



Business Plan

2021–22

Health and Wellness



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Health and Wellness Business Plan 2021-22

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Message from the Minister

Over one year ago, we began hearing about a new virus starting to spread in parts of the world. Little did we know at the time the impact COVID-19 would have on our families, our communities, and our province.

The pandemic has impacted every aspect of our lives. We have had to distance ourselves from our friends and families, kitchen tables have become classrooms and workspaces, and we have adopted new ways of delivering and receiving health services.

We took an evidence-based approach to the pandemic, guided by the expertise of public health officials and infection prevention and control specialists. It is an approach we will maintain going forward.

Our collective actions have mattered in keeping each other safe and COVID-19 at bay. The way forward calls for continued collaboration and cooperation.

The Department of Health and Wellness will continue to lead Nova Scotia's response to the pandemic—supporting the vaccine rollout, innovative population testing, monitoring and reporting on the epidemiology, and implementing public health measures to protect Nova Scotians.

We have also initiated work to transform the public health system, enhancing the capacity of staff and leadership to respond to the needs of Nova Scotians. New investments will ensure our public health team will continue their response to the pandemic while also preparing for future public health events, and implementing strategies aimed at improving the overall population health of Nova Scotians.

We will also lead the important work of enhancing mental health outcomes for Nova Scotians. The new *Office of Mental Health and Addictions* and the *Chief Mental Health Officer* will bring a harm-reduction and anti-stigma approach to this work, working alongside our partners to expand access-points to these vital services and programs, while also promoting mental wellness.

The recruitment and retention of primary care providers continues to be a priority. We, along with the Nova Scotia Health Authority, will work to attract more patients to primary care providers, while also working to expand the scope of other key health professionals to respond to the health needs of Nova Scotians.

We will continue to improve the Emergency Health System (EHS) to put the right resource, by the right person, at the right time. These improvements will ensure the system is as efficient and responsive as possible.

We will continue to better understand health disparities and inequities and work alongside other departments to address health inequity and the social determinants of health. An important piece of this work is the collection of intersectional data used to inform equity

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work across departments. We look forward to a strong partnership with the *Office of Equity and Anti-Racism* to bring this to fruition.

The continued transformation of continuing care will better serve some of our most vulnerable Nova Scotians living in long-term care settings and in the community. It will help to ensure these Nova Scotians have a strong community connection and a high quality of life.

I am optimistic about the year ahead and working with our partners in responding to these priorities outlined in the Department of Health and Wellness 2021-22 Business Plan.

Together, we will continue to keep Nova Scotians safe, healthy, and vibrant.

Honourable Zach Churchill
Minister of Health and Wellness

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Section 1: Mandate, Vision, Mission and Principles

Mandate

Health care in Nova Scotia is the collective responsibility of the Department of Health and Wellness (DHW), the Nova Scotia Health Authority (NSHA), and the Izaak Walton Killam Health Centre (IWK). DHW, NSHA and IWK work as partners with a number of government and community-based organizations and service providers to address prevention of disease and injury, promotion of health and wellness, and delivery of health services, including emergency care, primary health care, mental health and addictions, acute care, continuing care, and end of life care.

The *Health Authorities Act* establishes the roles and responsibilities of DHW, NSHA, and IWK.

DHW is responsible for:

- Providing leadership by setting strategic policy direction, priorities, and standards for the health system;
- Ensuring appropriate access to quality care through the establishment of public funding for health services that are of high value to the population; and,
- Ensuring accountability for funding and for the measuring and monitoring of health-system performance.

NSHA and IWK are responsible for:

- Governing, managing and delivering health services across the province;
- Implementing the strategic direction set by DHW; and,
- Engaging with the communities they serve.

These organizations work together to coordinate planning, funding, service delivery and to improve access to health care services and patient care.

Vision

Healthy Nova Scotians

Mission

To lead a quality, equitable and sustainable health care system that inspires and promotes the health and well-being of all people in Nova Scotia.

Principles

- **Service Excellence:**

We believe policies, programs and services should be designed around the health care needs of Nova Scotians. This means Nova Scotians have access to quality programs and services that are culturally appropriate, accessible, and flexible.

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- **Partnerships and Collaboration:**

We understand that meeting the health care needs of Nova Scotians requires building new and strengthened relationships with citizens, communities, providers, service organizations and educators.

