



City of Hamilton
BOARD OF HEALTH
AGENDA

Meeting #: 20-005
Date: September 21, 2020
Time: 9:30 a.m.
Location: Due to the COVID-19 and the Closure of City Hall

All electronic meetings can be viewed at:

City's Website:
<https://www.hamilton.ca/council-committee/council-committee-meetings/meetings-and-agendas>

City's YouTube Channel:
<https://www.youtube.com/user/InsideCityofHamilton> or Cable 14

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

1. CEREMONIAL ACTIVITIES

2. APPROVAL OF AGENDA

(Added Items, if applicable, will be noted with *)

3. DECLARATIONS OF INTEREST

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

4.1 July 10, 2020

5. COMMUNICATIONS

5.1 Correspondence from Chatham-Kent Public Health Unit respecting the Decriminalization of Personal Possession of Illicit Drugs

Recommendation: Be received.

- 5.2 Correspondence from the Simcoe-Muskoka District Health Unit respecting COVID-19 Extraordinary Expenses and School-Focused Nurses

Recommendation: Be received.

6. DELEGATION REQUESTS

7. CONSENT ITEMS

8. PUBLIC HEARINGS / DELEGATIONS / VIRTUAL DELEGATIONS

9. STAFF PRESENTATIONS

- 9.1 PLACE HOLDER / TBC : PHS epidemiologists presenting statistical information on COVID-19

10. DISCUSSION ITEMS

- 10.1 Face Coverings in Enclosed Public Spaces (BOH20014(a)) (City Wide)
- 10.2 Healthy Babies Healthy Children Program Budget 2020-2021 (BOH20017) (City Wide)
- 10.3 Child & Adolescent Services Budget 2020-2021 (BOH20018) (City Wide)
- 10.4 Mental Health & Street Outreach Program and Alcohol, Drug & Gambling Services Program Budget 2020-2021 (BOH20016) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

- 14.1 Dental Program Update (BOH19026(b)) (City Wide)
- 14.2 TBC: Correspondence from the Deputy Premier and Minister of Health, and Dr. David Williams, Chief Medical Officer of Health respecting Public Health Funding and Accountability Agreement

Recommendation: Be received.

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 20-004

9:30 a.m.

Friday, July 10, 2020

Council Chambers

Hamilton City Hall

Present:	Mayor F. Eisenberger Councillors M. Wilson (Vice-Chair), J. Farr, N. Nann, S. Merulla, C. Collins, T. Jackson, E. Pauls, J.P. Danko, B. Clark, M. Pearson, B. Johnson, L. Ferguson, A. VanderBeek, and J. Partridge
Absent with Regrets:	T. Whitehead - Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Communications (Items 5.1 and 5.2)

(Pearson/Johnson)

That the following Communications, be endorsed:

- (i) Correspondence from the Association of Public Health Agencies respecting their March 6, 2020 Submission to the Provincial Government: COVID-19 and Reconsiderations Related to Public Health Modernization (Item 5.1)
- (ii) Correspondence from the County of Lambton respecting Clarification on Ministry's Criteria to Move to Stage 3 in the - Framework for Reopening Our Province (Item 5.2)

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko

YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

2. Nurse Family Partnership Program Funding and Service Level Update (BOH07035(i)) (City Wide) (Item 10.1)

(Pearson/Partridge)

That the Board of Health authorize and direct the Medical Officer of Health to extend the existing agreement with the Hamilton Community Foundation and accept funding from the Hamilton Community Foundation in the amount of \$41,000 to support the Nurse Family Partnership© program for 2020, and that the Medical Officer of Health or delegate be authorized and directed to receive, utilize and report on the use of these funds.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

3. Arrell Youth Centre Secondment (BOH17008(b)) (City Wide) (Item 10.2)

(Pearson/Pauls)

(a) That the Board of Health authorize the reduction of the Public Health Services School Program complement by 0.34 FTE resulting from the termination of the Secondment Agreement between Banyan Community Services Inc. and the City of Hamilton Public Health Services; and

- (b) That the Board of Health authorize Public Health Services to reassign the seconded Public Health Nurse, to a budgeted vacancy in the Public Health Services School Program.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

**4. COVID-19 Response and Health Equity Update (BOH20012) (City Wide)
(Item 10.3)**

(Nann/Farr)

That Report BOH20012 respecting the COVID-19 Response and Health Equity Update, be received.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

5. **Interim Plan to Resource and Structure Public Health Services During COVID-19 (BOH20013) (City Wide) (Item 10.4)**

(Pearson/Nann)

- (a) That the Board of Health authorize a **temporary** increase of up to 75.14 FTE (\$2.08M for the remainder of 2020) to continue responding to COVID-19 while reopening Public Health Services programs and services;
- (b) That the Board of Health approve a **temporary** increase of 17.0 FTE as part of an application to Ontario Health West to provide scheduling and booking support for the assessment centres;
- (c) That the Board of Health approve up to \$265,000 in one-time funding for the extension of Kronos software to Public Health Services to support staff scheduling, time, attendance and activity tracking; and
- (d) That a letter be sent to the Minister of Health to request funding to cover 100% of the costs for the COVID-19 response that exceed the 2020 PHS Annual Service Plan & Budget.

Result: Sub-section (a) CARRIED as Amended, on a vote of 12 to 3, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
NO	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
NO	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
NO	-	Ward 15 Councillor Judy Partridge

Result: Sub-section (b) CARRIED as Amended on a vote of 13 to 2, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla

YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
NO	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
NO	-	Ward 15	Councillor Judy Partridge

Result: Sub-sections (c) and (d) CARRIED on a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

6. Face Coverings in Enclosed Public Spaces (BOH20014) (City Wide) (Added Item 10.5)

(Pearson/Nann)

(a) That City Council enact a by-law to Require the Wearing of Face Coverings Within Enclosed Public Spaces and to amend City of Hamilton By-law 17-225, being a By-law to Establish a System of Administrative Penalties”, as outlined in Appendix “A” to Report BOH20014:

- (i) Requiring all person(s) or organization(s) with custody or control over an enclosed space open to the public to ensure that all persons attending wear face coverings (e.g. masks) as a condition of entry to the enclosed space. The by-law shall also require the posting of sufficient and appropriate signage notifying staff and members of the public of this requirement;

- (ii) Requiring all person(s) attending an enclosed space open to the public, to ensure that they wear face coverings (e.g. masks) as a condition of entry to the enclosed space; and,
 - (iii) That permits appropriate exemptions for individuals who are unable to wear a face covering for medical reasons, children under two years old (or up to five years old if the child refuses), and other reasonable accommodations;
- (b) That the by-law shall come into force at 12:01 a.m. on July 20, 2020 and shall be reviewed by the Board of Health every 3 months unless directed otherwise by City Council;
- (c) That the Mayor be directed to request that the Province of Ontario impose requirements substantially similar to those outlined in this by-law to all public spaces and facilities regulated or owned by the Province within the City of Hamilton; and
- (d) That the Mayor be directed to request that the federal government impose requirements substantially similar to those outlined in this by-law to all public spaces and facilities regulated or owned by the federal government within the City of Hamilton.

Result: Motion CARRIED by a vote of 12 to 2, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
NO	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
NO	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

7. Request to the Province respecting and Increase in Resources for COVID-19 Testing (Added Item 11.1)

(VanderBeek/Johnson)

WHEREAS, the Provincial requirements to visit loved ones in Long Term Care facilities within the Province of Ontario require proof of negative testing within 14 days; and

WHEREAS, the turnaround-time in Hamilton is currently taking up to 10 days for negative results.

THEREFORE BE IT RESOLVED:

That a letter be sent to the Premier, the Provincial Chief Officer of Health and the Minister of Health and Long Term Care, to express the challenges with COVID-19 testing turn-around times, and request that the Province provide the resources or make adjustments to their testing processes, to meet the demands of the volume of tests, in order to comply with the requirements by Long Term Care facilities for continued testing by family members of residences.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
NO	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
NO	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

FOR INFORMATION:

(a) CEREMONIAL ACTIVITIES (Item 1)

There were no ceremonial activities.

