



**City of Hamilton**  
**EMERGENCY & COMMUNITY SERVICES COMMITTEE**  
**AGENDA**

**Meeting #:** 21-002  
**Date:** March 25, 2021  
**Time:** 1:30 p.m.  
**Location:** Due to the COVID-19 and the Closure of City Hall

All electronic meetings can be viewed at:

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<https://www.hamilton.ca/council-committee/council-committee-meetings/meetings-and-agendas>

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<https://www.youtube.com/user/InsideCityofHamilton> or Cable 14

Tamara Bates, Legislative Coordinator (905) 546-2424 ext. 4102

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1. **APPOINTMENT OF VICE-CHAIR**
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. February 4, 2021
5. **COMMUNICATIONS**
6. **DELEGATION REQUESTS**
7. **CONSENT ITEMS**

- 7.1. Bernie Morelli Recreation Site Outdoor Natural Play Area (HSC21009)(Ward 3)
- 7.2. Child Care and Early Years Funding Update (HSC21010) (City Wide)
- 7.3. Various Advisory Committee Minutes

- 7.3.a. Hamilton Veterans Committee

- 7.3.a.a. September 29, 2020

- 7.3.a.b. October 27, 2020

- 7.3.a.c. December 8, 2020

**8. STAFF PRESENTATIONS**

**9. PUBLIC HEARINGS / DELEGATIONS**

**10. DISCUSSION ITEMS**

- 10.1. Housing Focused Street Outreach (HSC21008) (City Wide)

- 10.2. Ministry of Long-Term Care Community Paramedic Funding (HSC21012) (CityWide)

**11. MOTIONS**

**12. NOTICES OF MOTION**

**13. GENERAL INFORMATION / OTHER BUSINESS**

- 13.1. Amendments to the Outstanding Business List

- 13.1.a. Items Requiring a New Due Date

- 13.1.a.a. Hamilton Youth Engagement Collaboration

- Item on OBL: 17-C

- Current Due Date: July 9, 2020

- Proposed New Due Date: September 9, 2021

- 13.1.a.b. Mitigation of Effects of Reno-victions

- Item on OBL: 20-J

- Current Due Date: March 25, 2021

- Proposed New Due Date: September 9, 2021

13.1.b. Items Considered Complete and to Be Removed

13.1.b.a. Home for Good

Item on OBL: 17-D

Addressed as Item 8.1 on the August 17, 2020 Agenda

13.1.b.b. Expanding Housing and Support Services for Women

Item on OBL: 19-C

Addressed as Item 10.9 on the December 10, 2020 Agenda

13.1.b.c. Ministry's continued support for critical housing and leveraging federal funding under the National Housing Strategy through new provincial investments and outlining the City's funding for housing and homelessness programs as confirmed by

the 2019 Ontario Budget

Item on OBL: 19-H

Addressed as Item 10.1 on the February 1, 2019 Agenda and Item 10.3 on the May 2, 2019 Agenda

13.1.b.d. Residential Care Facilities Subsidy Program Review

Item on OBL: 19-J

Addressed as Item 10.2 on the October 8, 2020 Agenda and Item 7.3 on the February 4, 2021 Agenda

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



## EMERGENCY & COMMUNITY SERVICES COMMITTEE MINUTES 21-001

1:30 p.m.

Thursday, February 4, 2021

Council Chambers

Hamilton City Hall

71 Main Street West

**Present:** Councillors N. Nann (Chair), B. Clark, T. Jackson, S. Merulla, and E. Pauls

**Regrets:** Councillor T. Whitehead – Personal

### THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

#### 1. Consent Items (Items 7.1-7.3)

**(Jackson/Clark)**

That the following Consent Items be received, as presented:

- (a) Seniors Advisory Committee Minutes (Item 7.1):
  - (i) January 3, 2020 (Item 7.1 (a))
  - (ii) February 7, 2020 (Item 7.1 (b))
  - (iii) October 2, 2020 (Item 7.1(c))
- (b) Menstrual Products Pilot (HSC20001(a)) (City Wide) (Item 7.2);  
and,
- (c) Residential Care Facility (RCF) Liaison 2nd Quarter Update (HSC20040(a)) (Item 7.3) (City Wide)

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

- YES - Chair - Ward 3 Councillor Ninder Nann
- YES - Ward 4 Councillor Sam Merulla
- YES - Ward 6 Councillor Tom Jackson
- YES - Ward 7 Councillor Esther Pauls
- YES - Ward 9 Councillor Brad Clark

NOT PRESENT - Ward 14 Councillor Terry Whitehead

**2. Macassa Lodge – Redevelopment Project (HSC20050(a)) (Ward 7) (Item 10.1)**

**(Pauls/Jackson)**

- (a) That the letter from the Ministry of Long-Term Care (MLTC) dated November 20, 2020, attached as Appendix “A” to Report HSC20050(a), announcing funding allocation of 20 long-term care beds at Macassa Lodge in response to the City’s Long-term Care Home Development application to fund 64 long-term care beds be received; and,
- (b) That the General Manager of the Healthy and Safe Communities Department or his designate be authorized and directed to negotiate, enter into, execute and amend any ancillary documents with funders or other levels of government for funding on the project, with such terms and conditions in a form satisfactory to the City Solicitor.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nringer Nann  
 YES - Ward 4 Councillor Sam Merulla  
 YES - Ward 6 Councillor Tom Jackson  
 YES - Ward 7 Councillor Esther Pauls  
 YES - Ward 9 Councillor Brad Clark  
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

**3. Hamilton’s Community Safety and Well-Being Plan (HSC19032(a)) (City Wide) (Item 10.2)**

**(Merulla/Pauls)**

That Report HSC19032(a), respecting Hamilton’s Community Safety and Well-Being Plan, be received.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nringer Nann  
 YES - Ward 4 Councillor Sam Merulla  
 YES - Ward 6 Councillor Tom Jackson  
 YES - Ward 7 Councillor Esther Pauls  
 YES - Ward 9 Councillor Brad Clark  
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

**4. Municipal Affairs and Housing Social Services Relief Fund Phase 2 Holdback (HSC20036(a)) (City Wide) (Item 10.3)**

**(Pauls/Merulla)**

That the General Manager of the Healthy and Safe Communities Department, or his designate, be authorized and directed to enter into and execute an

Agreement with the Ministry of Municipal Affairs and Housing (MMAH) to administer the additional Social Services Relief Fund Phase 2 (SSRF2) allocation to a maximum amount of \$6,395,900 and any agreements with Community Services Provider(s), as well as any ancillary agreements, contracts, extensions and documents required to give effect thereto in a form satisfactory to the City Solicitor.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
 YES - Ward 4 Councillor Sam Merulla  
 YES - Ward 6 Councillor Tom Jackson  
 YES - Ward 7 Councillor Esther Pauls  
 YES - Ward 9 Councillor Brad Clark  
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

**5. Encampment Update (HSC20038(b)) (City Wide) (Item 10.4)**

**(Jackson/Clark)**

That Report HSC20038(b), respecting Encampment Update, be received.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
 YES - Ward 4 Councillor Sam Merulla  
 YES - Ward 6 Councillor Tom Jackson  
 YES - Ward 7 Councillor Esther Pauls  
 YES - Ward 9 Councillor Brad Clark  
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

**6. Analysis of United Nations Special Rapporteur's Report on a National Protocol for Homeless Encampments (HSC21000) (City Wide) (Outstanding Business List Item) (Item 10.5)**

**(Merulla/Pauls)**

That Report HSC21000, respecting Analysis of United Nations Special Rapporteur's Report on a National Protocol for Homeless Encampments, be received.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
 YES - Ward 4 Councillor Sam Merulla  
 YES - Ward 6 Councillor Tom Jackson  
 YES - Ward 7 Councillor Esther Pauls  
 YES - Ward 9 Councillor Brad Clark  
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

**7. Urban Indigenous Strategy Implementation Plan (HSC21001) (City Wide) (Item 10.6)****(Clark/Pauls)**

That Report HSC21001, respecting Urban Indigenous Strategy Implementation Plan, be received.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
YES - Ward 4 Councillor Sam Merulla  
YES - Ward 6 Councillor Tom Jackson  
YES - Ward 7 Councillor Esther Pauls  
YES - Ward 9 Councillor Brad Clark  
NOT PRESENT - Ward 14 Councillor Terry Whitehead

**8. Updates to Emergency Plan (HSC21002) (City Wide) (Item 10.7)****(Jackson/Merulla)**

- (a) That the updated Emergency Management Program By-law attached as Appendix "A" to Report HSC21002 be passed; and,
- (b) The City of Hamilton Emergency Program By-law 17-277 be repealed.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
YES - Ward 4 Councillor Sam Merulla  
YES - Ward 6 Councillor Tom Jackson  
YES - Ward 7 Councillor Esther Pauls  
YES - Ward 9 Councillor Brad Clark  
NOT PRESENT - Ward 14 Councillor Terry Whitehead

**9. Red Hill Family Centre Licensing Inspection and Program Update (HSC21003) (City Wide) (Item 10.8)****(Pauls/Merulla)**

That Report HSC21003, respecting Red Hill Family Centre Licensing Inspection and Program Update, be received.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
YES - Ward 4 Councillor Sam Merulla  
YES - Ward 6 Councillor Tom Jackson  
YES - Ward 7 Councillor Esther Pauls

YES - Ward 9 Councillor Brad Clark

NOT PRESENT - Ward 14 Councillor Terry Whitehead

**10. Adaptation and Transformation of Services for People Experiencing Homelessness Update 2 (HSC20020(b)) (City Wide) (Added Item 10.9)**

**(Jackson/Merulla)**

- (a) That Council approve an additional grant to a maximum amount of \$673,166 to the Good Shepherd Centre Hamilton to continue to operate 378 Main Street East (the former Cathedral Boys School) as a temporary shelter for 45 men to June 30, 2021;
- (b) That all such purchases and grants outlined in Recommendation (a) that are approved by Council be funded using Provincial Funding or through an available source jointly deemed appropriate by the General Manager of the Healthy and Safe Communities Department and the General Manager of the Finance and Corporate Services Department; and,
- (c) That the General Manager of the Healthy and Safe Communities Department be directed and authorized, to enter into, execute and administer all agreements and documents necessary to implement the purchases and grants outlined in Recommendation (a) on terms and conditions satisfactory to the General Manager of the Healthy and Safe Communities Department and in a form satisfactory to the City Solicitor.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann

YES - Ward 4 Councillor Sam Merulla

YES - Ward 6 Councillor Tom Jackson

YES - Ward 7 Councillor Esther Pauls

YES - Ward 9 Councillor Brad Clark

NOT PRESENT - Ward 14 Councillor Terry Whitehead

**11. Ministry of Municipal Affairs and Housing (MMAH) Mental Health and Addictions Funding (HSC21006) (City Wide) (Added Item 10.10)**

**(Pauls/Merulla)**

That the General Manager of the Healthy and Safe Communities Department, or their designate, be authorized and directed to enter into and execute an Agreement with the Ministry of Municipal Affairs and Housing (MMAH) to administer Mental Health and Addictions Funding to a maximum amount of \$302,208 and any agreements with Community Services Provider(s) delivered in alignment with Community Homelessness Prevention Initiative (CHPI) Program Guidelines, as well as any ancillary agreements, contracts, extensions and documents required to give effect thereto in a form satisfactory to the City Solicitor.



**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair -Ward 3 Councillor Nrinder Nann  
 YES - Ward 4 Councillor Sam Merulla  
 YES - Ward 6 Councillor Tom Jackson  
 YES - Ward 7 Councillor Esther Pauls  
 YES - Ward 9 Councillor Brad Clark  
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

**FOR INFORMATION:**

**(a) CEREMONIAL ACTIVITIES (Item 1)**

Chief Michael Sanderson introduced a video of a presentation from Steve Panella of Firehouse Subs. Through a generous grant from the Firehouse Subs Public Safety Foundation, the Hamilton Paramedic Department has received \$20,687.68 for the establishment of a Paramedic Bike Unit for the Hamilton Paramedic Department.

**(b) APPROVAL OF AGENDA (Item 2)**

The Committee Clerk advised of the following changes to the agenda:

**6. DELEGATION REQUESTS (Items 6.1)**

6.1 Senna Rose Thomas, respecting Homelessness Rate (for a future meeting)

**10. DISCUSSION ITEMS (Item 10.9-10.10)**

10.9 Adaptation and Transformation of Services for People Experiencing Homelessness Update 2 (HSC20020(b)) (City Wide)

10.10 Ministry of Municipal Affairs and Housing (MMAH) Mental Health and Addictions Funding (HSC21006) (City Wide)

**(Pauls/Jackson)**

That the agenda for the February 4, 2020 Emergency and Community Services Committee meeting be approved, as amended.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
 YES - Ward 4 Councillor Sam Merulla  
 YES - Ward 6 Councillor Tom Jackson  
 YES - Ward 7 Councillor Esther Pauls

YES - Ward 9 Councillor Brad Clark  
NOT PRESENT - Ward 14 Councillor Terry Whitehead

**(c) DECLARATIONS OF INTEREST (Item 3)**

There were no Declarations of Interest.

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

**(i) December 10, 2020 (Item 4.1)**

**(Clark/Merulla)**

That the Minutes of the December 10, 2020 meeting of the Emergency and Community Services Committee be approved, as presented.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
YES - Ward 4 Councillor Sam Merulla  
YES - Ward 6 Councillor Tom Jackson  
YES - Ward 7 Councillor Esther Pauls  
YES - Ward 9 Councillor Brad Clark  
NOT PRESENT - Ward 14 Councillor Terry Whitehead

**(e) COMMUNICATIONS (Item 5)**

**(Pauls/Jackson)**

That the correspondence from Phil Graham, Assistant Deputy Minister, Early Years and Child Care Division, Ministry of Education, respecting Child Care Update, be received.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
YES - Ward 4 Councillor Sam Merulla  
YES - Ward 6 Councillor Tom Jackson  
YES - Ward 7 Councillor Esther Pauls  
YES - Ward 9 Councillor Brad Clark  
NOT PRESENT - Ward 14 Councillor Terry Whitehead

**(f) DELEGATION REQUESTS (Item 6)**

**(i) Senna Rose Thomas, respecting Homelessness Rate (Added Item 6.1)**

**(Merulla/Clark)**

That the Delegation Request from Senna Rose Thomas, respecting Homelessness Rate, be approved for a future meeting.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
 YES - Ward 4 Councillor Sam Merulla  
 YES - Ward 6 Councillor Tom Jackson  
 YES - Ward 7 Councillor Esther Pauls  
 YES - Ward 9 Councillor Brad Clark  
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

**(g) GENERAL INFORMATION AND OTHER BUSINESS (Item 14)**

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

**(Clark/Jackson)**

That the following amendment to the Emergency and Community Services Outstanding Business List, be approved:

**(a) Items to be Removed**

**(i) Expanding Housing and Support Services for Women**

Item on OBL: 19-C (e)  
 Addressed as Items 10.9 and 10.10 on the December 10, 2020 agenda

**(ii) Encampment Strategy**

Item on OBL: 20-C  
 Addressed as Item 10.5 on today's agenda

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
 YES - Ward 4 Councillor Sam Merulla  
 YES - Ward 6 Councillor Tom Jackson  
 YES - Ward 7 Councillor Esther Pauls  
 YES - Ward 9 Councillor Brad Clark  
 NOT PRESENT - Ward 14 Councillor Terry Whitehead

**(h) PRIVATE AND CONFIDENTIAL (Item 14)**

**(i) Closed Session Minutes – December 10, 2020**

**(Jackson/Merulla)**

**Emergency & Community Services Committee  
Minutes 21-001**

**February 4, 2021  
Page 9 of 9**

That the Closed Session Minutes of the December 10, 2020 meeting of the Emergency and Community Services Committee, be approved as presented.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
YES - Ward 4 Councillor Sam Merulla  
YES - Ward 6 Councillor Tom Jackson  
YES - Ward 7 Councillor Esther Pauls  
YES - Ward 9 Councillor Brad Clark  
NOT PRESENT - Ward 14 Councillor Terry Whitehead

**(i) ADJOURNMENT (Item 15)**

**(Clark/Pauls)**

That there being no further business, the Emergency and Community Services Committee be adjourned at 2:57 p.m.

