City of Hamilton

BOARD OF HEALTH REVISED

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

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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.

*5.3 Correspondence from Marnie Saskin, Odeon Fitness, respecting Mandatory Masks

Recommendation: Be received.

*5.4 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.

Note: Due to the lifting of the Provincial embargo on this information, the Correspondence has been moved out of Private & Confidential, and into Communications.

*5.5 Correspondence from William McDonald respecting the Wearing of Face Masks in Public Areas of Apartments and Condominiums

Recommendation: Be received.

6. DELEGATION REQUESTS

7. CONSENT ITEMS

8. PUBLIC HEARINGS / DELEGATIONS / VIRTUAL DELEGATIONS

9. STAFF PRESENTATIONS

*9.1 Overview of COVID-19 activity in the City of Hamilton, 11 Mar – 18 Sept 2020

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)

*10.5 Dental Program Update (BOH19026(b)) (City Wide)

Note: Due to the lifting of the Provincial embargo on this information, the report has been moved out of Private & Confidential, and into Discussion Items.

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

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 Heath 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; [redacted] oacpadmin@oacp.ca
Subject:	Decriminalization of Personal Possession of Illicit Drups
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

Municipality of Chatham-Kent
CK Public Health
PO Box 1136, 435 Grand Avenue West, Chatham, ON N7M 5L8
Tel: 519.352.7270 Fax: 519.352.2166
Email ckpublichealth@chatham-kent.ca

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

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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

simcoe muskoka
DISTRICT HEALTH UNIT

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

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

From: Marnie Saskin
To: Kolar, Loren
Subject: Re: Mandatory mask vote this Friday
Date: September 14, 2020 11:13:55 AM

Dear Hamilton Board of Health,

While many (hopefully most) Hamiltonians were relieved when the mandatory masks for indoors by-law was passed, there was an exemption that worried some of us.

I'm writing to you on behalf of Odeon Fitness, a small independent gym in Hamilton.

Odeon Fitness is committed to the health of all its members, and has made the following changes to operations:

1. Greatly reduced class size (from 14-20 people to 9) to accommodate physical distancing
2. Masks mandatory for any indoor activity in the gym, including classes
3. Mostly outdoor parking lot classes in a cordoned off area (generously physically distant, masks optional)
4. Coaches wear their masks at all times indoors and out
5. Vigorous cleaning schedule after every class
6. One-way flow of people in and out of the gym
7. Washrooms are for emergency use only
8. No use of rowers or bikes inside

We do intense, functional fitness/crossfit style workouts including cardio and weightlifting, and have found that all the members who take the masked indoor classes have been able to do the workouts, regardless of age, ability, or fitness level, with their masks on.

They have found the masks a discomfort rather than a hindrance, and say that it makes them feel more at ease since everyone is masked.

We ask that the Board of Health amend the by-law to remove the exemption for gyms for mask wearing.

We also propose that if Hamilton is required to go back to Phase 2, or is required to put more restrictions on activity, that gyms be allowed to remain open as a business as long as and only if they can offer outdoor classes safely (cleaning equipment, etc) and the outdoor classes meet other provincial guidelines such as gathering size, physical distancing, etc.

Our business understandably was decimated during lock down. We tried to adapt with lending equipment to members for the duration and by having a full schedule of Zoom classes, but we lost many members, as did many other gyms.

Happily we are slowly rebuilding our membership, but like many small businesses, we are looking to the city to implement measures that will cushion the possibility of being shut down again.

If all gyms are required to mask indoors, this will lessen overall transmission rates.

Please amend the by-law to include mask wearing at all times in gyms, or we fear we will not survive the winter as a business.

Thank you,

Marnie Saskin
on behalf of
Odeon Fitness
816 King St West
Hamilton, Ont L8S1K1

From:	Feeney, Brent (MOH)
To:	Office of the Mayor; Richardson, Dr. Elizabeth
Cc:	Williams, Dr. David (MOH); MacDonald, Gillian (MOH); Walker, Elizabeth S. (MOH); Trevisani, David; Cunningham, Sanchia (MOH)
Subject:	City of Hamilton, Public Health Services - 2020-21 Public Health Funding
Date:	August 21, 2020 5:00:38 PM
Attachments:	Hamilton_Amending Agreement.pdf Hamilton_Minister"s Letter.pdf Hamilton_CMOH Letter.pdf
Importance:	High

Please find attached the 2020-21 public health funding approval letters for your public health unit, as signed by the Honourable Christine Elliott, Deputy Premier and Minister of Health, and Dr. David Williams, Chief Medical Officer of Health.

Also attached to this email are new Schedules to the Public Health Funding and Accountability Agreement that outline the terms and conditions governing the funding.

If you have any questions, please don't hesitate to contact me or the Senior Financial and Business Advisor assigned to your public health unit.

Thank you.

Brent Feeney
Manager, Funding and Oversight
Accountability and Liaison Branch
Office of the Chief Medical Officer of Health, Public Health
Ministry of Health
393 University Avenue, Suite 2100
Toronto, ON M7A 2S1
Tel: (416) 212-6397
Email: brent.feeney@ontario.ca

New Schedules to the
Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

(BOARD OF HEALTH FOR THE CITY OF HAMILTON, PUBLIC HEALTH SERVICES)

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2020

SCHEDULE "A"
GRANTS AND BUDGET

Board of Health for the City of Hamilton, Public Health Services

DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1, 2020 TO DECEMBER 31, 2020, UNLESS OTHERWISE NOTED)			
Programs/Sources of Funding	**2019 Approved Allocation ($)**	**Increase / (Decrease) ($)**	**2020 Approved Allocation ($)**
Mandatory Programs (70%)	28,941,200	(2,215,800)	26,725,400
MOH / AMOH Compensation Initiative (100%)[1]	271,000	(103,000)	168,000
Ontario Seniors Dental Care Program (100%)	2,248,100	-	2,248,100
Total Maximum Base Funds[2]	**31,460,300**	**(2,318,800)**	**29,141,500**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2020 TO MARCH 31, 2021, UNLESS OTHERWISE NOTED)	
Projects / Initiatives	**2020-21 Approved Allocation ($)**
Mitigation (100%)[3]	2,215,800
Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)	189,000
Mandatory Programs: Public Health Inspector Practicum Program (100%)	10,000
Mandatory Programs: Racoon Rabies Outbreak Response (100%)	106,900
MOH / AMOH Compensation Initiative (100%)	41,900
Ontario Seniors Dental Care Program Capital: Dental Clinic Upgrades – Centre de santé Communautaire (100%)[4]	137,700
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic Bus (100%)[4]	550,000
Temporary Pandemic Pay Initiative (100%)[5]	311,800
Total Maximum One-Time Funds[2]	**3,563,100**

MAXIMUM TOTAL FUNDS	2019-20 Approved Allocation ($)	2020-21 Approved Allocation ($)
Base and One-Time Funding	**31,460,300**	**32,704,600**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2021 to MARCH 31, 2022, UNLESS OTHERWISE NOTED)	
Projects / Initiatives	**2021-22 Approved Allocation ($)**
Mitigation (100%)[6]	2,215,800
Total Maximum One-Time Funds[2]	**2,215,800**

NOTES:

(1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.

(2) Maximum base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when the Province provides a new Schedule "A".

(3) One-time funding is for the period of January 1, 2020 to December 31, 2020.

(4) One-time funding is approved for the period of April 1, 2020 to March 31, 2021, or such later EXPIRY DATE as agreed to by the parties.

(5) One-time funding is approved for the period of April 24, 2020 to August 13, 2020.

