Materials & Supplies	6,223	4,800	3,500	(27.1)	0	0	3,500	(1,300)	(27.1)
Services	42,952	40,000	33,600	(16.0)	0	0	33,600	(6,400)	(16.0)
Interdepartmental Charges	11,392	11,800	5,300	(55.1)	0	0	5,300	(6,500)	(55.1)
Long Term Debt Charges	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	868,167	892,100	892,100	0.0	0	0	892,100	0	0.0
REVENUES									
Federal/Provincial Grants	(868,167)	(892,100)	(892,100)	0.0	0	0	(892,100)	0	0.0
TOTAL REVENUES	(868,167)	(892,100)	(892,100)	0.0	0	0	(892,100)	0	0.0
NET LEVY REQUIREMENT	0	0	0	0.0	0	0	0	0	0.0
HALDIMAND SHARE	0	0	0	0.0	0	0	0	0	0.0
NORFOLK SHARE	0	0	0	0.0	0	0	0	0	0.0
STAFFING COMPLEMENT		10.50	10.50		0.00	0.00	10.50	0.00	



Prenatal & Postnatal Nurse Practitioner Program

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Prenatal & Postnatal Nurse Practitioner Program

Purpose and Description of Function

The purpose of the Prenatal & Postnatal Nurse Practitioner Initiative is to increase accessibility of prenatal & postnatal services to individuals of lower socioeconomic status including the Low German Speaking community and teen mothers. The goal is to increase positive maternal and child health outcomes. This program is 100% funded by the Ministry of Children and Youth Services.

Objectives for the Coming Year

1. To review strategies to improve access to prenatal health care.
2. To increase the number of postnatal women and their infants receiving regular follow up care.
3. To establish collaborative networks to allow for efficient shared care/transfer of care of consultation.
4. To increase the number of women linked to community resources.

Major Budget Changes

In 2013, the Ministry reviewed our history of expenditures of staffing requirements. As a result, the funding was reduced from \$139,000 to \$85,000 for 2014. This is largely a result of the challenges filling a full time Nurse Practitioner position. However, this will not affect service delivery as the Health Unit has been operating with a 0.5 FTE Nurse Practitioner for the past five years. Also, the Program Assistant position which was a 0.5 has been reduced to 0.25. This has resulted in Salaries and Benefits decreasing by \$38,000.

In addition, as a result of this program being unable to support its administration costs, the Interdepartmental Charges have been reduced by \$9,200 and re-allocated to the Health Admin Cost Shared Mandatory Program funded at 70%.

Materials & Supplies show a decrease of \$4,500 and Training & Travel, under Services have also been decreased by \$2,300 mainly due to reduced funding and reduced staffing levels.

Performance Measures

The Grant Agreement with the Ministry of Children and Youth Services outlines the key components and core services that are to be provided under the program.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET
Prenatal & Postnatal Nurse Practitioner Program

	2013 Forecasted Actuals	2013 APPROVED BUDGET	2014 Adjusted Budget	2014 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2014 PROPOSED BUDGET	2014 Budget \$ Incr/(Decr)	2014 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	67,215	118,800	80,800	(32.0)	0	0	80,800	(38,000)	(32.0)
Materials & Supplies	567	4,900	400	(91.8)	0	0	400	(4,500)	(91.8)
Services	2,457	4,000	1,700	(57.5)	0	0	1,700	(2,300)	(57.5)
Interdepartmental Charges	9,500	11,300	2,100	(81.4)	0	0	2,100	(9,200)	(81.4)
Long Term Debt Charges	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	79,739	139,000	85,000	(38.8)	0	0	85,000	(54,000)	(38.8)
REVENUES									
Federal/Provincial Grants	(79,739)	(139,000)	(85,000)	(38.8)	0	0	(85,000)	(54,000)	(38.8)
TOTAL REVENUES	(79,739)	(139,000)	(85,000)	(38.8)	0	0	(85,000)	(54,000)	(38.8)
NET LEVY REQUIREMENT	0	0	0	0.0	0	0	0	0	0.0
HALDIMAND SHARE	0	0	0	0.0	0	0	0	0	0.0
NORFOLK SHARE	0	0	0	0.0	0	0	0	0	0.0
STAFFING COMPLEMENT		1.24	0.75		0.00	0.00	0.75	(0.49)	



Ontario Tobacco Strategy

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Ontario Tobacco Strategy

Purpose and Description of Function

The purpose of the Smoke-Free Ontario Strategy is to lead and coordinate Smoke-Free Ontario funded programs within the Health Unit and, as appropriate, establish linkages to programming dealing with highly correlated health risk factors.