**Result: Motion CARRIED by a vote of 5 to 0, as follows:**

YES - Chair - Ward 3 Councillor Nrinder Nann  
YES - Ward 4 Councillor Sam Merulla  
YES - Ward 6 Councillor Tom Jackson  
YES - Ward 7 Councillor Esther Pauls  
YES - Ward 9 Councillor Brad Clark  
NOT PRESENT - Ward 14 Councillor Terry Whitehead

Respectfully submitted,

Councillor N. Nann  
Chair, Emergency and Community Services  
Committee

Tamara Bates  
Legislative Coordinator  
Office of the City Clerk

## 7.1



**CITY OF HAMILTON**  
**HEALTHY AND SAFE COMMUNITIES DEPARTMENT**  
**Recreation Division**

<b>TO:</b>	Chair and Members Emergency & Community Services Committee
<b>COMMITTEE DATE:</b>	March 25, 2021
<b>SUBJECT/REPORT NO:</b>	Bernie Morelli Recreation Site Outdoor Natural Play Area (HSC21009) (Ward 3)
<b>WARD(S) AFFECTED:</b>	Ward 3
<b>PREPARED BY:</b>	Dawn Walton (905) 546-2424 Ext. 4755
<b>SUBMITTED BY:</b>	Chris Herstek Director, Recreation Division Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

**RECOMMENDATION(S)**

- (a) That the City of Hamilton be authorized to enter into a ten-year Licence Agreement with the Hamilton-Wentworth District School Board, for the construction of an outdoor natural play area on lands owned by the Hamilton-Wentworth District School Board at the Bernie Morelli Recreation Centre site on the terms set out in this Report; and,
- (b) That the General Manager of the Healthy and Safe Communities Department or his designate, on behalf of the City of Hamilton, be authorized to execute the Licence Agreement and any extensions and ancillary agreements in a form satisfactory to the City Solicitor.

**EXECUTIVE SUMMARY**

The Bernie Morelli Recreation Centre opened in December 2018. During the construction of the facility a second-floor multi-purpose room remained incomplete due to budget constraints on the project. A planned EarlyON Child and Family Centre (then referred to as Ontario Early Years Child and Family Centre) proposed for the King George Elementary School site, already in receipt of Ministry of Education funding for renovation, retrofit or expansion, required relocation. The opportunity to partner for the

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**SUBJECT: Bernie Morelli Recreation Site Outdoor Natural Play Area (HSC21009)  
(Ward 3) - Page 2 of 6**

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refurbishment of the unfinished space at the Bernie Morelli Recreation Centre for shared early years programming was introduced by the Children's Service and Neighbourhood Development Division in 2019. The Ministry approved the relocation of this program from the King George Elementary School to the Bernie Morelli Recreation Centre through a Revised Community-Based Early Years and Child Care Capital Program Funding Allocation Letter dated November 8, 2019.

As part of the proposed EarlyON Child and Family Centre at the Bernie Morelli Recreation Centre site, enhanced outdoor natural play space was considered for inclusion in the project. The area identified for conversion to an outdoor natural play area, is located on a portion of the property ("the Premises") owned by the Hamilton-Wentworth District School Board ("the School Board"). A diagram of the area is attached as Appendix "A" to Report HSC21009.

Staff have contacted the School Board and have gained approval, in principle, to License the Premises from the School Board to allow for the construction of the natural play area on School Board property.

**Alternatives for Consideration – Not Applicable**

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

**Financial:** The City has already accepted and received \$510,000 from the Ministry of Education in capital funding for the renovation, retrofit or expansion of an EarlyON Child and Family Centre to be located at the Bernie Morelli Recreation Centre site. A portion of this funding will cover the design, construction and maintenance of the proposed play area.

**Staffing:** N/A

**Legal:** Legal Services will assist with the preparation of a License Agreement with the School Board in a form satisfactory to the City Solicitor on the following proposed terms:

- Term of ten years with an option to extend on the same terms and conditions for two additional terms of five years;
- Nominal annual license fee;
- Board consents to use of the Premises by the City's third-party operator of the EarlyON Child and Family Centre (the "Operator");
- City through its Operator to ensure regular inspection of the Premises and improvements and equipment thereon;
- City to be responsible for all costs of construction and maintenance for term of agreement and any extensions;

**SUBJECT: Bernie Morelli Recreation Site Outdoor Natural Play Area (HSC21009)  
(Ward 3) - Page 3 of 6**

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- City and its Operator to have exclusive use of the Premises during the operational hours of the EarlyON Child and Family Centre;
- Title to any improvements and equipment placed on the Premises shall be vested in the name of the City;
- City shall ensure the Premises is open to the general public other than during EarlyON Child and Family Centre operational hours;
- Termination provisions as follows:
  1. Termination of license where default has not been remedied within 30 days of written notice of default;
  2. City to have the right to terminate this Agreement at any time upon at least 90 days' written notice to the Board, and in the event of such termination, the City shall be allowed up to 90 days from the date of termination to remove its improvements and to restore the Premises;
  3. The School Board shall have the right to terminate the License if the Premises is designated as being surplus to the Board's needs. The School Board shall give the City a minimum of 90 days' written notice of such termination and in the event of such termination, the City shall be allowed up to 90 days from the date of termination to remove its improvements and to restore the Premises;
  4. Notwithstanding the School Board's rights to terminate the License, the City shall not be required to remove the improvements from the Premises, vacate the Premises or restore the Premises during the months of January, February and March;
  5. Notwithstanding the Board's rights to terminate the License, the City shall not be required to remove the natural play area from the Premises during the first seven years of the Term in accordance with Ministry Funding stipulations.
- Where the License is terminated the City shall be allowed up to 90 days from date of termination to remove improvements from the Premises and restore the Premises failing which, at the option of the School Board, the improvements shall be deemed to be transferred to the School Board;
- City shall indemnify the School Board from any cause of action, demands, liabilities, etc. arising from use of the Premises during the Term and any extensions;
- During the Term and any extensions, each party to carry third party liability insurance of at least \$5 M naming the other party as an additional insured.

## **HISTORICAL BACKGROUND**

During the construction of the Bernie Morelli Recreation Centre a second-floor multi-purpose room was left incomplete due to lack of funding on the project. In 2019, the opportunity to finish this room as a shared EarlyON Child and Family Centre space was introduced by the Children's Services and Neighbourhood Development (CSND)

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**SUBJECT: Bernie Morelli Recreation Site Outdoor Natural Play Area (HSC21009)  
(Ward 3) - Page 4 of 6**

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Division who were looking to secure space for the previously planned King George Elementary School site with secured Ministry funding to fit up a new site in the identified community for the provision of early child care programming.

In Fall 2019, an informal site review undertaken by staff from CSND and Recreation Divisions determined that the Bernie Morelli Recreation Centre had the indoor infrastructure in place to support an EarlyON Child and Family Centre program with some retrofits to the identified multi-purpose room. Access to suitable outdoor play space was identified as preferred for EarlyON sites but lacking at the location.

The Ministry approved the relocation of this program from the King George Elementary School to the Bernie Morelli Recreation Centre through a Revised Community-Based Early Years and Child Care Capital Program Funding Allocation Letter dated November 8, 2019.

**POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

Not Applicable

**RELEVANT CONSULTATION**

Staff from the following internal Departments, outside agencies and boards were consulted through the development of this report and proposed project:

Legal Services Division, Corporate Services Department – Licence Agreement development  
 Real Estate Division, Planning and Economic Development Department – Report review  
 Children’s Services and Neighbourhood Development Division, Healthy and Safe Communities Department – Outdoor play area project management and EarlyON Centre requirements and funding  
 Strategic Planning and Capital Compliance Division, Public Works Department – Facility retrofit project management  
 Hamilton Wentworth District School Board – Property owner and partner  
 Hamilton East Kiwanis Boys’ & Girls’ Club – EarlyON Centre site operator

**ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)**

The Bernie Morelli Recreation Centre shares property with Bernie Custis Secondary School and the existing outdoor green space is used primarily by students of the school throughout the day. Identified green space along the East side of the property is close to the roadway and not ideal for play based learning opportunities.



**SUBJECT: Bernie Morelli Recreation Site Outdoor Natural Play Area (HSC21009)  
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It is an accepted principle in early childhood education that children learn best through free play and discovery. In well-designed natural play areas children can play, explore and interact with the natural world including vegetation, animals, insects, water, and sand. The conversion of two planters and the existing courtyard to a natural play area with appropriately defined play areas, traffic flow, accessibility, seating and safety considerations would satisfy the current gap for outdoor play space at Bernie Morelli Recreation Centre for the delivery of an EarlyON Child and Family Centre.

The area identified for conversion to an outdoor natural play area is located on a portion of the property owned by the Hamilton Wentworth District School Board. The City must enter a Licence Agreement with the Board for the placement of the natural play area on school board property.

The City of Hamilton has enjoyed a long-standing partnership with School Board, and staff recognize the benefits provided for the community. Entering a License Agreement with the School Board to allow for the construction and maintenance of a natural play area on the Premises will support a commitment to providing quality early childhood programs in the community. The proposed project and associated agreement will strengthen the partnership between the City of Hamilton and the School Board.

#### **ALTERNATIVES FOR CONSIDERATION**

Not applicable

#### **ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**

##### **Economic Prosperity and Growth**

Hamilton has a prosperous and diverse local economy where people have opportunities to grow and develop.

##### **Healthy and Safe Communities**

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

##### **Clean and Green**

Hamilton is environmentally sustainable with a healthy balance of natural and urban spaces.

##### **Built Environment and Infrastructure**

Hamilton is supported by state of the art infrastructure, transportation options, buildings and public spaces that create a dynamic City.

#### **APPENDICES AND SCHEDULES ATTACHED**

**SUBJECT: Bernie Morelli Recreation Site Outdoor Natural Play Area (HSC21009)  
(Ward 3) - Page 6 of 6**

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Appendix "A" to Report HSC21009: Site Map

**Bernie Custis**

1055 King Street East  
Hamilton, Ontario

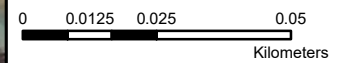


School Property



City of Hamilton  
Property Leased to  
HWDSB

Land Owner	HWDSB Acres
HWDSB	1.53 +/-



**Planning and Accommodation  
2020**



## 7.2



**CITY OF HAMILTON**  
**HEALTHY AND SAFE COMMUNITIES DEPARTMENT**  
**Children's Services and Neighbourhood Development Division**

<b>TO:</b>	Chair and Members Emergency and Community Services Committee
<b>COMMITTEE DATE:</b>	March 25, 2021
<b>SUBJECT/REPORT NO:</b>	Child Care and Early Years Funding Update (HSC21010) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Jessica Chase (905) 546-2424 Ext. 3590 Dawn Meitz (905) 546-2424 Ext. 3587
<b>SUBMITTED BY:</b>	Brenda Bax Acting Director, Children's Services and Neighbourhood Development Division Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

**RECOMMENDATION(S)**

That the City of Hamilton accept the additional 100% provincial 2021 Child Care and Early Years Reinvestment funding in the amount of \$2,818,886 from the Ministry of Education (attached as Appendix "A" to Report HSC21010).

**EXECUTIVE SUMMARY**

The COVID-19 pandemic has had a significant impact on the child care and early years system. At this time, all child care centres in Hamilton have reopened however they continue to experience reduced operating capacity and increased vacancy rates. Operators have also implemented enhanced health and safety measures, including screening, personal protective equipment (PPE) and enhanced cleaning. EarlyON Child and Family Centres remain closed at this time and are providing virtual programming to families.

The City of Hamilton and the Ministry of Education have continued to support the sustainability of the child care and early years system throughout both the closure and reopening periods. On February 2, 2021, the Ministry of Education announced that the

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

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

**SUBJECT: Child Care and Early Years Funding Update (HSC21010) (City Wide) -  
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City of Hamilton would receive an additional \$2,818,886 in 2021 Child Care and Early Years Reinvestment Funding. This funding must be spent by March 31, 2021 and is intended to support the increased costs of operating child care and EarlyON Child and Family Centres during the pandemic.

The City's continued priority in 2021 is the sustainability and recovery of the child care and early years system.

**Alternatives for Consideration – Not Applicable**

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

**Financial:**

A total of \$2,818,886 in new Child Care and Early Years Reinvestment funding has been received by the City from the Ministry of Education. These are 100% Provincial funds with no cost sharing requirements for the City. This funding cannot be used to reduce the current municipal contribution. Our budgeted net levy contribution must be maintained as per the provincial service contract requirements to avoid any loss of funding. This additional funding must be spent by March 31, 2021.

This would bring the City's proposed 2021 total gross budget for child care and early years to \$89 M, including both provincial and municipal contributions.

**Staffing:**

N/A

**Legal:**

Since 2018, child care funding has been flowed to the City through a five-year Transfer Payment Agreement from the Ministry of Education. It has been reviewed and approved by Legal Services. Each year the schedules are updated to reflect the current year's funding. In 2020, the agreement was amended to include funding for services related to both child care and EarlyON Child and Family Centres. We anticipate that the ministry will provide an updated Schedule D in 2021 that reflects this additional reinvestment funding.

**HISTORICAL BACKGROUND**

On March 17, 2020, the Province of Ontario declared a state of emergency and issued an order for all licensed child care centres to close in response to the COVID-19 coronavirus, with the exception of licensed home child care. During this closure period, emergency child care was available to healthcare and other essential frontline workers, free of charge. In Hamilton, emergency child care was provided through three licensed home child care agencies, due to the smaller group sizes and reduced risk to children

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and providers. A total of 302 children were provided with emergency child care during that period.

On June 12, 2020, the emergency closure order was lifted by the Province and child care centres were permitted to reopen with reduced capacity and additional health and safety measures in place. In Hamilton, all licensed child care centres were required to pass an in-person Public Health inspection and complete staff training prior to reopening.

