Southeast Public Health

Board of Health Meeting

Agenda Package

Wednesday, September 23, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

Please note there will be a Closed Session component to this meeting.

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Meeting ID: 283 495 545 530 65
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To ensure a quorum we ask that you please RSVP to kathleen.thompson@southeastph.ca or call 613-549-1232, ext. 1147.

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Southeast Public Health

Board of Health Agenda

Wednesday, September 23, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

1. **Call to Order**

2. **Land Acknowledgement**

   Southeast Public Health is located on the traditional territory of Indigenous peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role of treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.

3. **Roll Call**

4. **Approval of the Agenda**

   MOTION: THAT the Board of Health approve the open agenda for September 23, 2026, as circulated.

5. **Approval of Previous Meeting Minutes** Schedule 5.0

   MOTION: THAT the Board of Health approve the open minutes of the meeting held on August 26, 2026, as circulated.

6. **Pecuniary Interest and/or Conflict of Interest, and the general nature thereof when the item arises**

7. **Staff Report**

   7.1. **Strategic Plan 2026-2028: Presentation** Schedule 7.1

   7.2. **Strategic Plan 2026-2028: Strategic Priorities** Schedule 7.2

   7.3. **Strategic Plan 2026-2028: Activities, Costing and Resource Requirements Report** Schedule 7.3

   MOTION: THAT the Board of Health approve the 2026–2028 Strategic Plan, including the associated activities and outputs to advance the strategic priorities outlined in the report.

8. **Committee Reports**

   8.1. **Governance Committee Update** Schedule 8.1

   8.1.1. **Board of Health (BOH) Complaints Policy** Schedule 8.1.1

   8.1.2. **Board Member Oath of Conduct & Confidentiality** Schedule 8.1.2

   8.1.3. **Amendment List** Schedule 8.1.3

   MOTION: THAT the Board of Health approve the BOH Complaints policy, the Board Member Oath of Conduct and Confidentiality policy, and the updated Amendment List, as circulated.

8.2. **Finance Committee Update** Schedule 8.2

8.2.1. **Budget Briefing Note** Schedule 8.2.1

8.2.2. **Draft 2027 Budget** Schedule 8.2.2

MOTIONS:

1. THAT the Board of Health approve the Draft 2027 Budget for Mandatory Programs and all related Southeast Public Health budgets, as recommended by the Finance Committee.
2. THAT the Board of Health approve the use of up to $0.2 million in reserve funds for continued capital investments in infrastructure and technology, as recommended by the Finance Committee.

9. **New Business**

9.1. **2026 Municipal Election – Caretaker Resolution** Verbal Report

MOTION: WHEREAS Section 49(7) of the Health Protection and Promotion Act, as amended, provides that the term of municipal members of a board of health continues during the pleasure of the council that appointed the municipal member but, unless ended sooner, ends with the ending of the term of office of the council;

AND WHEREAS By-Law No. 1 of the Board of Health for Southeast Public Health provide that the Board of health shall be composed of One (1) member to be appointed by the Municipal Council of the City of Belleville, Two (2) members to be appointed jointly by the Municipal Councils of the City of Brockville, and Towns of Gananoque, Prescott and Smiths Falls, One (1) member to be appointed by the Frontenac County, One (1) member to be appointed by the Municipal Council of the County of Hastings, Two (2) members to be appointed by the Municipal Council of the City of Kingston, One (1) member to be appointed by the Municipal Council of the County of Lanark, One (1) member to be appointed by the Municipal Council of the United Counties of Leeds and Grenville, One (1) member to be appointed by the Municipal Council of the County of Lennox and Addington, One (1) member to be appointed by the Municipal Council of The Corporation of the County of Prince Edward and One (1) member to be appointed by the Municipal Council of the City of Quinte West; (the “Municipal Members”);

AND WHEREAS the terms of the Municipal Members will end when their terms of office ends on November 14, 2026 and whereas it is anticipated that the Councils the City of Belleville, the City of Brockville, and Towns of Gananoque, Prescott and Smiths Falls, Frontenac County, the County of Hastings, the City of Kingston, the County of Lanark, United Counties of Leeds and Grenville, the County of Lennox and Addington, The Corporation of the County of Prince Edward and the City of Quinte West will not appoint new municipal members to the Board of Health until January of 2027;

NOW THEREFORE, the Board of Health Southeast Public Health hereby resolve as follows:

1. That the Director of Corporate Services and the remaining Board of Health members have the authority to appoint an acting Medical Officer of Health/CEO in the event the existing MOH/CEO resigns or ceases to be legally capable to carry our their duties as required by legislation and

regulations, with the caveat that any such appointment be confirmed by the full Board of Health following the post-election municipal appointments;

2. That the Medical Officer of Health/CEO, the Director of Corporate Service and the remaining Board of Health members be delegated the authority to access SEHU reserves for amounts exceeding the limit set by the relevant SEHU policy provided that they report on any such over limit use of reserves to the full Board of Health following the post-election municipal appointments;
3. The delegations of authority set out above will only take effect and be limited to the period from November 15, 2026 until the a sufficient number of the Councils of the City of Belleville, the City of Brockville, and Towns of Gananoque, Prescott and Smiths Falls, Frontenac County, the County of Hastings, the City of Kingston, the County of Lanark, United Counties of Leeds and Grenville, the County of Lennox and Addington, The Corporation of the County of Prince Edward and the City of Quinte West have appointed new municipal members to the Board of Health sufficient that the Board of Health has achieved quorum.

9.2. **Merger Update** Schedule 9.2

MOTION: THAT the Board of Health receive the merger update report, as circulated.

10. **Information Items** Schedule 10.0

MOTION: THAT the Board of Health receive the information items, as circulated.

11. **Announcements**

12. **Closed Session**

MOTION: THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically (d) labour relations or employee negotiations and (k) a position, plan procedure, criteria, or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the Board or the Agency.

13. **Rising and Reporting of Closed Session**

MOTION: THAT the Board of Health endorse the actions approved in the Closed Session and direct staff to take appropriate action.

14. **Adjournment**

MOTION: THAT this Board of Health meeting be adjourned.

Southeast Public Health

Schedule 5.0

Board of Health Minutes

Open Session

Date: Wednesday, August 26, 2026
Time: 10:00 a.m.
Location: 221 Portsmouth Avenue, Kingston, Ontario and via Microsoft Teams

In-person: Councillor Judy Greenwood-Speers, Councillor Sean Kelly, Councillor Anne-Marie Koiner, Councillor Peter McKenna, Councillor Jeff McLaren, Mayor Jan O'Neill, Ms. Barbara Proctor, Councillor Bill Roberts, Mr. Nathan Townend

Virtual: Mr. Stephen Bird, Mayor Robin Jones, Warden Richard Kidd, Councillor Michael Kotsovos

Regrets: Councillor Conny Glenn

Officer: Dr. Piotr Oglaza

1. **Call to Order**

   Chair N. Townend called the meeting to order at 10:01 a.m.

2. **Land Acknowledgement**

   Spoken by Councillor P. McKenna.

3. **Roll Call**

   Conducted by Recorder K. Thompson.

4. **Approval of the Agenda**

   MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Councillor B. Roberts THAT the Board of Health approve the open agenda for August 26, 2026, as circulated.

   CARRIED

5. **Approval of Previous Meeting Minutes**

   MOTION: It was MOVED by Mayor J. O'Neill and SECONDED by Councillor S. Kelly THAT the Board of Health approve the open minutes of the meeting held on July 22, 2026, as circulated.

   CARRIED

6. **Pecuniary Interest and/or Conflict of Interest, and the general nature thereof when the item arises**

   There were no declarations of pecuniary interest and/or conflict of interest.

7. Committee Reports

7.1. Governance Committee Update

7.1.1. Board Member Remuneration

Dr. P. Oglaza presented the Governance Committee recommendations regarding amendments to By-law No. 1. The amendments would designate the Medical Officer of Health (MOH) / Chief Executive Officer (CEO) as the Head of Southeast Public Health for the purposes of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and clarify that the MOH/CEO would preside over the election of the Board Chair at the first Board meeting of the year.