There are three components to the Smoke-Free Ontario Strategy. They are the Tobacco Control Coordination, Local Capacity Building (Enforcement) and Youth Engagement. The Tobacco Control Coordination is the education and coordination component of the Smoke-Free Ontario Program. The Local Capacity Building (Enforcement) is responsible for the enforcement of the Smoke-Free Ontario Act including all of the requirements with respect to controls related to smoking tobacco, the sale or provision of tobacco, the display, storage, handling, and the promotion and distribution of tobacco products. The Youth Engagement Program engages high school students in activities related to the use of tobacco products and the related health issues. This program is 100% funded by the Ministry of Health and Long Term Care and the funding is capped at \$281,800.

Objectives for the Coming Year

1. To continue to educate the general public about the Smoke-Free Ontario Act.
2. To further establish working relationships with local workplaces and tobacco vendors to ensure they have the appropriate information regarding the Smoke-Free Ontario Act.
3. To protect the general public and workers from second hand smoke.
4. To enforce the legislation regarding retail marketing and youth access to tobacco products.
5. 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 tobacco industry and its products, and address other correlated risk factors.

Major Budget Changes

The Ontario Tobacco Strategy program is 100% funded by the Ministry, however the funding level is capped at \$281,800.

As a result of the service review and reorganization in the health unit, the FTEs in the Tobacco programs have been reduced from 3.5 FTEs to 3.08 FTEs, for a total reduction of 0.42 FTEs. This is illustrated through the New Budget Initiatives HSS 510 2014 151 - Program Assistant Community Health and HSS 510 2014 152 - Health Promoter School Health, where these 100% funded positions are now being funded through the Cost Shared Mandatory programs with 70% funded through the Province and 30% added to the levy.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Ontario Tobacco Strategy

Salaries and Benefits have decreased \$8,100 due to the reduction in FTEs as part of the New Budget Initiatives in the amount of \$31,100 offset by the remaining increase of \$23,000, mainly due to job evaluation outcomes as a result of the service review completed in 2013. With the overall reductions in Salaries and Benefits, various program costs under the Ontario Tobacco Strategy program have been increased to take advantage of the capped funding level. These increases include the following changes:

- Interdepartmental Charges show an overall increase of \$4,400 mainly due to an increase in Health Administration Charges.
- Materials and Supplies are increasing \$200 for office supplies and \$2,000 for promotional supplies in order to provide the same level of service as last year.
- There is an overall increase under Services in the amount of \$1,500. Mileage costs are increasing by \$1,700 to reflect the projected kilometers to be travelled in 2014, Training and Development and Meeting Expenses are up by a total of \$1,800 to allow for the anticipated training requirements and postage is projected to increase \$1,000. These increases are partially offset by advertising in the amount of \$3,000.

Public Health staff have indicated that the reductions in the FTEs within the Ontario Tobacco Strategy program will not affect the level of services provided in 2014.

Performance Measures

The Grant Agreement from the Ministry of Health and Long Term Care outlines the scope of service for the program, the program deliverables and the objectives to be achieved.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET
Ontario Tobacco Strategy