- **Public Confidence:**

We believe all Nova Scotians should receive equitable, appropriate, and quality care. This means we are transparent, open, and authentic when we communicate to them about their health care system.

- **Leadership and Innovation:**

We seek to include diverse perspectives, have the courage to recognize when change is needed, and are committed to creating space for new and different ways of thinking and doing.

- **Accountable and High Performing:**

We enable responsible and evidence-informed decisions by having appropriate policies, standards, and structures in place to monitor outcomes and measure system performance.

- **Anticipation and Action:**

We anticipate long-term trends and drivers and act proactively. This means we plan for and deliver a health system that is resilient, adaptive, and responsive to the changing needs of Nova Scotians. We create a system that responds to the future of health care and against which results can be measured.

Section 2: Health System Leadership in Unprecedented Times

The COVID-19 pandemic continues to dominate, shape, and impact every part of the health care system in Nova Scotia. Staff have been redeployed, service delivery changes were required, and new services were implemented as the system continues to go to extraordinary lengths to prepare for, manage and respond to COVID-19. With a vaccination program now underway, the system continues to adapt and respond to changing conditions.

Meeting this challenge requires an unprecedented effort that will continue to shape the delivery of health care for years to come. It has disrupted ongoing activities and highlighted risks. It has also provided opportunities for innovation and demonstrated a willingness on the part of Nova Scotians to adapt to and take advantage of extended supports, like virtual care. We have learned as a province about our own resiliency and the resiliency of our health care system.

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Key to that resiliency is the partnership between DHW, NSHA, IWK and community partners. The health system worked together to maintain a continuum of services during the pandemic. In some cases, moving services virtual, to online platforms or via telephone, while some physical locations remained open. That adaptability was critical to helping us move through the pandemic.

The effects of COVID-19 are reflected throughout this plan, and so are the opportunities that will carry forward as we move through and past COVID-19 in 2021-22. In collaboration with the health authorities and community partners, we will continue to prioritize and implement a responsive, comprehensive testing strategy; timely vaccine deployment to all Nova Scotians; and ensure COVID-19 preparedness and timely access to health services.

Continued COVID-19 Testing

Robust testing is a cornerstone of Nova Scotia's COVID-19 pandemic response. Testing helps to prevent uncontrolled outbreaks and enables public health officials to better understand where and how the virus is spreading.

In the current and short-term, focus will continue to be placed on testing high-priority populations such as those working in long-term care, workers who frequently travel in and out of the province, and post-secondary students. Innovative testing opportunities such as those provided by pop-up testing sites and mobile clinics, in addition to conventional testing clinics, will continue to be an important part of the province's testing mix.

As more Nova Scotians are vaccinated for COVID-19 throughout 2021-22, there will be an ongoing need to monitor for the disease. Nova Scotia's testing strategy will evolve as vulnerable and high-risk populations become protected by vaccines and testing resources can be redeployed to new priority groups.

COVID-19 Immunization Program

Nova Scotia's COVID-19 immunization program, like in all jurisdictions, is the largest and most complex program in our province. Deployment of COVID-19 vaccines has already begun in Nova Scotia and we are taking a phased approach to roll-out based on vaccine availability and special handling requirements of the product. As more vaccine is received, more groups will become eligible to get the vaccine. In addition, as supply increases, it will allow for the vaccine to be provided to more geographic regions and communities, making it easier for Nova Scotians to access the vaccine closer to home. A significant feature of our plan includes ensuring access to the vaccine for all Nova Scotians, including those considered vulnerable populations.

Nova Scotia is following the National Advisory Committee on Immunization (NACI) guidelines to determine priority populations. The quickest path to ensure population protection, and that which aligns to the biggest risk factors is the basis of our plan which

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is to vaccinate by age, starting with our oldest citizens and those in large congregate settings.

Working closely with our partners across the health system and other sectors, with the extension of the dose interval, the goal is to ensure that all eligible Nova Scotians have access to their first dose of vaccine by end of June. This timeline is contingent on continued access to a predictable vaccine supply.

A provincial Vaccine Expert Panel has been established to advise the Chief Medical Officer of Health regarding scientific issues related to immunization and vaccine programs in Nova Scotia. The 11-member panel includes representation from DHW, NSHA, IWK, the Canadian Center for Vaccinology, Pharmacy and Family Physicians.