Dr. P. Oglaza explained that the MFIPPA amendment would correct the current designation of the Board Chair and align the by-law with operational practice and the approach used by the legacy health units. Privacy requests are administered operationally and may be delegated to the organization's privacy officers. The accompanying report also distinguished the MFIPPA designation from responsibilities under the Personal Health Information Protection Act, for which the MOH/CEO is the Health Information Custodian.

MOTION: It was MOVED by Councillor P. McKenna and SECONDED by Ms. B. Proctor THAT the Board of Health approve the recommended changes to By-law No. 1 and that the Amendment List for the Board of Health be approved as circulated.

CARRIED

8. New Business

8.1. 2026 Municipal Election – Caretaker Resolution

Dr. P. Oglaza presented the proposed caretaker resolution developed following previous Board and Governance Committee discussions, and in consultation with legal counsel. The resolution was intended to address a period following the 2026 municipal election when there may not be sufficient municipal appointees to achieve Board quorum.

The proposed resolution would provide limited delegated authority during that period to address two matters requiring Board authority: the appointment of an Acting Medical Officer of Health/Chief Executive Officer, if required, and access to reserves above limits established by policy. The proposed delegation included the remaining provincially appointed Board members and designated staff, as applicable. Any action taken would be subject to subsequent reporting to, or confirmation by, the Board once quorum was restored. Regular Board governance would resume as soon as sufficient municipal appointments had been made to re-establish quorum.

During discussion, members questioned the proposed October 27, 2026 effective date and sought clarification regarding when the terms of municipal Board members legally end. Members noted that municipal councils remain in office following election day until the end of the current council term and questioned whether Board appointments similarly continue until that date.

Mayor R. Jones advised that the proposed wording reflected legal advice that municipal membership on the Board would end on the date of the municipal election but acknowledged that further clarification was appropriate. Members agreed that the legal basis for the proposed date should be confirmed before the resolution was approved.

The Board expressed general support for establishing appropriate caretaker provisions and noted that there would be an opportunity to consider the resolution again at the September meeting.

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Councillor A. Koiner THAT consideration of the 2026 Municipal Election – Caretaker Resolution be deferred to the September 2026 Board meeting;

AND THAT the Chair of the Governance Committee consult with legal counsel to clarify the termination date of municipal Board appointments and the appropriate effective date of the caretaker provisions.

CARRIED

8.2. Merger Updates

Dr. P. Oglaza presented the merger update, including the June 2026 Change Readiness Assessment and Year 3 Merger Implementation Gantt Chart.

He advised that the Change Readiness Assessment measures five dimensions considered important to successful organization change: commitment, clarity, culture, capacity and sustainment. The June 2026 results showed continued improvement in overall readiness, placing the organization within the moderate range, although the participation rate was lower than in the two preceding assessments.

During discussion, members considered the lower response rate and whether additional measures could encourage staff participation. Members also discussed the potential effect of outstanding labour relations matters and continuing uncertainty on employee engagement and change readiness.

The Board reviewed progress identified in the Merger Implementation Gantt Chart. Members raised concerns regarding activities that remained outstanding, including development of an external stakeholder consultation plan and several information technology initiatives. The Gantt chart identifies external stakeholder consultation planning as not yet started while other program-level external stakeholder consultation work is in progress.

Dr. P. Oglaza acknowledged the importance of external stakeholder engagement and noted its relationship to the organization’s strategic

planning work.

In response to questions regarding information technology integration, Dr. P. Oglaza explained that several projects are highly interdependent and must be completed while maintaining uninterrupted public health operations. Southeast Public Health continues to operate three legacy computer networks, and work is underway to transition to an integrated network environment. The merger implementation report identifies network topology and infrastructure harmonization as in progress.

Members acknowledged the complexity of the work and the significant efforts of staff undertaking the transition while continuing regular operations.

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Mayor J. O'Neill THAT the Board of Health receive the merger update report, as circulated.

CARRIED

9. Information Items

During discussion, a member referred to correspondence from the Association of Local Public Health Agencies (alPHa) regarding the provincial announcement of a one percent funding increase and asked whether the increase had been incorporated into Southeast Public Health's longer-term financial projections.

Dr. P. Oglaza confirmed that the projections had assumed continued annual provincial funding increases of one percent. He further advised that, although formal funding letters had not yet been received, the Ministry had subsequently communicated that health units should use a one percent increase for 2027 planning purposes.

Members also discussed information respecting continuity of Board operations following the 2026 municipal election. It was noted that the information referenced November 15, 2026 in relation to the expiry of municipal appointments and would be relevant to the legal clarification being sought regarding the caretaker resolution.

A member commented on correspondence regarding the use of 2+1 road configurations in Northern Ontario, noting the reported reduction in fatalities and serious collisions associated with this road design and expressing support for the initiative.

MOTION: It was MOVED by Mayor J. O'Neill and SECONDED by Councillor A. Koiner THAT the Board of Health receive the information items, as circulated.

CARRIED

10. Announcements

Councillor S. Kelly reported on a recent tour of the Homelessness and Addiction Recovery Treatment (HART) Hub in Smiths Falls and thanked Councillor P. McKenna for arranging the visit. He commented positively on the services being provided and the support available to individuals experiencing homelessness, substance use and related challenges.

At the Chair's request, Dr. P. Oglaza outlined Southeast Public Health's role in relation to HART Hubs. He advised that public health responsibilities under the Ontario Public Health Standards include substance use prevention, harm reduction and prevention of infectious disease transmission associated with some forms of substance use. Southeast Public Health continues to work with relevant partner organizations across the region.

Chair N. Townend advised that, following discussion at the July Board meeting, he and Dr. P. Oglaza had agreed that a dedicated session on the 2026-2028 Strategic Plan would provide the Board with additional time to consider practical implementation matters, and that a scheduling poll would be circulated to Board members. The intent is to provide the current Board with an opportunity to complete its consideration of the Strategic Plan before the municipal election.

Chair N. Townend also advised that he and Dr. P. Oglaza were scheduled to meet with the Chief of the Mohawks of the Bay of Quinte within the following two weeks and that an update would be provided to the Board following the meeting.

11. Adjournment

MOTION: It was MOVED by Mayor J. O'Neill and SECONDED by Councillor A. Koiner THAT this Board of Health meeting be adjourned at 10:42 a.m.

CARRIED

_____
Board Chair
South East Health Unit

Southeast Public Health

Schedule 7.1

Strategic Plan 2026-2028

Dr. Piotr Oglaza, MD, CPHI (C), MPH, FRCPC

Medical Officer of Health/Chief Executive Officer

September 23, 2026

Overview

Vision

Healthy, thriving communities across Southeastern Ontario supported by strong systems and equitable conditions.

Purpose

To ensure every community in Southeastern Ontario has access to high quality, equitable public health services delivered by a unified and trusted health unit working with communities and partners.

Strategic Priorities

1.	Build our new identity on the foundation of equitable and responsive service delivery through increased capacity and innovation.
2.	External communications, engagement, and public accountability.
3.	Current and future budget planning to ensure sustainability of Southeast Public Health.
4.	Risk management and organizational resilience, including emergency management.
5.	Strengthen communications between Medical Officer of Health, agency employees, and the Southeast Board of Health.

Southeast Public Health

Activities and Outputs

Overview

The purpose is to advance the Southeast Board of Health (BOH) strategic priorities and key initiatives by:

outlining proposed activities and outputs, and

identifying the resources and associated costs required for implementation.

Implementation in next 12 months

BOH identified significant investment required

BOH identified themselves as the lead

Strategic Priority 1

Build our new identity on the foundation of equitable and responsive service delivery through increased capacity and innovation.

Key Initiatives

1.1	To define 'equity' in terms of service delivery.	
1.2	To explain impact on services resulting from the changes to the OPHS.	
1.3	To understand the demographics and gaps in our service area to meet our goal for equitable services (gather data).	
1.4	To ensure that services will be equitable in rural areas and across the region.	