(6) One-time funding is approved for the period of January 1, 2021 to December 31, 2021.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Provincial base funding is provided to the Board of Health for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act (HPPA), Regulations under the HPPA, Ontario Public Health Standards, and the Agreement. Provincial base funding is also provided to the Board of Health for the purposes of delivering related public health programs and initiatives in accordance with Schedule B.

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:
1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response

Base funding must be used to build a sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e., decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:
- Conduct a population health/situational assessment, including the identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy). Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment. This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders – identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. This should include First Nations, Métis and Inuit communities where appropriate.
- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province (to be provided).

Naloxone Kit Distribution and Training

The Board of Health (or their Designate) must be established as a naloxone distribution lead/hub for eligible community organizations, as specified by the Province, which will increase dissemination of kits to those most at risk of opioid overdose.

To achieve this, the Board of Health is expected to:

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

- Order naloxone kits as outlined by the Province; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory, including managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations, and ensuring community organizations distribute naloxone in accordance with eligibility criteria established by the Province.
- With the exception of entities (organizations, individuals, etc.) as specified by the Province:
  - Train community organization staff on naloxone administration, including how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
  - Train community organization staff on naloxone eligibility criteria, including providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
  - Support policy development at community organizations, including providing consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
  - Promote naloxone availability and engage in community organization outreach, including encouraging eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of NARCAN® Nasalspray

The Board of Health will be required to submit orders for Narcan to the Province in order to implement the Harm Reduction Program Enhancement. By receiving Narcan, the Board of Health acknowledges and agrees that:

- Its use of the Narcan is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with the Narcan.
- The Province takes no responsibility for any unauthorized use of the Narcan by the Board of Health or by its clients.
- The Board of Health also agrees:
  - To not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
  - To comply with the terms and conditions as it relates to the use and administration of Narcan as specified in all applicable federal and provincial laws.
  - To provide training to persons who will be administering Narcan. The training shall consist of the following: opioid overdose prevention; signs and symptoms of an opioid overdose; and, the necessary steps to respond to an opioid overdose, including the proper and effective administration of Narcan.
  - To follow all provincial written instructions relating to the proper use, administration, training and/or distribution of Narcan.
  - To immediately return any Narcan in its custody or control at the written request of the Province at the Board of Health's own cost or expense.

Type of Funding	***BASE FUNDING***

- That the Province does not guarantee supply of Narcan, nor that Narcan will be provided to the Board of Health in a timely manner.

Opioid Overdose Early Warning and Surveillance

Base funding must be used to support the Board of Health in taking a leadership role in establishing systems to identify and track the risks posed by illicit synthetic opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of "real-time" qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community partners, including people who use drugs, about changes in the acute, local risk level, to inform action. They should also include reporting to the province through a mechanism currently under development.

Mandatory Programs: Healthy Smiles Ontario Program

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that the following requirements are met:

- The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.
- The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the Ministry of Health's Communications and Marketing Division to ensure use of the brand aligns with provincial standards.
- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., must be reported as income in the Standards Activity Reports, Annual Reports, and Annual Service Plan and Budget Submission.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use the following provincial approved systems or mechanisms, or other as specified by the Province.

Type of Funding	***BASE FUNDING***

  - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
  - Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.
- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented.
  Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

Mandatory Programs: Nursing Positions

Base funding may be utilized to support Chief Nursing Officer, Infection Prevention and Control, and Social Determinants of Health Nursing positions, as well as other nursing positions at the Board of Health.

The Board of Health shall only employ a Chief Nursing Officer with the following qualifications:
- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:
- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:
- The position is required to be to be a Registered Nurse; and,

Type of Funding	***BASE FUNDING***

- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

Mandatory Programs: Smoke-Free Ontario Strategy

The Smoke-Free Ontario Strategy is a comprehensive approach that combines programs, policies, social marketing, and legislation to reduce the use of tobacco and vapour products and lower health risks by protecting Ontarians from second-hand smoke and vapour, and to keep harmful products out of the hands of children and youth.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that it complies with any written directions provided by the Province on the interpretation and enforcement of the *Smoke-Free Ontario Act, 2017*.

MOH / AMOH Compensation Initiative (100%)

The Province provides the Board of Health with 100% of the additional base funding required to fund eligible Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits.

The maximum base funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation, including requirements related to minimum salaries.

Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. The program is being implemented through a phased approach.

STAGE 1: Beginning Fall 2019 – The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services are

available for eligible seniors through Boards of Health and participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and is provided to eligible low-income seniors through Boards of Health, and participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure.

STAGE 2: Beginning Winter 2020 – The second stage of the program, which began in winter 2020, and will continue throughout the year, will expand the program by investing in new dental clinics to provide care to more seniors in need. This will include new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, and participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program began in Winter 2020 and will continue throughout the year.

Program Enrolment

Program enrolment is managed centrally and is not be a requirement of the Board of Health. The Board of Health is responsible for local oversight of dental service delivery to eligible clients under the program within the Public Health Unit area.

In cases where eligible seniors present with acute pain and urgent need, and are not already enrolled in the program, OSDCP providers, at the clinical discretion of the attending dental care provider, may support timely access to emergency dental treatment by providing immediate services following the seniors' signing of an emergency need and eligibility attestation. This attestation and enrollment process is to be administered at the local level. Following the delivery of emergency treatment, all seniors will need to submit an OSDCP application, be determined eligible, and be enrolled to receive any further non-emergency dental care through the OSDCP.

Program Delivery

The OSDCP will be delivered through Boards of Health, and participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.

With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

Base funding for the OSDCP must be used by the Board of Health in accordance with the OSDCP-related requirements of the Oral Health Protocol, 2018 (or as current), including specified requirements for service delivery, oral health navigation, and data collection and analysis. The Board of Health can allocate base funding for this Program across the program expense categories, with every effort to be made to maximize clinical service delivery and minimize administrative costs.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019

As part of implementation, eligible expense categories under this Program also include:

- *Clinical service delivery costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).
  - Overhead costs associated with the Program's clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.

- *Oral health navigation costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program's clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program's clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
  - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

Operational expenses that are **not** eligible under this Program include:

- Staff recruitment incentives;
- Billing incentives; and,
- Costs associated with any activities required under the Ontario Public Health Standards, including the Oral Health Protocol, 2018 (or as current), which are not related to the OSDCP.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is requested to align local promotional products with the provincial Program brand and messaging. The Board of Health is required to liaise with the Province to ensure use of the brand aligns with provincial standards.

Revenue

- The Board of Health is required to bill-back relevant programs for services provided to non-OSDCP clients using resources under this Program. All revenues collected under the OSDCP, including revenues collected for the provision of services to non-Program clients such as Ontario Works adults, Ontario Disability Support Program adults, Non-Insured Benefits clients, municipal clients, HSO clients, etc., with resources under this Program must be reported as an offset revenue to the Province. Priority must always be given to clients eligible under this Program. The Board of Health is required to closely monitor and track revenue from bill-back for reporting purposes to the Province.
- A client co-payment is required on new denture services. Co-payment amounts are specified by the Province in Appendix A of the OSDCP Denture Services Factsheet for Providers (Factsheet), which applies to both dentists and denturists. It is the Board of Health's responsibility to collect the client co-payment for the codes outlined in Appendix A of the Factsheet. The Board of Health may determine the best mechanism for collecting co-payments, using existing payment and administration processes at the local level, in collaboration with OSDCP service delivery partners (e.g., Community Health Centre, Aboriginal Health Access Centre), as needed. The remaining cost of the service, after co-payment, is to be absorbed by the Board of Health through its operating base funding for the OSDCP. The revenue received from client co-payments for OSDCP service(s) is to be used to offset OSDCP program expenditures. Co-payment revenues are to be reported as part of the financial reporting requirements to the Province.