(b) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Board of the following changes:

5. COMMUNICATIONS

5.5 Correspondence respecting Face Coverings in Enclosed Public Spaces (BOH20014) (City Wide):

- (a) J. Hickey and D. Rancourt, Ontario Civil Liberties Association
- (b) M. Saskin
- (c) J. Mullin
- (d) A. Simic
- (e) K. Morrison
- (f) S. Covelli
- (g) K. Pontes
- (h) J. Brown
- (i) A. Michaluk
- (j) J. Newton
- (k) C. Siena
- (l) C. R. Gent
- (m) E. King
- (n) A. Newton
- (o) C. Act
- (p) E. Davis
- (q) D. Morgan
- (r) L. Moore
- (s) N. Devcic

Recommendation: Be received and referred to the consideration of Item 10.5, respecting Face Coverings in Enclosed Public Spaces (BOH20014) (City Wide).

10. DISCUSSION ITEMS

10.4 Interim Plan to Resource and Structure Public Health Services During COVID-19 (BOH20013) (City Wide)

10.5 Face Coverings in Enclosed Public Spaces (BOH20014) (City Wide)

(Pearson/Partridge)

That the agenda for the July 10, 2020 Board of Health be approved, as amended.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES - Mayor Fred Eisenberger

YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann
YES	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
NO	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
NO	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(c) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(d) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

(i) June 16 , 2020 (Item 4.1)

(Jackson/Danko)

That the Minutes of the June 16, 2020 meeting of the Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann
YES	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
NO	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
NO	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(e) COMMUNICATIONS (Item 5)

(Pearson/Johnson)

That the following Communications be approved as presented:

- (i) Correspondence from the Chair of the Board of Health for the Grey Bruce Health Unit respecting the Ontario Health Reporting Inaccuracy COVID-19 Enhanced Surveillance of Long-Term Care (Item 5.3).

Recommendation: Be received.

- (ii) Correspondence from the Honourable Christine Elliott, Deputy Premier and Minister of Health, and Dr. David Williams, Chief Medical Officer of Health respecting 2020-21 One-Time Funding Temporary Pandemic Pay Approval (Item 5.4).

Recommendation: Be received.

- (iii) Correspondence respecting Face Coverings in Enclosed Public Spaces (BOH20014) (City Wide) (Item 5.5):

- (a) J. Hickey and D. Rancourt, Ontario Civil Liberties Association
- (b) M. Saskin
- (c) J. Mullin
- (d) A. Simic
- (e) K. Morrison
- (f) S. Covelli
- (g) K. Pontes
- (h) J. Brown
- (i) A. Michaluk
- (j) J. Newton
- (k) C. Siena
- (l) C. R. Gent
- (m) E. King
- (n) A. Newton
- (o) C. Act
- (p) E. Davis
- (q) D. Morgan
- (r) L. Moore
- (s) N. Devcic

Recommendation: Be received and referred to the consideration of Item 10.5, respecting Face Coverings in Enclosed Public Spaces (BOH20014) (City Wide).

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

(f) DISCUSSION ITEMS (Item 10)

(i) Interim Plan to Resource and Structure Public Health Services During COVID-19 (BOH20013) (City Wide) (Item 10.4)

(Clark/Jackson)

That sub-sections (a) and (b) of Report BOH20013 be **amended** to include the word "**temporary**" before the word increase, to read as follows:

- (a) That the Board of Health authorize a **temporary** increase of up to 75.14 FTE (\$2.08M for the remainder of 2020) to continue responding to COVID-19 while reopening Public Health Services programs and services;
- (b) That the Board of Health approve a **temporary** increase of 17.0 FTE as part of an application to Ontario Health West to provide scheduling and booking support for the assessment centres;

Result: Amendment CARRIED by a vote of 13 to 1, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls

YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
NO	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(Clark/Ferguson)

That sub-section (d) of Report BOH20013 be **amended** to include “**be contingent upon 100% funding from the Province**”, to read as follows:

- (d) That a letter be sent to the Minister of Health to request funding to cover 100% of the costs for the COVID-19 response that exceed the 2020 PHS Annual Service Plan & Budget final approval **be contingent upon 100% funding from the Province**.

Result: Amendment DEFEATED by a vote of 11 to 3, as follows:

NO	-	Mayor Fred Eisenberger
NO	-	Ward 1 Councillor Maureen Wilson
NO	-	Ward 2 Councillor Jason Farr
NO	-	Ward 3 Councillor Nrinder Nann
NO	-	Ward 4 Councillor Sam Merulla
NO	-	Ward 5 Councillor Chad Collins
NO	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
NO	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
NO	-	Ward 10 Councillor Maria Pearson
NO	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
NO	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

For further disposition of this matter, refer to Item 5

(g) GENERAL INFORMATION / OTHER BUSINESS (Item 13)

(i) Amendments to the Outstanding Business List (Item 13.1)

(Partridge/VanderBeek)

That the following item be added to the Outstanding Business List:

Consumption and Treatment Services and Wesley Day Centre
(Referred to the Board of Health from the Emergency and Community Services Committee on June 19, 2020)

Result: Motion CARRIED by a vote of 14 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
ABSENT	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

(h) ADJOURNMENT (Item 15)

(Wilson/Nann)

That, there being no further business, the Board of Health be adjourned at 1:51 p.m.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
ABSENT	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
ABSENT	-	Ward 15 Councillor Judy Partridge

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

From: Heather Bakker
To: patty.hajdu@parl.gc.ca; david.lametti@parl.gc.ca
Cc: Dave.Epp@parl.gc.ca; rick.nichollsco@pc.ola.org; monte.mcnaughtonco@pc.ola.org; COUNCIL; All Health units; oacpadmin@oacp.ca
Subject: Decriminalization of Personal Possession of Illicit Drugs
Date: August 5, 2020 4:19:09 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[decriminalization letter.pdf](#)

5.1

Good afternoon Minister Hajdu and Attorney General Lametti,

Please see the attached correspondence sent on behalf of Joe Faas, Chair of the Chatham-Kent Board of Health.

Thank you,

Heather Bakker
Administrative Assistant | CK Public Health

P 519-352-7270 x 2402
E heather.bakker@chatham-kent.ca
www.ckpublichealth.com



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July 30, 2020

The Honourable Patty Hajdu. P.C., M.P.
Minister of Health
House of Commons
Ottawa, ON K1A 0A6
Sent via email: Patty.Hajdu@parl.gc.ca

The Honourable David Lametti
Minister of Justice and Attorney General of Canada
Department of Justice Canada
284 Wellington Street
Ottawa, ON K1A 0H8
Sent via email: David.Lametti@parl.gc.ca

Dear Minister Hajdu and Minister Lametti:

RE: The Decriminalization of Personal Possession of Illicit Drugs

This builds on the Board's September 2018 endorsement of a similar motion from Toronto Public Health. In making this endorsement, the Board joins a growing movement to pursue a public health approach to drug policy.

Opioid use and its related harms is a growing problem here in Chatham-Kent. From 2003 to 2017 the rate of emergency room visits for opioid poisoning among Chatham-Kent residents increased 225% and the rate of hospitalizations increased by 45%. Since the declaration of the COVID-19 pandemic, there have been an increasing number of calls to local EMS and emergency department visits related to opioid overdoses.

Evidence from other countries that have pursued decriminalization, demonstrate, that in order for it to be effective, this approach must be accompanied by investments in harm reduction, treatment, and mental health supports and services.¹

The Board strongly supports the decriminalization of personal possession of illicit drugs together with comminuted commitment of resources to effectively address problematic substance use and reduce related harms in our community and calls on the federal government to create a national task force to research drug policy reform.