Section 3: 2021-22 Departmental Priorities and Actions

Departmental Priorities

DHW is committed to promoting the health and well-being of all Nova Scotians and will continue to work collaboratively with its partners, the NSHA and the IWK, other government departments, community-based organizations and service providers to ensure Nova Scotians have access to timely, equitable and culturally appropriate supports and services where and when they need them.

In 2021-22, in addition to leading Nova Scotia's continued response to the COVID-19 pandemic, DHW will oversee and action progress in all areas of the health system, including the following key priorities:

- Increased, dedicated focus on mental health and addictions through the Office of Mental Health and Addictions;
- Expansion of public health capacity;
- Transformation of the continuing care sector;
- Support for greater equity across the health system;
- Implementation of strategic digital health and infrastructure projects; and,
- Expansion of supports for Nova Scotians in community, including:
 - Access to primary care;
 - Improvements to emergency health services (EHS); and,
 - Increased community capacity to engage with the health system and enhanced involvement of community and other stakeholders in planning and decision making.

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Increased Support and Capacity for Mental Health and Addictions

After years of sustained effort, investments to improve access, treatment and coordination of mental health and addictions care are providing better results for Nova Scotians in need. Those needs have evolved throughout the COVID-19 pandemic.

Office of Mental Health and Addictions

The new Office of Mental Health and Addictions and the Chief Mental Health and Addictions Officer will provide focus to critical work needed to expand access to mental health services and programs in communities across the province. The Office will provide system level leadership and coordination of activities across agencies, departments, and partners to achieve enhanced mental health outcomes. The Office will be responsible for ensuring a harm reduction and anti-stigma approach that promotes mental health through upstream action; addresses the social determinants of health; and works with partners, like schools, to promote mental health throughout one's lifespan. Additionally, the Office will work to ensure that we are optimizing and building capacity in our health workforce to address mental health and addictions issues earlier and seamlessly.

Planned Actions

The Office of Mental Health and Addictions will implement the following:

- **Single Session Therapy – Single Brief Intervention:** This is a new service in the mental health and addictions sector. This service will meet Nova Scotians at their point of need and work with them to best determine the right mix of programs and services available.
- **Addictions Withdrawal Management Hubs:** These service delivery hubs will provide a number of complementary services including an in-person assessment of withdrawal management needs; outpatient withdrawal management and psychoeducation and recovery skills supports; brief intervention and harm reduction support; and support for family involvement in care.
- **E-mental Health:** In collaboration with NSHA, IWK, and the Department of Labour and Advanced Education (LAE), the Office will coordinate e-Mental Health and Addictions (e-MHA) services and supports and ensure that they are grounded in user needs. An e-Mental Health Action Plan, focused on a coordinated, integrated, and efficient system of services and supports, will be grounded in the needs of Nova Scotians.
- **Implementation of a new model of care for sexual assault trauma therapy** will provide Nova Scotians with enhanced services and trauma therapists to provide culturally responsive sexual assault trauma therapy to survivors of sexual violence.
- **Implementation of the Suicide Prevention and Risk Reduction Framework (*Roots of Hope* initiative)** will support communities to develop suicide prevention strategies to meet their unique needs.
- **Partnership with the Mental Health Foundation of Nova Scotia** will support community organizations to continue to deliver Mental Health and Addictions services to individuals who are most vulnerable to the impacts of COVID-19.

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- We will enhance community supports for children and adolescents by adding positions in community clinics to support child and adolescent mental health and addictions.
- We will continue to work to reduce wait times for opioid use disorder treatment and enhance access to treatment and harm reduction services for people who use substances; and support for the establishment of safe consumption sites.

Expansion of Public Health Capacity

Public Health is an integral part of a robust and sustainable health system. It is critical in supporting the overall health of our population by ensuring that threats to public health are identified and addressed in a timely manner; public health emergencies are appropriately responded to; and that disease and injury prevention policies and programs promote health and wellbeing. DHW has initiated structural work that will enable the future transformation of the public health system in Nova Scotia.