Community Partners

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.
- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

Mitigation (100%)

One-time mitigation funding must be used to offset the increased public health program costs of municipalities as a result of the cost-sharing change.

Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)

One-time funding must be used for the purchase of 10 new purpose-built vaccine refrigerators - three (3) x 22 cubic foot; 3 x 40 cubic foot; two (2) x 50 cubic foot; and, 2 x 51 cubic foot (approximate) - used to store publicly funded vaccines. The purpose-built refrigerators must meet the following specifications:

a. Interior
   - Fully adjustable, full extension stainless steel roll-out drawers;
   - Optional fixed stainless-steel shelving;
   - Resistant to cleaning solutions;
   - Ongoing positive forced fan air circulation to ensure temperature uniformity at all shelf levels;
   - Fan is either encased or removed from the chamber. Fan auto shut-off when door is opened; and,
   - Walls are smooth, scratch and corrosion resistant painted interior and exterior surfaces.

b. Refrigeration System
   - Heavy duty, hermetically sealed compressors;
   - Refrigerant material should be R400 or equivalent;
   - Advanced defrost sensor(s) to manage the defrost cycle and minimize trace amounts of frost build-up; and,
   - Evaporator operates at +2°C, preventing vaccine from freezing.

c. Doors
   - Full view non-condensing, glass door(s), at least double pane construction;
   - Spring-loaded closures include ≥90º stay open feature and <90º self-closing feature;
   - Door locking provision;
   - Option of left-hand or right-hand opening; and,
   - Interior cabinet lights with door activated on/off switch, as well as, an independent external on/off.

d. Tamper Resistant Thermostat
   - The thermostat should be set at the factory to +5oC with a control range between +2ºC to +8ºC but this could be done at the time of delivery/installation at no additional cost.

e. Thermometer
   - An automatic temperature recording and monitoring device with battery backup;
   - An external built-in visual digital display thermometer independent of the temperature recording and monitoring device which has a digital temperature display in Celsius and temperature increment readings of 0.1ºC;

Type of Funding	***ONE-TIME FUNDING***

- The external built-in digital thermometer must also be able to record and display the maximum, minimum and current temperatures and allow the user to easily check and reset these recordings as required; and,
- The automatic temperature recording and monitoring device and digital display thermometer must be calibrated/accurate within +/- 0.5ºC or better.

f. Alarm Condition Indicator
- Audible and visual warnings for over-temperature, under-temperature and power failure;
- Remote alarm contacts;
- Door ajar enunciator; and,
- Alarm testing system.

g. Top or Bottom Mounted Compressors/Condensers
- Compressor mounted at top or bottom but not in rear.

h. Noise Levels
- The noise produced by the operation of the refrigerator shall not exceed 85 decibels at one metre. Specifications of the refrigerator must include the noise level measured in decibels of sound at one metre from the refrigerator.

i. Locking Plug
- Power supply must have a locking plug.

j. Castors
- Heavy duty locking castors either installed at the factory or upon delivery.

k. Voltage Safeguard
- Voltage safeguard device capable of protecting against power surges related to the resumption of power to the refrigerator.

l. Warranty
- The warranty should include, from date of acceptance, a five-year comprehensive parts and labour warranty with the stipulation that a qualified service representative shall be on-site no later than 12 hours after the service call was made. Software upgrades provided free of charge during the warranty period.

m. Electrical Equipment
- All electrically operated equipment must be UL, CSA and/or Electrical Safety Authority approved and bear a corresponding label. The equipment should specify the electrical plug type, voltage and wattage rating, and the recommended breaker size for the circuit connection.

Mandatory Programs: Public Health Inspector Practicum Program (100%)

One-time funding must be used to hire the approved Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

Type of Funding	***ONE-TIME FUNDING***

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors Board of Certification for field training for a 12-week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student's term.

Mandatory Programs: Racoon Rabies Outbreak Response (100%)

One-time funding must be used to support the Board of Health's response to the racoon rabies outbreak in the community. Eligible costs include salary and benefits, and some operating costs for response efforts including, but not limited to, medical and media advisories, website costs, and distributing promotional materials.

MOH / AMOH Compensation (100%)

One-time funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs.

The maximum one-time funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will be adjusted by the Province based on up-to-date application data and information provided by the Board of Health during the funding year.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation, including requirements related to minimum salaries.

Ontario Seniors Dental Care Program Capital: Dental Clinic Upgrades – Centre de santé Communautaire (100%)

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used to repair and replace clinic equipment. Eligible costs include renovations to the existing clinic including replacement of damaged clinic cabinetry and countertops, and furniture and equipment (e.g., portable dental units and portable dental chair).

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.

Type of Funding	***ONE-TIME FUNDING***

- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection/prevention and control practices as appropriate to the programs and services being delivered within the facility.

Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic Bus (100%)

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used to expand the mobile clinical service capacity with a 9-foot ADI wheelchair accessible Mobile Dental Clinic (bus). Eligible costs include replacement of the existing bus with a new bus equipped with Adec dental equipment and will include 2 dental operatories, a reception area, and laboratory.

Other requirements of this one-time funding include:
- Any changes to the scope of the project, including anticipated timelines, require prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- Funding for this mobile dental clinic bus is conditional on the Board of Health making best efforts to enter into Service Level Agreements with adjacent Boards of Health to provide dental services to enrolled clients in the adjacent public health units to address access issues, as needed.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection/prevention and control practices as appropriate to the programs and services being delivered within the facility, as well as wheel-chair accessible.

Temporary Pandemic Pay Initiative (100%)

1. <u>Purpose</u>
- To provide additional support for eligible Board of Health employees who are experiencing severe challenges and are at heightened risk during the COVID-19 outbreak, the Province is providing a pandemic pay increase between April 24, 2020 and August 13, 2020 for the public health sector.
- The Temporary Pandemic Pay Initiative is a targeted program designed to support Board of Health employees who face a real and perceived risk of COVID-19 exposure, where maintaining physical distancing is difficult or not possible.

2. <u>Pandemic Pay Funds</u>
- The Province will: determine the Board of Health's eligibility; the amount of Pandemic Pay one-time funding the Board of Health may be eligible to receive; and, provide the Board of Health with

Type of Funding	***ONE-TIME FUNDING***

Pandemic Pay one-time funding for the purposes of administering the Temporary Pandemic Pay Initiative.

3. Board of Health's Obligations

- The Board of Health will:
  - Be required to determine and identify eligible employees;
  - Pay Pandemic Pay funds to each eligible employee that the Board of Health employs in accordance with the Temporary Pandemic Pay calculations as set out in section 5;
  - Make reasonable efforts to set out Temporary Pandemic Pay as a separate line item from other amounts paid to eligible employees in a pay stub or other document provided to eligible employees;
  - Only use Pandemic Pay one-time funding for the purposes of paying eligible employees and the costs incurred under statute or contract because of the payment of Temporary Pandemic Pay. For greater clarity, the Temporary Pandemic Pay one-time funding may not be used for administrative costs or any other purpose for which funding is provided to the Board of Health under the Agreement;
  - Create and maintain records that document: number of employee hours eligible for hourly pandemic pay, tracked per mid-term and final reporting periods, gross amount of hourly pandemic pay paid out to eligible employees, gross amount of pandemic pay lump sum paid out to eligible workers, amount of statutory contributions paid by employers as a result of providing pandemic pay to eligible workers, amount paid by the Board of Health to address statutory or collective agreement entitlements as a result of providing pandemic pay, and completed attestations for lump sum payments;
  - Provide the Province with such information and records, including the records listed above as may be requested in order to calculate the Board of Health's entitlement to Pandemic Pay one-time funding or to evaluate the outcomes and effectiveness of the Board of Health's use of Pandemic Pay one-time funding; and,
  - At the request of the Province, provide communications materials to eligible employees concerning the Temporary Pandemic Pay Initiative.

