

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, JANUARY 23, 2025

<u>PAGE NO.</u>		<u>ACTION</u>
	<u>CALL TO ORDER</u>	
	<u>ELECTION OF CHAIR</u>	
	<u>ELECTION OF ACTING CHAIR</u>	
	<u>AGENDA - January 23, 2025</u>	Approve
	<u>SUPPLEMENTARY AGENDA</u>	Receive
	<u>MINUTES</u>	
2-4	Stuart-Nechako Regional Hospital District Meeting Minutes - November 7, 2024	Approve
	<u>REPORTS</u>	
5-12	John Illes, Treasurer - Financial Statements -December 31, 2024	Receive
13-18	Curtis Helgesen, Secretary - Letter to Minister Osborne Re: Invitation to meet with Regional Hospital Districts within Northern Health	Recommendation
	<u>VERBAL REPORTS</u>	
	<u>RECEIPT OF VERBAL REPORTS</u>	
	<u>SUPPLEMENTARY AGENDA</u>	
	<u>NEW BUSINESS</u>	
	<u>ADJOURNMENT</u>	

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

MEETING MINUTES

THURSDAY, NOVEMBER 7, 2024

PRESENT: Chair Judy Greenaway

Directors Martin Elphee
 Clint Lambert
 Linda McGuire
 Shirley Moon
 Kevin Moutray
 Mark Parker
 Michael Riis-Christianson
 Sarrah Storey – via Zoom
 Henry Wiebe

Staff Curtis Helgesen, Secretary
 Cheryl Anderson, Acting Secretary
 Nellie Davis, Manager of Regional Economic Development – via Zoom
 John Illes, Treasurer
 Wendy Wainwright, Confidential Clerk – via Zoom

CALL TO ORDER Chairperson Greenaway called the meeting to order at 9:31 a.m.

AGENDA Moved by Director McGuire
 Seconded by Director Lambert

SNRHD.2024-7-1 “That the Stuart-Nechako Regional Hospital District Agenda of November 7, 2024 be approved.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

MINUTES

Stuart-Nechako Regional Hospital District Meeting Minutes –August 15, 2024 Moved by Director Lambert
 Seconded by Director Elphee

SNRHD.2024-7-2 “That the minutes of the Stuart-Nechako Regional Hospital District meeting of August 15, 2024 be adopted.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

REPORT

Financial Statements
-September 30, 2024

Moved by Director Riis-Christianson
 Seconded by Director Wiebe

2024-7-3

"That the Board receive the Treasurer's Financial Statements – September 30, 2024 memorandum."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

VERBAL REPORTS

Lakes District Hospital
and Health Centre
Diversions

Director Lambert reported that there was a diversion announced for the Lakes District Hospital and Health Centre on November 3rd from 8:00 a.m. to November 4th at 8:00 a.m. He spoke to the number of times the hospital has been on diversion and questioned why it is hard to find coverage. He noted that he will look into Bill 36 – *2022 Health Professions and Occupation Act* and the regulations and guidelines for B.C. in comparison to other Provinces. Director Lambert also spoke to the requirements and wait times for medical professionals from outside of Canada to practice in B.C.

Director McGuire noted that the diversions that take place at the Hospital in Burns Lake also impact the B.C. Ambulance Service and patient care in Granisle. She spoke of tracking the number of diversions that take place.

Retiring Doctor at the
Burns Lake Medical Clinic

Director McGuire visited the Burns Lake Medical Clinic to say goodbye to a long-term physician that is retiring. She noted that two new doctors will be arriving in the spring of 2025.

Director Wiebe noted that he provided a tour to a new physician moving to Burns Lake that has practiced in Ontario for the past 10 years and is originally from Dubai, United Arab Emirates. He spoke of the challenges for physicians to be licensed to practice in B.C.

Village of Fraser Lake – Update Director Storey attended the following:

- Northern Health Think Tank meeting
 - o Some of the topics discussed were retention, recruitment and the recertification for doctors
- Provincial Summit for Seniors
 - o Some of the topics discussed were transportation and accessibility.