Sincerely,



Joe Faas
Chair, Chatham-Kent Board of Health

C: Association of Local Public Health Agencies
Ontario Association of Chiefs of Police
Honourable Dave Epp, MP, Chatham-Kent-Leamington
Honourable Rick Nicholls, MPP, Chatham-Kent-Leamington
Honourable Monte McNaughton, MPP, Lambton-Kent-Middlesex
Chatham-Kent Municipal Council

¹ Hughes, C. and Stevens, A. (2011). Harm Reduction Digest (44) A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalization of illicit drugs. Drug And Alcohol

From: Miller, Christine
To: AllHealthUnits@lists.alphaweb.org
Subject: Simcoe Muskoka District Health Unit Letter regarding Funding Public Health Units during COVID-19
Date: August 19, 2020 12:46:26 PM
Attachments: [image001.png](#)
[image006.jpg](#)
[image007.png](#)
[image008.png](#)
[image009.png](#)
[200819 Letter to Minister Elliott Funding HUs during COVID-19.pdf](#)

For Ontario Boards of Health

-
Hello,

Please see attached a letter from Anita Dubeau, Board Chair for the Simcoe Muskoka District Health Unit regarding the funding of public health units during COVID-19.

Thank you,

Christine Miller

Executive Assistant to the Medical Officers of Health

t: 705-721-7520 **or** 1-877-721-7520 **x:** 7253

f: 705-725-0335

e: christine.miller@smdhu.org

Simcoe Muskoka District Health Unit, 15 Sperling Dr, Barrie ON L4M 6K9

*** CONFIDENTIALITY NOTICE ****

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Thank you.

August 19, 2020

The Honourable Christine Elliott
Deputy Premier
Minister of Health and Long-Term Care
Hepburn Block
80 Grosvenor Street, 10th Floor
Toronto, ON M7A 2C4

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit I commend the provincial government for its leadership in bringing COVID-19 under control throughout Ontario. Through the definitive leadership of the provincial government, and with the concerted action of local public health units, Ontario has achieved a cumulative incidence of disease that is less than half of our neighbouring states, and a daily incidence at present that is less than 10% of theirs. The rapid action of the province putting in place public health measures in March, and their careful withdrawal since that time have been essential to our success. Also essential has been the redirection of almost all the resources within local health units to enable the timely identification of cases and their contacts for home isolation, management of outbreaks in workplaces, Long Term-Care facilities and retirement homes, and the provision of guidance and direction to municipalities, businesses, organizations and the general public supporting physical distancing, hand hygiene, and face coverings. All of these actions have enabled our communities to flatten the curve without which we would have had the same experience as our neighbouring jurisdictions to the south.

Local public health units, with the leadership of their boards of health, are completely dedicated to the successful control of COVID-19 moving forward until our provision of mass vaccination and with it the hoped-for end to the pandemic. If necessary, we will continue this struggle for years.

In order to continue to be successful, additional resources are needed, and the promise of additional resources by the province has been very much appreciated. This includes the \$100 million to public health communicated earlier in the year (the *COVID-19 Extraordinary Expenses*), and recently the \$50 million (500 nurses) for the public health support to the recommencement of the schools (the *School-Focused Nurses*).

This additional funding will be essential to enable the success of the local public health response to the pandemic; however, its timely provision is also critical to our success. Through communication with Ministry of Health staff we have learned that the *COVID-19 Extraordinary Expenses* will be provided late in 2020 as reimbursement for extraordinary expenditures related to the pandemic response. This approach requires boards of health to take on these expenditures throughout the year without certainty as to the actual amount that they will be reimbursed. Some boards do not have reserve funds, and others have depleted their reserves

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FAX: 705-721-1495

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Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

☐ **Cookstown:**
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Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

☐ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

☐ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

☐ **Midland:**
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

☐ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

already in their response (including our Board of Health). Without the provision of the funds at this time, these boards will not be able to maintain the level of their response needed to fully control COVID-19. In addition, the boards have been instructed to proceed with hiring the additional *School-Focused Nurses* without having the additional funding at this time required to do so; those boards that do not have remaining reserve funds will not be in a position to do so until they receive these additional funds.

Local public health has performed extraordinary work with the province to flatten the curve, and to enable the opening of the economy and soon the school system. This is a critical time for us all as we strive to maintain these achievements while avoiding a resurgence of cases that would threaten these gains. Therefore, the Board of Health urges the immediate provision of the funding allocations to local boards of health regarding the *COVID-19 Extraordinary Expenses* and for the *School-Focused Nurses* in order to enable a response by local public health units that is unobstructed by local financial shortfalls.

Thank you for your consideration of this request, and for your exemplary leadership.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:CG:cm

cc. Dr. David Williams, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Office of the Medical Officer of Health

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 21, 2020
SUBJECT/REPORT NO:	Face Coverings in Enclosed Public Spaces (BOH20014(a)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Ninh Tran (905) 546-2424 Ext. 7113 Elissa Press (905) 546-2424 Ext. 7117 Michael Kyne (905) 546-2424 Ext. 4716 Leanne Fioravanti (905) 546-2424 Ext. 4223 Monica Ciriello (905) 546-2424 Ext. 5809
SUBMITTED BY:	Dr.. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the amending By-law attached as Appendix “A” to Report BOH20014(a) which amends By-law 20-155 “A By-law to Require the Wearing of Face Coverings Within Enclosed Public Spaces” and to amend City of Hamilton By-law 17-225, being “A By-law to Establish a System of Administrative Penalties”, each of which has been prepared in a form satisfactory to the City Solicitor, be enacted and effective as of 12:01 a.m. on September 21, 2020; and,
- (b) That these amended By-laws shall be reviewed by the Board of Health every three months unless directed otherwise by City Council.

EXECUTIVE SUMMARY

On July 10, 2020, Hamilton’s Board of Health (BOH) approved a recommendation report (BOH20014) to enact a Face Covering By-Law in public enclosed spaces that became effective as of July 20, 2020 in an effort to prevent cases of COVID-19 given

SUBJECT: Face Coverings in Enclosed Public Spaces (BOH20014(a)) (City Wide)
- Page 2 of 10

the additional re-opening of various venues throughout the Province. This By-law is to be reviewed every three months unless directed otherwise by City Council. As per the August 10, 2020 General Issues Committee meeting, a request was made to amend the By-law prior to the October BOH meeting so that it applied to common areas within apartment buildings and condominium complexes.

Emerging evidence continues to support the need for using face coverings in situations where physical distancing may be challenging. In addition to mandatory masking in enclosed public settings, other public health measures that Public Health Services (PHS) continues to recommend to all residents of the City include: cleaning hands, staying home if sick, keeping a physical distance from others, disinfecting high touch surfaces, and wearing a mask or face covering in all cases where physical distancing is challenging.

This report provides rationale for renewing the Face-Covering By-law as well as expanding its application to common spaces in apartment buildings and condominiums. This report also evaluates the implementation process of the current By-law as well as the impact of this policy on our institutions and the public.

Legal Services and the Licensing and By-law Services Division were consulted regarding the Legal and Enforcement Implications of revising the By-law on mandatory non-medical masks and face coverings. Legal Services developed a draft By-law (Appendix "A" to BOH20014(a)).

Alternatives for Consideration – See Page 3

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: No additional funding is required for enforcement, as it will utilize existing Licensing and By-Law Enforcement Officers.

Staffing: This report does not recommend any additional staff and continues to rely on education and enforcement of the By-law by existing Licensing and Bylaw Enforcement Officers, unless there is excessive workload and enforcement requiring additional City staff through redeployment. In addition, police officers and public health inspectors are authorized to enforce this By-law. It is anticipated that they would use this authority if issues are noted during the course of their regular inspections/duties.

Legal: The *Municipal Act, 2001* empowers municipalities to pass By-laws with respect to the health, safety and well-being of persons.