4. Eligibility

- The eligibility period for the Temporary Pandemic Pay Initiative is from April 24, 2020 up to and including August 13, 2020.
- The following Board of Health employees (in a full-time or part-time capacity) are eligible for Temporary Pandemic Pay:
  - Nurses that have consistent and ongoing risk of exposure (i.e., direct/in-person client interaction) to COVID-19 (Infection Prevention and Control Nurses, Nurse Practitioners, Registered Nurses, Registered Practical Nurses, Public Health Nurses).
- For additional clarity, all other Board of Health employees (including individuals employed in a management capacity) are not eligible for Temporary Pandemic Pay one-time funding approved as part of this Agreement.

5. Calculation of Temporary Pandemic Pay

- Temporary Pandemic Pay for each eligible employee shall be calculated based on the following criteria during the eligibility period set out in section 4.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

- Temporary Pandemic Pay is to be calculated in addition to an employee's regular wages and is not part of base salary;
- For each hour worked during the eligibility period, the eligible employee shall be paid four dollars ($4);
- Where an eligible employee works more than one hundred (100) hours in one of the designated four-week periods set out below, they shall be paid an additional lump sum payment of two hundred and fifty dollars ($250) for that period and up to one thousand dollars ($1,000) over these sixteen (16) week:
    - April 24, 2020 to May 21, 2020
    - May 22, 2020 to June 18, 2020
    - June 19, 2020 to July 16, 2020
    - July 17, 2020 to August 13, 2020

- Subject to the Province's sole discretion to determine the amount, the following shall be included in the calculation of Temporary Pandemic Pay Funds:
    - The total amount that eligible Board of Health employees are eligible to receive as Temporary Pandemic Pay; and,
    - An amount equal to the increased costs that the Board of Health incurs pursuant to its obligations as an employer under a statutory or contractual requirement but does not include increased costs associated with any required contributions to a pension plan or benefits plan. Examples of increased costs include: Employers' statutory contributions to the Canada Pension Plan, Employers' statutory contributions to Employment Insurance, Employer Health Tax on payroll, Employers' statutory obligation to pay Workplace Safety and Insurance Board premiums, Employers' statutory payment of Vacation Pay, Employers' statutory payment of Public Holiday Pay, and Employers' statutory payment of Overtime Pay.
- The Board of Health will be required to return any funding not used for the intended purpose. Unspent funds are subject to recovery in accordance with the Province's year-end reconciliation policy.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Infectious Diseases Programs Reimbursement

Funding for Infectious Diseases Programs will be provided on a case-by-case basis through direct reimbursement. These funds are provided to offset the costs of treatment medications not made available through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

To be reimbursed, original receipts and client identification information needs to be submitted to the Infectious Diseases Section of the Health Protection and Surveillance Policy and Programs Branch (Office the Chief Medical Officer of Health, Public Health). Clients will not be directly reimbursed.

Questions about the reimbursement process and expense eligibility can be submitted to the following email: IDPP@ontario.ca.

Leprosy

The Board of Health may submit claims on a case-by-case basis for medication costs related to the treatment of Leprosy. As per Chapter A: Leprosy, of the *Infectious Diseases Protocol, 2018* (or as current), treatment should be under the direction of an infectious disease specialist and should refer to World Health Organization (WHO) treatment recommendations.

Tuberculosis

The Board of Health may submit claims on a case-by-case basis for second-line and select adjunct medications related to the treatment of active tuberculosis and latent tuberculosis infection. For more information on the reimbursement process, see section 9 of the *Tuberculosis Program Guideline, 2018* (or as current).

Vaccine Programs Reimbursement

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the Standards Activity Reports or other reports as requested by the Province, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted on the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

Influenza

- The Province will continue to pay $5.00/dose for the administration of the influenza vaccine.
- All doses administered by the Board of Health to individuals aged 6 months or older who live, work or attend school in Ontario.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Meningococcal

- The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
    - Men-C-C doses if given in substitution of Men-C-ACYW135 for routine doses.

Note: Doses administered through the high-risk program are not eligible for reimbursement.

Human Papillomavirus (HPV)

- The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- High-risk program: MSM <26 years of age.

SCHEDULE "C"

REPORTING REQUIREMENTS

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province (and according to templates provided by the Province):

Name of Report	Reporting Period	Due Date
1. Annual Service Plan and Budget Submission	For the entire Board of Health Funding Year	March 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. MOH/AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
6. Temporary Pandemic Pay Initiative Reports	For the period of April 24, 2020 to August 13, 2020	As directed by the Province
7. Temporary Pandemic Pay Attestation to the Use of Funding	For the period of April 24, 2020 to August 13, 2020	To Be Determined

Name of Report	Reporting Period	Due Date
8. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:

"Q1" means the period commencing on January 1st and ending on the following March 31st.

"Q2" means the period commencing on April 1st and ending on the following June 30th.

"Q3" means the period commencing on July 1st and ending on the following September 30th.

"Q4" means the period commencing on October1st and ending on the following December 31st.

Report Details

Annual Service Plan and Budget Submission

- The Board of Health shall provide its Annual Service Plan and Budget Submission by March 1st of the current Board of Health Funding Year.
- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

Quarterly Standards Activity Reports

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Agreement.
- Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
- The Quarterly Standards Activity Reports shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.

- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for funding provided for public health programs governed under the Accountability Agreement.
- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.
- Specific to Temporary Pandemic Pay Initiative, the Board of Health shall provide the following as part of the Annual Reconciliation Report:
    - Accounting for the reporting of both the revenue and expenditures for the Temporary Pandemic Pay Initiative should appear as separate and distinct items within the Annual Reconciliation Report.
    - The Audited Financial Statement must include appropriate disclosure regarding the Board of Health's revenue and expenditures related to the Temporary Pandemic Pay Initiative.

MOH/AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application in order to participate in this Initiative and be considered for funding.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

Temporary Pandemic Pay Initiative Reports

- Temporary Pandemic Pay Initiative reports will be submitted to the Province on a defined template, in line with provincial requirements.
- Reports will be signed-off as appropriate (e.g., Medical Officer of Health, Chief Executive Officer, Business Administrator).
- Reporting requirements will include the provision of information such as the number of eligible Board of Health employees, their positions, hours of work, and status report regarding utilization of funds (for the purposes of reallocation funding if needed).

Temporary Pandemic Pay Initiative Attestation to the Use of Funding

- For the purposes of program evaluation and audit, the Province will seek assurances the funds have been disbursed as intended by the Agreement's terms and conditions, through the submission of a written attestation from the Board of Health.

SCHEDULE "D"

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. **Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.**

   Examples of potential controls to support this objective include, but are not limited to:
   - Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
   - Define approval limits to authorize appropriate individuals to perform appropriate activities.
   - Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
   - An authorized chart of accounts.
   - All accounts reconciled on a regular and timely basis.
   - Access to accounts is appropriately restricted.
   - Regular comparison of budgeted versus actual dollar spending and variance analysis.
   - Exception reports and the timeliness to clear transactions.
   - Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.

- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

4. Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.

Examples of potential controls include, but are not limited to:

- Policy in place to define dollar limit for paying cash versus cheque.
- Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
- All cancelled or void cheques are accounted for along with explanation for cancellation.
- Process is in place for accruing liabilities.
- Stale-dated cheques are followed up on and cleared on a timely basis.
- Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
- Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

Ontario

Ministry of Health

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AUG 2 1 2020

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City of Hamilton, Public Health Services
100 Main Street West
Hamilton ON L8P 1H6

Dear Dr. Richardson:

Re: Ministry of Health Public Health Funding and Accountability Agreement with the Board of Health for the City of Hamilton, Public Health Services (the "Board of Health") dated January 1, 2014, as amended (the "Agreement")

This letter is further to the recent letter from the Honourable Christine Elliott, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health will provide the Board of Health with up to $3,251,300 in one-time funding for the 2020-21 funding year, and up to $2,215,800 in one-time funding for the 2021-22 funding year, to support the provision of public health programs and services in your community.