Key Initiative 1.1

Activities:

- Develop a harmonized health equity framework

Outputs:

- BOH-endorsed health equity framework
- Guidance on applying equity framework in program and service planning and delivery

Resources:

- Southeast BOH members
- Internal expertise
- Existing health equity frameworks

Key Initiative 1.2

Activities:

- Prepare public-facing and partner-focused communication awareness campaign outlining OPHS changes and implications

Outputs:

- Governance-level summary of OPHS changes and implications
- Presentation of OPHS changes and local implications to the BOH
- Public and partners communications plans

Resources:

- Internal communication expertise
- MOH, Deputy MOH, Directors, Managers engagement with partners
- Health System Liaison

Key Initiative 1.3

Activities:

- Complete a population health assessment to identify demographic trends, geographic gaps, and equity implications

Outputs:

- Population health assessment presentation to the BOH
- Internal knowledge exchange products

Resources:

- Existing resources
- Knowledge Management expertise
- Health System Liaison
- Internal programs and services expertise

Key Initiative 1.4

Activities:

- Review findings from initiatives 1.1 to 1.3 (i.e., defining equity, analyzing gaps, and navigating OPHS constraints)

Outputs:

- High level programs and services expectations informed by equity, population health trends, and OPHS requirements
- Collaborative community partnerships

Resources:

- Redistribution of resources
- Additional funds may be required

Strategic Priority 2

External communications,
engagement, and public accountability.

Key Initiatives

2.1	To develop a proactive, diversified, targeted communications strategy	
2.2	To develop a public health brand identity campaign.	
2.3	To implement targeted communications with municipalities and local politicians.	

Key Initiative 2.1

Activities:

- Develop a multimedia communications plan that recognizes the unique role of public health
- Conduct a stakeholder assessment to understand perceptions, risks, and engagement needs
- Establish a strategic partner engagement approach

Outputs:

- Stakeholder engagement plan to manage reputation, connect with the community, and be transparent
- BOH communications strategy

Resources:

- External public relations consultant, if required

Key Initiative 2.2 $

Activities:

- Implement and evolve the agency's brand identity strategy
- Monitor engagement and reach of communications plan

Outputs:

- Brand identity framework and guidelines
- Performance indicators
- Sponsorship policy

Resources:

- Merger funds directed at corporate- and program-branded materials (April 2024 to March 2027)
- Internal communications expertise

Key Initiative 2.3

Activities:

- Develop tailored public health knowledge products for municipal partners
- Provide strategic briefings on public health issues to municipal leaders
- Leverage strategic partnerships to address priority public health work

Outputs:

- Municipal engagement materials related to public health issues (e.g., one-page briefs or infographics)
- Municipal engagement plan and outputs on public health issues

Resources:

- Southeast BOH members
- Internal staff expertise on public heath policy and topics of interest
- Internal communications support for developing material, etc.

Strategic Priority 3

Current and future budget planning to ensure sustainability of Southeast Public Health.

Key Initiatives

3.1	To advocate for sustainable public health funding via a government relations strategy.	
3.2	To support financial stability planning, including reserves for infrastructure upgrades.	
3.3	To assist municipalities to prepare for upcoming adjustments to contributions.	

Key Initiative 3.1

Activities:

- Participate in provincial advocacy forums
- Develop a plan to support a long-term sustainable funding framework
- Engage strategic political and system partners to support sustainable funding (e.g., AMO, EOWC, MMFOA, ROMA, RNAO, etc.)

Outputs:

- Southeast BOH representative on alPHa Board
- Long-term planning for sustainable funding
- BOH resolution supporting sustainable funding
- Consultation summary

Resources:

- Southeast BOH Governance Relations Working Group
- Health System Liaison
- Additional funds may be required

Key Initiative 3.2

Activities:

- Implement a multi-year budgeting framework (2026-2030)
- Establish a reserve strategy
- Develop a human resources strategy
- Develop an asset management and capital funding plan

Outputs:

- Five-year financial forecasting with a multi-year stabilization strategy
- Dedicated guidelines for the administration and use of reserve funds
- Strategic investment of reserve funds in high interest account(s), including guidelines for allocating interest
- Human resources strategy to support organizational sustainability
- Asset management and capital funding plans

Resources:

- Southeast BOH Finance Committee
- Internal Corporate Services expertise

Key Initiative 3.3

Activities:

- Communicate five-year financial forecasting information
- Communicate unique role and services delivered by public health
- Engage municipal councils and finance teams through strategic briefings

Outputs:

- Municipal briefing packages (including financial statement, budget, and supporting documentation)
- Strategic briefing sessions focused on municipal financial budgeting, statement interpretation, and collaborative long-term planning
- Municipal readiness assessment report, including feedback, concerns, and transition timelines

Resources:

- Southeast BOH Finance Committee
- Internal staff expertise in finance and communications

Strategic Priority 4

Risk management and organizational resilience, including emergency management.

Key Initiatives

4.1	To bring forward a public health risk matrix for the organization that can be updated regularly to the BOH.
4.2	To plan for high-impact public health emergency standard operating procedures (SOP) (e.g., cyber-attack).

Key Initiative 4.1

Activities:

- Develop a risk matrix that assesses likelihood and impact across key organizational risk categories
- Refine the agency's risk register and mitigation strategies to address and lower the agency's risks
- Establish a governance-level risk management framework and reporting process

Outputs:

- Risk management framework/strategy
- Regular BOH reporting
- Risk register and risk matrix
- Risk mitigation action plans with assigned accountability

Resources:

- Southeast BOH members
- Internal staff expertise in programs and Corporate Services

Key Initiative 4.2

Activities:

- Develop continuity of operations plans (COOP) to ensure essential the agency functions during major disruptions, using external expertise
- Advance an OPHS-aligned emergency management (EM) program through ongoing harmonization of emergency SOPs and EM practices

Outputs:

- Continuity of operations plans
- Emergency management program framework and SOPs

Resources:

- Consultant for the development of the COOP
- Internal expertise

Strategic Priority 5

Strengthen communications between Medical Officer of Health, agency employees, and the Southeast Board of Health.

Key Initiatives

5.1	To develop a BOH-specific communications (i.e., media releases) policy.		
5.2	To provide regular and timely updates to the BOH on service delivery.		

Key Initiative 5.1

Activities:

- Develop and implement a BOH media relations policy

Outputs:

- Media relations policy (for BOH members)

Resources:

- Southeast BOH Governance Committee
- Legal consultation

Key Initiative 5.2

Activities:

- Enhance BOH package (e.g., written monthly update about programs and services; spotlight on individual topics or service delivery)
- Provide regular presentation(s) on program and service delivery and emerging issues

Outputs:

- BOH-ready summaries for subregional media releases
- BOH meetings with staff-led public health program and service presentations
- BOH package with a monthly written update by Medical Officer of Health regarding the public health programs and services

Resources:

- Internal staff expertise

Southeast Public Health

Thank you.

Board of Health (BOH) Strategic Priorities

Southeast Public Health

Schedule 7.2

Strategic Priorities		Key Initiatives
1. Build our new identity on the foundation of equitable and responsive service delivery through increased capacity and innovation.	1.1	To define 'equity' in terms of service delivery.
	1.2	To explain impact on services resulting from the changes to the OPHS.
	1.3	To understand the demographics and gaps in our service area to meet our goal for equitable services (gather data).
	1.4	To ensure that services will be equitable in rural areas and across the region.
2. External communications, engagement, and public accountability.	2.1	To develop a proactive, diversified, targeted communications strategy.
	2.2	To develop a public health brand identity campaign.
	2.3	To implement targeted communications with municipalities and local politicians.
3. Current and future budget planning to ensure sustainability of Southeast Public Health.	3.1	To advocate for sustainable public health funding via a government relations strategy.
	3.2	To support financial stability planning, including reserves for infrastructure upgrades.
	3.3	To assist municipalities to prepare for upcoming adjustments to contributions.
4. Risk management and organizational resilience, including emergency management.	4.1	To bring forward a public health risk matrix for the organization that can be updated regularly to the Board of Health.
	4.2	To plan for high-impact public health emergency standard operating procedures (SOP) (e.g., cyber-attack).
5. Strengthen communications between Medical Officer of Health, agency employees, and the Southeast BOH.	5.1	To develop a BOH-specific communications (i.e., media releases) policy.
	5.2	To provide regular and timely updates to the BOH on service delivery.

2026-09-21

Implementation in next 12 months

$ BOH identified significant investment required

BOH identified themselves as the lead

Southeast Public Health

Memo

Schedule 7.3

To: Board of Health Members
From: Dr. Piotr Oglaza, MD, CPHI (C), MPH, FRCPC
Date: 09/23/2026

Re: Strategic Plan 2026-28: Activities, Costing, and Resource Requirements Report

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Issue:

The Board of Health has developed the 2026-2028 Southeast Public Health Strategic Plan; final approval and implementation is contingent upon completion of detailed project activities and outputs, as well as identifying the resources and associated costs required for implementation.