HISTORICAL BACKGROUND

On March 11, 2020, the COVID-19 Pandemic was declared by the World Health Organization and the first case in Hamilton was detected. Since then, Hamilton has seen over 900 cases and more than 40 deaths due to COVID-19.

On April 6, 2020, Canada's Chief Public Health Officer, Dr. Theresa Tam, recommended the use of non-medical masks by the public as an additional measure to prevent the spread of COVID-19.

On June 19, 2020, Hamilton entered Stage 2 of Ontario's easing of COVID-19 restrictions allowing for public access to restaurant patios, malls as well as many other retail locations.

On June 22, 2020, mandatory face coverings became effective on the City of Hamilton's public transit Hamilton Street Railway (HSR).

On June 29, 2020, the mayors of the Greater Toronto Hamilton Area (GTHA) called for the province of Ontario to enact provincial legislation mandating the use of non-medical masks and face coverings. The GTHA mayors also committed to working with their local Medical Officers of Health to increase the uptake of masks or face coverings including the use of local medical masking legislation.

On July 10, 2020, Hamilton's Board of Health (BOH) approved a recommendation report (BOH20014) to enact "A By-law to Require the Wearing of Face Coverings Within Enclosed Public Spaces and to amend City of Hamilton By-law 17-225, being a By-law to Establish a System of Administrative Penalties" that would be effective as of July 20, 2020.

On July 17, 2020, Hamilton City Council ratified the decision and enacted a Face-Covering By-law that was enacted as of July 20, 2020 with a primary educational approach for the first three weeks of implementation.

As of August 20, 2020, the vast majority of municipalities and regions within Ontario had face covering legislation applicable to indoor public spaces.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The *Municipal Act, 2001* empowers municipalities to pass By-laws with respect to the health, safety and well-being of persons.

RELEVANT CONSULTATION

An environmental scan was done to determine which Ontario Health Units had changed their scope of legislation requiring face coverings. The findings are listed in Table 1. Currently, most municipalities in Ontario have legislated policies to support mandatory face coverings in indoor spaces.

Table 1: Mandatory face coverings by Ontario jurisdictions (current and proposed)

Jurisdiction	Establishment originally covered	Additional establishments	Status
City of Toronto	Public, commercial and municipal establishments	Common areas of apartments and condominiums	Effective as of August 5, 2020
City of Burlington	Public, commercial and municipal establishments	Common areas of apartments and condos	Effective as of August 20, 2020
Region of Peel	Public, commercial and municipal establishments	Common areas of apartments and condominiums	Effective August 5, 2020
York Region	Public, commercial and municipal establishments	Common areas of apartments and condominiums	Effective August 7, 2020
Ottawa Public Health	Public, commercial and municipal establishments	Common areas of apartments and condos and designated outdoor 'zones'	Effective August 26, 2020
Province of Ontario	N/A	Go Transit Schools (Staff, Students in grade 4 to 12)	
Hamilton Catholic School Board	School Staff Students Grade 4 to 12 (as per provincial policy)	K-12 on bus K to 3 in schools	Confirmed Confirmed
Hamilton District School Board	School Staff Students Grade 4 to 12 (as per provincial policy)	K-12 on bus K to 3 in schools	Confirmed Confirmed

Legal Services and the Licensing and By-law Services Division were consulted regarding the Legal and Enforcement Implications of amending the City's Face-Covering By-law. By-law Services Division was also consulted regarding the inquiries

and compliance with the By-law as well as any implementation challenges. Legal Services developed a draft amended By-law (Appendix “A” to BOH20014(a)).

ANALYSIS AND RATIONALE FOR RECOMMENDATION

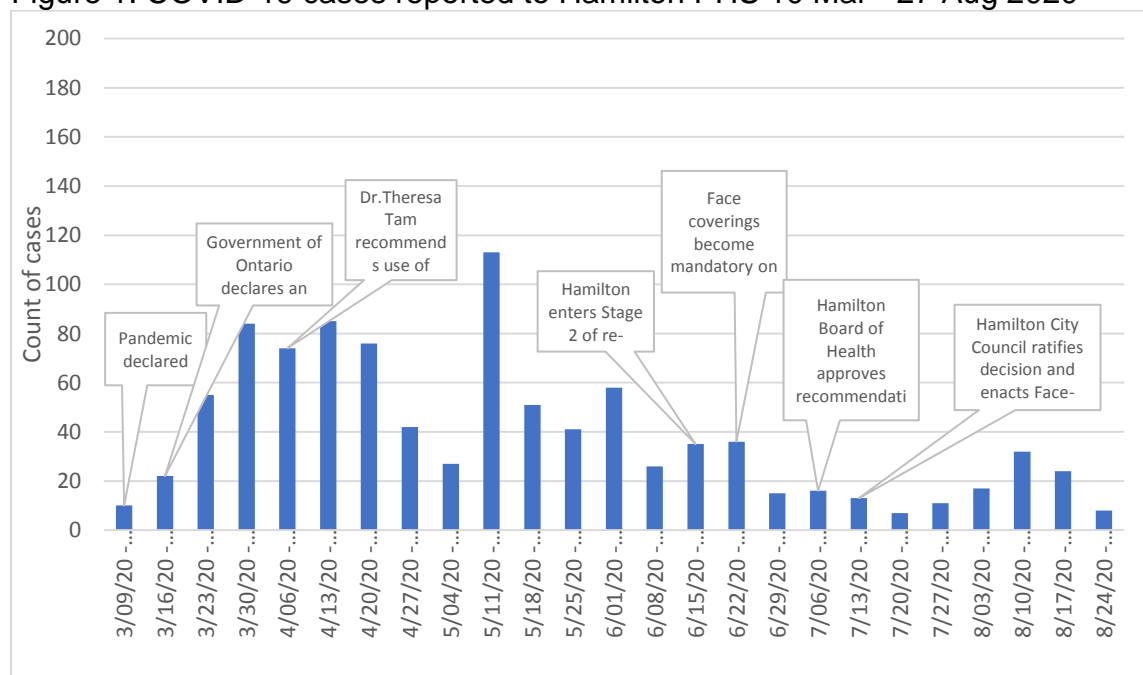
As long as the risk of COVID-19 spread persists, our economy remains open, and science supports face coverings as an effective public health measure, the need for a face covering policy exists. Given that a provincial mandate to support the continued and consistent need to mask in publicly accessed common indoor spaces is lacking, it is left to the municipality to ensure that best public health measures supporting emerging evidence are followed.

Epidemiologic Summary:

As of August 27, 2020, there have been 978 cases of COVID-19 in Hamilton, including 67 active cases and 45 deaths with COVID-19. While COVID-19 case counts are currently low, there were still four to five cases reported each day at the beginning and middle of August and 2-3 cases reported daily within the last week. This is an increase compared to mid-July when there were only one to two cases reported daily.

The graph below (Figure 1) shows weekly number of COVID-19 cases in Hamilton to the dates of significant events, such as enacting the masking By-law.

Figure 1: COVID-19 cases reported to Hamilton PHS 10 Mar - 27 Aug 2020¹



¹ Data Source: Ministry Case and Contact Management System (CCM). Prepared by: City of Hamilton Public Health Services. Date Extracted: August 27, 2020.

Recent cases of COVID-19 in Hamilton are reported as being connected to increased socializing (parties, cottages, bars, patios etc.), workplace exposures, and community (unknown exposures). Cases may be a result of individuals not physically distancing, and/or not masking, and/or not masking properly.

Although individuals were initially compliant with staying at home and physically distancing at the beginning of the pandemic, it is less likely that the population will tolerate a return to stricter controls as the pandemic continues, especially now that the majority of businesses are operating, and society has re-opened. While the need to remind individuals to physically distance continues, there may be a certain amount of physical distancing 'fatigue'. This, coupled with the fact of high asymptomatic and pre-symptomatic transmission rates of COVID-19, necessitates a continued mandatory masking mandate.