This will bring the total maximum funding available under the Agreement for the 2020-21 funding year up to $32,704,600 ($29,141,500 in base funding and $3,563,100 in one-time funding), which includes a change to the provincial / municipal cost-sharing arrangement for public health programs effective as of January 1, 2020, one-time mitigation funding to offset costs of municipalities as a result of the cost-sharing changes, one-time capital funding to support implementation of the Ontario Seniors Dental Care Program, and funding to support other related public health programs and services.

Please find attached to this letter a new Schedule A (Grants and Budget), Schedule B (Related Program Policies and Guidelines), Schedule C (Reporting Requirements), and Schedule D (Board of Health Financial Controls) that, pursuant to section 3.4 of the Agreement shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

.../2

Dr. Elizabeth Richardson

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided.

It is also essential that you manage costs within your approved budget.

Please review the new Schedules carefully. Should you require any further information and/or clarification, please contact Elizabeth Walker, Director, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health, at 416-212-6359 or by email at Elizabeth.Walker@ontario.ca.

Yours truly,

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

Attachments

c: Mayor Fred Eisenberger, Board Chair, City of Hamilton, Public Health Services
David Trevisani, Manager, City of Hamilton, Public Health Services
Jim Yuill, Director, Financial Management Branch, MOH
Jeffrey Graham, Director (A), Fiscal Oversight & Performance Branch, MOH

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
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Facsimile: 416 326-1571
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Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

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Ontario

eApprove-72-2020-101

AUG 2 1 2020

Mayor Fred Eisenberger
Chair, Board of Health
City of Hamilton, Public Health Services
71 Main Street West
Hamilton ON L8P 4Y5

Dear Mayor Eisenberger:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the City of Hamilton, Public Health Services up to $3,251,300 in one-time funding for the 2020-21 funding year, and up to $2,215,800 in one-time funding for the 2021-22 funding year, to support the provision of public health programs and services in your community.

Dr. David Williams, Chief Medical Officer of Health, will write to the City of Hamilton, Public Health Services shortly concerning the terms and conditions governing the funding.

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19.

Therefore, the Ministry of Health is providing further stability to municipalities with additional one-time mitigation funding for public health units, if required, for both 2020 and 2021 funding years. This funding ensures that municipalities do not experience any increase as a result of the cost-sharing change.

This is in addition to the $100 million increased investment to support the public health sector's response to COVID-19. Following receipt of this letter, the ministry will be initiating the process for public health units to request reimbursement of one-time extraordinary costs incurred in managing the response to COVID-19.

.../2

Mayor Fred Eisenberger

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

Christine Elliott

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton, Public Health Services

Name of Individual: William J McDonald

5.5

Dear Mr. Mayor,

I am a senior living in a high rise on Kendale Crt. and would like to see Hamilton Council follow the lead of several other jurisdictions and legislate the wearing of masks in public areas of apartment buildings and condos.

The property management company that operates 21 (and 11) Kendale Crt. has recently posted signs indicating that because of Covid-19 masks are required to be worn in all common areas. However, I encounter tenants on a daily basis who ignore the mask requirement. Other than asking such people to wait for the next elevator or waiting myself for another elevator, there is not much I can do. And I don't know what, if anything, the landlord can do.

The situation is annoying and, of course, unhealthy. If there were a city bylaw mandating the wearing of masks I would not hesitate to notify the appropriate authorities if such a bylaw was being ignored. I suspect, however, that with a bylaw in place the wearing of masks would not be an issue.

I reached out to my local ward councillor and did hear back from his office. But there was nothing in the reply to suggest any interest in a municipal bylaw on face masks. I strongly urge you and members of Council to consider the well being of thousands of Hamilton residents and enact an enforceable bylaw that requires that masks be worn in all common areas of apartment buildings and condominiums.

Best regards.
Bill McDonald

Overview of COVID-19 activity in the City of Hamilton 11 Mar – 18 Sept 2020

BOH – 21 Sept 2020

Public Health Services
Healthy and Safe Communities Department

Overview

1. Case activity
    - Cumulative count
    - Peak
    - Age distribution
    - Exposures

2. Outbreak activity
    - Facilities
    - Staff + resident counts
    - Fatalities

1. Case activity

Case statistics

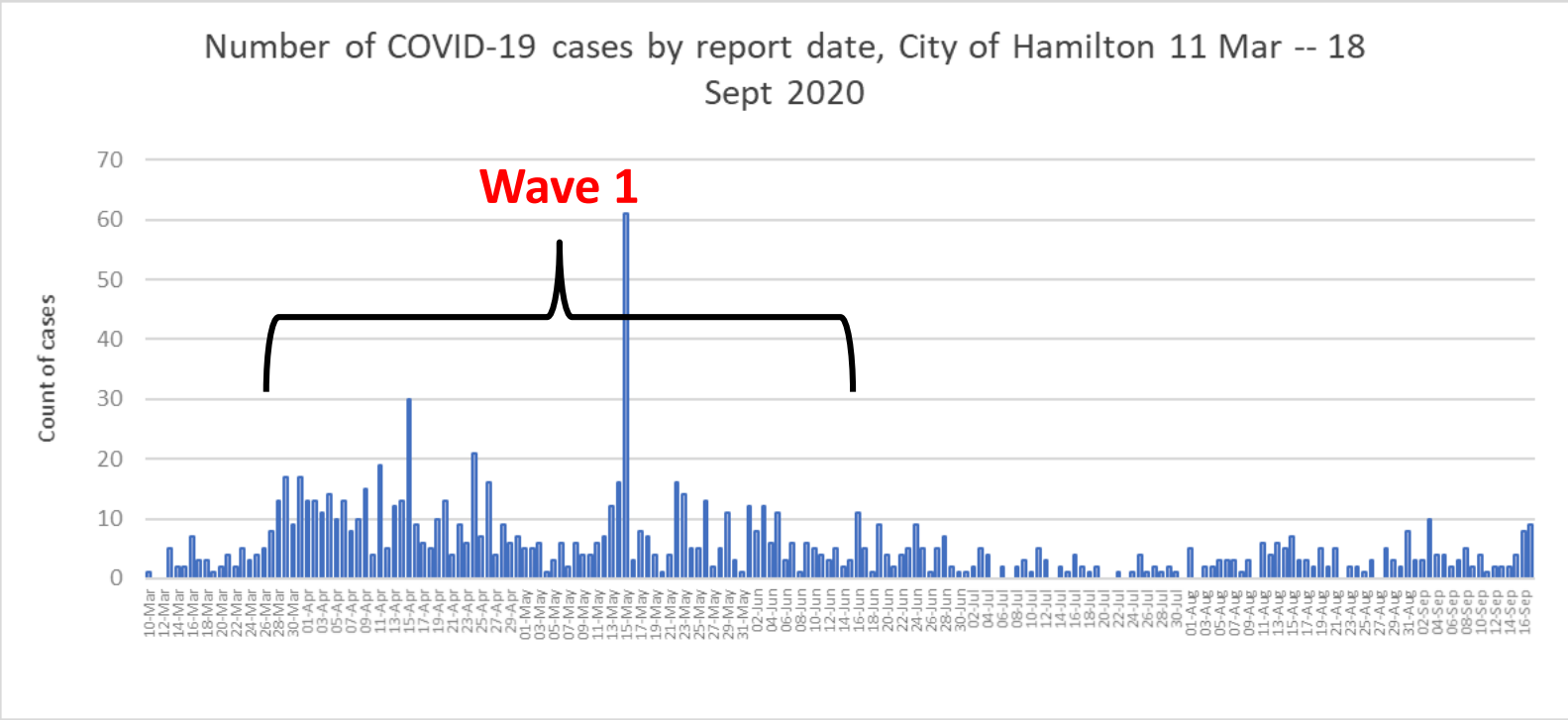
Total of 1,056 cases in the City of Hamilton:

- 48 cases active
- 963 cases resolved
- 45 fatalities

54% female
46% male
150 cases ever hospitalized

62,062 COVID-19 tests completed at Hamilton Assessment Centres

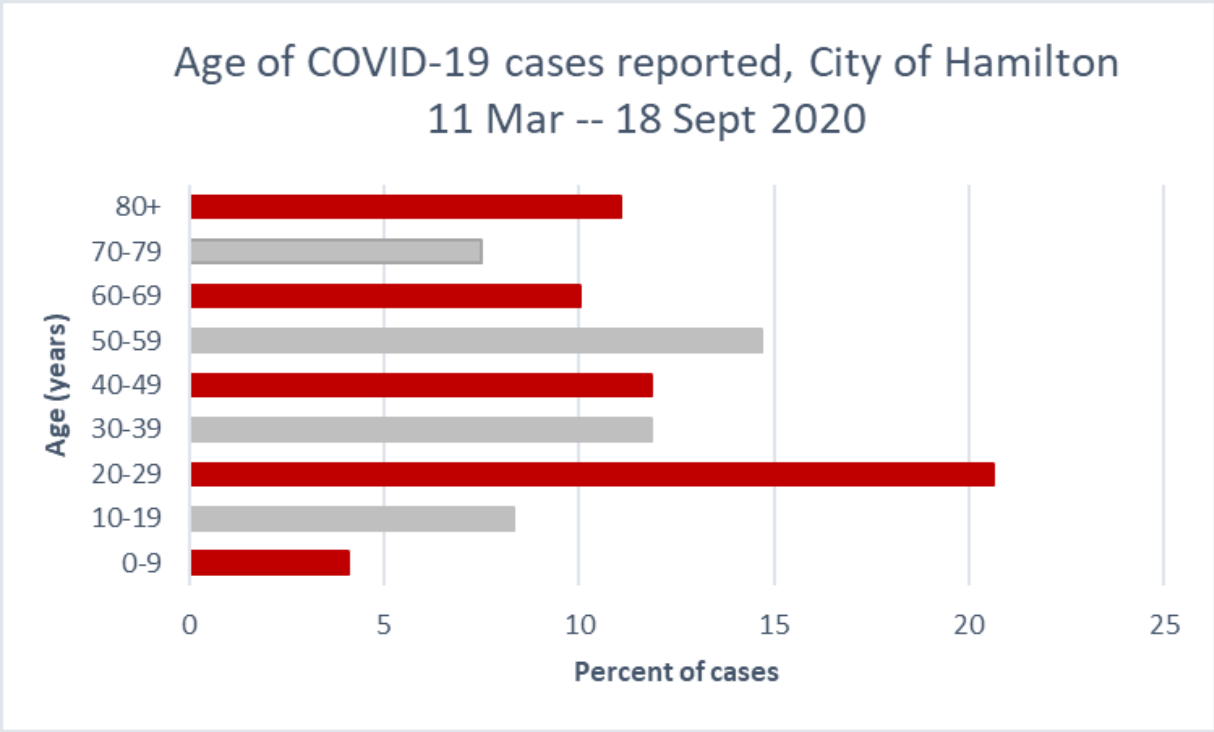
Reported cases



Key messages

- Cases started to increase sharply at the end of March
- Time of least activity was the end of July
- Day with most cases reported: 15 May (most were outbreak-associated)

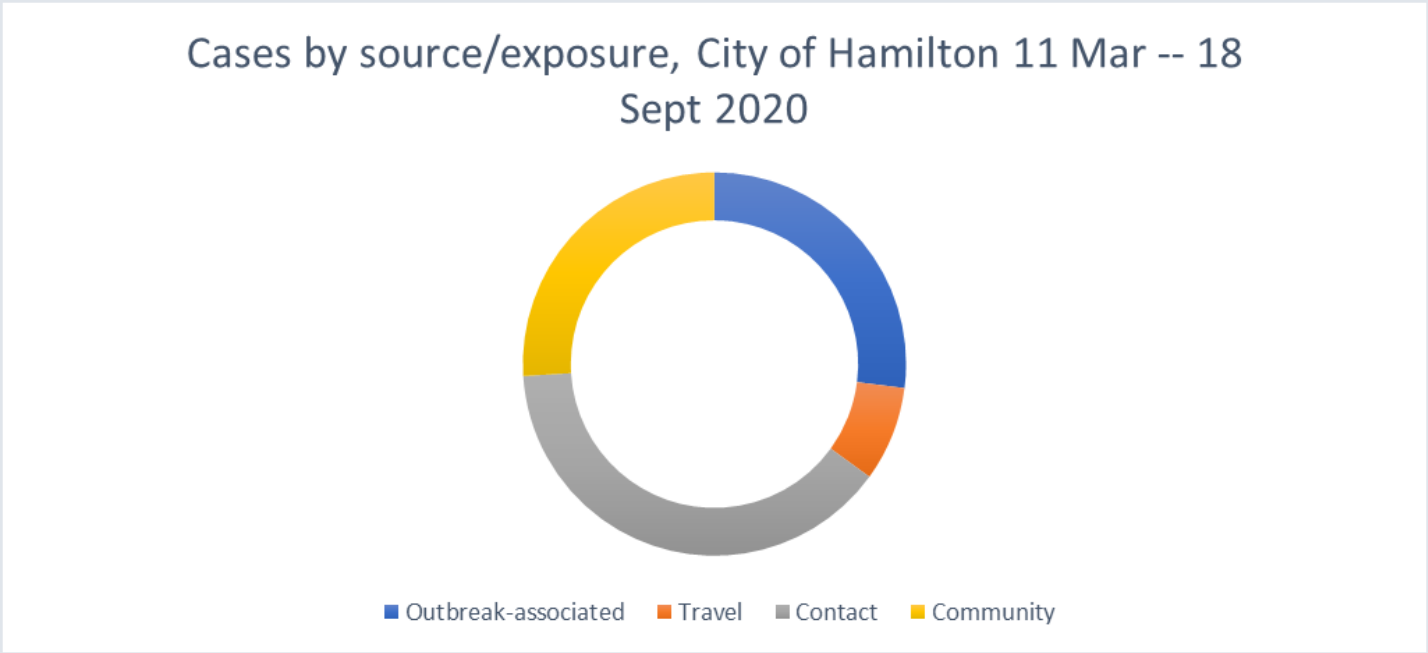
Age distribution



Key messages

- Overall, the 20-29-year-old age group has seen the highest number of cases
- The fewest cases have been reported in the 0-9 age group