VERBAL REPORTS (CONT'D)

Chair Greenaway – Update

Chair Greenaway provided the following update:

- Attended the Northern Health Fall Meeting on October 7th
 - o Meeting handouts will be provided at a future SNRHD meeting
- Visited the Granisle Health Clinic with Director McGuire, John Illes, Treasurer and Mike Hoefer, Executive Director, Capital Planning, Facilities Operations and Logistics, Northern Health to discuss the importance and need for a second door at the facility. Mr. Hoefer indicated that there will be a follow-up meeting.
- New Fort St. James Hospital is on schedule to open January 2025
 - o It is being completed on time and on budget
- At the end of November 2025 Director Greenaway will be attending a Recruitment and Retention meeting with Northern Health regarding health professionals for the new Fort St. James Hospital.

Granisle Health Clinic

Director McGuire spoke of having the RDBN Building Inspectors inspect the Granisle Health Clinic. Discussion took place about coordinating and working collaboratively with Northern Health. Staff will reach out to Northern Health.

Receipt of Verbal Reports

Moved by Director Lambert
 Seconded by Director McGuire

SNRHD.2024-7-4

“That the verbal reports of the various Directors be received.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

ADJOURNMENT

Moved by Director Wiebe
 Seconded by Director McGuire

SNRHD.2024-7-5

“That the meeting be adjourned at 9:50 a.m.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Judy Greenaway, Chairperson

Wendy Wainwright, Confidential Secretary

**Stuart-Nechako Regional Hospital District
Board of Directors**

To: Chair and Board
From: John Illes, Treasurer
Date: January 23, 2025
Subject: **Financial Statements December 31, 2024**

RECOMMENDATION: (all/directors/majority)

Receipt

BACKGROUND

Attached are the financial statements for 2024. Most of the capital contributions originally budgeted for the Vanderhoof Primary Care project are now expected to be invoiced in 2025 and 2026.

There are no concerns noted.

The audit for Stuart-Nechako has started on January 13th. The audit engagement letters are attached for reference.

Attachment: **SNRHD Financial Statements December 31, 2024**
Audit Engagement Letters

Stuart-Nechako Regional Hospital District
Statement of Financial Position
December 31, 2024

	2024	2023
Financial Assets		
Cash and Equivalents	9,680,439	3,203,228
Prepaid Expenses		
Accounts receivable	25,261	6,249
	9,705,699	3,209,477
Financial Liabilities		
Accounts payable and accrued liabilities	0	0
Accumulated Surplus	9,705,698	3,209,477

Stuart-Nechako Regional Hospital District
Statement of Operations
For the year ended December 31, 2024

	2024 <u>Budget</u>	2024 <u>Actual</u>	2023 <u>Actual</u>
Revenue			
Property tax requisition	6,816,625	6,817,116	5,927,500
Interest	150,000	257,917	244,172
Miscellaneous			
Grants in lieu of taxes	24,000	24,367	23,943
	<u>6,990,625</u>	<u>7,099,400</u>	<u>6,195,615</u>
Expenditures			
Grants for capital expenditures	2,496,282	576,506	12,704,450
Administration and Audit	40,000	26,674	27,136
	<u>2,536,282</u>	<u>603,180</u>	<u>12,731,586</u>
Annual Surplus (Deficit)	4,454,343	6,496,220	(6,535,971)
Accumulated Surplus at the Beginning of the Year	<u>3,209,478</u>	<u>3,209,478</u>	<u>9,745,448</u>
Accumulated Surplus at the End of the Year	<u><u>7,663,821</u></u>	<u><u>9,705,698</u></u>	<u><u>3,209,477</u></u>



CHARTERED PROFESSIONAL ACCOUNTANTS

January 15, 2025

Board of Directors
Stuart-Nechako Regional Hospital District
PO Box 820
Burns Lake, BC
V0J 1E0

Dear Board of Directors:

Re: Audit Planning

We are writing this letter in connection with our audit of the financial statements for the year ending December 31, 2024.