Planned Action

- Through new investments, public health capacity will be enhanced at the NSHA and DHW. Additional resources will better equip the system to respond to public health issues and to improve outcomes for Nova Scotians. New investments will support enhanced resources for epidemiology (surveillance); more medical officers of health; and emergency management and leadership capacity in core public health functions. An expanded public health team will continue to respond to the COVID-19 pandemic; prepare for any future public health events; and implement strategies aimed at improving the overall population health of Nova Scotians.

Transformation of the Continuing Care Sector

The COVID-19 pandemic had a profound impact on the continuing care sector. System-wide planning for the delivery of continuing care services was disrupted, and risks were exposed that highlighted issues requiring new and innovative approaches to better serve Nova Scotians. This year, the continuing care budget is over one billion dollars.

DHW and NSHA are working together to apply learnings from the COVID-19 experience to ensure a safe environment and quality care for our seniors. Building on recommendations from the Minister's Expert Panel on Long-Term Care, and with input from the long-term care and home care sectors, DHW is leading the development of a five-year blueprint to transform the system to better meet the needs of Nova Scotians. In 2021/22, work is being undertaken to further refine the blueprint to guide transformative changes in the sector. The blueprint will address barriers related to choice and flexibility, infrastructure, workforce development, and sustainability. It will further focus on family-centered care and service excellence.

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Planned Actions

- Continued partnership with the sector to implement the provincial COVID-19 testing and vaccination strategy.
- Ongoing support for COVID-19 responses, including infection control and occupational health and safety resources; a model for regional COVID-19 care; and, a Community Transition Unit to support health system challenges as clients wait in hospitals to move to their community-based home.
- Continued implementation of medium and long-term recommendations of the Long-Term Care Expert Panel.
- Continued implementation of the recommendations to improve the occupational health and safety outcomes for workers in home care, long-term care, and disability support sectors.
- Introduction of the interRAI assessment tool in long-term care to enable care plans that better meet resident needs, and to allow DHW to collect data that will inform care models going forward.
- Enhance the Safety Information Management System within continuing care and long-term care to improve safety monitoring.
- Provide the Continuing Care Assistants (CCA) Bursary Program for a third year to allow more opportunities for successful applicants to receive a bursary of \$4,000 for full-time students, or \$2,000 for part-time students.
- Continue the CCA Recognizing Prior Learning Assistance Pilot Program through funding for people to have their skills and experience assessed to become certified to work as CCAs.

Support for Greater Equity Across the Health System

DHW is committed to diversity, inclusion, and greater equity across the health system. The department and its partners strive to create a health system where equity-deserving groups - including Indigenous people, African Nova Scotians, persons with disabilities, and other under-represented groups—are genuinely included, celebrated, and provided equal opportunity to thrive and live healthy, fulfilling lives. Working in partnership with the Office of Equity and Anti-Racism, DHW and its partners are committed to understanding, addressing, and preventing systemic racism within the health system, while providing high quality and culturally competent care.

Within the department, DHW will continue to work with employee groups to learn from their experiences, set goals, and measure progress towards a workplace that embraces diverse hiring practices and is free from discrimination. DHW will also work to improve health outcomes of marginalized populations by better understanding the barriers these communities face when trying to access the health system and work to address them.

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Planned Actions

- A Director of Equity and Engagement will be hired to provide strategic advice to the executive team and to build capacity across management in the department. This key role will also support corporate diversity and inclusion initiatives, and work with the health authorities to facilitate the delivery of culturally competent and equitable health care services. The Director will be a key liaison with the Office of Equity and Anti-Racism.
- To better understand the health needs of diverse populations, DHW will begin collecting data for health equity reporting and monitoring. This will be done in partnership with the Office of African Nova Scotian Affairs and communities as part of the department's commitment to implementing Count Us In: Nova Scotia's Action Plan in Response to the International Decade for People of African Descent.

Implementation of Strategic Digital Health and Infrastructure Projects

Health infrastructure is a key pillar in promoting improved standards of care and wellbeing for all Nova Scotians. While building upkeep and renewal is a key component of the plan, health infrastructure extends to technologies and virtual supports that allow for the provision of quality and sustainable health care.