Case exposures

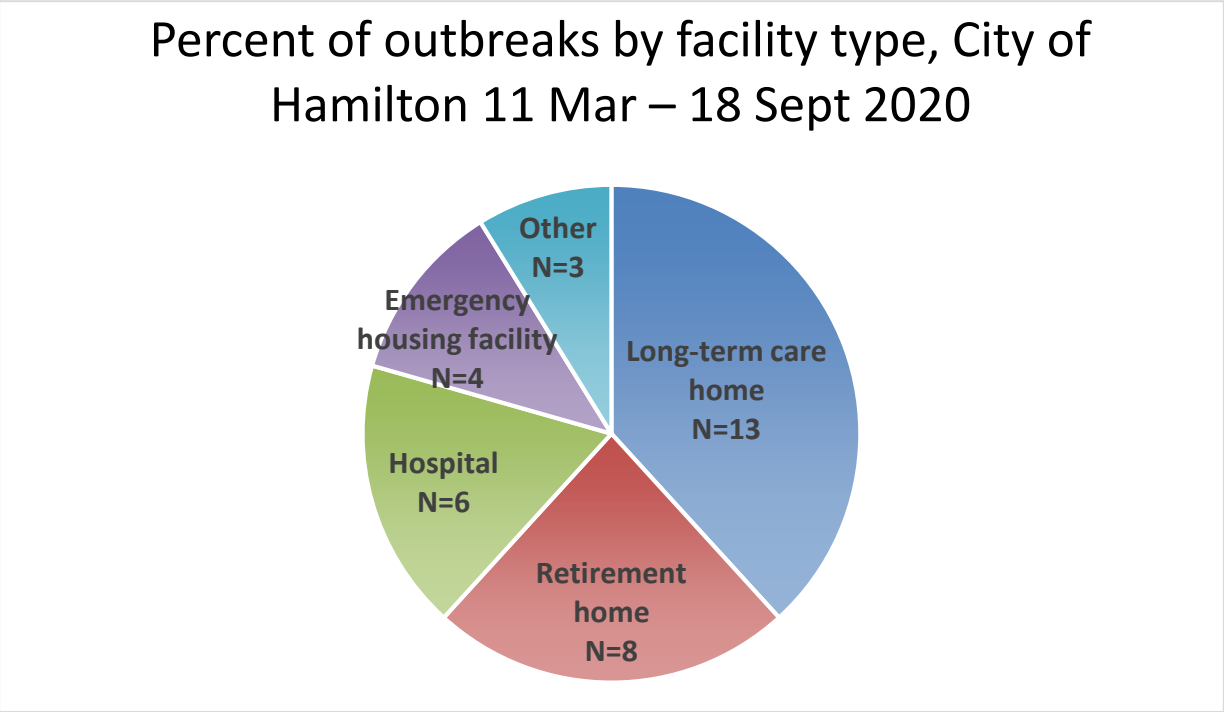


Key messages

- Cases are separated as follows:
  - Outbreak associated → related to travel → contact of another case → community
- The majority of cases have been contacts of other cases

2. Outbreak activity

Facility types



Key messages

- The largest number of outbreaks have occurred in long-term care homes (N=13, 38%)
- The first outbreak occurred in mid-March at the Heritage Green Long-Term Care Home
- Spread of the virus within the facility occurred in only 15 of the 34 (44%) of outbreaks

Outbreak cases

Facility type	Total cases	Staff cases	Resident/patient cases	Resident/patient fatalities
Long-term care home	43	16	27	6
Retirement home	161	44	117	25
Hospital	33	28	5	1
Emergency Housing Facility	11	7	4	0
Other	11	7	4	2

Key messages

- There were no staff fatalities in any outbreaks
- The majority of COVID-19 fatalities are outbreak-associated (34/45 = 76%)
- The largest outbreak occurred at The Rosslyn Retirement Home (86 cases)

Thank you!

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: **SIGNATURE:**	Dr.. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

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

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)).

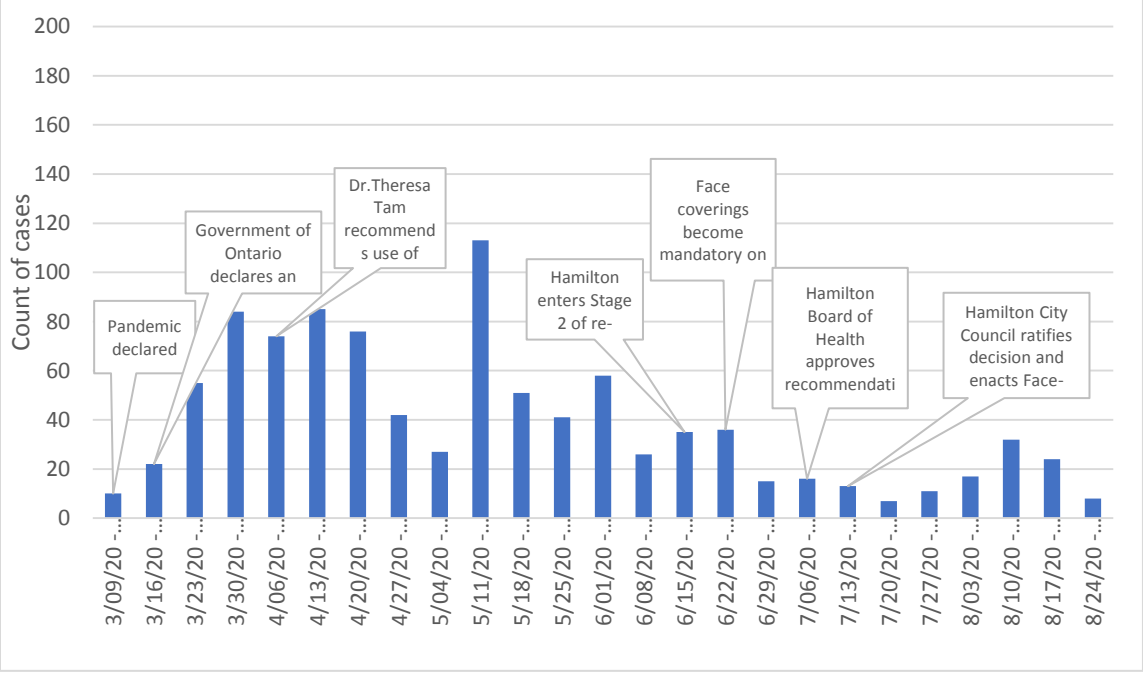
ANALYSIS AND RATIONALE FOR RECOMMENDATION

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 2020[1]



[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 public [4].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 person [4]. 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://ncceh.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;

- 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.

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

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: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services

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

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

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

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: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services

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.

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 Additions 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

Healthy and Safe Communities

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APPENDICES AND SCHEDULES ATTACHED

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

Ministry of Health

Assisstant Deputy Minsiter
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

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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

…/2

- 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: **SIGNATURE:**	Michelle Baird Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services

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;

(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

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.

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

Healthy and Safe Communities
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APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 21, 2020
SUBJECT/REPORT NO:	Dental Program Update (BOH19026(b)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Pat Armstrong (905) 546-2424 Ext. 7158
SUBMITTED BY: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services

RECOMMENDATION

That the Board of Health authorize and direct the Medical Officer of Health to increase the Ontario Senior's Dental Care Program complement by 0.5 FTE.

EXECUTIVE SUMMARY

The purpose of this report is to update the Board of Health on the implementation of the new 100% funded Ontario Seniors Dental Care Program (OSDCP) in the City of Hamilton, launched in November 2019 by the Ministry of Health (Ministry) for eligible low-income seniors.

In December 2019 the Ministry approved two capital projects (BOH19026(a)). The capital funding approval left service gaps at the downtown dental clinic and the Public Health Services (PHS) mountain clinic at 891 Upper James Street. Further planning has occurred to address these service gaps and improve access to rural and surrounding communities. The original plan was estimated to serve 4,300 unique clients per year. Similarly, the new service delivery plan is estimated to provide service to 4,315 unique clients.