Our purpose in writing is to ensure effective two-way communication between us in our role as auditors and yourselves with the role of overseeing the financial reporting process. In this letter we will:

- a. Address our responsibilities as independent auditors and provide information about the planned scope and timing of our audit.
- b. Request a response to some audit questions and any additional information you may have that could be relevant to our audit.

Auditor Responsibilities

The respective responsibilities of ourselves and of management in relation to the audit of financial statements are set out in the engagement letter that was signed by management and a representative of the board on January 15, 2025. Please refer to the engagement letter for more information.

Planned Scope and Timing of Our Audit

Our objective as auditors is to express an opinion on whether the financial statements are prepared, in all material respects, in accordance with Canadian Public Sector Accounting Standards (PSAS).

In developing our audit plan, we worked with management to understand the nature of the entity Stuart-Nechako Regional Hospital District and to identify and assess the risks of material misstatement in the financial statements, whether due to fraud or error. Our audit plan has been designed to focus on the identified areas of risk.

Partners

Allison Beswick CPA, CA
Norm Hildebrandt CPA, CA
Robin Lund CPA, CGA

Dane Soares CPA
Taylor Turkington CPA

Beswick Hildebrandt Lund CPA
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CHARTERED PROFESSIONAL ACCOUNTANTS

Materiality

For the current period, we have determined an overall materiality amount of \$141,000. We have also considered misstatements that could be material in qualitative financial statement disclosures. Materiality will be used to:

- a. Plan and perform the audit; and,
- b. Evaluate the effects of identified and uncorrected misstatements on the audit procedures performed as well as on the financial statements.

The materiality amount will be reassessed at period end to ensure it remains appropriate.

Significant Changes During the Period

The significant changes that we addressed in planning the audit for the current period are set out below:

- a. Entity operations and personnel;
No significant changes were identified
- b. Accounting and control systems;
No significant changes were identified
- c. Accounting and auditing standards; and
No significant changes were identified
- d. Other .
No other significant changes were identified

Internal Control

To help identify and assess the risks of material misstatement in the financial statements, we obtain an understanding of internal control relevant to the audit. This understanding is used in the design of appropriate audit procedures. It is not used for the purpose of expressing an opinion on the effectiveness of internal control. Should we identify any significant deficiencies in the internal control and accounting systems, we will communicate them to you in our audit findings letter.

Significant Risks

In planning our audit, we identify significant financial reporting risks that, by their nature, require special audit consideration. The significant risks we have identified and our proposed audit response is outlined below:

If there are specific areas that warrant our particular attention during the audit or where you would like us to undertake some additional procedures, please let us know.

Significant Risks	10 Proposed Audit Response
<p>Revenue Recognition</p> <p>Auditing standards assume a rebuttable presumption, that there is a significant risk of fraud in revenue recognition in all organizations.</p> <p>We have considered the following criteria in assessing this risk:</p> <ul style="list-style-type: none"> • Complexity of revenue recognition policy and type of transactions; • Incentive/pressure to misstate revenue transactions or related balances; • Potential opportunity and rationalization. 	<p>The Association's significant sources of revenue consist of tax requisition, interest and grants in lieu of taxes. The risk of fraud in revenue recognition lies in revenue from these revenues. There is a risk that revenue from these sources may be recorded in the wrong period or not complete.</p> <p>We will perform the following procedures:</p> <ul style="list-style-type: none"> • Update our understanding of the potential risk of fraud and error related to revenue recognition and understood and evaluated the related internal controls; • Test revenue sources substantively and through analytical procedures where appropriate; • Examine a selection of journal entries related to revenue recognition; • Substantively test revenue cut-off; and • Where applicable agreed on a test basis, deferred revenue amounts to underlying documentation to verify that revenue was appropriately recognized or deferred.
Significant Risks, continued	Proposed Audit Response, continued
<p>Management Override of Controls</p> <p>Auditing standards require that the risk of material misstatement due to management override of controls be considered a significant risk on every audit engagement.</p> <p>The risk relates to the manipulation of the financial reporting process by recording inappropriate or unauthorized journal entries or by making adjustments to amounts reported in the financial statements that are not reflected in the journal entries.</p>	<p>We will perform the following procedures:</p> <ul style="list-style-type: none"> • Inquired with the Board of Directors and Management to determine whether they were aware of the occurrence of actual or suspected fraud; • Updated our understanding of management's process for initiating, recording and approving journal entries; • Examined a sample of journal entries meeting certain criteria; • Examined management's assessment of current year estimates and the outcome of prior year estimates; • Considered management biases in our testing of estimates and provision, and the application of accounting policies; and • Incorporated elements of unpredictability in our audit approach.