Digital Health and Data Analytics

DHW will continue to lead the development of sustainable provincial digital health and information strategies, products and services that improve access to care and the patient experience, quality of care, and population health outcomes. Support for COVID-19 initiatives will continue to be a priority in 2021-22. Significant enhancements to virtual care and health reporting will improve access to care for all Nova Scotians; enable a better understanding of the health needs of diverse populations; and inform program designs targeted at specific communities for prevention, care and treatment.

Planned Actions

- Online Booking Application: In partnership with the health authorities, we are adding more services to the online booking application so that patients can have more timely and convenient access to medical tests and test results.
- Panorama Public Health Information System: Numerous configuration changes and enhancements to provide additional capacity, including immunization and case management data for the COVID-19 response.
- Patient flow management: Digital solution to help with the management of patient flow in outpatient clinics.
- Technology upgrade: Adding processing and storage capacity to accommodate significant growth in data and reporting needs.
- One Person, One Record: To explore better access to health information for patients and providers, a procurement process is underway and will conclude in 2021.

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Redevelopments and Renewals

Development of a Strategic Infrastructure Plan for the health care system will identify medium and long-term capital priorities and investment requirements to sustain and improve health care quality and access, including investments in long-term care facilities. We will ensure that evidence and best practices for infection prevention and control are key infrastructure planning imperatives. Work already underway within NSHA and IWK will continue, including the redevelopment of the IWK Emergency Department, the QEII New Generation Project in HRM, and major redevelopment projects in Cape Breton, Bridgewater and Pugwash. With state-of-the-art infrastructure, we are better positioned to attract and retain healthcare workers.

Planned Actions

- Development of a Strategic Infrastructure Plan: Identifying capital priorities and investment requirements to sustain and improve quality and access across the breadth and depth of the health care sector.
- Long Term Care Infrastructure Renewal Plan: DHW, working with its partners, will implement a multi-year long-term care infrastructure renewal plan, including renovations and/or replacements of seven existing facilities across the province along with new facilities which will add 236 new nursing home beds in central zone.
- Hospice Program: The province's third standalone hospice, now under construction in Cape Breton, will be completed in 2021 and will be operational in 2021-2022.
- Renal Program Operations: Over the next two fiscal years, units will be added for patients to receive dialysis in Bridgewater and at the Halifax Infirmary. In addition, design work is underway in Amherst.

Yarmouth Regional Hospital Emergency Department: A feasibility study and design work will be undertaken to inform renovations at the Yarmouth Regional.

Expansion of Supports for Nova Scotians in Community

Access to Primary Care

With close to 90 collaborative family practice teams across the province, expanded virtual care options, and broadened clinical services available in pharmacies, access to primary care is being increased in Nova Scotia. Work continues to recruit doctors and nurses (nurse practitioners, licensed practical nurses, and family practice nurses) throughout the province. Other supports include assessing the readiness of internationally trained family physicians and increasing educational opportunities.

Planned Actions

- Virtual Care: During the COVID-19 pandemic, virtual care was offered to Nova Scotians as a new, modernized way to interact with health care providers and

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has become a key part of how health care is delivered in the province. Virtual care will continue through 2021/22.

- Working with our partners, improve access to allied health professionals;
- New Pharmacy-based Clinical Services: \$5M investment to support pharmacy-based clinical services like prescription renewals and assessing/prescribing for specific conditions.
- Family Medicine Residency Program Spaces: Building on previous investments, we will continue to fund family residency spaces to an annual total of 46.
- Practice Ready Assessment Program: Timely assessments of internationally trained family physicians to determine if they are practice ready.
- Longitudinal Integrated Clerkship: Placing third year undergraduate Dalhousie medical students in rural communities for one year.
- New Nurse Practitioner Education Seats: Increasing the number of spaces for nurse practitioners at Dalhousie University.
- Nurse Practitioner Education Incentive: Continued investment in this incentive, which covers the salaries of six additional registered nurses while they attend Dalhousie University's two-year Master of Nursing program. In return, recipients will commit to work in designated rural Nova Scotian communities for five years.
- Access to Glaucoma Treatments: DHW is working with optometrists to improve access to glaucoma treatments, ensuring treatment options closer to home.

Improvements to Emergency Health Services (EHS)

Government is committed to making improvements to EHS to ensure it continues to meet the needs of Nova Scotians now and in the future.

Planned Actions

- Work is underway to implement many of the recommendations from the Fitch & Associates report. Work has begun on several initiatives, including the redesign of EHS, expansion of the community paramedicine program, and increased use of patient transfer vans.