Evidence for masking/face covering: review of any new evidence

The overall evidence for face coverings in preventing COVID-19 transmission has not significantly changed since the last board of health report (BOH20014). However, there is additional evidence regarding the type of face covering used. Face shields, clear plastic masks and masks with valves have not been supported by the evidence currently available to be used as substitutes for other types of non-medical face coverings.

As a better than nothing approach, the WHO recommends that if face shields are to be used, the wearer should ensure proper design that covers the sides of the face and extend below the chin. For certain populations, those with mental health disorders, developmental disabilities, deaf and hard of hearing community and children, the WHO supports the use of face shields ^{2,3}.

Messaging to both operators and the public regarding the effectiveness of these types of masks is being communicated by Hamilton Public Health Services through social media and via our webpage.

Scope of the Face Coverings in Enclosed Public Spaces By-law

Apartments and Condominiums: The proposed amendment addresses a gap in the existing By-law. The current By-law does not protect individuals who reside in apartment buildings or condominiums in common spaces within their own buildings. Although

² World Health Organization (August 21, 2020). Q&A: Children and masks related to COVID-19. Accessed on August 27, 2020. Available from: <https://www.who.int/news-room/q-a-detail/q-a-children-and-masks-related-to-covid-19>

³ World Health Organization (August 21, 2020). Advice on the use of masks for children in the community in the context of COVID-19: Annex to the Advice on the use of masks in the context of COVID-19. Accessed on August 27, 2020. Available from: https://apps.who.int/iris/bitstream/handle/10665/333919/WHO-2019-nCoV-IPC_Masks-Children-2020.1-eng.pdf

multi-unit residences are private property, members of individual units, including guests of units, may congregate or come into close contact in common areas increasing risk of COVID-19 transmission. For people who reside in multi-unit residential buildings it may be difficult to avoid contact with their neighbours. Common areas, like foyers and elevators, need to be accessed to reach living spaces. Furthermore, individuals are required to use shared facilities like laundry rooms and parking structures. For the purposes of individuals living in multi-unit dwellings, other individuals residing within the same building may be comparable to other members of the public⁴. While apartment and condominium owners have the authority to create and adopt their own masking policies, to ensure that an equitable and uniform approach is taken to protect individuals who reside in multi-unit dwellings, apartment buildings and condominiums would need to be included under the revised face covering By-law.

Evidence continues to support that the main mode of COVID-19 transmission is through direct contact and respiratory droplets, both of which are increased if an individual is in close proximity to an infected person⁴. While there is a paucity of evidence describing clusters or outbreaks of COVID-19 in apartments, condominiums and hotels, preliminary investigations suggest potential transmission through various modes such as close contact with other infected individuals, contaminated fomites or potentially through Heating Ventilation and Air Conditioning (HVAC) or plumbing systems. Recommendations to reduce transmission in multi-residential buildings and hotels are multi-layered and include continuing to encourage physical distancing or the use of face coverings when physical distancing is difficult to maintain^{4,5}.

Evaluating Policy Implementation: Education on Face Covering Use

Efforts to ensure clear and consistent communication for face covering requirements including educational components to support these requirements started in advance of the By-law being passed. In addition to a media release, when the By-law came into effect, webpages (one focusing on By-law wording and the other on how to put on and take off masks properly) went live, including a FAQ section. Social media messages sent beginning the week of By-law implementation (July 20-Aug 24) include:

- Twitter: 28 posts, 80.3 K followers;
- Instagram: 4 posts, 28.3 K followers; and,
- LinkedIn: 4 posts, 27, 204 followers.

From July 20, 2020 until August 23, 2020 our webpage detailing By-law requirements received 39, 724 views. In contrast, our webpage outlining general face covering and

⁴ Eykelbosh, A (March 31, 2020). COVID-19 Precautions for multi-unit residential buildings. National Collaborating Centre for Environmental Health. Accessed on August 27, 2020. Available from <https://nccch.ca/sites/default/files/COVID-19%20Precautions%20for%20Multiunit%20Residential%20Buildings%20-%20March%2031%202020.pdf>

⁵ Alberta Health Services (July 16, 2020). COVID-19 Scientific Advisory Group Rapid Evidence Brief. Accessed on August 27, 2020. Available from: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-transmission-in-condo-or-apartment-buildings-rapid-review.pdf>

masking information received 4, 223 views likely reflecting that legislation provides greater motivation for behaviour change than education alone.

To support uptake of the By-law and to educate the public about mask use, By-law posters were developed and made available to download for owners and operators.

Evaluating Policy Impact:

- **By-Law Implementation:** Officers in Licensing and By-law Services continue to act as ambassadors for the City, educating the public that as establishments start to reopen a face covering By-law is in effect. Overall, Officers have observed that most individuals are complying with the requirements of the By-law. During the three weeks of education when the By-law was first passed, numerous establishment owners expressed appreciation for Officer provision of education. Officers also received many comments of thanks for the mask signage provided by the City.

Since the By-law came into effect no charges have been issued.

Officers have investigated numerous complaints, in addition to proactively enforcing the By-law. Since July 21, 2020 the majority of complaints received by Licensing and By-law Services related to establishments not complying with the By-law (n=96). Other main complaints received relate to employees not wearing face coverings (n=23), exemptions and being denied entry (n=16).

- **Masks and Face Covering Use on HSR:** HSR reports an increase in mask uptake since the By-law came into effect. This observation is based on information gathered through passenger spot-checks and operator reported compliance. Before the By-law, but after HSR made masks mandatory, compliance was estimated at approximately 70% (efforts to improve compliance involved giving away 30,000 free-masks at 18 pop-up events at key transit locations). Since the By-law passed, approximately 85% of customers are wearing masks while on board buses. The other approximately 15% of customers declare and/or meet the exemption criteria. Signs, announcements and continued distribution of free masks at pop up events likely contribute towards this high rate of compliance.
- **Masking Inquiries and Complaints:** Masking inquiries and complaints received can generally be categorized/themed as follows:
 - Clarification of By-law (e.g. exemptions, requirements, applicability to business, etc.);
 - Civil liberties (i.e. not wanting a masking By-law);
 - Enforcement and masking exemptions;

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

- Education on face covering use (individuals not wearing masks properly);
- Masking options (e.g. face shields, clear masks, etc.); and,
- Masking in multi-unit dwelling common areas.

Calls and emails relating to face coverings are typically received by the PHS COVID-19 hotline and the PHS COVID-19 email inbox. During an 8-day period at the end of July/beginning of August, phone calls related to masking comprised of roughly 8% of all calls (82/1078).

Mitigating Negative Unintended Consequences:

- **Denial of Service/Discrimination:** Anecdotally, there have been several complaints from individuals who were unmasked and were barred access from entering a business/organization. In certain circumstances individuals were asked to provide proof of medical exemption. Our messaging clearly states that no member of the public be denied entry or stigmatized and that proof of exemption is not required.

Establishments can determine their own policies in addition to the By-law if they so choose. We have urged businesses that adopt their own policies to implement appropriate and reasonable exemptions for individuals who cannot use face coverings. The City of Hamilton does not enforce an individual business' mandatory mask policy or corporate policy, only specifics addressed in the By-law.

- **Littering:** There have been anecdotal reports of increased littering due to improper disposal of non-reusable masks. Where possible non-medical reusable masks have been encouraged. Educational efforts to inform the public on how to properly dispose of masks will continue. While an audit could be considered this is likely neither feasible nor an effective use of resources.

ALTERNATIVES FOR CONSIDERATION

Reduce Scope of By-Law to Commercial Establishments:

A number of other Ontario jurisdictions have mandated masks or face coverings in commercial establishments only (Wellington Dufferin Guelph, Windsor Essex County)

Pros: Less staff time required to implement By-law as there would be fewer establishments under this By-law.

