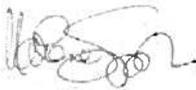


Shortly after the LHIN released the transition plan, THU and CMHA entered discussions and with the support of our local LHIN representative, agreed to enter into an integrated funding agreement with the intent to slowly phase in the transition of services over several years. The integrated funding model simply stated that THU would continue to provide all its services on a contract basis and the funds would flow through the CMHA to THU. This solved one of the original objectives of the LHIN in reducing the number of service agreements with its providers. Several years before this, the THU Board of Health had acquired a property to house the New Liskeard staff of the MH&A program as the main office had become too small for our expanding needs. The lease was negotiated on the strength of the committed LHIN funding. In other areas, our offices housed MH&A services alongside our other staff and costs were allocated to the LHIN funding accordingly. During the transition period, as staff vacancies were created, THU discussed with CMHA the option of retaining some lines of funding but these opportunities were deferred due to concerns regarding the possible triggering of the Public Sector Labour Transition Act (PSLTRA). Very early in the process, the LHIN had suggested that they could provide resources to support the transfer such as project managers. However, in follow up discussion, this was never made available. Similarly requests for consideration of funding to support severances was also denied. When the decision to make the full divestment was made in spring of 2015, all parties met with the involved labour union and discussed the process. The transfer date was set for January 01, 2016. Some discussion regarding the possible transfer of the lease occurred but confirmation was never provided in written format. It was not until a month before the transition that THU was informed that CMHA intended to move all staff from the THU New Liskeard office into newly acquired, leased and renovated space adjacent to their current offices. In addition, the lawyers for the 3 parties did not formalize the transition agreement until mid-December, at which time it became apparent that MH&A staff at THU had the right to remain at THU and displace other positions for which they were qualified rather than transfer to CMHA. This created significant disruption within THU and has resulted in several grievances and pending arbitrations which have been costly in terms of human resources and which may lead to further financial impacts pending the arbitrators rulings. As the CMHA was the fund holder and would become the beneficiary of the entire funding envelope(>2M) that had maintained the services at THU, it was felt that they had some obligation to assist in alleviating the resulting liabilities that THU has sustained, however their Board has declined any additional support.

THU has retained some small surpluses in its operation of the MH&A program over the past few years and it is hoped that these will be sufficient to offset ongoing legal costs. However, the costs of supporting the empty building until another tenant can be found will place additional burden on a budget which is supposed to be dedicated to public health programming and is supported by municipal dollars as well as Ministry funds. Given these recent events, it is easy to understand why the Board of Health would be very cautious about entering into any other transformative projects that might be envisioned by the Patients First discussion document.

Sincerely,



Dr. Marlene Spruyt, BSc, MD, CCFP, FCFP, DPH, MSc-PH (*On behalf of BOH for THU*)
Medical Officer of Health/Chief Executive Officer

c.c. Louise Paquette, NELHIN CEO
Minister Dr. Eric Hoskins, Ministry of Health & Long-Term Care
John Vanthof, MPP
Local Municipalities