Background:

In accordance with the Ministry of Health's Public Health Accountability Framework, the Board of Health shall have a strategic plan that establishes strategic priorities over 3 to 5 years.

The Board of Health endorsed the direction outlined in the 2026-28 Southeast Public Health Strategic Plan at their meeting on June 24, 2026.

The Board of Health provided feedback on proposed activities, costing, and resource requirements associated with the implementation of the 2026-2028 Southeast Public Health Strategic Plan at the planning session on September 17, 2026.

Current Status:

The following chart outlines the 2026-2028 Strategic Plan's five strategic priorities and their key initiatives. The proposed activities and outputs outlined in this report serve as the roadmap for meeting each initiative and determining the necessary resources. The inclusion of progress notes reflect completed activities that directly support the strategic initiative and implementation of this Strategic Plan.

Strategic Priority 1: Build our new identity on the foundation of equitable and responsive service delivery through increased capacity and innovation.						
2026 - 2028						
Key Initiatives	**Activities**	**Most Responsible Person**	**Timeline**	**Resources**	**Outputs**	**Progress Notes (Quarterly)**
1.1 To define 'equity' in terms of service delivery.	Develop a harmonized health equity framework	Southeast BOH	Completed by July 2027	Southeast BOH members Internal expertise Existing health equity frameworks	BOH-endorsed health equity framework Guidance on applying equity framework in program and service planning and delivery	All legacy agencies embedded health equity in program planning cycle Two of the three legacy agencies' past strategic plans identified equity as a priority Two of the three legacy agencies completed Equity Diversity Inclusion, and Indigenization (EDII) assessments prior to the merger
1.2 To explain impact on services resulting from the changes to the OPHS.	Prepare public-facing and partner-focused communication awareness campaign outlining OPHS changes and implications (to complement the Ministry's launch announcements of the new OPHS)	SOC	Complete by July 2027	Internal communication expertise MOH, Deputy MOH, Directors, Managers engagement with partners Health System Liaison	Governance-level summary of OPHS changes and implications Presentation of OPHS changes and local implications to the BOH Public and partners communications plans	Initial review of draft standards 2026 organizational restructuring

1.3 To understand the demographics and gaps in our service area to meet our goal for equitable services (gather data).	Complete a population health assessment to identify demographic trends, geographic gaps, and equity implications	Knowledge Management Team (KM)	To Be Determined (TBD)	Existing resources Knowledge Management expertise Health System Liaison Internal programs and services expertise	Population health assessment presentation to the BOH Internal knowledge exchange products	SEPH Population Health Assessment completed (2025) Branch office assessment completed (2025) Program Harmonization ongoing
1.4 To ensure that services will be equitable in rural areas and across the region.	Review findings from initiatives 1.1 to 1.3 (i.e., defining equity, analyzing gaps, and navigating OPHS constraints)	Strategic Operations Committee (SOC)	Complete by July 2027	$ Redistribution of resources Additional funds may be required	High level programs and services expectations informed by equity, population health trends, and OPHS requirements Collaborative community partnerships	Equity embedded in program planning cycle Rural Services Delivery Strategy
Strategic Priority 2: External communications, engagement, and public accountability.						
2026-2028						
Key Initiatives	**Activities**	**MRP**	**Timeline**	**Resources**	**Outputs**	**Progress Notes (Quarterly)**
2.1 To develop a proactive, diversified, targeted communications strategy.	Develop multimedia communications plan that recognizes the unique role of public health Conduct a stakeholder assessment to understand perceptions, risks, and engagement needs Establish a strategic partner	Southeast BOH	Complete by July 2027	$ External public relations consultant, if required	Stakeholder engagement plan to manage reputation, connect with the community, and be transparent BOH communications strategy	

	engagement approach					
2.2 To develop a public health brand identity campaign.	Implement and evolve the agency's brand identity strategy Monitor engagement and reach of communications plan	SOC	Ongoing	$ Merger funds (April 2024 to March 2027) directed at corporate- and program-branded materials Internal communications expertise	Brand identity framework and guidelines Performance indicators Sponsorship policy	Brand guidelines, writing guidelines and identity policy Brand Identity campaign (2025-2026) New website and social media development launched Harmonization of corporate and program materials underway A social media strategy to grow followership on the agency's platforms in development
2.3 To implement targeted communications with municipalities and local politicians.	Develop tailored public health knowledge products for municipal partners Provide strategic briefings on public health issues to municipal leaders Leverage strategic partnerships to address priority public health work	Southeast BOH	TBD	Southeast BOH members Internal staff expertise on public heath policy and topics of interest Internal communication support for developing material, etc.	Municipal engagement materials related to public health issues (e.g., one-page briefs or infographics) Municipal engagement plan and outputs on public health issues	

Strategic Priority 3: Current and future budget planning to ensure sustainability of Southeast Public Health.						
2026-2028						
Key Initiatives	**Activities**	**MRP**	**Timeline**	**Resources**	**Outputs**	**Progress Notes (Quarterly)**
3.1 To advocate for sustainable public health funding via a government relations strategy.	Participate in provincial advocacy forums Develop a plan to support a long-term sustainable funding framework Engage strategic political and system partners (e.g., AMO, EOWC, MMFOA, ROMA, RNAO, etc.) to support sustainable funding	Southeast BOH	Complete by July 2027	$ Southeast BOH Governance Relations Working Group Health System Liaison	BOH representative on Association of Local Public Health Agencies (alPHa) Board Long-term planning for sustainable funding BOH resolution supporting sustainable funding Consultation summary	alPHa agency membership BOH representative appointed to alPHa BOH Chair participation on merged public health unit's working group
3.2 To support financial stability planning, including reserves for infrastructure upgrades.	Implement a multi-year budgeting framework (2026-2030) Establish a reserve strategy Develop a human resources strategy Develop an asset management and capital funding plan	SOC	Complete by July 2027	Southeast BOH Finance Committee Internal Corporate Services expertise	Five-year financial forecasting with a multi-year stabilization strategy Dedicated guidelines for the administration and use of reserve funds Strategic investment of reserve funds in high interest account(s), including guidelines for allocating interest Human resources strategy to support organizational sustainability	Reserve Policy (2025) Financial Forecast – awareness of structural deficit (2025-2026)

					Asset management and capital funding plans	
3.3 To assist municipalities to prepare for upcoming adjustments to contributions.	Communicate five-year financial forecasting information Communicate unique role and services delivered by public health Engage municipal councils and finance teams through strategic briefings	Southeast BOH	Complete by July 2027	Southeast BOH Finance Committee Internal staff expertise in finance and communications	Municipal briefing packages (including financial statement, budget, and supporting documentation) Strategic briefing sessions focused on municipal financial budgeting, statement interpretation, and collaborative long-term planning Municipal readiness assessment report, including feedback, concerns, and transition timelines	Annual MOH/Manager Finance budget presentations at municipal council meetings Annual Manager Finance consultations with municipal finance teams

Strategic Priority 4: Risk management and organizational resilience, including emergency management.