Cons: Would not achieve benefit of increased mask usage in non-commercial establishments.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH20014(a): A By-law to Require the Wearing of Face Coverings Within Enclosed Public Spaces and to amend City of Hamilton By-law 17-225, being a By-law to Establish a System of Administrative Penalties

Authority: Item,
Report
CM:
Ward: City Wide

Bill No.

**CITY OF HAMILTON
BY-LAW NO.**

A by-law to Amend By-law 20-155, a By-law to Require the Wearing of Face Coverings Within Enclosed Public Spaces

WHEREAS under section 10 of the *Municipal Act, 2001*, the City may pass by-laws respecting health, safety, and well-being of persons and the economic, social, and environmental well-being of the City;

AND WHEREAS Council enacted By-law 20-155, a By-law to Require the Wearing of Face Coverings Within Enclosed Public Spaces on July 20, 2020;

AND WHEREAS the City considers it desirable to amend By-law 20-155 to include apartments and condominiums to the list of places where Face Coverings are required and to amend the definition of Face Coverings;

NOW THEREFORE the Council of the City enacts as follows:

1. That the definition of “**Establishment**” in By-law 20-155 be amended by repealing subsection (h) and replacing it with the following:

(h) common areas of hotels, motels, apartment buildings, condominiums and other multi-unit buildings (including those that permit short term rentals), such as lobbies, elevators, meeting rooms, or other common use facilities;
2. That in all other respects, By-law 20-155 is confirmed; and
3. That the provisions of this by-law shall become effective at 12:01 am on September 21, 2020.

PASSED this _____ , _____

F. Eisenberger
Mayor

A. Holland
City Clerk

CONFIDENTIAL



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 21, 2020
SUBJECT/REPORT NO:	Healthy Babies Healthy Children Program Budget 2020-2021 (BOH20017) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Bonnie King (905) 546-2424 Ext 1587
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

RECOMMENDATION

That the 2020-2021 Healthy Babies, Healthy Children program budget, funded by the Ministry of Children, Community and Social Services be approved, including a reduction of 1.0 FTE, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report on and execute the Healthy Babies Healthy Children Service agreement and contract, in a form satisfactory to the City Solicitor

EXECUTIVE SUMMARY

Healthy Babies, Healthy Children (HBHC) is a long standing, evidence-based, provincial program that provides vital support to vulnerable families with young children at risk for poor developmental outcomes. The goal is to improve the well-being and long-term health and development of expectant parents, infants, young children and families through prevention, early identification and home visiting interventions. The provision of the HBHC program is mandatory for all boards of health who are responsible to provide all components of the Program.

HBHC is primarily funded by the Ministry of Children, Community and Social Services (MCCSS), however, due to continued capped funding, the program has been enhanced through a variety of funding sources including the Hamilton Community Foundation (Nurse-Family Partnership program), Ministry of Health (70/30 funding), and City of

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Hamilton levy. Historically, the program has managed annual budget pressures due to increased staffing costs through gapping. However, a reduction of 1.0 FTE complement is required this year to mitigate the pressure from salaries and benefits. This will be achieved through attrition.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: MCCSS changed the funding year for HBHC mid-year in 2019, moving from a calendar year budget to an RMRCH budget (April 1, 2020 to March 31, 2021). As a result, the City levy contributions to HBHC. shown in the chart below) were approved during the 2020 budget process. This report is specific to the 100% provincial funding for the April 1, 2020 to March 31, 2021 fiscal year.

Although HBHC is intended to be 100% funded by the Province, years of capped funding has resulted in enhancements from other funding sources who recognize and value the positive impact home visiting has on expectant parents and families with infants and young children in the community. A reduction of 1.0 FTE Public Health Nurse (PHN) is required this year to stay within the funding envelope. This can be achieved through attrition and will not decrease service delivery levels.

MCCSS Funding	2020/2021 Budget	2019/202 Budget	Total FTE 2021/2020	Total FTE 2019/2020	Change in FTE
HBHC PHS	\$2,940,293	\$2,940,293	28.9 (PHS)	30.9 (PHS)	(2.0) FTE ¹
HBHC Wesley	\$593,620	\$593,620	11.0 (FHV)	12.0 (FHV)	(1.0) FTE ²
TOTAL	\$3,533,913	\$3,533,913	39.9	42.9	(3.0) FTE

1. Reduction of 1.0 FTE was already approved through the 2020 budget process for funding received from the levy.
2. Wesley reduced 1.0 FTE to stay within their funding envelope.

Other Approved Funding	2020 Budget	Comments
City of Hamilton, salaries & benefits	\$155,060	
City of Hamilton, Cost Allocations/contributions	\$375,471	Costs not allowable
City of Hamilton, FHV program (Wesley)	\$36,000	(BOH11004)
70/30 Cost Shared programs	\$169,480	1.5 FTE PHN

Other Approved Funding	2020 Budget	Comments
Hamilton Community Foundation	\$41,000	Nurse Family Partnership operational costs (BOH07035(i))

Staffing: MCCSS funding for 2020/2021 supports 28.9 FTE and 11.0 FTE Family Home Visitors (FHV) that are contracted through Wesley. An additional 1.5 FTE PHNs are cost shared 70/30 under the Healthy Growth and Development program standard.

Legal: Public Health Services are mandated to provide all components of the HBHC Program. An annual contract is signed including budget approvals and program targets.

HISTORICAL BACKGROUND

HBHC is a prevention, early identification and early intervention program and it is continually refined based on need and emerging evidence of effective interventions.

Pregnancy, bringing a new baby home and parenting young children can be more challenging when risks such as poverty, unstable housing, intimate partner violence, mental health and addiction are present. HBHC offers evidence-based interventions to support healthy pregnancies and birth outcomes, build parental confidence, strengthen positive parenting and enhance the connections between parents and their children. HBHC builds on parents' strengths and facilitates connections with community supports that are essential in achieving health and well-being. The goal of home visiting is to help parents create an environment that leads to healthy babies, healthy children and later, to healthy adults. Program components include:

1. **Universal and Targeted Screening:** HBHC screening is offered in variety of community settings to families during pregnancy, postpartum and during the early years. The purpose of screening is to identify vulnerable families during pregnancy and families with infants and young children at risk for poor development. Identifying families with risk is particularly important during pregnancy, as the period between conception and birth provides the foundation of a child's well-being; and,
2. **Long Term Home Visiting:** An initial visit is made in the home to identify and offer the best supports to meet the needs of individual families. Families who would benefit from home visiting support are referred to the most appropriate intervention including:
 - **HBHC Blended home visiting program:** PHN and FHV work collaboratively with families to achieve the priority goals of Healthy Attachment, Positive Parenting and Optimal Growth and Development.

Social determinants of health impacting families are identified and families connected to supports/services in the community; and,

- **Nurse Family Partnership program:** A research-proven PHN home visitation program for young, pregnant, first time mothers with socio-economic risk factors. The PHN supports parents during pregnancy, birth and through the first two years of their child's life through partnership to improve their parenting skills and create a healthy environment where their child's growth and development can be nurtured.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS) are published by the Ministry of Health under the authority of Section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health. HBHC is a mandatory program under the Healthy Growth and Development Standard and the HBHC program protocol provides the minimum expectations for service delivery.

RELEVANT CONSULTATION

Finance and Administration has been consulted regarding the preparation of the budget. The report and financial figures were reviewed by the Business Administrator.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

HBHC has not received increased funding from MCCSS in recent years and as a result, pressures due to salary and benefit increases have been offset primarily through gapping temporary vacancies rather than layoffs. A 1.0 FTE decrease is recommended this year to manage the program within the budget cap. An additional 1.0 FTE was already reduced from levy funding through the 2020 budget process.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

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CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 21, 2020
SUBJECT/REPORT NO:	Child & Adolescent Services Budget 2020-2021 (BOH20018) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Lynn Foye (905) 546-2424 Ext. 3697
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

RECOMMENDATION

That the Child & Adolescent Services budget be approved, and the Medical Officer of Health be authorized and directed to receive, utilize, report and execute all service agreements and contracts required to give effect to the 2020-2021 Ministry of Health funded Child & Adolescent Services program, in a form satisfactory to the City Solicitor.