	2013 Forecasted Actuals	2013 APPROVED BUDGET	2014 Adjusted Budget	2014 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2014 PROPOSED BUDGET	2014 Budget \$ Incr/(Decr)	2014 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	241,536	240,100	263,100	9.6	0	(31,100)	232,000	(8,100)	(3.4)
Materials & Supplies	11,647	9,700	11,900	22.7	0	0	11,900	2,200	22.7
Services	16,261	19,600	21,100	7.7	0	0	21,100	1,500	7.7
Interdepartmental Charges	28,600	28,600	33,000	15.4	0	0	33,000	4,400	15.4
Long Term Debt Charges	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	298,044	298,000	329,100	10.4	0	(31,100)	298,000	0	0.0
REVENUES									
Federal/Provincial Grants	(281,092)	(281,800)	(312,900)	11.0	0	31,100	(281,800)	0	0.0
Other Revenues	(14,000)	(16,200)	(16,200)	0.0	0	0	(16,200)	0	0.0
TOTAL REVENUES	(295,092)	(298,000)	(329,100)	10.4	0	31,100	(298,000)	0	0.0
NET LEVY REQUIREMENT	2,952	0	0	0.0	0	0	0	0	0.0
HALDIMAND SHARE	1,213	0	0	0.0	0	0	0	0	0.0
NORFOLK SHARE	1,739	0	0	0.0	0	0	0	0	0.0
STAFFING COMPLEMENT		3.50	3.50		0.00	(0.42)	3.08	(0.42)	



Preschool Speech & Language

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Preschool Speech & Language

Purpose and Description of Function

The Preschool Speech, Language and Audiology Program provides a full range of speech-language interventions to children in Haldimand and Norfolk Counties, from birth to 70 months. The goal of these services is to increase the number of children entering school with age appropriate speech and language skills.

The vision for this program is that every preschool child who requires speech and language and audiology services will receive the resources and have the acquired communication skills needed for the performance of daily activities required for personal and social sufficiency at home and at school. This program is funded 100% by the Ministry of Children and Youth Services and the funding is capped at \$489,300.

Due to no increases in Ministry funding for the past number of years, a wait list for service is in place, with the average wait time being 26 weeks. The current funding has also caused the program to adjust its staffing levels over the past five years by gapping maternity leaves and other staff vacancies.

Objectives for the Coming Year

1. 45% of all initial assessments will be provided to children by 30 months of age.
2. 100% of children who are discharged for the reasons "attending JK", "attending SK" and "attending Grade 1" will receive transition to school plans.
3. 75% of all children aged 0-6 during this fiscal year who have ever received PSL services, will have received parent training at some point during their period of service delivery.
4. Individual treatment with a speech language pathologist and individual treatment with a mediator together will comprise no more than 35% of the total interventions provided.
5. The Outcome Measures Tool will be completed with 90% of children over 12 months of age receiving an initial assessment.
6. The Outcome Measures Tool will be completed with 90% of children over 12 months of age receiving intervention after a period of six months has passed or at a change in intervention type, whichever comes first.

Major Budget Changes

This program continues to feel the pressures to meet mandatory requirements due to the lack of provincial funding. There has not been an increase in funding for the past seven years, resulting in the reduction of staff and a longer wait time for service. In order to balance the proposed budget with the anticipated ministry funding, a maternity leave will be gapped for three months in 2014.

A waiting list has been in place for the last two years and the approximate wait time for service is 26 weeks.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Preschool Speech & Language

It is anticipated that the Ministry funding for this program will not be increased and once again be capped at \$489,300.

The most significant increase is under to Salaries and Benefits in the amount of \$15,300 mainly due to reinstated gapping costs associated with a maternity leave in 2013.

This increase has been fully offset as a result of the following items:

- As a result of this program being unable to support the administration costs, the Health Administration Interdepartmental Charges have been reduced by \$13,000 and re-allocated to the Health Administration Cost Shared Mandatory Program to be funded at 70%. Miscellaneous increases of \$1,300 round out the changes to Interdepartmental Charges.
- Materials and Supplies have decreased by \$1,000 including some belt tightening in order to balance the budget to anticipated funding.
- Services has an overall decrease of \$100 as a result of a reduction of \$1,000 in Advertising to reflect the 2013 actuals offset by Training and Travel increases of by \$900 to reflect the projected kilometers to be travelled in Haldimand and Norfolk and training requirements anticipated for 2014.
- Anticipated recoveries under Other Revenues are anticipated to increase \$2,500 for additional materials purchased by parents.