2026-2028

Key Initiatives	**Activities**	**MRP**	**Timeline**	**Resources**	**Outputs**	**Progress Notes (Quarterly)**
4.1 To bring forward a public health risk matrix for the organization that can be updated regularly to the BOH.	Develop a risk matrix that assesses likelihood and impact across key organizational risk categories Refine the agency's risk register and mitigation strategies	SOC	January 2027	Southeast BOH members Internal staff expertise in program and Corporate Services	Risk management framework/strategy Regular BOH reporting Risk register and risk matrix	Risk Intelligence Policy (2025) Draft overarching risk structure (2026) using Public Sector Risk Management Framework

	to address and lower the agency's risks Establish a governance-level risk management framework and reporting process				Risk mitigation action plans with assigned accountability	Initial Risk Register (2026) prepared including risk descriptions, risk owner, mitigation plan, and status Management risk working group established (September 2025)
4.2 To plan for high impact public health emergency standard operating procedures (SOP) (e.g., cyber-attack).	Develop continuity of operations plans (COOP) to ensure essential the agency functions during major disruptions, using external expertise Advance an OPHS-aligned emergency management (EM) program through ongoing harmonization of emergency SOPs and EM practices	SOC	March 2027 Ongoing	Consultant for the development of the COOP Internal expertise	Continuity of operations plans Emergency management program framework and SOPs	COOP development initiated through external procurement Emergency management program harmonization underway
Strategic Priority 5: Strengthen communications between Medical Officer of Health, agency employees, and the Southeast Board of Health.						
2026-2028						
Key Initiatives	**Activities**	**MRP**	**Timeline**	**Resources**	**Outputs**	**Progress Notes (Quarterly)**
5.1 To develop BOH-specific communications (i.e., media releases) policy.	Develop and implement a BOH media relations policy	Southeast BOH	Complete by July 2027	Southeast BOH Governance Committee Legal consultation	Media relations policy (for BOH members)	BOH Code of Conduct (2025) Internal Agency Media Relations policy approved (2026)

						BOH Chair's approval of monthly BOH meeting media summary
5.2 To provide regular and timely updates to the BOH on service delivery.	Enhance BOH package (e.g., written monthly update on programs and services; spotlight on individual topics or service delivery) Provide regular presentation(s) on program and services delivery and emerging issues	SOC	Complete by July 2027	Internal staff expertise	BOH-ready summaries for subregional medial release BOH meetings with staff-led public health program and service presentations BOH package includes a monthly written update by Medical Officer of Health regarding the public health programs and services	BOH-ready summaries process implemented (2026) Planning for introduction and orientation to public health for the new BOH in 2027 is underway

Rationale:

The Board of Health requires this information to fulfill its fiduciary duty of ensuring responsible financial oversight and confirming the agency has the capacity and resources to successfully implement the Strategic Plan.

Summary:

The report presents the activities and outputs and identifies the resources and financial requirements to implement the 2026-28 Strategic Plan.

Recommendation:

MOTION: THAT the Board of Health approve the 2026–2028 Strategic Plan, including the associated activities and outputs to advance the strategic priorities outlined in the report.

Southeast Public Health

Schedule 8.1

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Reviewed by: Governance Committee Chair
Date: September 23, 2026

Re: Governance Committee Update for the Board of Health

Issue:

At the Governance Committee meeting held on September 8, 2026, the following policies were reviewed and recommended for approval by the Board of Health:

- Board of Health ("BOH") Complaints
- Board Member Oath of Conduct and Confidentiality

Background:

As outlined in the Governance Committee's terms of reference, the Committee's responsibilities include:

- Review of Board policies, by-laws and Committee terms of reference every two years to ensure appropriate structures and procedures are in place and make recommendations to the Board for approval.

Current Status:

A BOH Complaints policy has been developed to offer a clear, transparent, and accessible process for the public and BOH members to raise concerns regarding the conduct of BOH members. The Board Member Oath of Conduct and Confidentiality policy ensures that board members adhere to a high standard of ethical behaviour and any complaints regarding a board member's compliance with the Code of Conduct shall be handled pursuant to the BOH Complaints policy.

Rationale:

- Board policy development guarantees accountability, transparency and efficiency and helps achieve the organization's goals.

Supporting Documents:

Attached for review and approval are:
Agenda Item 8.1.1: Board of Health ("BOH") Complaints policy
Agenda Item 8.1.2: Board Member Oath of Conduct and Confidentiality policy
Agenda Item 8.1.3: Amendment List

Recommendation:

THAT the Board of Health approve the BOH Complaints policy, the Board Member Oath of Conduct and Confidentiality policy, and the updated Amendment List as circulated.

Southeast Public Health

SOUTH EAST HEALTH UNIT

BOARD OF HEALTH POLICIES AND PROCEDURES

POLICY:	Board of Health ("BOH") Complaints Policy	Original Date:	Sept. 23, 2026
NUMBER:	BOH-2025-10	Revised Date:	Sept. 23, 2028

PURPOSE:

The purpose of this policy is designed to offer a clear, transparent, and accessible process for both the public and BOH members to raise concerns regarding the conduct of BOH members. Any individual who identifies, witnesses, or becomes aware of behaviour or activity by a member of the BOH, that appears to be in contravention of the Code of Conduct for Members of the BOH, may address the prohibited behaviour or activity in accordance with this Policy.

Key objectives and provisions of the policy include:

(a) Maintaining Public Trust: Ensuring that alleged breaches of the BOH Code of Conduct are investigated in a timely, impartial, and confidential manner;
(b) Remediation and Accountability: Providing a clear mechanism to address, rectify, and discipline behaviour that contravenes the BOH Code of Conduct;
(c) Defining Scope (BOH Code of Conduct vs. Operations): Restricting the policy strictly to matters concerning the personal and professional conduct of the BOH members as outlined in the Code of Conduct; and
(d) Referral Process: Directing any complaints about operational matters, service delivery, and the conduct of employees to the agency's administrative complaints policy.

PROCEDURE:

1. Any individual who witnesses or becomes aware of behaviour or an activity by a member of the Southeast BOH that they believe violates the BOH Code of Conduct may file a formal complaint by adhering to the following process:

(a) All complaints must be in writing, dated, and signed by an identifiable individual;
(b) The complaint must provide reasonable grounds for the allegation that a member has contravened the BOH Code of Conduct, and may include an affidavit detailing evidence;
(c) All complaints are treated with strict confidentiality. Where a complaint proceeds beyond the initial screening stage detailed below to a formal investigation, the subject of the complaint and any relevant parties will be notified of the allegations to ensure a fair and transparent review process;
(d) The BOH may, by a majority vote, initiate a complaint or request an investigation into any of its members;
(e) Complaints shall be filed with the BOH Secretary. The Secretary will then forward the complaint to the BOH Chair (or Vice Chair if the Chair is named). The BOH Chair will conduct an initial screening, including jurisdiction and confirmation of board of health member representation, completeness of written documentation, and assessment of the legitimacy of the said complaint and whether the complaint is frivolous or vexatious in nature. The initial screening will take place within five business days of receipt of the complaint;
(f) Should the BOH Chair (or Vice Chair where applicable) determine that the complaint should proceed beyond the initial screening stage, the BOH Chair will determine if it can

be handled internally (e.g., through informal resolution or a board committee review) or if it must go to an independent third-party investigator;

(g) A complaint will be escalated to an independent third party investigator if the complaint meets any of the following criteria:
   a. It involves allegations of harassment, violence or discrimination;
   b. It involves allegations of severe conflict of interest or financial malfeasance;
   c. It involves a member of board leadership (i.e., Chair or Vice Chair); or
   d. It involves matters where an internal review would present a reasonable apprehension of bias.

(h) If an independent third-party investigator determines that the complaint does not, on its face, relate to a contravention of the BOH Code of Conduct, or if it is covered by other legislation or complaint procedures, the investigator will inform the complainant in writing;
Or if the complaint is in relation to a matter which is subject to an outstanding complaint, such as a court proceeding, a Human Rights complaint or similar process, any investigation may be suspended pending the result of the other process.

2. Potential Penalties Following a Finding of Breach of the Code of Conduct:
If a Board member is found, following an investigation, to be non-compliant with the Code Conduct, the Board may request that the Chair:

- Issue a verbal reprimand;
- Issue a written reprimand;
- Request that the Board member resign; or
- Seek dismissal of the Board member based upon appointment.

SOUTH EAST HEALTH UNIT
BOARD OF HEALTH POLICIES AND PROCEDURES

POLICY:	Board Member Oath of Conduct and Confidentiality	Original Date:	April, 23, 2025
NUMBER:	BOH-2025-02	Revised Date:	Sept. 23, 2026

PURPOSE:

To ensure board members adhere to a high standard of ethical behaviour during their tenure on the Board of Health.

POLICY:

Each member of the Board of Health will review and sign the South East Health Unit's Board Member Oath of Conduct and Confidentiality form annually. (Appended)

PROCEDURE:

1. The Recording Secretary or their designate will provide the Board Member Oath of Conduct and Confidentiality form to Board members at the first meeting of the year.

2. All Board of Health members will sign the oath and forward to the Recording Secretary or their designate for filing.

3. Compliance with the Code: Members of the Board of Health are expected to adhere to the provisions of the Code of Conduct. Any complaints regarding a Member's compliance with the Code of Conduct shall be handled pursuant to the Board of Health Complaints policy BOH-2025-10.