EXECUTIVE SUMMARY

Child & Adolescent Services (C&AS) provides outpatient children's mental health services. Effective April 1, 2019 financial and program oversight for C&AS moved from the Ministry of Children, Community and Social Services (MCCSS) to the Ministry of Health (MOH). As part of the ongoing transition of services from MCCSS to MOH, budget submissions for the 2020-2021 year are assumed to reflect 2019-2020 and expected to move forward as an amendment to our current contract.

C&AS serves Hamilton children, youth and families from birth to 18 years of age presenting with mental health concerns including social, emotional and/or behavioural problems. Services are community based and delivered by a multidisciplinary team comprised of registered social workers, psychotherapists, family therapists, an occupational therapist and a psychological associate.

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The need for timely and responsive mental health treatment for children, youth and families has been well documented and outlined through the Provincial strategy titled Roadmap to Wellness: A Plan to build Ontario’s Mental Health and Addictions System. The current context of COVID-19 has resulted in increased need for mental health supports and has made system wide challenges with access and wait times even more visible. Our Quick Access Service model was modified to a virtual walk-in pilot to further improve access to mental health services in the context of COVID-19 and to inform future system planning through and beyond recovery. Through this pilot, clients seeking mental health services can register for brief, single session services on-line and are not required to complete a lengthy intake assessment prior to attending a virtual therapy session with a clinical therapist. We anticipate this pilot will assist us in mitigating operational and system pressures by streamlining administrative process for referrals while also mitigating long wait times for mental health services for children, youth and families.

Maintaining staffing levels will help to slow the further erosion of mental health services for children, youth and families and ensure that timely and responsive mental health services are available to those who need them most. Further, maintaining staffing levels will allow C&AS to continue to support collective efforts to address the documented negative health impacts of COVID-19 for children, youth and families now and through the recovery phase.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The 2020-2021 budget allocation will require no FTE change.

Ministry of Health (MOH) Funding						
	2018-2019		2019-2020		2020-2021	
	Annual Budget	FTE	Annual Budget	FTE	Annual Budget	FTE
C&AS Children and Youth Mental Health Services	\$2,190,518	17.56	\$2,190,518	17.39	\$2,190,518	17.39

Staffing: Staffing levels and permanent 17.39 staff FTE will be managed within the fiscal year.

Legal: The C&AS 2020-2021 budget submission will be submitted as an amendment to our current contract and/or in accordance with defined Ministry of Health contract requirements.

HISTORICAL BACKGROUND

To stay within budget cap over the past four years C&AS has made the following FTE changes:

- (2016-2017) A 0.60 FTE receptionist and 0.24 FTE clinical therapist reduction (BOH16025);
- (2017-2018) A 0.22 FTE clinical therapist reduction (BOH17014);
- (2018-2019) A five percent base funding increase enabled the program to maintain clinical therapist FTE and increase 0.46 FTE clinical therapist (BOH18024); and,
- (2019-2020) A decrease of 0.17 clinical therapist FTE (BOH19036).

Though clear details are not yet known, mental health transformation in the child and youth section will be further impacted by recent Government initiatives including the development of Ontario Health Teams, the development of the Centre of Excellence for Mental Health and Addictions and the overarching Provincial strategy for mental health and addictions. Further, it is recognized that the negative mental health impacts of COVID-19 may result in a surge need for mental health supports, particularly for children, youth and families and over an extended period of time.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Provincially funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act (CYFSA)*. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses or disorders.

RELEVANT CONSULTATION

Finance and Administration has been consulted regarding the preparation of the budget. The report was reviewed by the Business Administrator and by the Manager, Finance and Administration, who provided review of financial figures.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Each year C&AS provides high quality, evidence-based mental health treatment services to approximately 700 new children, youth and their families in addition to those

carried in from the previous year. Many of these clients are vulnerable children or youth dealing with serious emotional and/or behavioural problems as well as complex social problems such as the lack of sufficient housing and the experience of homelessness and poverty.

Mental health issues are a significant concern for children and youth in Hamilton. Increasing rates of hospital emergency room visits for self-harm have been well documented at both the provincial and local level. The services provided by C&AS are highly valued by families and can vastly improve the life trajectory of those served and help to turn the curve on mental health and well-being of children and youth in our community.

The number of families C&AS services each year is variable and dependent on several factors such as: the number of families referred; the length of time each family requires services; staffing levels and the length of wait for services. Continuous quality improvement (CQI) efforts enable us to achieve small gains to maintain service levels. For example, in 2019 we implemented a walk-in intervention model which resulted in high client satisfaction and positive outcomes for clients. In addition, immediate access to a clinical therapist and shorter service duration resulted in decreased wait times for clients in need of longer-term intervention.

Our Quick Access Service model quickly pivoted in the context of the COVID-19 pandemic to provide timely access to virtual therapy and resulted in improved access to mental health services for 60 unique children, youth and families to date. We anticipate this pilot will further assist us in mitigating operational and system pressure by streamlining administrative process for referrals while also mitigating long wait times for mental health services for children, youth and families.

We will monitor impact of this budget allocation on service delivery with a focused priority to mitigate potential negative impact to children and youth and staff.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

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APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to BOH20018: Letter from Ministry of Health dated March 27 2020



Ministry of Health

Assistant Deputy Minister
Mental Health and Addictions
Division

56 Wellesley Street West, 12th Floor
Toronto ON M2S 2S3
Tel.: (416) 930-3925

Ministère de la Santé

Sous-ministre adjointe
Division des services de santé mentale
lutte contre les dépendances

56, rue Wellesley Ouest, 12e étage
Toronto ON M2S 2S3
Tél.: (416) 930-3925

March 27, 2020

MEMORANDUM TO: All Child and Youth Mental Health Payment Agencies

**FROM: Ragaven Sabaratnam
A/Assistant Deputy Minister Division**

SUBJECT: COVID-19 Pandemic Related Spending

The Ministry of Health (MOH) along with our other ministry partners, continues to respond to the COVID-19 pandemic. We are committed to maintaining the safety of our transfer payment agencies and their clients, and we know that having the right resources in place will allow you to do this.

The purpose of this communication is to **confirm that unspent 2019-20 funds** can be used to support expenditures related to Covid-19 to ensure your organization, clients and your staff are safe. As per the original terms of your transfer payment agreement, funds must be spent by March 31, 2020.

This communication is also **pre-approval for transfer payment agencies to use 2020-21 funding for Covid-19 related expenditures that support business continuity and the safe delivery of services.**

At this time, we are defining expenditures related to Covid-19 to include:

- Personal Protective Equipment (including masks, sanitizing wipes, hand sanitizer, gloves, gowns);
- Backfilling for positions of people who are required to self-isolate or self-quarantine;
- Increased staffing needs for live-in treatment settings while schools are closed;
- Supporting the purchase of equipment and/or to meet the increased need for expanded mobile services, i.e. cell phones and cellular data plans to support virtual service delivery;
- The use of hotels and other measures as temporary/alternate accommodations for clients if required to support isolation/social distancing; and

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- Supporting the provision of essential goods and supplies to Indigenous children, youth, families and communities.

Please talk to your ministry Program Supervisor if you have questions/concerns related to this list.

We ask that you please **track any Covid-19 spending separately** and that you continue to do so until a future communication. **This spending needs to appear in your audited financial statements for 2019-20 and 2020-21 and an attestation from the auditor is required.**

Any costs incurred above your currently approved operating funding allocation, that is directly related to the COVID19 pandemic, should be tracked and will be reviewed upon submission of your claims for reimbursement of expenses.