On September 1, 2020, licensed child care centres were permitted to reopen at their full licensed capacity and EarlyON Child and Family Centres were permitted to reopen. At this time, approximately 94% of child care centres had reopened and 10 EarlyON Child and Family Centres reopened for in-person programming. In addition, 5 new outdoor only EarlyON centres were developed.

On November 23, 2020, a local decision was made to temporarily suspend all indoor EarlyON programming as a result of Hamilton moving into the “red zone”. Virtual programming continued during this period and all existing indoor locations were transitioned to outdoor only locations. On December 21, 2020, all outdoor EarlyON locations were also temporarily suspended due to Hamilton moving into the “grey/lockdown zone”.

On January 4, 2021, following the holiday closure period all schools across Ontario moved to remote learning. As a result of this decision, all child care operators serving school aged children were prohibited from operating and prohibited from charging parental fees. Licensed child care for children aged 0-3.8 years continued to operate. The Ministry of Education also announced that emergency child care would be provided to school aged children for healthcare and other essential frontline workers free of charge. In Hamilton, emergency child care was once again provided by the three licensed home child care agencies due to the smaller group sizes. During this period, approximately 155 children received emergency child care.

On February 8, 2021, schools in Hamilton were permitted to reopen for in-person instruction. All before and after school programs were permitted to reopen and free emergency child care was discontinued. EarlyON Child and Family Centres remain closed for in-person programming and are continuing to offer virtual programming options.

At this time all child care centres in Hamilton are open. However, most child care centres are operating at a reduced capacity and are experiencing higher than normal vacancy rates. Compared to last year, the operating capacity of the child care system has dropped by 13%. In addition, the average vacancy rate has increased by 17%. The primary reasons that families have chosen not to return to child care at this time include concerns about COVID-19, working from home, loss of employment and alternate care

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arrangements. As a result, operators are facing reduced revenues from parents and fee subsidies.

The City of Hamilton has continued to support operators during this period to ensure that the child care system remains viable when the system fully recovers. In 2020, the City provided a total of \$35.8 M to operators to sustain the system. This included \$4.3 M from the federal Safe Restart Funding that the Ministry of Education provided to the City of Hamilton to ensure the safe reopening of child care and early years programs. The remaining \$3.2 M in Safe Restart Funding will be used to support operators between January to March 2021, in addition to the new Reinvestment funding.

The City of Hamilton has also continued to provide the affordability grant for families with children aged 0-3.8 years. This affordability grant reduces the cost of child care by \$10/day. We continue to hear from families about the importance of this grant, particularly given the additional financial pressures that many families have faced during the COVID-19 pandemic. In 2020, there were approximately 5,800 children that benefitted from the affordability grant. This grant has been extended until December 31, 2021.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

Children's Services and Neighbourhood Development Division staff have worked closely with Public Health to develop local policies and guidelines for all child care and early years operators as a result of the pandemic. These local guidelines are updated on a regular basis to align with the Ministry of Education operating guidance documents and local Medical Officer of Health advice.

## **RELEVANT CONSULTATION**

The investment of the additional funding is reflective of ongoing consultation with the Child Care and Early Years sector and the priorities that have emerged as a result of COVID-19.

## **ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)**

The additional 2021 Child Care and Early Years Reinvestment funding will be allocated based on the Ministry of Education's guidelines. This funding will support the increased costs of operating child care and EarlyON Child and Family Centres during the COVID-19 pandemic.

This funding will be provided to child care and early years operators to support COVID-19 related costs including:

- Personal protective equipment (PPE);

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- Enhanced cleaning;
- Additional staff to meet health and safety requirements;
- Support for operators with vacancies due to lower enrolment in programs;
- Support for operators to cover child absenteeism;
- Support where there may be short term vacancies locally as child care centres adjust to the health and safety requirements;
- Support for child care staff absenteeism where staff need to stay home because they or their children are sick or need to self isolate; and,
- Minor capital required (less than \$5,000) in accordance with the ministry's reopening operational guidance or local public health requirements.

This funding is also being used to provide time-limited and targeted support to before and after school program operators that were temporarily closed from January 4, 2021 to February 5, 2021 as a result of the school closure period. This funding is to ensure that these programs remained financially sustainable to continue serving school age children upon their return.

**ALTERNATIVES FOR CONSIDERATION**

None

**ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**

**Economic Prosperity and Growth**

Hamilton has a prosperous and diverse local economy where people have opportunities to grow and develop.

**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 HSC21010: Provincial Child Care and Early Years Funding Re-Investment Memo from the Ministry of Education



Ministry of Education  
Early Years and Child Care Division

Ministère de l'Éducation  
Division de la petite enfance et de  
la garde d'enfants



315 Front Street West, 11<sup>th</sup> floor  
Toronto ON M5V 3A4

315, rue Front Ouest, 11<sup>e</sup> étage  
Toronto ON M5V 3A4

**TO:** Consolidated Municipal Service Managers and District  
Social Service Administration Boards

**FROM:** Phil Graham  
Assistant Deputy Minister  
Early Years and Child Care Division

**DATE:** February 2, 2021

**SUBJECT:** **Provincial Child Care and Early Years Funding Re-Investment  
January to March 2021**

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Thank you again for your continued partnership and ongoing work to support families and strengthen early years and child care in our communities. The health and safety of Ontario's children is our mutual priority and we appreciate your collaboration.

The Ministry of Education ('ministry') recognizes the impact that the COVID-19 pandemic continues to have on children, families, and the child care and early years sector. Numerous supports have been provided to the sector throughout the COVID-19 pandemic, including providing Emergency Child Care for health care and other frontline workers in the Spring and supporting all child care operators to ensure they remained sustainable during the temporary closure and summer re-opening. This is in addition to the federal programs available in the Canada Economic Response Plan, which operators should continue to maximize in 2021. As a result of our collective effort to sustain the sector during this unprecedented time, over 95% of child care centres have reopened as of December 2020. Thank you for your helpful advice in developing the parameters and guidance for each distinct phase of the pandemic.

The purpose of this memo is to provide information on the reconciliation process and a re-investment being provided to Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs) to further support early years and child care.

### **Reconciliation Process**

The ministry is working to complete the 2020 closure and summer re-opening reconciliation process. The purpose of this process was to determine the provincial funding required during the closure and summer re-opening periods under the funding

parameters communicated. Through this process, underspending was identified by CMSMs and DSSABs based on the approved spending parameters compared to cash flow for this period.

The level of underspending that is being made available for reinvestment between the period of January and March 2021 is \$66M. This funding is being made available to support COVID-related pressures that continue to be experienced in the early years and child care sector. Following are details associated with distribution of the \$66M reinvestment and associated allocation parameters.

### **Additional \$66M Re-Investment**

A total of \$66M is being reallocated to CMSMs and DSSABs for the period of January to March 2021. This funding is being provided to support increased costs of operating child care and EarlyON child and family centres during the COVID-19 outbreak. Funding will be operationalized through adjustments to cash flows, expected to take place in March 2021.

Consistent with the approach and parameters taken for Federal Safe Restart Funding, CMSMs and DSSABs will have the flexibility to determine how to best use this funding to help the sector adapt to the current environment and address the unique needs of local communities stemming from the outbreak. This may include, but is not limited to, costs associated with the following:

- Personal protective equipment;
- Enhanced cleaning;
- Additional staff to meet health and safety requirements;
- Support for operators with vacancies due to lower enrolment in programs;
- Support for operators to cover child absenteeism;
- Support where there may be short term vacancies locally as child care centres adjust to the health and safety requirements;
- Support for child care staff absenteeism where staff need to stay home because they or their children are sick or need to self isolate; and
- Minor capital required (less than \$5,000) in accordance with the ministry's reopening operational guidance or local public health requirements.

In addition to the parameters outlined above, this funding can also be used to provide time-limited and targeted support during the temporary before/after school closure starting January 4th, to ensure that centres that offer before/after programs can remain financially sustainable to continue serving school children once the closure is lifted. Funding parameters in respect to closed before and after school programs are as follows:

- A. Net of Federal Supports and Net of Provincial Supports for Businesses
  - Funding support must only be provided after all other support programs have been exhausted for which the provider is eligible. This includes federal support programs under the Canada Economic Response Plan and provincial

programs available to businesses, such as the Ontario Small Business Support Grant: <https://www.ontario.ca/page/businesses-get-help-covid-19-costs>

B. Participation in Targeted Emergency Child Care

- Revenues that before and after school providers may generate from potential participation in targeted emergency child care must be considered. In particular, additional funding support should not be provided if before and after school providers fully mitigated revenue loss by participating in targeted emergency child care.

C. Risks to On-Going Viability

- Funding should be prioritized to those before and after school providers who demonstrate that the financial impact from the closure period will impact their ability to deliver programs following the closure period.

This \$66M in funding is being provided in addition to the 2021 allocations previously communicated in December 2020 and is intended to support you in effectively serving your communities during these challenging times. Similar to the approach for Federal Safe Restart Funding, funding has been allocated to CMSMs and DSSABs proportionally based on their total 2021 Child Care and EarlyON allocations. See Appendix A for further details. These funds are intended to be spent by March 31, 2021.

As a reminder, in addition to this funding, CMSMs and DSSABs have the flexibility to spend the 2020/21 Safe Restart Funding until March 31, 2021. As well, child care operators should continue to maximize federal supports through the Canada Economic Response Plan in 2021.

**Next Steps**

Once available, CMSMs and DSSABs will be able to view their updated 2021 Child Care and EarlyON Child and Family Centre Transfer Payment Agreements, which will include this additional funding, on the Transfer Payment Ontario (TPON) online platform.

Thank you for your ongoing collaboration as we work to support the child care sector in 2021. I look forward to our continued partnership to strengthen the early years and child care system throughout Ontario.

Thank you,

Phil Graham

**Appendix A: Additional Funding for COVID-19 Costs January to March 2021**

CMSM/DSSAB	Funding For COVID-19 Costs January to March 2021
Corporation of the City of Brantford	540,441
City of Cornwall	471,737
City of Greater Sudbury	948,460
The City of Hamilton	2,818,886
Corporation of the City of Kawartha Lakes	309,533
Corporation of the City of Kingston	606,163
Corporation of the City of London	1,991,855
City of Ottawa	5,025,199
Corporation of the City of Peterborough	526,239
Corporation of the City of St. Thomas	377,423
Corporation of the City of Stratford	262,278
City of Toronto	17,854,714
Corporation of the City of Windsor	1,749,784
Corporation of the County of Bruce	264,028
Corporation of the County of Dufferin	221,769
Corporation of the County of Grey	358,375
Corporation of the County of Hastings	524,510
Corporation of the County of Huron	226,948
Corporation of the County of Lambton	703,539
County of Lanark	275,136
County of Lennox & Addington	229,876
County of Northumberland	276,458
County of Oxford	349,545
County of Renfrew	367,620
County of Simcoe	1,624,893
County of Wellington	809,271
District Municipality of Muskoka	226,239
Corporation of the Municipality of Chatham-Kent	623,251
The Corporation of Norfolk County	356,077
Regional Municipality of Durham	2,558,033
Regional Municipality of Halton	2,094,933

CMSM/DSSAB	Funding For COVID-19 Costs January to March 2021
Regional Municipality of Niagara	1,702,258
Regional Municipality of Peel	6,699,780
Regional Municipality of Waterloo	2,147,873
Regional Municipality of York	5,347,380
United Counties of Leeds & Grenville	337,794
United Counties of Prescott & Russell	418,242
Algoma District Services Administration Board	247,787
District of Cochrane Social Service Administration Board	496,336
District of Nipissing Social Services Administration Board	510,742
District of Parry Sound Social Services Administration Board	263,152
District of Sault Ste Marie Social Services Administration Board	371,142
District of Timiskaming Social Services Administration Board	329,276
Kenora District Services Board	348,440
Manitoulin-Sudbury District Social Services Administration Board	335,788
Rainy River District Social Services Administration Board	194,835
District of Thunder Bay Social Services Administration Board	675,961
<b>PROVINCIAL TOTAL</b>	<b>66,000,000</b>



**MINUTES**  
**Hamilton Veterans Committee**  
September 29th, 2020  
4:00 p.m. – 6:00 p.m.  
**WebEx – Virtual Platform**

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Chair: Ed Sculthorpe

Recorder: Lauren Anastasi

Present: Councillor Johnson, Councillor Ferguson, David Steckham, Tibor Bocz, Robert Fyfe, Don Jackson, Michael Rehill, Steven Waldron, Dave Baldry, Tamara Bates, Brydie Huffman (Staff)

Absent with Regrets:

**1. CEREMONIAL ACTIVITIES**

- 1.1 Moment of Silence
- 1.2 Land Acknowledgement

**2. APPROVAL OF AGENDA**

- 2.1 Agenda was approved by all committee members

MOVED: Robert Fyfe

SECOND: Michael Rehill

**That** the agenda of today's meeting be approved.

**CARRIED**

**3. DECLERATIONS OF INTEREST**

There were no declarations of interest.

**4. APPROVAL OF MINUTES OF PREVIOUS MEETING**

- 4.1 Approval of Minutes February 2020  
No changes to the minutes were required.

**That** the meeting minutes of February 2020 be approved.

**CARRIED**

## **5. DELEGATION REQUESTS**

5.1 Cameron Kroetsch, Lesbian, Gay, Bisexual, Transgender and Queer Advisory Committee (LGBTQ), regarding an All Advisory Committee meeting.

**That** the delegation request from Cameron Kroetsch be placed on hold pending more information is provided to HVC.

**CARRIED**

## **6. STAFF PRESENTATIONS**

6.1 Hero Windows at the Lister Block

- Using the unused spring budget funds toward a Remembrance Day art installation at Lister Block, 28 James Street North November 4<sup>th</sup>-13<sup>th</sup> 2020. This installation will represent inclusive military photos from Hamilton's past and poppies.

6.2 Educational Videos for Remembrance Day

- Educational videos filmed at the Military Museum. Schools will have access to this content to educate students about Remembrance Day in place of assemblies this year.
- How to pay respects when an assembly is not possible, heritage artifacts including the use of masks during WWI & WWII in comparison to how we use them today etc.
- These videos will be made available on the Military Museum website, City of Hamilton Events webpage, a press release and distributed to the HWSDB and through social media channels. Downloadable packages for teachers.

### 6.3 Emergency Operation Centre (EOC) responses to Remembrance Day Services

- Changes to large public gatherings due to Covid-19. Options presented to Emergency Operations Committee (EOC)
  - a) Smaller event at Cenotaph
  - b) Pre-recorded service
  - c) Smaller event in Council Chambers
- EOC would like us to organize a limited service indoors to be live streamed by Cable 14 on Remembrance Day. They do not want support staff coordinating the even at the Cenotaph.

## 7. DISCUSSION ITEMS

### 7.1 Remembrance Day

- Requesting suggestions for indoor locations as per EOC's recommendation. Armouries are not allowing indoor events. An arena was suggested. Glanbrook municipal centre.
- A pre-recorded message was agreed upon at our last meeting. HVC still agrees this is the safest and most viable option.
- October 27<sup>th</sup> is the next HVC meeting, decision needs to be made prior to this date.

