

**Report to:** Finance Committee, Board of Health  
**Submitted by:** Elizabeth Bowden, Interim Director of Administration  
**Subject:** 2016 MOHLTC FUNDING APPROVAL

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**RECOMMENDATION(S)**

- (a) **The Finance Committee make recommendation to the Board of Health to receive this report, for information.**

**BACKGROUND**

WDGPH receives ongoing funding from several sources: the Ministry of Health and Long-Term Care (MOHLTC), the Ministry of Children and Youth Services (MCYS), the City of Guelph, the County of Wellington, the County of Dufferin, the Public Health Agency of Canada (PHAC), and other community partners.

This report pertains to funding received from the MOHLTC. This funding approval does not apply to the MCYS 100% provincially funded programs (HBHC and Preschool Speech and Language), the 100% municipally funded program (County of Wellington Wee Talk), the PHAC 100% federally funded program (Canadian Prenatal Nutrition Program), or any community partner funding.

Some of the MOHLTC funded programs are cost-shared with the three obligated municipalities, and some of them are 100% provincially funded programs. Within the programs that are cost-shared with the municipal funders, there are two categories: Cost-Shared Mandatory, and Cost-Shared Related. Cost-Shared Mandatory funding is provided as one lump sum for a number of programs. The Board of Health approves the allocation of this funding to programs via the annual budget prepared by management. Cost-Shared Related funding is provided directly for two specific programs, and any excess funds from one program cannot be used to offset a deficiency in another program. Throughout this report, the various pieces of funding will reference the following numbering system:

No.	Program/Budget Name	Funder(s)	Year-end
1	Cost-shared Mandatory Programs	Ministry of Health and Long-Term Care (MOHLTC); City of Guelph; County of Wellington; County of Dufferin	December 31st
2	Cost-shared Related Programs	Ministry of Health and Long-Term Care (MOHLTC); City of Guelph; County of Wellington; County of Dufferin	December 31st

3	100% MOHLTC Funded Programs	Ministry of Health and Long-Term Care	December 31st
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(1) Cost-Shared Mandatory programs are:

- Chronic Disease Prevention;
- Prevention of Injury and Substance Misuse;
- Reproductive Health;
- Child Health;
- Public Health Emergency Preparedness;
- Food Safety;
- Safe Water;
- Health Hazard Prevention and Management;
- Infectious Diseases Prevention and Control;
- Rabies Prevention and Control;
- Sexual Health, Sexually Transmitted Infections and Blood-borne Infections;
- Tuberculosis Prevention and Control;
- Vaccine Preventable Diseases; and
- Administrative and overhead expenses.

(2) Cost Shared Related programs are:

- Vector Borne Diseases; and
- Small Drinking Water Systems.

(3) 100% MOHLTC funded programs are:

- Chief Nursing Officer Initiative;
- Enhanced Food Safety Initiative;
- Enhanced Safe Water Initiative;
- Healthy Smiles Ontario Program;
- Infection Prevention and Control Nurses Initiative;
- Infectious Diseases Control Initiative;
- Needle Exchange Program;
- Smoke Free Ontario; and
- Social Determinants of Health Nurses Initiative.

On September 4, 2015, the MOHLTC implemented a new funding model for Public Health which was called an “Equity-Adjusted Population Model”. It contained Service Cost Drivers, and Drivers of Need, with indicators under each as follows:

Service Cost Drivers:

- Geography; and
- Language.

Drivers of Need:

- Aboriginal;
- Ontario Marginalization Index; and
- Preventable Mortality Rate.

Scores for each health unit were calculated for each indicator, the indicators were combined, and population numbers were factored in to arrive at a target percentage share of overall public health funding for each health unit. This target percentage was then compared with the actual percentage for each health unit, to identify over and under funded health units according to the new model.

Under this formula, in 2015, eight health units were identified as being under-funded; twenty-eight health units were considered over-funded. Over-funded health units received a 0% increase in funding for 2015 and were told to expect the same for 2016, although uncertainty about the future use of the funding model was expressed by the Ministry at that time. The eight health units that were considered under-funded split 2% growth funding that was provided for the public health sector.

The MOHLTC has confirmed that the public health funding model was again used for the 2016 funding approvals, and that 1% growth funding was split among ten health units who were considered under-funded. Health units considered over-funded again received a 0% increase in funding.

On October 7, 2015, the Board of Health voted on a Cost-Shared Mandatory and Related programs budget for 2016 which featured a 0% provincial base funding increase.

In addition, one-time grant requests totalling \$1,068,654 (provincial portion) were submitted for the 2016 fiscal year as outlined in Finance Committee Report BH.04.MAR1016.R05 – One-Time Grants 2016.

## **ANALYSIS/RATIONALE**

### Overview

The 2016 Provincial Funding Approval letter was received by WDGPH on September 23, 2016.