I'd also like to reassure you that as in the past, your base funding will roll over on April 1, 2020. Please note that this communication relates to your MOH funding exclusively.

Further, please note that for the period of April 1st to September 30th of the 2020-21 funding year, transfer payment agencies will not be held accountable to meet predefined service targets or performance measures. Organizations will be required to report on what progress was made on these elements but not until Q2 of the 2020-21 funding year. This information will not be used for compliance but will be used to support ongoing transparency and accountability measures required by the Government.

As you know, the ministry is also preparing to adopt the Transfer Payment Ontario platform for child and youth mental health service providers to support the service contracting process for 2020-21. However, due to the heightened level of concern related to the spread of COVID-19, the ministry is pausing all work to onboard TPON at this time. This will not impact the way you receive funds from the ministry. In the meantime, the service contracting process for the 2020-21 funding year and the timelines for 2019-20 Transfer Payment Budget Package TPR Q4 Report and year-end reconciliation are being deferred until further notice.

As always, please contact your ministry program contact/program supervisor with any additional questions.

Thank you for your ongoing support of children, youth and families in Ontario during this difficult time. We appreciate the dedication of your organizations and your staff under these challenging circumstances.

Original Signed By

Ragaven Sabaratnam
A/Assistant Deputy Minister
Mental Health and Addictions



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Epidemiology, Wellness, and Communicable Disease Control
Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 21, 2020
SUBJECT/REPORT NO:	Mental Health & Street Outreach Program and Alcohol, Drug & Gambling Services Program Budget 2020-2021 (BOH20016) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Susan Boyd (905) 546-2424 Ext. 2888
SUBMITTED BY:	Michelle Baird Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the 2020-2021 HNHB LHIN Funded Mental Health & Street Outreach and Alcohol, Drug & Gambling Services Programs' budgets, be approved, including the net increase of 0.4 FTE, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2020-2021 Alcohol, Drug and Gambling Services and Community Mental Health Promotion Program budget;
- (b) That the 2020-2021 Alcohol, Drug & Gambling Services', Choices and Changes program budget, funded by the Ministry of Children, Community and Social Services be approved, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2020-2021 Alcohol, Drug and Gambling Services Choices and Changes program budget;

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- (c) That the 2020-2021 Alcohol, Drug & Gambling Services' Other Funding Grants program budget be approved, including the reduction of 1.35 FTE, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2020-2021 Alcohol, Drug and Gambling Services Other Funding Grants programs budget; and,
- (d) That the 2020-2021 Mental Health (Good Shepherd) program budget be approved, including the increase of 0.1 FTE, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2020-2021 Mental Health and Street Outreach Program Mental Health Good Shepherd program budget.

EXECUTIVE SUMMARY

Alcohol, Drug & Gambling Services (ADGS) and the Mental Health & Street Outreach Program (MHSOP) are two programs within Public Health Services that provide important services to individuals experiencing homelessness, mental health, and/or addiction concerns. The programs work collaboratively with individuals to improve their well-being, while also addressing other social determinants of health.

Both ADGS and MHSOP have multiple funding components supporting the delivery of services. The programs are managed together and share some staffing positions across programs to effectively provide service. The purpose of this report is to approve the funding for the budgets named in this report.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Details of the funding changes are outlined in Table 1 below:

Table 1: Comparison of ADGS and MHSOP funding and FTE (2019/2020 vs. 2020/2021)

Funding Source	Annual Budget 2020/2021	Annual Budget 2019/2020	FTE 2020/2021	FTE 2019/2020	Change in FTE
HNHB – LHIN Funded Programs	\$825,191 ¹	\$730,191	6.7	6.2	0.5

SUBJECT: Mental Health and Street Outreach Program and Alcohol, Drug and Gambling Services Program Budget 2020-2021 (BOH20016) (City Wide)
- Page 3 of 5

ADGS Substance Use					
ADGS Problem Gambling	\$315,090	\$315,090	2.3	2.3	0
Mental Health and Street Outreach Program	\$700,675 ²	\$700,430	5.3	5.4	(0.1)
Choices and Changes					
Ministry of Children, Community and Social Services	\$126,940	\$126,920	1.15	1.15	0
Other Funding Grants	\$297,664 ³	\$295,850	2.55	3.9 ⁴	(1.35) ⁴
Mental Health (Good Shepherd) Budget	\$111,425 ⁵	\$107,530	0.2	0.1	0.1
Total FTE			18.2	19.05	(0.85)

1. Budget increase from Ministry of Health funding for addiction service to Consumption Treatment Services (CTS)
2. Includes external contract worker Housing Help Centre
3. Revenue for Other Funding Grants: Cost recovery revenues for: Back on Track Remedial Measures; Hamilton Family Health Team \$1,200/month; and Hamilton Health Sciences Corporation actuals for staffing.
4. Included 1 FTE Ontario Works-Addiction Services Initiative (OW-ASI) position. Funding was in OW budget. Not funded 2020-2021
5. Includes 1.5 external contract workers: St. Matthew's and Mission Services

Staffing: Staffing changes are outlined in Table 1 above.

Legal: No issues or changes.

HISTORICAL BACKGROUND

Alcohol, Drug & Gambling Services:

ADGS receives multiple funding components to support program delivery. Funding components include: LHIN funding; Ministry of Children, Community and Social Services (MCCSS) funding; and the Other Funding Grants programs budget revenue.

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Many of these funding components allow ADGS to offer collaborative service delivery with other community agencies, targeting specific service needs.

The LHIN ADGS funding supports service delivery including assessment, outpatient counselling, and referrals for individuals 23 years and older who are experiencing either a substance use issue or a problem gambling issue.

The Choices and Changes Program, funded by the MCCSS, helps to ease waiting times to addiction services for individuals involved in child welfare. ADGS provides services onsite at both Children's Aid Societies to address the needs of parents whose substance use is impacting parenting. The program has continued to be successful in meeting targets in 2019-2020.

The Other Funding Grants program budget includes the following programs: Back on Track Remedial Measures program which provides assessment, treatment and education groups for individuals convicted of driving while impaired; Hamilton Family Health Team partnership providing early opioid intervention and addiction counselling within primary care practices; and the initiative with Hamilton Health Sciences Corporation to provide addiction services to individuals receiving care in hospital.

Mental Health and Street Outreach Program (MHSOP):

MHSOP provides mental health case management services and street outreach services for individuals experiencing homelessness. MHSOP also receives multiple funding components including: LHIN funding; Community Homelessness Prevention Initiative funding; and, revenue from the Mental Health Good Shepherd budget to support collaborative service delivery.

The LHIN MHSOP funding supports service delivery of intensive case management services for individuals experiencing severe and persistent mental illness issues and assertive outreach services for individuals experiencing absolute homelessness.

The Community Homelessness Prevention Initiative funding and the Mental Health program budget both contribute to homelessness services and provide Assertive Street Outreach Services to individuals experiencing absolute homelessness. This program has remained financially stable with no significant changes.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The LHIN and MCCS policy requires all funded programs to submit a balanced budget and to meet agreed upon targets. The Centre for Addiction and Mental Health requires that the terms of the service agreement contract for Back on Track Remedial Measures be upheld.

RELEVANT CONSULTATION

Finance and Administration has been consulted regarding the preparation of the budget. The report was reviewed by the Business Administrator and by the Manager, Finance and Administration, who provided review of financial figures.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Through the LHIN, Choices and Changes program, Other Funding Grants programs and the Mental Health Good Shepherd program, specialized services are provided for individuals residing in Hamilton experiencing mental health, addiction and homelessness issues. Similar services are not provided in the Hamilton area and there is an ongoing need to provide these services, therefore, budget approval and reporting authorization to maintain funding is recommended.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

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APPENDICES AND SCHEDULES ATTACHED

Not Applicable.