**That** a meeting be requested with Paul Johnson of EOC, HVC Chair Ed Scuthorpe and staff Brydie Huffman to discuss HVC's preference for a pre-recorded Remembrance Day ceremony. Councillor Ferguson and Councillor Johnson have agreed to attend the meeting if required.

**CARRIED**

### 7.2 Community Cenotaphs

- Lone bugler/piper to be placed at each community Cenotaph in case citizens arrive to pay respects although outdoor services will not be in place. CHCH will be recording at the different locations.
- Lancaster will still be flying over it's same flight path over Hamilton on the day of.



**8. MOTIONS**

There were no motions.

**9. NOTICES OF MOTION**

There were no notices of motion.

**10. GENERAL INFORMATION/OTHER BUSINESS**

10.1 Tibor Bocz will be moving on from HVC.

**11. ADJOURNMENT**

MOVED: Michael Rehill

SECOND: Robert Fyfe

**That** the Hamilton Veterans Committee meeting be adjourned at 4:28pm

**CARRIED**



Hamilton

**MINUTES**  
**Hamilton Veterans Committee**  
 October 27, 2020  
 4:00 p.m. – 6:00 p.m.  
**WebEx – Virtual Platform**

Chair: Ed Sculthorpe

Recorder: Brydie Huffman

Present: Councillor Johnson, David Steckham, Robert Fyfe, Don Jackson, Michael Rehill, Steven Waldron, Dave Baldry, Brydie Huffman (Staff)

Guests: Terry Ryan

Absent: Councillor Ferguson

**1. CEREMONIAL ACTIVITIES**

- 1.1 Moment of Silence
- 1.2 Land Acknowledgement

**2. APPROVAL OF AGENDA**

- 2.1 Agenda was approved by all committee members

MOVED: Robert Fyfe

SECOND: Michael Rehill

**That** the agenda of today's meeting be approved.

**CARRIED**

**3. DECLERATIONS OF INTEREST**

There were no declarations of interest.

**4. APPROVAL OF MINUTES OF PREVIOUS MEETING**

- 4.1 Approval of Minutes September 2020  
 No changes to the minutes were required.

**That** the meeting minutes of September 2020 be approved.

**CARRIED**

**5. DELEGATION REQUESTS**

- 5.1 Cameron Kroetsch, Lesbian, Gay, Bisexual, Transgender and Queer Advisory Committee (LGBTQ), regarding an All Advisory Committee meeting.

That the delegation request from Cameron Kroetsch be placed on hold pending more information is provided to HVC. Staff reached out but there has been changes to protocol on the matter and we will await further decisions from clerks

**CARRIED**

## **6. STAFF PRESENTATIONS**

### 6.1 HVC Budget suggestion for 2021

- Attached as Appendix A, the costs broken down to support the HVC Events and Operations for 2021
- Staff noted this was based on 2019 needs as Covid changes in 2020 do not accurately show the spending needs for large scale events
- There was buffering put in place for the need to have a garrison parade and public service
- Budget also allowed for potential youth/art projects at Decoration Day and Remembrance Day

That staff request permission to submit the proposed budget to the Emergency and Community Services Committee for approval in the 2021 budget

**CARRIED**

## **7. DISCUSSION ITEMS**

### 7.1 Remembrance Day

- Staff have been working with Cable 14 to produce a virtual commemoration for Remembrance Day for the public that will be made available on Youtube
- Thanks to the RHLI Band, RHLI Veterans Association, HMCS STAR and the ASH on their assistance in submitting content
- In-person service scheduled for November 11<sup>th</sup> with Covid protocols in place
- Staff will work with the Parks dept, police, media and surrounding construction companies in Gore

## **8. MOTIONS**

There were no motions.

## **9. NOTICES OF MOTION**

There were no notices of motion.

## **10. GENERAL INFORMATION/OTHER BUSINESS**

## **11. ADJOURNMENT**

**AGENDA: Hamilton Veterans Committee – September 29, 2020**

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MOVED: Michael Rehill

SECOND: Robert Fyfe

**That** the Hamilton Veterans Committee meeting be adjourned at 4:28pm

**CARRIED**





Hamilton

**Minutes****Hamilton Veterans Committee**

December 8, 2020

4:00 p.m. – 6:00 p.m.

**WebEx – Virtual Platform****1. CEREMONIAL ACTIVITIES****2. APPROVAL OF AGENDA**

2.1 Change to agenda to add Wreath discussion as item 6.5

**3. DECLARATIONS OF INTEREST****4. APPROVAL OF MINUTES OF PREVIOUS MEETING**

4.1 October 27 2020

**Moved by: Bob Fyfe**

**Seconded by: Mike Rehill**

**5. STAFF PRESENTATIONS**

5.1 2021 Budget presentation  
HVC proposed Veterans budget was submitted to ECS for review this week. They will receive this item but a presentation on finances was not needed as in past years where chair had presented.

**6. DISCUSSION ITEMS**

6.1 Post Remembrance Day debrief  
Staff shared with committee that this year there were no complaints about the digital service. Public were understanding about the cancellations of smaller community services due to Covid.  
Digital service is available for viewing the HVC City of Hamilton page and youtube. Chair thanked staff for their work on the hybrid event

6.2 Decoration Day 2021  
June 13 2021 has been confirmed as the event date. Hoping for a scaled down version of the typical service with limited cadet involvement.  
Terry Ryan suggested the cadets be given the materials to attend to cemeteries in their communities. It was also suggested a partner opportunity with the military museum for a research project.  
Chair noted he liked the option to have cadets in their community cemeteries, of course dependant on approvals for in-person events.  
Consensus from HVC members is that there should still be some acknowledgment to not lose momentum on what has been built.  
Question was raised about including veteran clubs, Chair acknowledged the risk of that demographic and a scaled service similar to Remembrance Day would be most likely.

- 6.3 HVC 2021 Meeting Calendar  
Discussions on setting the meetings in 2021 starting in March to be held on the last Tuesday of selected months  
March  
April  
May  
June  
September  
October  
November
- 6.4 Appointment of Chair in 2021  
Roles of Chair and Vice-Chair will reach their 2yr term in spring 2021. New chairs will be elected at the start of the new meeting calendar.
- 6.5 Youth wreaths for 2021 programming  
Chair proposed the idea of the traditional wreaths being supplemented by wreaths made by local students. Would also like to add an Indigenous wreath as part of our official placings (as most Indigenous wreath layers traditionally bring their own)  
Staff suggested the idea of reaching out to the Indigenous committee with the City of Hamilton. Point was raised that we need to understand that there could be issue with the not including the correct representatives so we're not offending. Councillor Johnson referenced the community wreaths made in Glanbrook

## **7. MOTIONS**

- 7.1 Replacing vacant member positions

“WHEREAS, the Terms of Reference of the Hamilton Veterans Committee states that in the event that a vacancy exists before a term has ended, the Committee may recommend a replacement to the Emergency and Community Services Committee.”

Councillor Johnson spoke to a member of the ECS that will move support for this motion at the January 2021 meeting.

## **8. GENERAL INFORMATION/OTHER BUSINESS**

Issue was raised that that the media did not give print coverage to the cenotaph service, it was noted that staff purposely did not advertise in the paper to avoid large public turnout during Covid.

## **9. PRIVATE AND CONFIDENTIAL**

**10. ADJOURNMENT**

Meeting adjourned at 4:47pm





Hamilton

## INFORMATION REPORT

<b>TO:</b>	Chair and Members Emergency and Community Services Committee
<b>COMMITTEE DATE:</b>	March 25, 2021
<b>SUBJECT/REPORT NO:</b>	Housing Focused Street Outreach (HSC21008) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Nadia Zelisko (905) 546 2424 Ext. 2548 Greg Tedesco (905) 546 2424 Ext. 7168 Rob Mastroianni (905) 546 2424 Ext. 8035
<b>SUBMITTED BY:</b>	Edward John Director, Housing Services Division Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

### INFORMATION

On April 1, 2021, supervision of Hamilton's Street Outreach Team will be centralized in the Housing Services Division on a two-year pilot basis, with Housing Services reporting back on a long-term, sustainable operational model beyond this. Being centralized within Housing Services allows for enhanced opportunities for alignment with the housing-focused goals and strategic actions outlined in Hamilton's System Planning Framework, while also allowing for expanded service delivery outcomes through an updated staffing model. Program operating costs will be fully funded by existing Federal and/or Provincial homelessness funding.

Development of the new Housing Focused Street Outreach Team under the supervision of Housing Services is currently in progress and includes: work to determine the appropriate staffing model to achieve outcome targets; the development of core service standards; role descriptions for all positions within the Street Outreach Team; and program design considerations related to areas of equity and inclusion. The Street Outreach Team will continue to operate as a collaborative community partnership, with workers seconded from community agencies, supporting unsheltered individuals to access shelter and/or housing supports. The Street Outreach Team will also support encampment related response in alignment with the City's Encampment Protocol.

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

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

**SUBJECT: Housing Focused Street Outreach (HSC21008) (City Wide) - Page 2 of 3**

In order to better support the work of the Street Outreach Team, an expanded Outreach staff complement is required. Currently, there are 2.5 Full Time Equivalent (FTE) staff positions funded through a secondment model. This model will be expanded to a 7 FTE seconded model. This includes 6 Street Outreach staff and 1 Coordinator position. The team will also be supported by an existing HSD Supervisor position. As the Outreach staff are seconded through contractual agreements with community agencies, this will have no impact on the City's staff complement.

As Housing Services Division works to collaboratively design, adapt and implement the Housing Focused Street Outreach Team in alignment with the broader outreach and encampment strategy, effort will be made to include the expertise of those with lived/living experience of homelessness throughout these processes. This work also includes attention to the unique needs of Indigenous populations in Hamilton, as Housing Services remains committed to exploring enhanced partnerships and coordination with Hamilton's Urban Indigenous Community to ensure that approaches to service coordination and provision are culturally appropriate, safe and built on principles of relationship, trust and informed consent.

**Background and Rationale**

Housing Focused Street Outreach remains an important part of emergency response in Hamilton's homeless-serving system to facilitate connections to housing and related supports. Outreach provides temporary services to unsheltered populations who may be disconnected from services and supports, while also supporting the coordination and implementation of encampment related response strategies.

On January 16, 2020, Report HSC20004 was approved by the Emergency and Community Services Committee. This report outlined recommended projects for Coming Together to End Homelessness: Call for Applications 2019. There were no recommended proponents for the Assertive Housing-Focused Street Outreach stream, and an additional call for applications (CFA) for this intervention was approved to occur in calendar year 2020, with new contracts in place by April 1, 2021. To avoid service disruption and ensure continuity of services in the interim, the City of Hamilton Public Health Mental Health Street Outreach Program was approved to be funded status quo at \$148,450 in fiscal year 2020/2021.

The planned CFA for the Assertive Housing-Focused Street Outreach stream was postponed as the City's Housing Services Division and Emergency Operations Centre (EOC) worked to determine how best to respond to evolving needs around unsheltered homelessness and encampments. In the fall of 2020, supervision of the existing Street Outreach team moved from Public Health Services to Housing Services Division in order to facilitate enhanced encampment response and support, while also creating stronger connections to permanent housing resources within Hamilton's system of care.

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**SUBJECT: Housing Focused Street Outreach (HSC21008) (City Wide) - Page 3 of 3**

Realigning supervision of the outreach intervention within the Housing Services Division creates an opportunity to increase the capacity of the Housing Focused Street Outreach Team and create stronger alignment between the overall encampment strategy, outreach intervention and Hamilton's Homelessness Systems Planning Framework. This alignment is necessary to ensure that partners across the broader social safety net contribute to a sustainable, seamless response that ensures prevention and appropriate housing are in place to reduce the risk of homelessness, prevent homelessness whenever possible, or otherwise ensure it is a rare, brief and non-reoccurring experience.

**Financial Implications**

Costs for the Housing Focused Street Outreach Team will be covered through the City's existing Provincial Community Homelessness Prevention Initiative (CHPI) funding allocation. Total costs for the program are estimated to be approx. \$385,000.

**APPENDICES AND SCHEDULES ATTACHED**

None.



**CITY OF HAMILTON**  
**HEALTHY AND SAFE COMMUNITIES DEPARTMENT**  
**Hamilton Paramedic Service**

<b>TO:</b>	Chair and Members Emergency and Community Services Committee
<b>COMMITTEE DATE:</b>	March 25, 2021
<b>SUBJECT/REPORT NO:</b>	Ministry of Long-Term Care Community Paramedic Funding (HSC21012) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Michael Sanderson (905) 546-2424 Ext. 7741
<b>SUBMITTED BY:</b>	Paul Johnson General Manager Healthy and Safe Communities Department
<b>SIGNATURE:</b>	

### RECOMMENDATION

- (a) That the Chief of the Hamilton Paramedic Service be authorized to sign on reports, amendments, and changes to the Agreement originally signed by the City Manager, Hamilton Community Paramedicine Long-Term Care Program (CPLTC) Transfer Payment Agreement (attached as Appendix "A" to Report HSC21012) for the period January 1, 2020 through March 31, 2024;
- (b) That subject to available funding the Hamilton Paramedic Service be authorized to increase their staffing complement by 12 Full Time Equivalents (FTE) to provide the staffing and activities as outlined in the CPLTC Proposal Hamilton (attached as Appendix "B" to Report HSC21012) and the Hamilton CPLTC Transfer Payment Agreement; and
- (c) That the Hamilton Paramedic Service be authorized to expend capital from existing vehicle and equipment reserves to acquire the vehicles and equipment necessary to fulfil the activities as outlined in Appendix "A" and Appendix "B" to Report HSC21012, such capital costs to be fully recovered over the period of the Agreement.

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**SUBJECT: Ministry of Long-Term Care Community Paramedic Funding  
(HSC21012) (City Wide) - Page 2 of 6**

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**EXECUTIVE SUMMARY**

The Ministry of Long-Term Care (MLTC) solicited an expression of interest to participate in a Community Paramedicine Long-Term Care (CPLTC) program. This program provides trained paramedic staff to better support seniors on the Provincial long-term care waitlist, or soon to be eligible for long-term care, with community paramedicine services in the comfort of their own homes.

Following submission of a proposal, the City of Hamilton has received approval to proceed with the program from the Minister of Long-Term Care. The City has also received funding approval and a Transfer Payment Agreement from the MLTC Assistant Deputy Minister. The Transfer Payment Agreement has been signed and returned to the MLTC.

This recommendation report is intended to provide authority for the Hamilton Paramedic Service to fill the required staffing positions, acquire the required equipment, and to authorize submission of required reports, amendments, or changes to the agreement.

**Alternatives for Consideration – Not applicable.**

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial:

The CPLTC program is fully funded by the MLTC including all budgeted staff, equipment, and operating costs. The operating budget was developed with the support of, and approved by the Finance and Administration Section, Financial Planning, Administration and Policy Division, Corporate Services Department. Available MLTC funding, subject to normal and customary Ministry review, is identified as:

- \$498,600 for Year 1 (period ending March 31, 2021)
- \$1,994,400 for Year 2 (Period April 1, 2021 through March 31, 2022)
- \$1,994,400 for Year 3 (Period April 1, 2022 through March 31, 2023)
- \$1,994,400 for Year 4 (Period April 1, 2023 through March 31, 2024)

Staffing:

A total of 12 full time equivalent (FTE) positions are included in the operating budget.