Overall, a reduction of \$217,400 was received from MOHLTC over the 2015 funding levels, however, this decrease is due to the changes to public health's role in the delivery of the oral health programs, so 2016 expenditures were also reduced by an equivalent amount. A re-allocation of funds between the (1) Cost-Shared Mandatory programs budget and the (3) 100% MOHLTC funded Healthy Smiles Ontario program also took place, and likewise the costs related to delivering these programs have been re-allocated within WDGPH's operating budget to align with the way the funding is provided.

No staffing reductions were required as a result of this funding approval. The impact on the 2017 draft budget is limited to the reallocation of resources between the (1) Cost-Shared Mandatory programs budget and the (3) 100% MOHLTC Funded Healthy Smiles Ontario program budget.

Provincial one-time grants totalling \$226,800 (provincial portion only) were approved. All of the one-time grants received were 100% provincially funded.

The details of the base funding requested versus funding received for 2016, as well as the details of funding received for 2016 versus funding received for 2015 can be found at *Appendix “1”*. Details of one-time grant funding requested versus funding received for 2016 are provided at *Appendix “2”*.

### Overview of *Appendix “1”*

(1) **Cost-Shared Mandatory Programs** – an increase totalling 0.0% (\$0) was requested for these programs. A 2.2% decrease or reduction of \$263,700 was provided. The reduction was related to the oral health programs integration, and as a result, the overall impact is actually a 0% increase.

### (2) **Cost-Shared Related Programs:**

Small Drinking Water Systems - Provincial funding of \$41,079 was requested for the Small Drinking Water Systems program; however \$40,600 (a difference of \$479) in funding was provided. This is the same level of funding as was provided for 2015.

Vector Borne Diseases – Provincial funding of \$154,666 was requested for the Vector Borne Diseases program, and the amount of funding that was provided was \$150,700. This is the same level of funding as was provided for 2015.

### (3) **100% MOHLTC Funded Programs:**

The following 100% MOHLTC Funded Programs received an increase for 2016 over the 2015 funding amount:

- Healthy Smiles Ontario – a 3.53% or \$27,100 increase (related to the oral health programs integration and reflecting a transfer of resources from the Cost-Shared Mandatory programs budget into the Healthy Smiles Ontario program budget rather than an overall increase in resources).
- Needle Exchange Program – a 38.4% or \$19,200 increase.

The following 100% MOHLTC Funded Programs received the same funding as was provided in 2015:

- Chief Nursing Officer Initiative;
- Enhanced Food Safety;
- Enhanced Safe Water;
- Infection Prevention & Control Nurses Initiative;
- Infectious Diseases Control Initiative;
- Smoke Free Ontario;
- Electronic Cigarettes Act;
- Social Determinants of Health Nurses Initiative; and
- MOH/AMOH Compensation Initiative.

Overview of *Appendix “2”*

In *Appendix “2”*, information about the 2016 one-time grants requested and received is presented. For all one-time grants requested, information about whether or not the project is moving forward, the status of the project, and the source of funds if no one-time grant funding was approved for the project, is provided.

WDGPH management has requested a teleconference with the MOHLTC to review the 2016 funding approval, including the one-time grant requests that were not approved.

The MOHLTC has indicated that health units may be invited to submit in-year one-time grant requests sometime in the fourth quarter. Depending on the information provided by the MOHLTC during the teleconference, unsuccessful one-time grant applications may be re-submitted through this in-year process if they are eligible.

**APPENDICES**

*Appendix “1”* – Analysis of 2016 Provincial Funding Approval (Base Funding)

*Appendix “2”* – Analysis of 2016 Provincial Funding Approval (One-Time Grants)

		<i>Original Signed Document on File</i>
Prepared by: Shanna O’Dwyer Manager, Finance, Administrative Services	Reviewed by: Elizabeth Bowden, Interim Director, Administrative Services	Approved by: Dr. Nicola Mercer, Medical Officer of Health & CEO

## APPENDIX "1"

### Analysis of 2016 Provincial Funding Approval (Base Funding)

2016 Received versus 2016 Requested	2016 Received	2016 Requested	Difference (\$)	Difference (%)
Mandatory Programs (75%) <sup>1</sup>	11,986,100	12,249,800	(263,700)	(2.2%)
Chief Nursing Officer Initiative (100%)	121,500	121,500	-	0.0%
Enhanced Food Safety - Haines Initiative (100%)	40,300	40,300	-	0.0%
Enhanced Safe Water Initiative (100%)	21,600	21,600	-	0.0%
Healthy Smiles Ontario Program (100%) <sup>2</sup>	767,400		767,400	0.0%
Infection Prevention and Control Nurses Initiative (100%)	90,100	90,100	-	0.0%
Infectious Diseases Control Initiative (100%)	333,400	333,400	-	0.0%
Needle Exchange Program Initiative (100%)	50,000	50,000	-	0.0%
Small Drinking Water Systems Program (75%)	40,600	41,079	(479)	(1.2%)
Smoke-Free Ontario Strategy: Prosecution (100%)	12,800	12,800	-	0.0%
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	216,700	216,700	-	0.0%
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000	100,000	-	0.0%
Smoke Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	80,000	80,000	-	0.0%
Electronic Cigarettes Act - Protection and Enforcement (100%) - NEW	19,200	19,200	-	0.0%
Social Determinants of Health Nurses Initiative (100%)	180,500	180,500	-	0.0%
Vector-Borne Diseases Program (75%)	150,700	154,666	(3,966)	(2.6%)
MOH/AMOH Compensation Initiative <sup>3</sup>	91,500	83,715	7,785	9.3%
	<b>14,302,400</b>	<b>13,795,360</b>	<b>507,040</b>	