Southeast Public Health

BOARD MEMBER OATH OF CONDUCT AND CONFIDENTIALITY

As a member of the South East Health Unit (SEHU) Board of Health, I understand and agree to the following:

- All personal information and personal health information that I have access to or learn through my role on the Board will remain strictly confidential.
- I shall comply with SEHU policies and procedures related to privacy, confidentiality, and security.
- Any failure to comply with said policies and procedures may result in requiring my resignation from the Board of Health.

During my tenure on the Board of Health, I affirm that I will:

1. Fulfill my duties with integrity, accountability and transparency and enhance public confidence in the Board of Health.
2. Exercise my responsibilities with due diligence in a reasonable and prudent manner.
3. Represent the best interests of the public and community's health, and the respective programs of the SEHU.
4. Adhere to SEHU's by-laws, policies and decisions of the Board.
5. Disclose all conflicts or perceived conflicts at all Board of Health or Board Committee meetings.
6. Attend and actively participate in Board meetings and contribute to discussions in a positive and mutually respectful manner and respect collective decisions of the Board.
7. Keep confidential all information respecting clients, personnel, and collective bargaining including matters dealt with during in-camera meetings of the Board.
8. Acknowledge the roles of the Board Chair and the Medical Officer of Health/CEO, and their responsibilities in relation to the Board, and its governance mandate. In the absence of the Board Chair, the Vice Chair assumes the authority and responsibilities of the Chair.
9. No Board Member except the Board Chair shall speak on behalf of the Board unless they have specific authority to do so.

Sworn or Affirmed by: _____

Date: _____

Name of Board Member: _____

Schedule 8.1.3

Southeast Public Health

POLICY/BY-LAW/TERMS OF REFERENCE AMENDMENT LIST FOR THE BOARD OF HEALTH			
Meeting	**Document**	**Amendment**	**BOH Meeting**
March 25, 2025 Governance	Governance Committee Terms of Reference and Finance Committee Terms of Reference	Addition of Vice Chair to the Governance and Finance Committees Terms of Reference (Appendix #1 and #2)	June 25, 2025
Executive Assistants Recommendation	By-law No. 1 – Conduct of the Affairs	• Page 10 – numbering • Page 13 – Item 32 changed signed minutes to approved minutes • Page 13 – Item 34 changed to reflect agenda items – order of Closed Session moved to after Information Items • Page 19 and 20 – Update titles to reflect type of vacancy (Appendix #3)	June 25, 2025
July 8, 2025 Governance	By-law No. 1 – Conduct of the Affairs	• Page 12 Section 31 - An item must be ruled time sensitive by the Chair and must receive 2/3 majority consent by the members present to introduce additional business.	December 17, 2025
September 9, 2025 Governance	By-law No. 1 – Conduct of the Affairs	• Page 14 Section 34 - Addition of Notice of Motion and Announcements as standing agenda items.	December 17, 2025
October 7, 2025	By-law No. 1 – Name change from SEHU to SEPH	• Name change from South East Health Unit (legal name) to Southeast Public Health (operational name) throughout document	December 17, 2025
December 9, 2025	By-law No. 1 – Closed session to be held from 10:00 a.m. –	• Page 13 Section 34 – Move closed session to beginning of meeting.	December 17, 2025

POLICY/BY-LAW/TERMS OF REFERENCE AMENDMENT LIST FOR THE BOARD OF HEALTH			
	10:30 a.m. with open session to follow.		
February 10, 2026 Governance	By-law No. 1 – Conduct of Affairs	• Page 7 Section 2 – Designation of Head changed to the Medical Officer of Health/CEO for MFIPPA and reference to PHIPA removed as the MOH/CEO is the Health Information Custodian (HIC).	August 26, 2026
April 14, 2026 Governance	By-Law No. 1 – Conduct of Affairs	• Page 19 Section 65 – Wording changed to read the MOH/CEO will preside over the election of the Chair at the first Board meeting of the year	August 26, 2026
September 8, 2026 Governance	BOH-2025-02 - Board Member Oath of Conduct and Confidentiality	• Under Procedure added Item 3 Compliance with the Code stating that any complaints regarding a Member's compliance with the Code of Conduct shall be handled pursuant to the Board of Health Complaints policy.	September 23, 2026

Southeast Public Health

Memo

Schedule 8.2

To: Board of Health Members
From: Finance Committee
Date: September 23, 2026

Re: Finance Committee Update for the Board of Health

Purpose

To provide the Board of Health with an update on matters considered by the Finance Committee at its September 16, 2026 meeting and to seek Board approval of the Committee's recommendations.

Background and Discussion

The Finance Committee met on September 16, 2026 and considered the second-quarter financial results for cost-shared programs, municipal financial communications, voluntary merger funding and the 2027 budget.

Q2 Cost-Shared Programs

The Committee received the Q2 Cost-Shared Programs Report. Mandatory Programs were tracking close to budget overall, with an approximate $500,000 surplus reported at the end of the second quarter, due to timing of expenditure plans. Expected to spend according to budget by year-end.

The Committee discussed several expenditure variances, including lower-than-budgeted travel and vehicle expenses resulting from less travel than originally anticipated, increased use of technology and the availability of agency vehicles. Information technology expenditures associated with ongoing integration and harmonization were also discussed.

The Committee reviewed the $4.3 million in provincial funding provided to support municipalities with levy harmonization resulting from the voluntary merger. Municipalities were able to determine how their allocated funding would be received over the transition period, and most elected to receive a greater proportion in the earlier years.

Municipal Financial Information

The Committee discussed opportunities to provide municipalities with regular and accessible financial information. Members supported tailoring information to the intended audience, including concise charts or infographics for municipal councils and more detailed information where appropriate for Chief Administrative Officers and finance staff.

Committee members also recommended providing Board members with additional information regarding how municipalities chose to receive their allocated levy harmonization funding over the transition period.

Voluntary Merger Funding

The Year 3 voluntary merger funding is pending Ministry approval.

2027 Budget

Following its review of the Draft 2027 Budget, the Finance Committee recommends approval of the Final Adjusted 2027 Budget for Mandatory Programs and all related Southeast Public Health budgets.

The Committee also recommends the use of up to $200,000 in reserve funds for continued capital investments in infrastructure and technology.

Supporting Documents

Agenda Item 8.2.1: Budget Briefing Note
Agenda Item 8.2.2: Draft 2027 Budget

Recommendation

Please see Agenda Item 8.2.1: Budget Briefing Note.

Schedule 8.2.1

Memo

To: Board of Health Finance Committee Members
From: Dr. Piotr Oglaza
Date: September 16, 2026

Re: Budget Briefing Note

Purpose

The purpose of this briefing note is to provide the Board of Health with an overview of the key assumptions used in developing the 2027 Southeast Public Health (SEPH) budget.

Budget Context

Development of the 2027 budget continues to be influenced by:

- The integration of the three former public health units
- Ongoing Public Sector Labour Relations Transition Act (PSLRTA) process
- Fiscal reality of inflation outpacing funding increases
- Revised Ontario Public Health Standards
- Health units navigating their role in the ever-changing health care environment
- Continued fact-based approach to promoting and protecting the health of the community

At this time, the PSLRTA process is ongoing and not finalized. This delays the harmonization of compensation and benefits for unionized staff across the agency. As a result, employee compensation, including estimated cost-of-living adjustments (COLA) and wage harmonization, represents an important area of uncertainty within the 2027 budget.

The budget has therefore been developed using advice from external consultants and the best available estimates for these costs. Additional compensation-related impacts may arise as the labour relations and compensation harmonization processes progresses.

Key Budget Assumptions and Details

Revenue

Ministry of Health – Base Funding

- Mandatory Programs: 1.0% funding increase, for total funding of approximately **$33.4 million**.
- MOH and AMOH Compensation Initiative: Revenue fully offsets associated expenditures; totalling approximately **$0.4 million**.
- Ontario Seniors Dental Care Program: No funding increase is assumed, with total funding of approximately **$3.3 million**.

Ministry of Health – One-Time Funding

- Acute Care Enhanced Surveillance (ACES): Funding is maintained at approximately **$0.3 million**.
- Voluntary Merger Funding: Approximately **$0.2 million**. The Voluntary Merger Funding ends at the first quarter of 2027, contrasted to four quarters of funding in 2026.