Where we identify uncorrected misstatements during our audit, we will communicate them to management and request that they be corrected. If not corrected by management, we will then request that you correct them. If not corrected by you, we will also communicate the effect that they may have individually, or in aggregate, on our audit opinion.

Timing

The proposed timing of our audit (as discussed with management) is as follows:

Action	Planned date
Planning	January 15, 2025
Start of audit field work	January 15, 2025
End of audit field work	January 31, 2025
Review Audit Findings with Board of Directors	To be determined
Approval of financial statements by the Board of Directors	To be determined
Provide the audit opinion on financial statements	To be determined

Engagement Team

Our engagement team for this audit will consist of the following personnel:

Name	Role	Contact details
Taylor Turkington	Partner	778-764-2654

Audit Findings

At the conclusion of our audit, we will prepare an audit findings letter to assist you with your review of the financial statements. This letter will include our views and comments on matters such as:

- a. Significant matters, if any, arising from the audit that were discussed with management;
- b. Significant difficulties, if any, encountered during the audit;
- c. Qualitative aspects of the entity’s accounting practices, including accounting policies, accounting estimates and financial statement disclosures;
- d. Uncorrected misstatements; and
- e. Any other audit matters of governance interest.

Audit Questions and Requests

Fraud

To help us in identifying and responding to the risks of fraud within the entity, we would appreciate your responses to the following questions:

- 1. What oversight, if any, do you provide over management’s processes for identifying and responding to fraud risks? Management’s processes could include policies, procedures, programs or controls that serve to prevent, detect and deter fraud.
- 2. Do you have any knowledge of any actual, suspected or alleged fraud, including misappropriation of assets or manipulation of the financial statements, affecting the entity? If so, please provide details and how the fraud or allegations of fraud were addressed.

Other Matters

Would you please bring to our attention any significant matters or financial reporting risks, of which you are aware, that may not have been specifically addressed in our proposed audit plan. This could

include such matters as future plans, contingencies, events, decisions, non-compliance with laws and regulations, potential litigation, specific transactions (such as with related parties or outside of the normal course of business) and any additional sources of audit evidence that might be available.

Fees

Our proposed audit fee of \$3,150, for the period ending December 31, 2024, is based on the nature, extent and timing of our planned audit procedures as described above.

We recognize your significant role in the oversight of the audit and would welcome any observations on our audit plan.

This letter was prepared for the sole use of those charged with governance of Stuart-Nechako Regional Hospital District to carry out and discharge their responsibilities. The content should not be disclosed to any third party without our prior written consent, and we assume no responsibility to any other person.

Yours truly,

Beswick Hildebrandt Lund

Beswick Hildebrandt Lund Chartered Professional Accountants

Stuart-Nechako Regional Hospital District Board of Directors

To: Chair and Board
From: Curtis Helgesen, Secretary
Date: January 23, 2025
Subject: Letter to the Honourable Josie Osborne, Minister of Health Re: Invitation to meet with Regional Hospital Districts within Northern Health

RECOMMENDATION: **(all/directors/majority)**

That the Board approve sending the letter to the Honourable Josie Osborne, Minister of Health regarding an Invitation to meet with Regional Hospital Districts within Northern Health.