The revised plan maximizes our provincial funding and is responsive to the comprehensive health promotion plan that was implemented in consultation with the

community groups to identify barriers and needs of seniors in Hamilton and surrounding area including Flamborough, Dundas, Glanbrook and Waterdown. The plan provides a new senior's dental health bus to provide service three days per week to eligible seniors in the City of Hamilton, on the mountain, in long-term care and in rural areas. For the remaining two days per week, in accordance with the amended accountability agreement from the Ministry, PHS will make best efforts to enter into service level agreements (SLA's) with adjacent Boards of Health to provide dental service to eligible seniors and address access issues. Initial discussions have taken place with an adjacent public health unit. It is suggested that costs be fully recovered and opportunities for reinvestment into the OSDCP be considered.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Table 1: Proposed Budget

Service Delivery Site	**Original Budget**	**Revised Annual Budget**
Public Health Services	$1,389,830	$1,299,800
Centre de Santé Communautaire	$255,460	$346,520
Urban Core	$109,780	$109,780
Contracted Denturist and dental lab services	$200,000	$200,000
Contracted Oral Surgeon, Endodontist, Periodontist	$293,030	$222,000
Community outreach worker all CHC's		$70,000
Reimbursement from neighbouring PHUs under Ministry direction		TBD
TOTAL	$2,248,100	$2,248,100
Total Ministry Funding	$2,248,100	$2,248,100

Staffing: The initial budget was approved in October 2019 (BOH19026 (a)). With the changes to the plan, an increase PHS Dental staffing levels by 0.5 FTE is required. The additional $28,100 cost will be managed through reducing contractual services and is better aligned with need.

Legal: The partnerships between the Board of Health and Community Health Centres (CHCs) will be governed by a service level agreement, which outlines performance expectations, funding, reporting requirements and accountability mechanisms. Specialty dental services including oral surgery, dentures, endodontic and periodontal services will be provided

through a service level agreement, and partnerships with neighbouring Boards of Health will also be governed by a service level agreement.

HISTORICAL BACKGROUND

The City of Hamilton currently provides dental services to low-income adults at the Public Health dental clinic and the dental health bus for those who are residents of Hamilton, do not have dental insurance coverage and cannot afford dental care in the community. These services are 100% funded by the municipality.

In April 2019 the Provincial government announced the creation of the Ontario Seniors Dental Care Program.

In June 2019, the Board of Health received a letter from the Ministry announcing Hamilton's annual base funding increase of $2,248,100 to support the new dental program. This is a 100% provincially funded program.

In August 2019, Public Health Services submitted a capital funds application to the Ministry for one-time funding that supports implementation of the locally developed seniors dental care service delivery plan.

In October 2019, the Board of Health received the plan (BOH19026(a)) for a Seniors Oral Health program in Hamilton including the prioritized capital investments submitted to the province. At that time, Board of Health also submitted a letter to the Ministry recommending no denture co-payment for low-income seniors.

On November 21, 2019, the OSDCP officially launched, with services initially delivered by maximizing the existing infrastructure on the dental health bus and extending hours at the Public Health dental clinic until capital builds are complete.

In December 2019, Public Health received approval from the Board of Health for $687,700 in one-time Ministry funding to support two out of four of Hamilton's capital investment recommendations including a new senior's dental health bus and a dental clinic at Centre de Santé Communautaire. The Ministry sent new Schedules and Public Health Funding and Accountability Agreements that outline the terms and conditions governing the one-time capital funding. In the amended agreement the Ministry specified requirements of the one-time funding. Of note are the requirements that no additional operating funding beyond the approved operating annual budget of $2,248,100.00 will be made available.

On March 17, 2020 all dental programs were reduced to emergency services only as required by the Royal College of Dental Surgeons (RCDSO) due to COVID-19. Regular dental services are now resuming as safety measures are put in place for aerosol generating procedures including doors and air purifiers.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Amendments to the Ontario Public Health Standards (OPHS) and related protocols were released August 1, 2019 that outline public health unit requirements and operational roles and responsibilities. The Ministry has released the final service schedules, including the requirement for a denture co-pay.

RELEVANT CONSULTATION

A comprehensive health promotion plan has been implemented in consultation with the following groups to identify barriers and needs of seniors in Hamilton and surrounding area including Flamborough, Dundas, Glanbrook and Waterdown. This work was achieved prior to COVID-19.

- Seniors Advisory committee presentations in summer and fall 2019;
- Seniors at Risk Community Collaborative;
- Provided resources to libraries, recreation centers, CHCs community partners including the Salvation Army Family Services, Catholic Family Services, Flamborough Connects and Glanbrook Community Services;
- We have connected with DARTS, VON, and United Way, Seniors Helping Seniors;
- Focus group testing of about 75 people through various organizations who serve low income seniors; and,
- We have reached out to Dundas Seniors Centre and collaborated with City Housing to provide information and help seniors complete applications.

PHS continues to work with Centre de Santé Communautaire, Compass Community Health Centre, Hamilton Urban Core and De dwa da dehs nye>s Aboriginal Health Centre.

PHS continues to consult with Ontario Works Special Support program and Hamilton Community Foundation (HCF) to discuss impacts of planning.

PHS continues to work with Macassa Lodge and Wentworth lodge on a plan to address the needs of eligible seniors in Long term care. This work has been on hold during COVID-19 but plans to resume in September are in progress.

PHS has surveyed and received interest from specialists and denturists in the community.

To satisfy requirements for the service level agreement with all service providers, CHCs and Long-Term Care, a comprehensive Privacy Impact Assessment is in progress. PHS continues to work with Legal and Procurement services to develop service level agreements and purchase the new dental health bus.

The revised budget has been reviewed and approved by Finance and Administration.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Oral health is linked to overall health and well-being and is an important matter for many seniors in the community. As people age, their oral health may become worse due to medication, medical conditions as well as mobility limitations that make good oral hygiene difficult to maintain. In addition, seniors may face barriers to accessing dental care due to cost, limited physical and cognitive abilities and transportation.

The goal of the OSDCP is to reduce unnecessary trips to the hospital emergency room, prevent chronic disease and improve quality of life for seniors. The Ministry estimates a 40% uptake in provincial programs and has allocated funding based on an estimate of 3,986 eligible seniors applying for the OSDCP in Hamilton. This is not a fee-for-service model, and the OSDCP program services are to be delivered through Public Health Units and Community Health Centres. Specialty dental services including oral surgery, endodontics and periodontics are to be arranged through a service level agreement with local dental providers.

In Hamilton, local data reveals that while low income seniors are dispersed across the city there are three main clusters of seniors, in the lower east city, the lower west city and the central mountain. In the new plan the existing bus will continue current service, offering emergency and treatment services to all ages at various sites across the city five days per week. The downtown dental clinic will also continue with current services to clients of all ages. To accommodate the large cluster of low-income seniors in the east end of the city, preventive service at the East End PHS clinic will be available to senior's one day per week, with restorative and preventive services provided at Centre de Santé Communautaire or the downtown dental clinic. The mountain clinic will provide preventive services to seniors one day per week, with restorative services being available on the new senior's dental health bus.

Table 2: Summary of Capital Funding Approvals and Service Delivery Plan

Capital Project	**Service Delivery Plan**
Build a dental operatory at Centre de Santé Communautaire Hamilton/Niagara	Will provide preventive and restorative dental services five days per week.
Purchase new Seniors dental health bus	Operate five days/week and provide preventive and restorative services to eligible seniors: • One day/week at long-term care homes • One day/week at rural and surrounding areas (locations TBD) • One day/week at a Mountain location (location TBD) • Two days/week at adjacent health unit areas

Denturist services will be contracted out to providers in the community. The Ministry is firm on the requirement that the final OSDCP plan will include a co-payment for dentures and eligible clients requiring dentures will be expected to pay up to $80 for denture services. PHS is exploring options to support those to who this would present a barrier.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

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

Not Applicable.