This funding provides for:

- 1 full time Program Manager
- 1 full time Operational Supervisor
- 8 designated full time Community Paramedics

**SUBJECT: Ministry of Long-Term Care Community Paramedic Funding  
(HSC21012) (City Wide) - Page 3 of 6**

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- 2 FTE notional allocations to provide for vacation, statutory holiday relief, approved absences, and training

These positions will be discontinued in the event Provincial funding for the program ends.

Legal:

N/A

## **HISTORICAL BACKGROUND**

Hamilton Paramedic Service has been progressively involved in the development of Community Paramedic programs for more than eight years beginning with the Community Health Assessment by Paramedic (CHAP) program where paramedics provided assessment and assistance to seniors in various CityHousing Hamilton buildings. The CHAP program was developed in partnership with McMaster University Department of Family Medicine.

The CHAP program has since transitioned from clinic settings in CityHousing Hamilton buildings (CP@Clinic) to other activities including Community Paramedic home visit program (CP@Home) and Remote Patient Monitoring (RPM) activities. McMaster reports the program initially developed in Hamilton is now running in 17 Ontario paramedic services with a total of 117 sites. For the last four years in Hamilton, our CP program has had two full time staff allocated to the activities with 100% funding from the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN).

The evaluation of community paramedic programs by McMaster has concluded it provides economic and operational efficiency while improving the quality of life for participants.

Since the onset of COVID, the Paramedic Service has worked with other agencies and the Province to establish better ways to support higher risk individuals and seniors at home thereby reducing the potential for both 9-1-1 calls for assistance and low acuity patient transport arrivals to hospital. Key expansion activities have included:

- Temporary Provincial grant funding through Home and Community Care to temporarily provide four additional Community Paramedics. These additional Community Paramedics are working in an integrated fashion with Home and Community Care to support high needs patients in the community who are awaiting Long Term Care placement. Funding for this program expires on March 31, 2021.
- Temporary Ontario Health (West) grant funding received in partnership with Hamilton Health Sciences and St. Josephs Health Care to expand and better integrate the Remote Patient Monitoring program. This grant funding provides for

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**SUBJECT: Ministry of Long-Term Care Community Paramedic Funding  
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equipment and two temporarily assigned Community Paramedics. Funding for this program expires March 31, 2021.

The MLTC Assistant Deputy Minister wrote Hamilton's City Manager in late November inviting expression of interest from the City of Hamilton to participate in a new 100% provincially funded Community Paramedic Long-Term Care (CPLTC) program which would build on existing Community Paramedic programs with a focus on supporting individuals safely in their homes.

An affirmative response expressing the City's interest to participate in the CPLTC program was submitted on November 30, 2020. The MLTC then provided a draft Proposal Framework, CPLTC Program Framework for Planning, Evaluation and Implementation (attached as Appendix "C" to Report HSC21012) and budget template for completion and submission.

An initial meeting with MLTC staff was attended on December 20, 2020 and the City's finalized program submission and budget were submitted to the MLTC on January 7, 2021.

On February 10, 2021, the MLTC approved the program submission and budget (attached as Appendix "D" to Report HSC21012), identifying a total of \$6,481,800 in one-time funding over four years to support seniors on the provincial long-term care waitlist, or soon to be eligible for long-term care, with community paramedicine services in the comfort of their own homes.

Hamilton's City Manager has now signed and returned the funding agreement allowing us to finalize implementation of the proposed CPLTC program.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

Community Paramedic performance of delegated medical acts required in the CPLTC program is authorized by the Medical Director of the Hamilton Health Sciences Centre for Paramedic Education and Research Outreach Program (HHS CPER Outreach).

## **RELEVANT CONSULTATION**

Finance and Administration Section, Financial Planning, Administration and Policy Division, Corporate Services Department staff were fully engaged in the development of the operating budget and the vehicle and equipment capital purchasing plans.

OPSEU 256 has been, and will continue to be, engaged in discussions regarding job posting and staffing implications. They have indicated support for the initiative.

Hamilton Paramedic Service has engaged key partners for this program including:

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**SUBJECT: Ministry of Long-Term Care Community Paramedic Funding  
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- Hamilton Health Team
- Public Health
- Primary Care Physicians Lead
- Home and Community Care
- Hamilton Health Sciences CPER Outreach Medical Director
- Long Term Care Physicians

As this program is developmental over a longitudinal time frame, we will be continuing discussion and integration with these and other relevant areas.

**ANALYSIS AND RATIONALE FOR RECOMMENDATION**

The proposed CPLTC program will provide 24 hour a day, 7 day a week, community paramedicine support for seniors awaiting long term care placement. This support will be complementary and coordinated with the support already provided through Home and Community Care including the ability for remote patient monitoring, patient diagnostic testing, and integration with established physician led virtual care consultation programs.

The intent of the program is to reduce patient transportation to, and admission in, hospital emergency departments. The economic evaluation provided by McMaster for similar programs suggests that for every dollar expended in the program there will be a global health care system cost reduction of two dollars.

The CPLTC program is 100% funded by the MLTC including all staffing, equipment, and operational costs.

**ALTERNATIVES FOR CONSIDERATION**

Not Applicable.

**ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**

**Community Engagement and Participation**

Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community

**Healthy and Safe Communities**

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

**Our People and Performance**

Hamiltonians have a high level of trust and confidence in their City government.



**SUBJECT: Ministry of Long-Term Care Community Paramedic Funding  
(HSC21012) (City Wide) - Page 6 of 6**

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**APPENDICES AND SCHEDULES ATTACHED**

Appendix "A" to Report HSC21012 – Hamilton CPLTC Transfer Payment Agreement

Appendix "B" to Report HSC21012 – CPLTC Proposal Hamilton

Appendix "C" to Report HSC21012 – CPLTC Program Framework for Planning,  
Evaluation and Implementation

Appendix "D" to Report HSC21012 – Hamilton CPLTC Funding Letter – Signed

## ONTARIO TRANSFER PAYMENT AGREEMENT

**THE AGREEMENT** is effective as of the 1<sup>st</sup> day of January, 2021

**B E T W E E N :**

**Her Majesty the Queen in right of Ontario  
as represented by the Minister of Long-Term Care**

(the "Province")

- and -

**City of Hamilton**

(the "Recipient")

### CONSIDERATION

In consideration of the mutual covenants and agreements contained in the Agreement and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, the Province and the Recipient agree as follows:

#### 1.0 ENTIRE AGREEMENT

1.1 **Schedules to the Agreement.** The following schedules form part of the Agreement:

- Schedule "A" - General Terms and Conditions
- Schedule "B" - Project Specific Information and Additional Provisions
- Schedule "C" - Project
- Schedule "D" - Budget
- Schedule "E" - Payment Plan
- Schedule "F" - Reports.

1.2 **Entire Agreement.** The Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

#### 2.0 CONFLICT OR INCONSISTENCY

2.1 **Conflict or Inconsistency.** In the event of a conflict or inconsistency between the Additional Provisions and the provisions in Schedule "A", the following rules will apply:

- (a) the Parties will interpret any Additional Provisions in so far as possible, in a way that preserves the intention of the Parties as expressed in Schedule "A"; and
- (b) where it is not possible to interpret the Additional Provisions in a way that is consistent with the provisions in Schedule "A", the Additional Provisions will prevail over the provisions in Schedule "A" to the extent of the inconsistency.

### **3.0 COUNTERPARTS**

- 3.1 **One and the Same Agreement.** The Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

### **4.0 AMENDING THE AGREEMENT**

- 4.1 **Amending the Agreement.** The Agreement may only be amended by a written agreement duly executed by the Parties.

### **5.0 ACKNOWLEDGEMENT**

- 5.1 **Acknowledgement.** The Recipient acknowledges that:

- (a) the Funds are to assist the Recipient to carry out the Project and not to provide goods or services to the Province;
- (b) the Province is not responsible for carrying out the Project; and
- (c) the Province is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario) and that any information provided to the Province in connection with the Project or otherwise in connection with the Agreement may be subject to disclosure in accordance with that Act.

- 5.2 The Recipient shall ensure that all personal information or personal health information in its custody or under its control is managed in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56 (MFIPPA), and its regulations, the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A, and any other applicable legislation.

- 5.3 The Province acknowledges that the Recipient is bound by MFIPPA and that any information provided to the Recipient in connection with the Agreement may be subject to disclosure in accordance with MFIPPA.

**- SIGNATURE PAGE FOLLOWS -**

The Parties have executed the Agreement on the dates set out below.

**HER MAJESTY THE QUEEN IN RIGHT OF  
ONTARIO as represented by the Minister of Long-  
Term Care**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name: The Honourable Merrilee Fullerton  
Title: Minister of Long-Term Care

**City of Hamilton**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name: Janette Smith  
Title: City Manager

I have authority to bind the Recipient.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:  
I have authority to bind the Recipient.

**SCHEDULE "A"**  
**GENERAL TERMS AND CONDITIONS**

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**A1.0 INTERPRETATION AND DEFINITIONS**

A1.1 **Interpretation.** For the purposes of interpretation:

- (a) words in the singular include the plural and vice-versa;
- (b) words in one gender include all genders;
- (c) the headings do not form part of the Agreement; they are for reference only and will not affect the interpretation of the Agreement;
- (d) any reference to dollars or currency will be in Canadian dollars and currency; and
- (e) "include", "includes" and "including" denote that the subsequent list is not exhaustive.

A1.2 **Definitions.** In the Agreement, the following terms will have the following meanings:

**"Additional Provisions"** means the terms and conditions set out in Schedule "B".

**"Agreement"** means this agreement entered into between the Province and the Recipient, all of the schedules listed in section 1.1, and any amending agreement entered into pursuant to section 4.1.

**"Budget"** means the budget attached to the Agreement as Schedule "D".

**"Business Day"** means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year's Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the Province has elected to be closed for business.

**"Effective Date"** means the date set out at the top of the Agreement.

**"Event of Default"** has the meaning ascribed to it in section A12.1.

**"Expiry Date"** means the expiry date set out in Schedule "B".

**"Funding Year"** means:

- (a) in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following March 31; and

- (b) in the case of Funding Years subsequent to the first Funding Year, the period commencing on April 1 following the end of the previous Funding Year and ending on the following March 31 or the Expiry Date, whichever is first.

**"Funds"** means the money the Province provides to the Recipient pursuant to the Agreement.

**"Indemnified Parties"** means Her Majesty the Queen in right of Ontario, and includes Her ministers, agents, appointees, and employees.

**"Loss"** means any cause of action, liability, loss, cost, damage, or expense (including legal, expert and consultant fees) that anyone incurs or sustains as a result of or in connection with the Project or any other part of the Agreement.

**"Maximum Funds"** means the maximum set out in Schedule "B".

**"Notice"** means any communication given or required to be given pursuant to the Agreement.

**"Notice Period"** means the period of time within which the Recipient is required to remedy an Event of Default pursuant to section A12.3(b), and includes any such period or periods of time by which the Province extends that time in accordance with section A12.4.

**"Parties"** means the Province and the Recipient.

**"Party"** means either the Province or the Recipient.

**"Personal Health Information"** means personal health information as defined in the *Personal Health Information Protection Act, 2004*, S.O. 2004, c.3, Schedule A.

**"Proceeding"** means any action, claim, demand, lawsuit, or other proceeding that anyone makes, brings or prosecutes as a result of or in connection with the Project or with any other part of the Agreement.

**"Project"** means the undertaking described in Schedule "C".

**"Records Review"** means any assessment the Province conducts pursuant to section A7.4.

**"Reports"** means the reports described in Schedule "F".

## **A2.0 REPRESENTATIONS, WARRANTIES, AND COVENANTS**

**A2.1 General.** The Recipient represents, warrants, and covenants that:

- (a) it has, and will continue to have, the experience and expertise necessary to carry out the Project;
- (b) it is in compliance with, and will continue to comply with, all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules, and by-laws related to any aspect of the Project, the Funds, or both; and
- (c) unless otherwise provided for in the Agreement, any information the Recipient provided to the Province in support of its request for funds (including information relating to any eligibility requirements) was true and complete at the time the Recipient provided it and will continue to be true and complete.

A2.2 **Execution of Agreement.** The Recipient represents and warrants that it has:

- (a) the full power and authority to enter into the Agreement; and
- (b) taken all necessary actions to authorize the execution of the Agreement, including passing a municipal by-law authorizing the Recipient to enter into the Agreement.

A2.3 **Governance.** The Recipient represents, warrants, and covenants that it has, will maintain in writing, and will follow:

- (a) procedures to enable the Recipient to manage Funds prudently and effectively;
- (b) procedures to enable the Recipient to complete the Project successfully;
- (c) procedures to enable the Recipient to identify risks to the completion of the Project and strategies to address the identified risks, all in a timely manner;
- (d) procedures to enable the preparation and submission of all Reports required pursuant to Article A7.0; and
- (e) procedures to enable the Recipient to address such other matters as the Recipient considers necessary to enable the Recipient to carry out its obligations under the Agreement.

A2.4 **Supporting Proof.** Upon the request of the Province, the Recipient will provide the Province with proof of the matters referred to in Article A2.0.

### A3.0 **TERM OF THE AGREEMENT**

A3.1 **Term.** The term of the Agreement will commence on the Effective Date and will expire on the Expiry Date unless terminated earlier pursuant to Article A11.0 or Article A12.0.

#### A4.0 **FUNDS AND CARRYING OUT THE PROJECT**

A4.1 **Funds Provided.** The Province will:

- (a) provide the Recipient up to the Maximum Funds for the purpose of carrying out the Project;
- (b) provide the Funds to the Recipient in accordance with the payment plan attached to the Agreement as Schedule "E"; and
- (c) deposit the Funds into an account the Recipient designates provided that the account:
  - (i) resides at a Canadian financial institution; and
  - (ii) is in the name of the Recipient.

A4.2 **Limitation on Payment of Funds.** Despite section A4.1:

- (a) the Province is not obligated to provide any Funds to the Recipient until the Recipient provides evidence satisfactory to the Province that the Recipient's council has authorized the execution of this Agreement by the Recipient by municipal by-law;
- (b) the Province is not obligated to provide any Funds to the Recipient until the Recipient provides the certificates of insurance or other proof as the Province may request pursuant to section A10.2;
- (c) the Province is not obligated to provide instalments of Funds until it is satisfied with the progress of the Project; and
- (d) the Province may adjust the amount of Funds it provides to the Recipient in any Funding Year based upon the Province's assessment of the information the Recipient provides to the Province pursuant to section A7.2.

A4.3 **Use of Funds and Carry Out the Project.** The Recipient will do all of the following:

- (a) carry out the Project in accordance with the Agreement;
- (b) use the Funds only for the purpose of carrying out the Project;
- (c) spend the Funds only in accordance with the Budget;



- (d) not use the Funds to cover any cost that has or will be funded or reimbursed by one or more of any third party, ministry, agency, or organization of the Government of Ontario.