2016 Received versus 2015 Received	2016 Received	2015 Received	Change (\$)	Change (%)
Mandatory Programs (75%) <sup>1</sup>	11,986,100	12,249,800	(263,700)	-2.15%
Chief Nursing Officer Initiative (100%)	121,500	121,500	-	0.00%
Enhanced Food Safety - Haines Initiative (100%)	40,300	40,300	-	0.00%
Enhanced Safe Water Initiative (100%)	21,600	21,600	-	0.00%
Healthy Smiles Ontario Program (100%) <sup>2</sup>	767,400	740,300	27,100	3.53%
Infection Prevention and Control Nurses Initiative (100%)	90,100	90,100	-	0.00%
Infectious Diseases Control Initiative (100%)	333,400	333,400	-	0.00%
Needle Exchange Program Initiative (100%)	50,000	30,800	19,200	38.40%
Small Drinking Water Systems Program (75%)	40,600	40,600	-	0.00%
Smoke-Free Ontario Strategy: Prosecution (100%)	12,800	12,800	-	0.00%
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)	216,700	216,700	-	0.00%
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)	100,000	100,000	-	0.00%
Smoke Free Ontario Strategy: Youth Tobacco Use Prevention (100%)	80,000	80,000	-	0.00%
Electronic Cigarettes Act - Protection and Enforcement (100%) - NEW	19,200	19,200	-	0.00%
Social Determinants of Health Nurses Initiative (100%)	180,500	180,500	-	0.00%
Vector-Borne Diseases Program (75%)	150,700	150,700	-	0.00%
MOH/AMOH Compensation Initiative <sup>3</sup>	91,500	91,500	-	0.00%
	<b>14,302,400</b>	<b>14,519,800</b>	<b>(217,400)</b>	

<sup>1</sup> Adjustments made to the Mandatory Programs funding for 2016 reflect the changes as a result of the oral health programs integration.

<sup>2</sup> No application for funding for Healthy Smiles Ontario was solicited or submitted for 2016 due to the changes as a result of the oral health programs

<sup>3</sup> Note: the funding that will actually be received under this initiative is equal to the amount requested, not the amount of funding approved. The total

## APPENDIX "2"

### Analysis of 2016 Provincial Funding Approval (One-Time Grants)

One-Time Funding Requests	2016 Received (Provincial Portion)	2016 Requested (Provincial Portion)	Difference (\$)	Project Moving Ahead (Yes/No)	Status	Source of Funds if no OTG provided
New Shelburne Location Renovations	-	400,000	(400,000)	No	N/A	N/A
Chancellors Way Additional Parking Spaces	-	250,000	(250,000)	Yes	Complete	2016 gapping dollars and facilities reserve
Website Redevelopment	-	150,000	(150,000)	Yes	In progress - expected completion by end of year	2016 operating budget and remainder from Contingencies reserve
Health Protection Tablet Upgrade	-	74,800	(74,800)	Yes	Partially complete; some purchased in Q1, 2016	2015 one-time grant received for SFO tablet upgrade; remainder of Health Protection Division to be completed using funds in operating budget for greening plan
ISPA Exemption Updates	-	60,681	(60,681)	No	N/A	N/A
ERP Consultant	-	56,250	(56,250)	Yes	Consultant engaged to perform assessment - work to begin early October and conclude prior to December 2016.	2016 gapping dollars
Clinical Dental Equipment	34,300	25,673	8,627	Yes	In progress - expected completion by end of year	N/A
Practice Management Software for Oral Health Program	25,000	18,750	6,250	Yes	Research phase	N/A
Mental Health and Wellness Initiative	-	11,250	(11,250)	Yes	In progress - committee in the process of scheduling training	2016 operating budget
Positive Space Training	-	11,250	(11,250)	Yes	Training details and scheduling still being worked out	2016 gapping dollars
Public Health Inspector Practicum	10,000	10,000	-	Yes	Complete	N/A
Panorama	157,500	-	157,500	Yes	Project plan being created - funding provided to March 31, 2017	N/A
	<u>226,800</u>	<u>1,068,654</u>	<u>(841,854)</u>			