BACKGROUND

In follow up to the presentation at the 2024 UBCM Convention and 2024 UBCM special resolution – SR1 Unsustainable Local Government Contribution to Regional Hospital Districts the Regional Hospital Districts within Northern Health would like to extend an invitation to the Honourable Josie Osborne, Minister of Health.

ATTACHMENTS

Letter to the Honourable Josie Osborne, Minister of Health Re: Invitation to meet with Regional Hospital Districts within Northern Health



January 23, 2025

The Honourable Josie Osborne
Minister of Health
PO Box 9050 Stn Prov Govt
Victoria BC, V8W 9E2
Via email: HLTH.Minister@gov.bc.ca

Dear Minister Osborne:

Re: Invitation to meet with Regional Hospital Districts within Northern Health

The Regional Hospital Districts in the Northern Health region would like to take this opportunity to congratulate you on your appointment to Minister of Health and extend an invitation to meet with us regarding the current funding challenges that northern Regional Hospital Districts are experiencing.

The North West, Stuart-Nechako, Fraser-Fort George, Cariboo-Chilcotin, Northern Rockies and Peace River Regional Hospital Districts (the RHDs) contribute some of the highest residential property tax requisition rates per thousand in the Province to Northern Health's capital budget. There are a number of factors that are impacting the current state of affordability with fairness across the Province being a consideration. There is a noteworthy disparity across the Province in terms of what taxpayers pay, with RHDs in the North of the Province paying more on average.

At the 2024 Union of B.C. Municipalities Convention during the Electoral Area Directors' Forum, the Fraser-Fort George and Stuart-Nechako Regional Hospital Districts provided a presentation that provided background and financial data that supported the special resolution (SR1) - Unsustainable Local Government Contributions to Regional Hospital Districts that was endorsed by the UBCM membership.

We would like to arrange a meeting with you prior to the adoption of the RHDs budgets in March of 2025 to discuss funding and affordability concerns along with the need for legislative reform of the *Hospital District Act*.

Sincerely,

Judy Greenaway
Chair
Stuart-Nechako Regional
Hospital District

Barry Pages
Chair
North West Regional
Hospital District

Joan Atkinson
Chair
Fraser-Fort George Regional
Hospital District

Al Richmond
Chair
Cariboo-Chilcotin Regional
Hospital District

Leonard Hiebert
Chair
Peace River Regional
Hospital District

Rob Fraser
Chair
Northern Rockies Regional
Hospital District

Attachment: 2024 UBCM Resolution – SR1 Unsustainable Local Government Contributions to
Regional Hospital Districts

cc: Chris Calder, CAO, Fraser-Fort George Regional Hospital District
Shawn Dahlen, CAO Peace River Regional Hospital District
Curtis Helgesen, CAO, Stuart-Nechako Regional Hospital District
Murray Daly, CAO, Cariboo-Chilcotin Regional Hospital District
Scott Barry, CAO, Northern Rockies Regional Hospital District
Alisa Thompson, Executive Director, North West Regional Hospital District

Section SR



Health and Social Development

SR1 Unsustainable Local Government Contributions to Regional Hospital Districts

UBCM Executive

Whereas local governments are facing significant financial pressures due to the expansion of services which are being downloaded by the provincial and federal governments on many issues including housing, community safety and climate change;

And whereas local governments must share the capital infrastructure project costs for healthcare facilities with the provincial government through their Regional Hospital Districts with 60 percent contributed by the Province and 40 percent contributed by Regional Hospital Districts;

And whereas local governments must provide the 40 percent 'voluntary' contribution towards the provincial government's health care capital costs, including any cost overruns, or risk losing those projects to other areas of the province:

Therefore be it resolved that the provincial government work with Regional Hospital Districts and UBCM to review the cost-sharing model for funding health capital projects in BC, and acknowledge that the reliance on property taxes to fund areas of provincial health care responsibility is inconsistent and unsustainable for BC local governments.