A4.4 **Interest Bearing Account.** If the Province provides Funds before the Recipient's immediate need for the Funds, the Recipient will place the Funds in an interest bearing account in the name of the Recipient at a Canadian financial institution.

A4.5 **Interest.** If the Recipient earns any interest on the Funds, the Province may do either or both of the following:

- (a) deduct an amount equal to the interest from any further instalments of Funds;
- (b) demand from the Recipient the payment of an amount equal to the interest.

A4.6 **Rebates, Credits, and Refunds.** The Province will calculate Funds based on the actual costs to the Recipient to carry out the Project, less any costs (including taxes) for which the Recipient has received, will receive, or is eligible to receive, a rebate, credit, or refund.

#### A5.0 **RECIPIENT'S ACQUISITION OF GOODS OR SERVICES, AND DISPOSAL OF ASSETS**

A5.1 **Acquisition.** If the Recipient acquires goods, services, or both with the Funds, it will do so through a process that promotes the best value for money.

A5.2 **Disposal.** The Recipient will not, without the Province's prior consent, sell, lease, or otherwise dispose of any asset purchased or created with the Funds or for which Funds were provided, the cost of which exceeded the amount as provided for in Schedule "B" at the time of purchase.

#### A6.0 **CONFLICT OF INTEREST**

A6.1 **Conflict of Interest Includes.** For the purposes of Article A6.0, a conflict of interest includes any circumstances where:

- (a) the Recipient; or
- (b) any person who has the capacity to influence the Recipient's decisions, has outside commitments, relationships, or financial interests that could, or could be seen by a reasonable person to, interfere with the Recipient's objective, unbiased, and impartial judgment relating to the Project, the use of the Funds, or both.

A6.2 **No Conflict of Interest.** The Recipient will carry out the Project and use the

Funds without an actual, potential, or perceived conflict of interest unless:

- (a) the Recipient:
  - (i) provides Notice to the Province disclosing the details of the actual, potential, or perceived conflict of interest;
  - (ii) requests the consent of the Province to carry out the Project with an actual, potential, or perceived conflict of interest;
- (b) the Province provides its consent to the Recipient carrying out the Project with an actual, potential, or perceived conflict of interest; and
- (c) the Recipient complies with any terms and conditions the Province may prescribe in its consent.

## **A7.0 REPORTS, ACCOUNTING, AND REVIEW**

**A7.1 Province Includes.** For the purposes of sections A7.4, A7.5 and A7.6, "**Province**" includes any auditor or representative the Province may identify.

**A7.2 Preparation and Submission.** The Recipient will:

- (a) submit to the Province at the address referred to in Schedule "B":
  - (i) all Reports in accordance with the timelines and content requirements as provided for in Schedule "F";
  - (ii) any other reports in accordance with any timelines and content requirements the Province may specify from time to time;
- (b) ensure that all Reports and other reports are:
  - (i) completed to the satisfaction of the Province; and
  - (i) signed by an authorized signing officer of the Recipient.

**A7.3 Record Maintenance.** The Recipient will keep and maintain for a period of seven years from their creation:

- (a) all financial records (including invoices and evidence of payment) relating to the Funds or otherwise to the Project in a manner consistent with either international financial reporting standards or generally accepted accounting principles or any other accounting principles that apply to the Recipient; and
- (b) all non-financial records and documents relating to the Funds or

otherwise to the Project.

A7.4 **Records Review.** The Province may, at its own expense, upon twenty-four hours' Notice to the Recipient and during normal business hours enter upon the Recipient's premises to conduct an audit or investigation of the Recipient regarding the Recipient's compliance with the Agreement, including assessing any of the following:

- (a) the truth of any of the Recipient's representations and warranties;
- (b) the progress of the Project;
- (c) the Recipient's allocation and expenditure of the Funds.

A7.5 **Inspection and Removal.** For the purposes of any Records Review, the Province may take one or more of the following actions:

- (a) inspect and copy any records and documents referred to in section A7.3; and
- (b) remove any copies the Province makes pursuant to section A7.5(a).

A7.6 **Cooperation.** To assist the Province in respect of its rights provided for in section A7.5, the Recipient will cooperate with the Province by:

- (a) ensuring that the Province has access to the records and documents wherever they are located;
- (b) assisting the Province to copy records and documents;
- (c) providing to the Province, in the form the Province specifies, any information the Province identifies; and
- (d) carrying out any other activities the Province requests.

A7.7 **No Control of Records.** No provision of the Agreement will be construed so as to give the Province any control whatsoever over the Recipient's records.

A7.8 **Auditor General.** The Province's rights under Article A7.0 are in addition to any rights provided to the Auditor General pursuant to section 9.2 of the *Auditor General Act* (Ontario).

## A8.0 COMMUNICATIONS REQUIREMENTS

A8.1 **Acknowledge Support.** Unless the Province directs the Recipient to do otherwise, the Recipient will in each of its Project-related publications, whether written, oral, or visual:

- (a) acknowledge the support of the Province for the Project;

- (b) ensure that any acknowledgement is in a form and manner as the Province directs; and
- (c) indicate that the views expressed in the publication are the views of the Recipient and do not necessarily reflect those of the Province.

## **A9.0 INDEMNITY**

A9.1 **Indemnification.** The Recipient will indemnify and hold harmless the Indemnified Parties from and against any Loss and any Proceeding, unless solely caused by the negligence or wilful misconduct of the Indemnified Parties.

## **A10.0 INSURANCE**

A10.1 **Recipient's Insurance.** The Recipient represents, warrants, and covenants that it has, and will maintain, at its own cost and expense, with insurers having a secure A.M. Best rating of B+ or greater, or the equivalent, all the necessary and appropriate insurance that a prudent person carrying out a project similar to the Project would maintain, including commercial general liability insurance on an occurrence basis for third party bodily injury, personal injury, and property damage, to an inclusive limit of not less than the amount provided for in Schedule "B" per occurrence, which commercial general liability insurance policy will include the following:

- (a) the Indemnified Parties as additional insureds with respect to liability arising in the course of performance of the Recipient's obligations under, or otherwise in connection with, the Agreement;
- (b) a cross-liability clause;
- (c) contractual liability coverage; and
- (d) a 30-day written notice of cancellation.

A10.2 **Proof of Insurance.** The Recipient will:

- (a) provide to the Province, either:
  - (i) certificates of insurance that confirm the insurance coverage as provided for in section A10.1; or
  - (ii) other proof that confirms the insurance coverage as provided for in section A10.1; and
- (b) in the event of a Proceeding, and upon the Province's request, the Recipient will provide to the Province a copy of any of the Recipient's insurance policies that relate to the Project or otherwise to the Agreement, or both.

## **A11.0 TERMINATION ON NOTICE**

**A11.1 Termination on Notice.** The Province may terminate the Agreement at any time without liability, penalty, or costs upon giving 30 days' Notice to the Recipient.

**A11.2 Consequences of Termination on Notice by the Province.** If the Province terminates the Agreement pursuant to section A11.1, the Province may take one or more of the following actions:

- (a) cancel further instalments of Funds;
- (b) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient; and
- (c) determine the reasonable costs for the Recipient to wind down the Project, and do either or both of the following:
  - (i) permit the Recipient to offset such costs against the amount the Recipient owes pursuant to section A11.2(b); and
  - (ii) subject to section A4.1(a), provide Funds to the Recipient to cover such costs.

## **A12.0 EVENT OF DEFAULT, CORRECTIVE ACTION, AND TERMINATION FOR DEFAULT**

**A12.1 Events of Default.** It will constitute an Event of Default if, in the opinion of the Province, the Recipient breaches any representation, warranty, covenant, or other material term of the Agreement, including failing to do any of the following in accordance with the terms and conditions of the Agreement:

- (i) carry out the Project;
- (ii) use or spend Funds; or
- (iii) provide, in accordance with section A7.2, Reports or such other reports as the Province may have requested pursuant to section A7.2(a)(ii).

**A12.2 Consequences of Events of Default and Corrective Action.** If an Event of Default occurs, the Province may, at any time, take one or more of the following actions:

- (a) initiate any action the Province considers necessary in order to facilitate the successful continuation or completion of the Project;
- (b) provide the Recipient with an opportunity to remedy the Event of Default;

- (c) suspend the payment of Funds for such period as the Province determines appropriate;
- (d) reduce the amount of the Funds;
- (e) cancel further instalments of Funds;
- (f) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient;
- (g) demand from the Recipient the payment of an amount equal to any Funds the Recipient used, but did not use in accordance with the Agreement;
- (h) demand from the Recipient the payment of an amount equal to any Funds the Province provided to the Recipient;
- (i) demand from the Recipient an amount equal to the costs the Province incurred or incurs to enforce its rights under the Agreement, including the costs of any Record Review and the costs it incurs to collect any amounts the Recipient owes to the Province; and
- (j) terminate the Agreement at any time, including immediately, without liability, penalty or costs to the Province upon giving Notice to the Recipient.

A12.3 **Opportunity to Remedy.** If, in accordance with section A12.2(b), the Province provides the Recipient with an opportunity to remedy the Event of Default, the Province will give Notice to the Recipient of:

- (a) the particulars of the Event of Default; and
- (b) the Notice Period.

A12.4 **Recipient not Remediating.** If the Province provided the Recipient with an opportunity to remedy the Event of Default pursuant to section A12.2(b), and:

- (a) the Recipient does not remedy the Event of Default within the Notice Period;
- (b) it becomes apparent to the Province that the Recipient cannot completely remedy the Event of Default within the Notice Period; or
- (c) the Recipient is not proceeding to remedy the Event of Default in a way that is satisfactory to the Province,

the Province may extend the Notice Period, or initiate any one or more of the actions provided for in sections A12.2(a), (c), (d), (e), (f), (g), (h), and (i).

A12.5 **When Termination Effective.** Termination under Article A12.0 will take effect as provided for in the Notice.

### A13.0 FUNDS AT THE END OF A FUNDING YEAR

A13.1 **Funds at the End of a Funding Year.** Without limiting any rights of the Province under Article A12.0, if the Recipient has not spent all of the Funds allocated for the Funding Year as provided for in the Budget, the Province may take one or both of the following actions:

- (a) demand from the Recipient payment of the unspent Funds; and
- (b) adjust the amount of any further instalments of Funds accordingly.

### A14.0 FUNDS UPON EXPIRY

A14.1 **Funds Upon Expiry.** The Recipient will, upon expiry of the Agreement, pay to the Province any Funds remaining in its possession, under its control, or both.

### A15.0 DEBT DUE AND PAYMENT

A15.1 **Payment of Overpayment.** If at any time the Province provides Funds in excess of the amount to which the Recipient is entitled under the Agreement, the Province may:

- (a) deduct an amount equal to the excess Funds from any further instalments of Funds; or
- (b) demand that the Recipient pay to the Province an amount equal to the excess Funds.

A15.2 **Debt Due.** If, pursuant to the Agreement:

- (a) the Province demands from the Recipient the payment of any Funds or an amount equal to any Funds; or
- (b) the Recipient owes any Funds or an amount equal to any Funds to the Province, whether or not the Province has demanded their payment,

such amounts will be deemed to be debts due and owing to the Province by the Recipient, and the Recipient will pay the amounts to the Province immediately, unless the Province directs otherwise.

A15.3 **Interest Rate.** The Province may charge the Recipient interest on any money owing to the Province by the Recipient under the Agreement at the then current interest rate charged by the Province of Ontario on accounts receivable.

A15.4 **Payment of Money to Province.** The Recipient will pay any money owing to the Province by cheque payable to the "Ontario Minister of Finance" and delivered to the Province as provided for in Schedule "B".

A15.5 **Fails to Pay.** Without limiting the application of section 43 of the *Financial Administration Act* (Ontario), if the Recipient fails to pay any amount owing under the Agreement, Her Majesty the Queen in right of Ontario may deduct any unpaid amount from any money payable to the Recipient by Her Majesty the Queen in right of Ontario.

## **A16.0 NOTICE**

A16.1 **Notice in Writing and Addressed.** Notice will be:

- (a) in writing;
- (b) delivered by email, postage-prepaid mail, personal delivery, courier or fax; and
- (c) addressed to the Province or the Recipient as set out in Schedule "B", or as either Party later designates to the other by Notice.

A16.2 **Notice Given.** Notice will be deemed to have been given:

- (a) in the case of postage-prepaid mail, five Business Days after the Notice is mailed; or
- (b) in the case of fax, one Business Day after the Notice is delivered; and
- (c) in the case of email, personal delivery or courier on the date on which the Notice is delivered.

A16.3 **Postal Disruption.** Despite section A16.2(a), in the event of a postal disruption:

- (a) Notice by postage-prepaid mail will not be deemed to be given; and
- (b) the Party giving Notice will give Notice by email, personal delivery, courier or fax.

## **A17.0 CONSENT BY PROVINCE AND COMPLIANCE BY RECIPIENT**

A17.1 **Consent.** When the Province provides its consent pursuant to the Agreement:

- (a) it will do so by Notice;
- (b) it may attach any terms and conditions to the consent; and
- (c) the Recipient may rely on the consent only if the Recipient complies with



any terms and conditions the Province may have attached to the consent.

## **A18.0 SEVERABILITY OF PROVISIONS**

A18.1 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of the Agreement will not affect the validity or enforceability of any other provision of the Agreement.

## **A19.0 WAIVER**

A19.1 **Waiver Request.** Either Party may, by Notice, ask the other Party to waive an obligation under the Agreement.

A19.2 **Waiver Applies.** If in response to a request made pursuant to section A19.1 a Party consents to a waiver, the waiver will:

- (a) be valid only if the Party that consents to the waiver provides the consent by Notice; and
- (b) apply only to the specific obligation referred to in the waiver.

## **A20.0 INDEPENDENT PARTIES**

A20.1 **Parties Independent.** The Recipient is not an agent, joint venturer, partner, or employee of the Province, and the Recipient will not represent itself in any way that might be taken by a reasonable person to suggest that it is, or take any actions that could establish or imply such a relationship.

## **A21.0 ASSIGNMENT OF AGREEMENT OR FUNDS**

A21.1 **No Assignment.** The Recipient will not, without the prior written consent of the Province, assign any of its rights or obligations under the Agreement.

A21.2 **Agreement Binding.** All rights and obligations contained in the Agreement will extend to and be binding on:

- (a) the Recipient's successors, and permitted assigns; and
- (b) the successors to Her Majesty the Queen in right of Ontario.

## **A22.0 GOVERNING LAW**

A22.1 **Governing Law.** The Agreement and the rights, obligations, and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada. Any actions or proceedings arising in connection with the Agreement will be conducted in the courts of Ontario, which will have exclusive jurisdiction over such proceedings.

## **A23.0 FURTHER ASSURANCES**

A23.1 **Agreement into Effect.** The Recipient will:

- (a) provide such further assurances as the Province may request from time to time with respect to any matter to which the Agreement pertains; and
- (b) do or cause to be done all acts or things necessary to implement and carry into effect the terms and conditions of the Agreement to their full extent.