Ministry of Children, Community and Social Services (MCCSS)

- Healthy Babies Healthy Children (HBHC): approximately **$3.7 million**.
- Preschool Speech and Language Program (PSL): approximately **$1.6 million**.

Municipal Funding

- The budget continues implementation of the approved **69/31 Provincial-Municipal funding split** for Mandatory Programs.
- The municipal contribution increases by **2.19% compared with the 2026 budget**, for a total municipal contribution of approximately **$15.0 million**.

Federal Funding and Other Income

- Approximately **$1.2 million** in funding for the Substance Use and Addictions Program.
- Additional revenue is anticipated from several smaller secondments, grants, and other revenue generating opportunities.

Expenses

- **Employee Salaries, Wages and Benefits**, projected COLA and benefit rate adjustments have been included.
- **Materials and Supplies**, continued movement away from printed material.
- **Telephone, Cell Phone and Internet Costs**, 2026 budget was low, cost reduction project is underway.
- **Administrative Costs**, 2026 budget was low, should level out in 2028 and move with general inflation.
- **Allocated Overhead**, represents overhead allocation/charge to other budgets.
- **Large Capital Purchases**, represents continued investments in large equipment, infrastructure and buildings.

Recommendation:

MOTIONS:

1. THAT the Board of Health approve the Draft 2027 Budget for Mandatory Programs and all related Southeast Public Health budgets, as recommended by the Finance Committee.
2. THAT the Board of Health approve the use of up to $0.2 million in reserve funds for continued capital investments in infrastructure and technology, as recommended by the Finance Committee.

Schedule 8.2.2

Southeast Public Health

Draft 2027 Budget

Prepared for
Board of Health
2026-Sep-23

Mandatory Programs
Statement of Operations
Draft 2027 Budget

	Budget 2027	Budget 2026	Change $	Change %
Revenue				
Provincial Funding	$ 33,844,322	$ 33,508,570	$ 335,752	1.00
Municipal Funding	15,016,185	14,694,165	322,020	2.19
Total Provincial and Municipal Funding	48,860,507	48,202,735	657,772	1.36
Federal Funding and Other Income	638,406	555,000	83,406	15.03
Voluntary Merger Support	226,138	1,850,000	(1,623,862)	(87.78)
Transfer from Reserves	200,000	-	200,000	-
Total Revenue	**49,925,051**	**50,607,735**	**(682,684)**	**(1.35)**
Expenses				
Employee Salaries, Wages and Benefits	42,808,253	43,637,771	(829,518)	(1.90)
Board of Health	75,000	75,000	-	-
Volunteer	5,000	5,000	-	-
Staff Training and Development	325,000	344,900	(19,900)	(5.77)
Travel and Vehicle	700,000	744,022	(44,022)	(5.92)
Building Occupancy	1,500,000	1,500,000	-	-
Materials and Supplies	1,000,000	1,114,000	(114,000)	(10.23)
Office Equipment	25,000	-	25,000	-
Professional and Contract Services	1,100,000	1,062,250	37,750	3.55
Telephone, Cell Phone and Internet Costs	225,000	175,000	50,000	28.57
Information and Technology Equipment	1,700,000	1,600,000	100,000	6.25
Administrative Costs	500,000	400,000	100,000	25.00
Other Expenses	-	59,792	(59,792)	(100.00)
Allocated Overhead	(603,202)	(460,000)	(143,202)	31.13
Large Capital Purchases	565,000	350,000	215,000	61.43
Total Expenses	**49,925,051**	**50,607,735**	**(682,684)**	**(1.35)**
Net Surplus (Deficit)	**$ -**	**$ -**	**$ -**	**-**

All Budget Segments
Statement of Operations
Draft 2027 Budget

	Mandatory Programs	OSDCP	HBHC	PSL	SUAP	ACES	Other <$250,000	Total Agency
Revenue								
Provincial Funding	$ 33,844,322	$ 3,312,800	$ 3,734,256	$ 1,573,499	$ -	$ 340,000	$ 205,364	$ 43,010,241
Municipal Funding	15,016,185	-	-	-	-	-	-	15,016,185
Total Provincial and Municipal Funding	48,860,507	3,312,800	3,734,256	1,573,499	-	340,000	205,364	58,026,426
Federal Funding and Other Income	638,406	-	99,427	-	1,173,108	-	39,000	1,949,941
Voluntary Merger Support	226,138	-	-	-	-	-	-	226,138
Transfer from Reserves	200,000	-	-	-	-	-	-	200,000
Total Revenue	**49,925,051**	**3,312,800**	**3,833,683**	**1,573,499**	**1,173,108**	**340,000**	**244,364**	**60,402,505**
Expenses								
Employee Salaries, Wages and Benefits	42,808,253	767,971	3,413,408	842,764	9,008	327,142	224,814	48,393,360
Board of Health	75,000	-	-	-	-	-	-	75,000
Volunteer	5,000	-	-	-	-	-	-	5,000
Staff Training and Development	325,000	-	6,750	4,000	-	-	250	336,000
Travel and Vehicle	700,000	-	150,000	20,000	-	-	4,904	874,904
Building Occupancy	1,500,000	-	-	31,567	-	-	-	1,531,567
Materials and Supplies	1,000,000	7,400	50,259	25,000	-	12,858	14,396	1,109,913
Office Equipment	25,000	4,000	-	-	-	-	-	29,000
Professional and Contract Services	1,100,000	2,202,149	-	650,168	1,105,444	-	-	5,057,761
Telephone, Cell Phone and Internet Costs	225,000	-	-	-	-	-	-	225,000
Information and Technology Equipment	1,700,000	-	-	-	-	-	-	1,700,000
Administrative Costs	500,000	-	-	-	-	-	-	500,000
Allocated Overhead	(603,202)	331,280	213,266	-	58,656	-	-	-
Large Capital Purchases	565,000	-	-	-	-	-	-	565,000
Total Expenses	**49,925,051**	**3,312,800**	**3,833,683**	**1,573,499**	**1,173,108**	**340,000**	**244,364**	**60,402,505**
Net Surplus (Deficit)	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Mandatory Programs = core operations, includes MOH and AMOH Compensation Initiative
OSDCP = Ontario Seniors Dental Care Program
HBHC = HBHC Healthy Babies Healthy Children
PSL = PSL Preschool Speech and Language
SUAP = Substance Use and Addictions Program (SEPH is a flow through to a third party)
ACES = Acute Care Enhanced Surveillance System
Other <$250,000 = grants/funding opportunities under $250,000 annually
- Shared Library Services Program (SLSP)
- Public Health Inspector Student Practicum
- Children's Oral Health Initiative (COHI)

Southeast Public Health

Schedule 9.2

Memo

To: Board of Health Members
From: Project Management Office
Date: September 23, 2026

Re: Merger Update

Information Technology (IT)

Electronic Medical Records (EMR)

The planned go-live date for Phase 1 is September 21, with data migration and blackout days scheduled for September 17 and 18. Training is progressing well, and a short guide combining the IT and program instructions staff will need for day one is being prepared.

Program team experts will provide first-level support, with credential and access questions directed to the Service Desk. Documentation for Ontario Laboratories Information System (OLIS) patient lookup has been submitted to OntarioMD. Given the length of the approval process, this functionality is not expected to be available at go-live.

Network and Infrastructure

Network installation continues on schedule, with approximately 70 percent of work completed in KFL&A and core switches remaining. Work at the final site, the Kanata co-location facility, is scheduled for the week of September 14. Once this work is complete, switching will have been replaced across all sites. The focus will then shift to connecting the networks, which is expected to take approximately two additional weeks.

The transition from virtual desktops to laptops for staff continues throughout Southeast Public Health (SEPH).

File Architecture

Work is underway to establish a new agency-wide filing system. The first team consultation session was held on September 10.

Ticketing System

A consolidated review of a shared ticketing system for IT, Communications and Facilities is underway.

Phone and Fax System

Requirements for the phone and fax systems have been confirmed by the working groups. The project charter is being updated, and a project team meeting and vendor demonstrations are planned for September.

Finance

Dayforce and mySparkrock

On September 28, mySparkrock will launch alongside Dayforce, the agency's new payroll and human resources information system. mySparkrock will be used for kilometre and employee reimbursement submissions, as well as vendor payments.