UBCM Resolutions Committee Recommendation: **Endorse**

UBCM Resolutions Committee Comments:

The Resolutions Committee notes that the UBCM membership has endorsed numerous resolutions regarding the cost-sharing of capital projects between Health Authorities and Regional Hospital Districts. (2023-NR11, 2021-EB64, 2018-B50, 2018-B144, 2017-B39, 2016-B114, 2014-B35, 2011-B58, 2009-B150, 2008-B129, 2007-B184, 2005-B42, 2004-B28). Several of the resolutions have requested a review of the historic cost-sharing ratio and have advised reliance on the property tax system to provide 40 percent of the capital costs is inflexible, inconsistent, and unsustainable.

The Committee also notes that the membership supported resolution 2023-NR10 which called for a review of the structure/management of Health Authorities; and resolution 2014-C19 which requested legislative change to require the composition of health authority boards to include representation from regional districts.

For 2024, UBCM received three related resolutions on regional hospital districts that will be referred to this Special Resolution. Resolution RR1 requests that the provincial government consult with Regional Hospital Districts to reconsider the existing capital infrastructure project funding split as the 60:40 percentages are not legislated in the Hospital District Act; Resolution RR2 asks the provincial government for transparent and accurate cost estimates for healthcare infrastructure projects, enabling accountability and effective financial planning by local governments; and Resolution RR3 requests equitable funding arrangements for healthcare infrastructure projects, ensuring that the financial burden is distributed fairly among communities based on their capacity to contribute.

See resolutions RR1, RR2, RR3

Background

The UBCM Executive is bringing forward a special resolution on Regional Hospital Districts to highlight and provoke action by the provincial government on the long-standing issue of the expected contributions from local governments to provincial health care capital projects.

Local governments, through their Regional Hospital Districts (RHD), provide a voluntary 40 percent contribution towards capital costs. However, most RHDs acknowledge that while they theoretically can (and some do) refuse to approve the full 40 percent of project requests from Health Authorities, they feel that it is risky to do so as the project could be placed at risk and the local community could lose needed investments.

In response to endorsed resolution 2021-EB64, the Ministry of Health advised that “RHDs are expected to contribute 40 percent of capital project costs within their region”. The provincial government noted that “when there is an opportunity to amend the Hospital District Act - the legislative framework for the roles and responsibilities of RHDs - the review of the cost-sharing model for funding health capital projects in BC could be considered in consultation with all stakeholders, including RHDs and the Union of BC Municipalities”.

Staff note that the Regional Hospital Districts exist in every region of BC except for the Greater Vancouver Regional District. A provision in the Greater Vancouver Transportation Act allows residents in that area contribute towards transit instead of health care capital costs.

UBCM Policy Position

Local contributions to Regional Hospital Districts have been a significant issue for UBCM since 1992.

UBCM was involved in drafting two Regional Hospital District Cost Sharing Reviews in 2003 and 2009.

In 2003, Sierra Systems was hired by the Ministry of Health to conduct a review of the cost sharing processes between the Ministry of Health, Health Authorities and RHDs. The review examined the appropriate role for RHDs in capital planning and contribution decisions; and the capital process concerns of each party. The report offered 15 recommendations.

In 2008 and 2009, UBCM worked with the Ministry of Health to commission a second report to review the status of the implementation of recommendations from the 2003 Cost Sharing Review.

Following the release of the report, Ministry of Health staff provided updates to the UBCM membership in 2009, 2010, and 2011 at the Annual Conventions. In 2011, the Ministry noted that of the actionable recommendations, 8 items were complete, 1 item was 95 percent complete (recommendation #2), and 1 item is headed in the right direction (recommendation #1), and 1 item will be on the legislative agenda (recommendation #11). It was noted that the Ministry was preparing a summary report to present to the RHDs in early 2012.

Work on the implementation of the recommendations stalled after the 2011 Convention session, due to a lack of staff resources at the Ministry to continue the work, and the 2013 provincial election.