## **A24.0 JOINT AND SEVERAL LIABILITY**

A24.1 **Joint and Several Liability.** Where the Recipient comprises of more than one entity, all such entities will be jointly and severally liable to the Province for the fulfillment of the obligations of the Recipient under the Agreement.

## **A25.0 RIGHTS AND REMEDIES CUMULATIVE**

A25.1 **Rights and Remedies Cumulative.** The rights and remedies of the Province under the Agreement are cumulative and are in addition to, and not in substitution for, any of its rights and remedies provided by law or in equity.

## **A26.0 FAILURE TO COMPLY WITH OTHER AGREEMENTS**

A26.1 **Other Agreements.** If the Recipient:

- (a) has failed to comply with any term, condition, or obligation under any other agreement with Her Majesty the Queen in right of Ontario or one of Her agencies (a "**Failure**");
- (b) has been provided with notice of such Failure in accordance with the requirements of such other agreement;
- (c) has, if applicable, failed to rectify such Failure in accordance with the requirements of such other agreement; and
- (d) such Failure is continuing,

the Province may suspend the payment of Funds for such period as the Province determines appropriate.

## **A27.0 SURVIVAL**

A27.1 **Survival.** The following Articles and sections, and all applicable cross-referenced Articles, sections and schedules, will continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement: Article 1.0, Article 2.0, Article A1.0 and any other applicable definitions, section A2.1(a), sections A4.4, A4.5, A4.6, section A5.2, section A7.1, A7.2 (to the extent that the Recipient has not provided the Reports or other reports as the Province may have requested and to the satisfaction of the Province), sections A7.3, A7.4, A7.5, A7.6, A7.7, A7.8, Article A8.0, Article A9.0, section A11.2, sections A12.1, sections A12.2(d), (e), (f), (g), (h), (i), and (j), Article A13.0, Article A14.0, Article A15.0, Article A16.0, Article A18.0, , section A21.2, Article A22.0, Article A24.0, Article A25.0 and Article A27.0.

**- END OF GENERAL TERMS AND CONDITIONS -**

**SCHEDULE "B"**  
**PROJECT SPECIFIC INFORMATION AND ADDITIONAL PROVISIONS**

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<b>Maximum Funds</b>	\$6,481,800
<b>Expiry Date</b>	March 31, 2024
<b>Amount for the purposes of section A5.2 (Disposal) of Schedule "A"</b>	\$5,000
<b>Insurance</b>	\$ 2,000,000
<b>Contact information for the purposes of Notice to the Province</b>	<p><b>Name: Ministry of Long-Term Care</b></p> <p><b>Address: 400 University Avenue, 6<sup>th</sup> Floor Toronto ON M5G 1S7</b></p> <p><b>Attention: Kelci Gershon, Director, Policy and Modernization Branch</b></p> <p><b>Email: <a href="mailto:kelci.gershon@ontario.ca">kelci.gershon@ontario.ca</a></b></p>
<b>Contact information for the purposes of Notice to the Recipient</b>	<p><b>Name: City of Hamilton</b></p> <p><b>Address: 71 Main Street West, City Hall, Hamilton ON L8P 4Y5</b></p> <p><b>Attention: Janette Smith, City Manager</b></p> <p><b>Phone: 905-546-2424 x 5420</b></p> <p><b>Email: <a href="mailto:janette.smith@hamilton.ca">janette.smith@hamilton.ca</a></b></p>
<b>Contact information for the senior financial person in the Recipient organization (e.g., CFO, CAO) – to respond as required to requests from the Province related to the Agreement</b>	<p><b>Name: City of Hamilton</b></p> <p><b>Address: 71 Main Street West, City Hall, Hamilton ON L8P 4Y5</b></p> <p><b>Attention: Janette Smith, City Manager</b></p> <p><b>Phone: 905-546-2424 x 5420</b></p> <p><b>Email: <a href="mailto:janette.smith@hamilton.ca">janette.smith@hamilton.ca</a></b></p>

**Additional Provisions:**

The Recipient acknowledges the requirements of the French Languages Services Act, R.S.O. 1990, c. F.32, and that it may be subject to the requirements of this legislation.

## SCHEDULE "C" PROJECT

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### Project Objectives

The Project is a Community Paramedicine for Long-Term Care (CPLTC) program delivered according to the January 2021 CPLTC Program Framework ("the Framework"). The Framework forms part of this Schedule "C".

The objectives of the Project are to be consistent with the overall goals of the CPLTC program as listed in the Framework.

### Project Outcomes

- Reduced 911 calls,
- Reduced emergency department visits,
- Reduced hospital admissions,
- Long-term care (LTC) waitlist stabilization as more individuals avoid going into crisis,
- Delayed entry into LTC home,
- Increased integration with Home and Community Care and Primary Care, and
- Peace of mind for individuals, families and caregivers while waiting for a LTC placement.

### Project Activities

The Project will be delivered by the Hamilton Paramedic Services in the area served by the Hamilton Paramedic Services.

The Project will consist of delivering the following activities, based on identified community needs for services that will benefit those eligible or soon to be eligible for LTC, according to the Framework:

- 24/7 access to one or more of the following defined non-emergency procedures in people's own homes addressing urgent, episodic care needs:
  - diagnostic procedures, assessment and testing during routine home visits, where allowed under appropriate medical oversight;
  - at-home treatment under supervision of a physician, where required;
  - at-home treatment of minor conditions (e.g. falls, lacerations, bruises)
- Prompt, flexible and proactive response to an individual's changing circumstances or medical conditions, and if necessary, connecting them to the right health care provider and social services at the right time in order to avoid escalation and crisis.
- Delivering routine-based remote monitoring of one or more of the following:
  - blood pressure
  - heart rate
  - oxygen saturation
  - blood glucose
  - weight
  - temperature
- Immunizations, vaccinations and other injections (e.g. tetanus)

- Certain other controlled medical procedures and treatments at home under appropriate medical oversight.

### **Accountability**

In respect of the Project, the Recipient will:

- Oversee program accountability to ensure services and program meet program guidelines and maximize resources;
- Report back to the Ministry of Long-Term Care regarding program accountability and evaluation, as outlined in Schedule "F";
- Coordinate with the Hamilton Niagara Haldimand Brant Local Health Integration Network for the purposes of:
  - reviewing the long-term care waitlist to determine patient suitability for the CPLTC program,
  - receiving and sending referrals, and
  - sharing information for patient care and evaluation, according to applicable privacy legislation;
- Ensure that individuals providing community paramedicine services will have the required medical oversight according to applicable provincial requirements, and conform to any new oversight model the Government of Ontario may require; and
- Ensure that individuals providing community paramedicine services will abide by all applicable legislation and regulations.

**SCHEDULE "D"**  
**BUDGET**

ITEM	2020-2021 Funding Year	2021-2022 Funding Year	2022-2023 Funding Year	2023-2024 Funding Year
<b>Staffing</b>				
Salaries and Wages	\$282,788	\$1,131,150	\$1,131,150	\$1,131,150
Overtime Wages / Premiums	\$14,140	\$56,560	\$56,560	\$56,560
<b>Total - Salaries and Wages</b>	<b>\$296,928</b>	<b>\$1,187,710</b>	<b>\$1,187,710</b>	<b>\$1,187,710</b>
Employee Benefits				
<b>Total - Employee Benefits</b>	<b>\$83,368</b>	<b>\$333,470</b>	<b>\$333,470</b>	<b>\$333,470</b>
<b>Total - Staffing</b>	<b>\$380,295</b>	<b>\$1,521,180</b>	<b>\$1,521,180</b>	<b>\$1,521,180</b>
<b>Other Expenditures</b>				
<b>Vehicle costs</b>				
Operating	\$9,435	\$37,740	\$37,740	\$37,740
Leasing	\$0	\$0	\$0	\$0
Purchasing	\$8,750	\$35,000	\$35,000	\$35,000
<b>Total - Vehicle costs</b>	<b>\$18,185</b>	<b>\$72,740</b>	<b>\$72,740</b>	<b>\$72,740</b>
<b>Medical Costs</b>				
Medical Supplies	\$3,675	\$14,700	\$14,700	\$14,700
Medications	\$375	\$1,500	\$1,500	\$1,500
<b>Total - Medical costs</b>	<b>\$4,050</b>	<b>\$16,200</b>	<b>\$16,200</b>	<b>\$16,200</b>
<b>Equipment</b>				
Uniforms/PPE	\$1,250	\$5,000	\$5,000	\$5,000
Medical equipment	\$10,833	\$43,330	\$43,330	\$43,330
<b>Total - Equipment</b>	<b>\$12,083</b>	<b>\$48,330</b>	<b>\$48,330</b>	<b>\$48,330</b>
<b>Technology costs</b>				
Computers, telephones	\$450	\$1,800	\$1,800	\$1,800
Database licences	\$1,500	\$6,000	\$6,000	\$6,000
Connectivity	\$433	\$1,730	\$1,730	\$1,730
Remote monitoring equipment and operating costs	\$18,480	\$73,920	\$73,920	\$73,920
<b>Total - Technology costs</b>	<b>\$20,863</b>	<b>\$83,450</b>	<b>\$83,450</b>	<b>\$83,450</b>
<b>Training and development</b>				

ITEM	2020-2021 Funding Year	2021-2022 Funding Year	2022-2023 Funding Year	2023-2024 Funding Year
Costs exclusive to CPLTC training	\$18,475	\$73,900	\$73,900	\$73,900
<b>Total - Training and development</b>	<b>\$18,475</b>	<b>\$73,900</b>	<b>\$73,900</b>	<b>\$73,900</b>
<b>Administrative costs</b>				
Reporting and program coordination	\$39,853	\$159,410	\$159,410	\$159,410
Office supplies and other costs	\$4,785	\$19,140	\$19,140	\$19,140
<b>Total - Administrative costs</b>	<b>\$44,638</b>	<b>\$178,550</b>	<b>\$178,550</b>	<b>\$178,550</b>
<b>Total - Other Expenditures</b>	<b>\$118,293</b>	<b>\$473,170</b>	<b>\$473,170</b>	<b>\$473,170</b>
<b>Total</b>	<b>\$498,588</b>	<b>\$1,994,350</b>	<b>\$1,994,350</b>	<b>\$1,994,350</b>
<b>Maximum Funds, Up To</b>	<b>\$498,600</b>	<b>\$1,994,400</b>	<b>\$1,994,400</b>	<b>\$1,994,400</b>

The Recipient may move up to 25% once per Funding Year amongst budget lines without prior written consent from the Province.

Eligible costs are subject to prior approval by the Province and must relate to the planning of the Project or provision of services to eligible CPLTC program participants within each Funding Year.

Eligible costs:

- Staffing, including salaries, wages and benefits;
- Vehicles costs, including operating, leasing or purchasing costs;
- Medical supplies;
- Equipment, including uniforms and personal protective equipment;
- Technology costs, including computers, telephones, database licenses, connectivity and remote monitoring equipment and operating costs;
- Training and development exclusive to the CPLTC program; or,
- Administrative support and supplies, including reporting and program coordination, office supplies.

Ineligible costs:

- Advocacy costs;
- Refundable expenses;
- Cost already funded by the Province or another government;
- Consulting costs; and,
- Costs unrelated to delivering or planning the Project.



**SCHEDULE "E"  
 PAYMENT PLAN**

The Province shall provide the Funds to the Recipient in quarterly payments throughout each Funding Year, as set out below, with the exception of the first Funding Year. Funds will be paid to the Recipient in advance, at the beginning of each quarter.

<b>PAYMENT DATE (2020/2021 FUNDING YEAR)</b>	<b>FUNDS</b>
March 2021	\$498,600
<b>TOTAL MAXIMUM FUNDS, up to</b>	<b>\$498,600</b>

<b>PAYMENT DATE (2021/2022 FUNDING YEAR)</b>	<b>FUNDS</b>
April 2021	\$498,600
July 2021	\$498,600
October 2021	\$498,600
January 2022	\$498,600
<b>TOTAL MAXIMUM FUNDS, up to</b>	<b>\$1,994,400</b>

<b>PAYMENT DATE (2022/2023 FUNDING YEAR)</b>	<b>FUNDS</b>
April 2022	\$498,600
July 2022	\$498,600
October 2022	\$498,600
January 2023	\$498,600
<b>TOTAL MAXIMUM FUNDS, up to</b>	<b>\$1,994,400</b>

<b>PAYMENT DATE</b> <b>(2023/2024 FUNDING YEAR)</b>	<b>FUNDS</b>
April 2023	\$498,600
July 2023	\$498,600
October 2023	\$498,600
January 2024	\$498,600
<b>TOTAL MAXIMUM FUNDS, up to</b>	<b>\$1,994,400</b>

**SCHEDULE "F"  
 REPORTS**

**Bi-Weekly Reporting**

As referenced in the Framework, the Recipient must report the following performance metrics to the Province **every two weeks** starting April 1, 2021 (TBC):

- Number of clients receiving services within the reporting period; and
- Number of clients who have received services to date.

**Quarterly and Year-End Reporting**

In order to support the analysis and evaluation of the CPLTC program, the Recipient must report performance metrics and financial spending by completing and submitting the Financial Planning Report certified by the Recipient's CAO and Treasurer (see Appendix 1) to the Province on a **quarterly and year-end basis**:

<b>Report (Performance Indicators and Finances)</b>	<b>Due Date</b>
Q1 Report (April-May-June)	July 31
Q2 Report (July-August-September)	October 31
Q3 Report (October-November-December)	January 31
Year-End Report	April 30

As part of this quarterly and year-end reporting, the Recipient must Report the following data to the Province:

- Patient profile, including health card number, patient's age, behavioural symptoms, presence of chronic conditions, and living arrangements;
- Program information, including enrollment/discharge date, reasons of discharge, and referrals;
- Services provided, including number of visits (in-person/virtual) and types of services;
- Client/caregiver satisfaction/perspective on whether Community Paramedicine helped them being stable at home;
- Client/caregiver perspective on whether Community Paramedicine was helpful in term of managing their usage of the broader health system (e.g., 911 calls, emergency department visits);
- Community Paramedicine partner (home and community care/primary care) satisfaction; and
- Program spending to date.

The Province will work with the Recipient to determine how the Recipient will collect information about client/caregiver satisfaction and provider satisfaction using surveys.

The Province's goal is to undertake a provincial evaluation of the impact of Community Paramedicine on clients and also on broader health system utilization, including 911 calls, emergency department visits, and hospital admissions/re-admissions. To this

end, the Province will provide further data collection instructions, including underlying processes, and a standardized patient consent form. The Recipient will also be required to enter into a data sharing agreement with the Province to directly collect personal health information from clients and share this information with the Province, if clients provide them with the consent to do so, to support the Ministry of Long-Term Care's analysis and evaluation of the program. The Province may inform the Recipient of updated reporting requirements without updating this Schedule.