Ontario Public Health Standards (OPHS)

The Project Management Office and Knowledge Management are leading work to assess the implications of the 2026 Ontario Public Health Standards for SEPH. This work will identify anticipated compliance status and implications for operational planning.

Merger Evaluation

Work continues on the development of a merger evaluation framework for SEPH. The Knowledge Management team is consolidating findings from discussions with Strategic Operations Committee (SOC) and Management, as well as staff World Café events, to inform the framework.

Recommendation:

MOTION: THAT the Board of Health receive the merger update report, as circulated.

Southeast Public Health

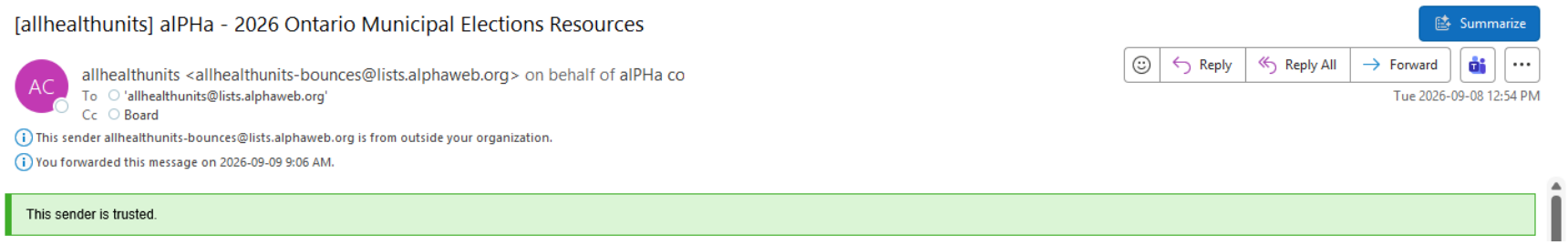
Schedule 10.0

Information Items

Board of Health Meeting – September 23, 2026

10.1 alPHa correspondence regarding 2026 Ontario Municipal Elections Resources, dated September 8, 2026.

10.2 Correspondence from Lakelands Public Health regarding Endorsement of Bill 121, Save a Life Act 2026, dated September 17, 2026.



PLEASE ROUTE TO:

All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

Dear alPHa Members,

With the return to school, and the 2026 municipal election campaign in full swing, alPHa would like to highlight a number of resources that may be useful to members during the election period. Whether you are engaging with municipal candidates, participating in local conversations about public health, or looking for accessible resources to share, the following are available for your use:

Public Health Matters

Aimed at decision-makers, the ***Public Health Matters*** infographic series is a particularly useful resource during the municipal election campaign. The series provides concise and accessible information that helps to explain the role of local public health and its contribution to healthy communities and a strong Ontario. Together, the five infographics provide a broad picture of local public health, from explaining its role and demonstrating its impact, to making the case for investment and highlighting its contribution to healthy communities and a strong economy. The infographics can be shared individually, or as a collection, and are useful when communicating with municipal candidates and others during the campaign. The infographics, and associated videos, are available in English and French.

Public Health Matters Infographic	Focus
#1 A Public Health Primer	Explains what local public health is and the role it plays in protecting and promoting health.
#2 Fall Vaccine Success	Demonstrates the impact of prevention and immunization in protecting communities.
#3 A Business Case for Local Public Health	Makes the case for investment in local public health.
#4 Keeping Ontarians Healthy and Safe	Highlights how local public health protects and promotes the health and safety of communities.
#5 A Strong Economy Supported by Healthy Communities	Illustrates the connection between healthy communities and a strong economy.

Resolutions and Correspondence

The **alPHa Resolutions** and **Correspondence** provide a valuable source of information about the priorities, issues, and positions that have shaped alPHa's work on behalf of Ontario's local public health agencies. For Members preparing for conversations with municipal candidates, these resources offer a wealth of background information on issues that matter to local public health and the communities we serve. These can help provide context on current public health priorities, identify relevant past work, and provide additional information when questions arise during the campaign. The collection includes the **alPHa submission to the 2026 Ontario Budget consultation**, along with correspondence and Resolutions addressing a wide range of public health priorities. The Resolutions can also be searched by year and/or topic, making it easy to find information on specific issues. Members are encouraged to explore these resources as a source of background,
context, and supporting information throughout the municipal election period.

Information Break Newsletter

Information Break is alPHa's members' portal and an important source of information on issues, developments and activities affecting local public health in Ontario. The **newsletter archive** provides access to previous issues of *Information Break*, offering a useful record of alPHa updates, public health developments, government announcements, resources and other information shared with members over time. During the municipal election period, the archive can be a valuable starting

point for members looking for additional background or context on issues that may arise in conversations with candidates, municipal leaders and community partners. It is also a convenient way to revisit information and resources that may have been shared previously but are particularly relevant to current discussions. Members are encouraged to use the archive when preparing for conversations and looking for additional information to share throughout the campaign.

Use These Resources During the Municipal Election Period!

The municipal election campaign provides an important opportunity to help candidates and communities better understand the role, value and breadth of local public health and the contribution it makes to healthy, safe and vibrant communities across Ontario. We encourage members to make use of these resources throughout the campaign and to share these with municipal candidates, community partners and others who may benefit from a better understanding of local public health. Thank you for your continued work to strengthen local public health across Ontario!

Take Care,

Loretta

Loretta Ryan, CAE, RPP
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September 17, 2026

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Premier Ford and Minister Jones:

Re: Endorsement of Bill 121, Save a Life Act (Naloxone Kit Registration and Public Access), 2026

On behalf of the Lakelands Public Health (LPH) Board of Health, we are writing to formally communicate our endorsement of Bill 121, Save a Life Act, being proposed by Dr. Robyn Lennox, MPP Hamilton Centre.

Naloxone is a medication that can temporarily reverse the effects of an opioid poisoning or overdose, providing critical time for emergency medical services to arrive. It is safe and easy to administer and does not have any effect on a person who is not experiencing an opioid drug poisoning. The Save a Life Act proposes to make naloxone equally accessible and available to save lives as Automated External Defibrillators (AEDs). The Act would locate naloxone in community centres and other designated public spaces where AEDs are currently housed.

Evidence shows that the availability of naloxone is a significant contributor to the recent decline in mortality from opioid overdose in Canada. Further, provinces with higher distribution experienced substantial mortality declines, while those with lower distribution experienced less changes. Ontario has experienced a 15% decline in opioid poisoning deaths since naloxone became publicly available in 2016.

Naloxone is currently available to eligible individuals free of charge through health units, community-based organizations and participating pharmacies. An online tool is available to help Ontarians locate where they can get a naloxone kit in their community. However, changes to the Ontario Naloxone Program for Pharmacies (ONPP) have resulted in fewer pharmacies staying in the program. Further, insurance requirements present a barrier to agencies becoming community distribution partners resulting in fewer locations where naloxone could

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Box 570
191 Highland Street, Unit 301
Haliburton, ON K0M 1S0

Lindsay
108 Angeline Street South
Lindsay, ON K9V 3L5

Peterborough
Jackson Square
185 King Street, Box 301
Peterborough, ON K9J 2R8

Port Hope
200 Rose Glen Road
Port Hope, ON L1A 3V6

be available. Access is also limited by office hours, lack of transportation, and only partial coverage by outreach. As an illustration, fewer nasal and intramuscular naloxone kits were distributed through Lakelands Public Health partners and offices in Q1 of 2026 (952) than in Q1 of 2025 (1,355), reflecting funding constraints and staffing challenges among major distribution partners, and the closure of the Peterborough Consumption and Treatment Services (CTS) site.

The need for naloxone remains significant across the region, particularly among populations experiencing barriers to healthcare access, including people who use drugs, individuals living in rural communities, and those experiencing homelessness. However, the access to naloxone in many Lakelands communities remains limited. Expanding public access to naloxone by making kits available in locations where AEDs are already installed would help address current service gaps and improve timely access to this life-saving medication during an emergency when seconds count. As other overdose response mechanisms are dismantled, naloxone remains one of the most effective tools to deal with the toxic drug crisis in real-time in communities.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

cc: Dr. Robin Lennox, MPP, Hamilton Centre
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)