To re-ignite work with the provincial government on regional hospital districts, UBCM offered a clinic on the issue at the 2018 Convention, which included the CEO of Interior Health, a representative of Island Health, two local Directors from RHDs, and a representative from the Ministry of Health.

Current Status

Regional Hospital Districts in BC have reported significant cost increases in the funding requests brought forward by Health Authorities for healthcare capital expenditures. This has resulted in substantial increases to RHD budgets and to the regional district taxpayers.

For example, the below table outlines the Fraser Fort George Regional Hospital District contributions to Northern Health between 2014 and 2023; as well as anticipated costs for 2024 to 2028.

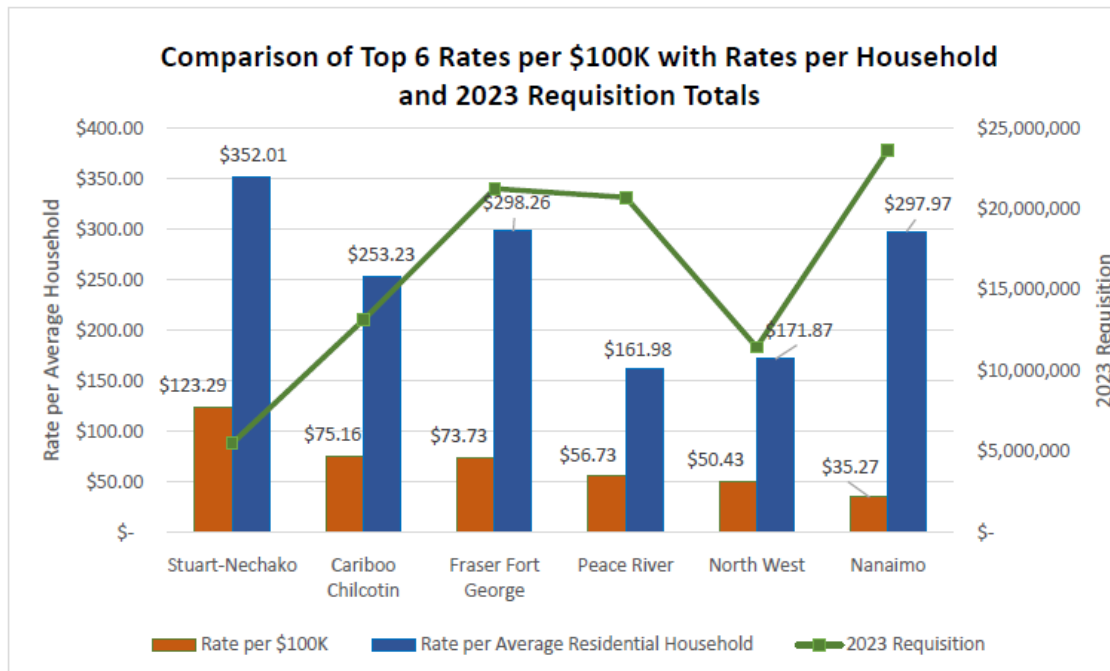
**Fraser Fort George Regional Hospital District
Grants to Northern Health Authority**

Anticipated 2028	12,910,995
Anticipated 2025	12,887,655
Anticipated 2025	23,549,665
Anticipated 2025	32,015,295
Anticipated 2024*	23,633,980
2023	10,484,730
2022	6,649,135
2021	5,168,061
2020	2,081,112
2019	4,950,916
2018	4,824,597
2017	4,033,689
2016	2,097,310
2015	2,804,326
2014	3,342,915

*Note: 2024 includes prior year commitments of \$7,313,671

Fraser Fort George also collected data on provincial hospital requisition rates, showing a comparison of requisitions rates for taxpayers in various Regional Hospital Districts.

Figure 9 – Comparison of Top 6 Rates per \$100K with Rates per Household and 2023 Requisition Totals



The Fraser Fort George Hospital District financial plan provides additional detail on future funding needs, strategic issues, and recommendations: <https://www.rdffg.ca/media/file/approved-financial-plan-2024-2038>