Performance Measures

The Grant Agreement with the Ministry of Children and Youth Services outlines the scope of service for the program, the program deliverables and the outcomes to be achieved.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET
Preschool Speech & Language

	2013 Forecasted Actuals	2013 APPROVED BUDGET	2014 Adjusted Budget	2014 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2014 PROPOSED BUDGET	2014 Budget \$ Incr/(Decr)	2014 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	386,697	404,500	379,500	(6.2)	0	40,300	419,800	15,300	3.8
Materials & Supplies	16,800	17,300	16,300	(5.8)	0	0	16,300	(1,000)	(5.8)
Services	28,858	31,500	31,400	(0.3)	0	0	31,400	(100)	(0.3)
Interdepartmental Charges	47,851	46,700	35,000	(25.1)	0	0	35,000	(11,700)	(25.1)
Long Term Debt Charges	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	480,206	500,000	462,200	(7.6)	0	40,300	502,500	2,500	0.5
REVENUES									
Federal/Provincial Grants	(472,617)	(489,300)	(449,000)	(8.2)	0	(40,300)	(489,300)	0	0.0
Financial Charges/Investment Income	(5,700)	(9,300)	(9,300)	0.0	0	0	(9,300)	0	0.0
Other Revenues	(1,889)	(1,400)	(3,900)	178.6	0	0	(3,900)	2,500	178.6
TOTAL REVENUES	(480,206)	(500,000)	(462,200)	(7.6)	0	(40,300)	(502,500)	2,500	0.5
NET LEVY REQUIREMENT	0	0	0	0.0	0	0	0	0	0.0
HALDIMAND SHARE	0	0	0	0.0	0	0	0	0	0.0
NORFOLK SHARE	0	0	0	0.0	0	0	0	0	0.0
STAFFING COMPLEMENT		5.35	5.35		0.00	0.45	5.80	0.45	



Nurse Practitioner Program

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET

Nurse Practitioner Program

Purpose and Description of Function

The purpose of the Nurse Practitioner program (within the Sexual Health program) is to expand the clinical sexual health services including access to birth control and sexually transmitted infection testing including HIV/AIDS. This program is funded 100% by the Ministry of Health and Long Term Care and is capped at \$122,900.

Objectives for the Coming Year

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.

Major Budget Changes

The most significant increase in the program is due to Salaries and Benefits increasing by \$4,900 mainly due to job evaluation incremental increases and projected benefit rates. In addition, Services has increased by \$200 to reflect the projected kilometers to be travelled in Haldimand and Norfolk Counties.

Since the level of funding for the Nurse Practitioner Program is capped at \$122,900, there is no available funding to offset the increased program costs above. Therefore, in order to stay within the Ministry allotment, adjustments have been made mainly to the Health Administration Cost Shared Mandatory Program to be funded at a level of 70%. Other minor reductions for Building Rental Charges and Financial Services Charges total \$700.

Performance Measures

The Grant Agreement with the Ministry of Health and Long Term Care outlines the program description, the program deliverables and the expected outcomes.

PROPOSED 2014 BOARD OF HEALTH OPERATING BUDGET
Nurse Practitioner Program

	2013 Forecasted Actuals	2013 APPROVED BUDGET	2014 Adjusted Budget	2014 ADJ BUD % Incr/(Decr)	Board of Health Approved Initiatives	New Budget Initiatives	2014 PROPOSED BUDGET	2014 Budget \$ Incr/(Decr)	2014 Budget % Incr/(Decr)
EXPENDITURES									
Salaries & Benefits	69,200	101,900	106,800	4.8	0	0	106,800	4,900	4.8
Materials & Supplies	800	600	600	0.0	0	0	600	0	0.0
Services	2,283	2,100	2,300	9.5	0	0	2,300	200	9.5
Interdepartmental Charges	18,300	18,300	13,200	(27.9)	0	0	13,200	(5,100)	(27.9)
Long Term Debt Charges	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	90,583	122,900	122,900	0.0	0	0	122,900	0	0.0
REVENUES									
Federal/Provincial Grants	(90,583)	(122,900)	(122,900)	0.0	0	0	(122,900)	0	0.0
TOTAL REVENUES	(90,583)	(122,900)	(122,900)	0.0	0	0	(122,900)	0	0.0
NET LEVY REQUIREMENT	0	0	0	0.0	0	0	0	0	0.0
HALDIMAND SHARE	0	0	0	0.0	0	0	0	0	0.0
NORFOLK SHARE	0	0	0	0.0	0	0	0	0	0.0
STAFFING COMPLEMENT		1.09	1.09		0.00	0.00	1.09	0.00	