Increase Health System and Community Capacity

DHW will be engaging with key partners across the health system with the goal of enhancing the involvement of community and other stakeholders in planning and decision making.

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Planned Actions

- Through partnership and collaboration, continue to hold health authorities accountable by strengthening governance, accountability, planning and decision-making.
- Work with the NSHA to draw on community health boards and community health teams to increase community capacity to engage with the health system.

Section 4: Other Important Areas of Work

Reducing Specialist and Surgical Wait Times

Early in the COVID-19 pandemic, elective surgeries, like knee and hip replacements, were postponed ensuring hospital capacity for Wave I. Using a phased-in approach, services have been reintroduced and the health system is making every effort to get back on track. Although the number of people waiting for knee and hip surgery has increased, by July 2020 the volume of weekly surgeries was comparable to 2019, before the pandemic erupted.

With this backdrop, the NSHA is revising the multi-year strategy to address wait times for hip and knee arthroplasty and continues to work to align with national benchmarks. Initiatives like the expansion of the Dalhousie medical residency program and the expansion of the QEII – particularly the addition of inpatient beds and operating rooms – will allow for timelier access to knee and hip replacement surgeries.

Quality and Patient Safety

A shared commitment to quality is fundamental to achieving improvement and excellence across the system. A health system that puts quality and patient safety first will provide better care for Nova Scotians and will better support the attraction and retention of healthcare workers.

DHW has developed a Quality and Patient Safety Framework that will guide its work in 2021-22 and beyond.

In 2021-22, DHW will engage stakeholders across the province in setting priorities for improvement and integrating quality into all aspects of the system. As part of this work, a Quality and Patient Safety Applied Research Chair has been established, in partnership with the IWK Foundation, to advance and promote education, discovery, and capacity development. Along with DHW, they will work with Dalhousie, the health authorities and other health system stakeholders.

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Further, DHW has identified three priority areas for quality improvement on which we will collaborate with the NSHA and IWK to establish measurable, evidence-based targets and reporting. These include: Hospital Harms, Hospital Standardized Mortality Ratios, and Cancer Survivor Rates. The department will also develop robust provincial oversight and reporting of serious reportable events, and to enhance infection, prevention, and control measures for long-term care.

Federal, Provincial and Territorial Relations

DHW contributes to and benefits from strong collaboration with the federal government and other provinces and territories. These important relationships have been strengthened throughout the pandemic.

In 2021-22, DHW will continue to lead and support collaborative federal-provincial-territorial priorities, including:

- Virtual care and digital health solutions and technologies;
- Critical drug supply forecasting and planning;
- Testing, contact tracing and data management;
- Vaccine planning and distribution;
- PPE and procurement of medical equipment; and,
- Federal funding for continued investments in home and continuing care, mental health and addictions, and new funding for virtual care and COVID-19 related investments for a safe restart.

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Section 5: 2021-22 Budget

Health and Wellness

Departmental Expenses Summary (\$ thousands)

<u>Programs and Services</u>	<u>2020-21 Estimate</u>	<u>2020-21 Forecast</u>	<u>2021-22 Estimate</u>
<u>Departmental Expenses by Object (\$ thousands)</u>			
Salary and Employee Benefits	32,768	31,625	37,526
Operating Costs	301,487	299,293	336,887
Grants and Contributions	<u>4,492,846</u>	<u>4,872,386</u>	<u>4,962,803</u>
Gross Expenses	4,827,101	5,203,304	5,337,216
Less: Chargeable to Other Departments	<u>(4,464)</u>	<u>(29,508)</u>	<u>(4,464)</u>
Total - Departmental Expenses	<u>4,822,637</u>	<u>5,173,796</u>	<u>5,332,752</u>
 Ordinary Recoveries	 129,463	 113,472	 118,378
<u>Funded Staff (# of FTEs)</u>			
Total - Funded Staff	<u>332.0</u>	<u>294.2</u>	<u>360.5</u>
Less: Staff Funded by External Agencies	<u>(9.8)</u>	<u>(11.0)</u>	<u>(10.8)</u>
Total - Departmentally Funded Staff	<u>322.2</u>	<u>283.2</u>	<u>349.7</u>