**APPENDIX 1-FINANCIAL PLANNING REPORT**  
**Ministry of Long-Term Care**  
**Community Paramedicine for Long-Term Care Financial Planning Report**

**NAME OF MUNICIPALITY:**

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**NAME OF RESPECTIVE  
 MUNICIPAL LAND AMBULANCE  
 SERVICE OPERATOR:**

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**MINISTRY FUNDING  
 ALLOCATION FOR CPLTC  
 PROGRAM FOR 2020-2021  
 FUNDING YEAR (in Dollars)**

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**YEAR-END FINANCIAL REPORTING**  
**PROGRAM SPENDING AS OF MARCH 31, 2021 (IN DOLLARS)**

<b>SPENDING CATEGORIES</b>	<b>SPENDING IN DOLLARS</b>
Staffing Costs (Including Staffing Coordination)	
Communication Equipment (e.g. cellphones, data, CP software, and computers)	
Remote Monitoring	
CPLTC Specific Training and Education	
Administrative Costs (Up to 10% of Approved Program Costs)	
Medical Supplies and Equipment (e.g. defibrillator)	
Vehicle Lease	
Other (Specify items included in this category)	
<b>TOTAL COST</b>	

**QUARTERLY FINANCIAL REPORTING**  
**PROGRAM SPENDING AS OF APPLICABLE QUARTER-END (IN DOLLARS)**

<b>SPENDING CATEGORIES</b>	<b>SPENDING IN DOLLARS</b>
Staffing Costs (Including Staffing Coordination)	
Communication Equipment (e.g. cellphones, data, CP software, and computers)	
Remote Monitoring	
CPLTC Specific Training and Education	
Administrative Costs (Up to 10% of Approved Program Costs)	
Medical Supplies and Equipment (e.g. defibrillator)	
Vehicle Lease	
Other (Specify items included in this category)	
<b>TOTAL COST</b>	

I certify that this Community Paramedicine for Long-Term Care Report has been accurately prepared in accordance with the attached instructions and in accordance with approvals from Council/Board. All Reports are subject to audit by the Province.

Name of CAO: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name

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Hamilton Paramedic Service

Community Paramedicine for Long-Term Care

Submission to Ministry of Health LTC

Hamilton Paramedic Service

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**Executive Summary**

As of Aug 2020, there were a total of 4,977 people on the Hamilton long-term care wait list (1). While waiting for a bed these individuals experience deteriorating health, increasing demands on the system, on their caregivers, and increased 911 calls with subsequent stress on hostile resources as well as offload delays.

Aligned to the province’s modernization plan the Ministry of Long-Term Care (MOH-LTC) is providing a 3-year provincial funding stream, of up to \$2 million/year, to community paramedicine programs in order provide services to individuals who are waiting for placement in a long-term care home or who are soon to be eligible for long-term care.

As described further in the proposal this model is based on 4 guiding principles<sup>(3)</sup>:

1. Accessible
2. Responsive
3. Proactive
4. Safe

Combined with an already existent close collaboration with partners, and aligned with the Hamilton Health Team model and mandate, this funding will enable the creation of an integrated health team approach to preventing avoidable emergency department visits while keeping people safely at home. A set of clinical practice guidelines, or medical directives, will be developed enabling community paramedics to treat the patient in their home and prevent an avoidable ED transport.

Leveraging strong existing partnerships within the Hamilton Health Team, Home and community Care, St Joe’s, Long-term care and the CPER Outreach program HPS-MIH will provide enhanced 24/7 service to these individuals. This will be fully supported by base funding for 3 years directly form the MOH-LTC at no cost to the city or HHT. There will be a total of 11 appropriately qualified full time staff assigned to the project for the duration of the project funding.

Evaluation will be completed by measuring several key metrics as required by the MOHLTC. Big dot measures will be:

Client Experience <b>Patient/Family/caregiver Experience (90%)</b>	System Performance <b>Referral rates to and from external partner (50 / month)</b>
Organizational Learning & Growth <b>Staff/stakeholder/CP satisfaction (90%)</b>	Financial Performance <b># of avoided ED transport</b>

## Background

Individuals in the community who require complex care are often assessed as needing a long-term care bed. As of Aug 2020, there were a total of 4,977 people on the Hamilton wait list, and these people wait an average of 394 days<sup>(1)</sup>. Delayed admission can result in worsening health for both the individual and their caregivers<sup>(2)</sup>. While waiting for a bed these individuals experience increasing demands on the system, on their caregivers, and often on the 911 response system. Calls for 911 service often result in long offload delays, bed blocking within the emergency department and potential increase in alternate level of care bed occupancy within the hospitals.

In Hamilton and other jurisdictions, Community Paramedicine has been shown to help alleviate the stress placed on municipalities resulting from avoidable emergency department transfers. Aligned to the province's modernization plan to address systemic barriers in long-term care bed development and the growing demand for long-term care the Ministry of Long-Term Care (MOH-LTC) is providing a 3-year provincial funding stream, of up to \$2 million/year, to community paramedicine programs in order provide services to individuals who are waiting for placement in a long-term care home or who are soon to be eligible for long-term care. This model is based on 4 guiding principles<sup>(3)</sup>:

- **Accessible:** 24/7 access to community paramedicine services for nonemergency procedures in their own home and health system navigation support.
- **Responsive:** Prompt, flexible, proactive, and patient-centred response to changing circumstances or medical conditions and if necessary, connection to the right health care provider at the right time in order to avoid escalation and crisis.
- **Proactive:** Systematic, routine-based remote or home monitoring to prevent emergency incidents or escalation in medical conditions.
- **Safe:** Certain diagnostic procedures and treatments can be provided at home and if required, under appropriate medical oversight.

Base on a close collaboration with partners and aligned with the Hamilton Health Team model and mandate, this funding will enable the creation of an integrated health team approach to preventing avoidable emergency department visits while keeping people safely at home. CPLTC's objectives are to safely keep individual in their home for as long as possible, reduce avoidable emergency department visits, increase the quality of life for both individuals and their caregivers, and minimize waitlist growth by providing alternative options for those who want to stay in their home longer.

## Partnerships & Proposed Model

HPS has worked closely with several partners in previous and existing initiatives. Key partners for this program are already in conversation with HPS. They include:

- Hamilton Health Team
- Public Health
- Primary Care Lead
- Home and Community Care
- Medical direction
- LTC Physicians

Leveraging existing expertise within the Hamilton Paramedic Service, Mobile Integrated Health Community Paramedic (HPS-MIH) program, HPS-MIH will build on existing partnerships and competency to meet the mandate of this funding proposal. A key piece of this will be to enhance and expand on the current one-time funded High Intensity Support program which is scheduled to operate until March 31,2021. The expansion will target all individuals on the LTC wait time list.

Expansion and enhancement will be accomplished by increasing the number of staff assigned and expanding the scope of services to include point of care testing, in home interventions, enhanced assessment tools and closer connections to both home and community care (HCC) as well as primary care. HCC has provided an analysis of the top reasons why individuals are transport to the ED (Appendix A) and this has informed a targeted approach to enhancing current service provision. Table A outlines the proposed services.

Table A: Current and Proposed Interventions Targeted at Reducing Avoidable Emergency Department Transports and 911 Resource Depletion		
<u>Service</u>	<u>Status</u>	<u>Notes</u>
Home visits	Current state	Enhanced collaboration with Home & Community Care Co-Ordinator's
Navigation	Current State	Leverage existing links to various programs which address all social determinants of health
Remote Patient Monitoring	Current State	Expand to include those at home who need regular vital sign monitoring and CP involvement
St Joe's Virtual ED	Current State	Enhance existing relationship with St Joe's virtual ED program enabling ad-hoc virtual visits with an Emergency Physician
Immunization & Disease Prevention	Current / Future State	CPs already deliver influenza vaccines to homebound individuals. Enhance this capacity by adding in COVID-19, Tetanus, Shinglex and Pevnar.
Pandemic Response – Mobile COVID Testing	Current	Enhance mobile testing capacity by enabling these individuals to access in home testing.
Crisis Intervention	Current	Using evidence based approaches helps de-escalate caregiver distress and patient anxiety both of which can lead to avoidable Ed transports.
Point of Care Testing	Future	Enable access to in home point of care testing for various laboratory exams such as electrolytes and CBCs.
IV Therapy	Future	Provide the ability to rehydrate individuals that present with dehydration and associated symptoms which can lead to avoidable hospitalizations.
Antibiotic Administration (IV and P.O.)	Future	Provide the ability for in-home treatment of community acquired pneumonia and other infections which can lead to avoidable hospitalizations.
Urinalysis	Future	Detect and treat urine infections which can lead to avoidable hospitalizations.

Operational aspects of the CPLTC program will be aligned to the model suggested by the MLTC and is diagrammed in figure 1 below.

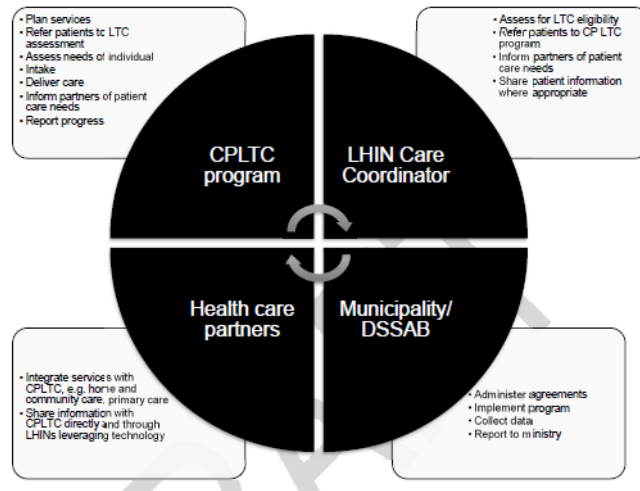


Figure 1: Overall model for the HH- CPLTC program indicating high-level functions of each partner sector.

### Staffing Implications

In order to staff this model HPS-MIH will secure 11 FTEs positions to provide 24 hour per day, 7 day per week coverage for 365 days/year. Staff will be placed into the position based on qualifications and seniority as per the Collective Agreement process. The mechanics will involve posting an expression of interest (EOI) for a yearly assignment into this program.

### Implementation Plan & Project Milestones

HPS-MIH will leverage existing partnerships involved in the current High Intensity initiative with Home and community Care. This initiative targets the people waiting for LTC placement who are assessed as being "in-crisis". Processes being finalised for this are immediately transferrable to the new CPLTC initiative making implementation relatively smooth. Table B lists high level milestones and projected target dates for project implementation.



Figure 2: Milestone chart for project implementation

Evaluation Plan

Based on the CPLTC Framework Document Table C outlines the evaluation metrics that will be collected and analysed for this program.

<b>Table C: Balanced Scorecard Notes &amp; KPI (HH – CPLTC)</b>	
<p><b>Client Experience</b></p> <ul style="list-style-type: none"> <li>• Equitable access to appropriate health services</li> <li>• Should demonstrate decreased insecurity</li> <li>• Increased satisfaction</li> <li>• Increased knowledge for self care</li> </ul> <p>KPIs</p> <p><b>Patient/Family/caregiver Experience (90%)</b></p> <p>Self-reports depression (5% ☒)</p> <p>Self-reported caregiver distress (5% ☒)</p> <p>Confidence in client’s ability to cope (15% ☒)</p>	<p>System Performance</p> <ul style="list-style-type: none"> <li>• Enhanced information sharing</li> <li>• Just culture of safety approach</li> <li>• Consistent and transparent processes</li> <li>• Ongoing feedback and knowledge exchange</li> </ul> <p>KPIs (goals)</p> <p><b>Referral rates to and from external partner (50 / month)</b></p> <p>Self-reported # of 911 calls</p> <p>Self -reported # of ED visits</p> <p>Hospital admissions / readmissions</p> <p># of home visits (in-person / virtual) (100 / month)</p> <p># of new partner agencies (≥1/yr)</p> <p># CAM, Suicide risk, Caregiver Distress, Med Rec completed (1 / patient)</p> <p># of adverse events (&lt;1 / 1000 patients)</p>
<p><b>Organizational Learning &amp; Growth</b></p> <ul style="list-style-type: none"> <li>• Increased staff satisfaction</li> <li>• Increased knowledge and appreciation for CP programs</li> <li>• Broader knowledge regarding health care resources and their interface with Paramedicine</li> </ul> <p>KPIs</p> <p><b>Staff/stakeholder/CP satisfaction (90%)</b></p> <p>Comments/month from staff/stakeholders outside CP (≥3/quarter)</p> <p>CP specific CME (≥1/yr)</p>	<p>Financial Performance</p> <ul style="list-style-type: none"> <li>• Sustainable &amp; spreadable</li> <li>• Reduction in avoidable Ed transports</li> <li>• Decreased TOT when compared with a typical transport to ED</li> </ul> <p>KPIs</p> <p><b># of avoided EDtransport</b></p> <p>Time on task (&lt;90 minutes)</p> <p># of recorded 911 calls</p> <p>Favorable ICER (incremental cost effectiveness ratio)</p>

### Budget Summary

The Ministry of Long Term Care has identified an annual allocation of \$2M for Hamilton CP-LTC program in their 2021/22, 2022/23, and 2023/24 fiscal years. MLTC fiscal year runs from April 1 through March 31.

The current plan is to have the program fully operational, with transition from the existing High Intensity LTC program, on April 1, 2021.

Set-Up and Establishment of the program will occur over the period January 1 through March 31, 2021. The operating budget for this period is being developed based on 25% of the annual allocation for program establishment.

The implementation of the program is being developed based on the full notional annual allocation identified by the MLTC.



## References

1. Home and Community Care Long-term Care Wait Times  
<http://healthcareathome.ca/hnhb/en/care/Documents/Long-term%20care%20wait%20time%20reporting%20Jul%202020%20-%20Hamilton%20En.pdf#search=wait%20list%20lrc>, accessed Dec 20,2020
2. HQO Wait time for Long-Term Care Homes <https://www.hqontario.ca/System-Performance/Long-Term-Care-Home-Performance/Wait-Times#:~:text=Wait%20Times%20for%20Long%2DTerm%20Care%20Homes&text=A%20Iower%20number%20of%20days,family%20members%20and%20other%20caregivers>. Accessed Dec 20,2020
3. CPLTC Framework for Planning, Implementation & Evaluation [https://news.ontario.ca/en/release/59012/ontario-launches-innovative-solution-to-improve-long-term-care\)](https://news.ontario.ca/en/release/59012/ontario-launches-innovative-solution-to-improve-long-term-care)

# Community Paramedicine for Long-Term Care

## Framework for Planning, Implementation and Evaluation

Ministry of Long-Term Care

January 2021

[ontario.ca/longtermcare](https://ontario.ca/longtermcare)

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## Background

Community paramedicine is a model of community-based health care where paramedics use their education and expertise in community based, non-emergency care roles, outside their emergency response and ambulance transport roles. Existing community paramedicine programs have reduced the number of costly 911 calls and avoidable emergency room hospital visits and provided additional supports and connections for high risk or vulnerable individuals.

The Ministry of Long-Term Care (the ministry) is funding a community paramedicine program to provide services to individuals who are waiting for placement in a long-term care (LTC) home or who are soon to be eligible for long-term care. This initiative is part of the province's modernization plan to address systemic barriers in long-term care bed development and the growing demand for long-term care.

## Purpose

This framework provides guidance to participating communities for planning, implementing and evaluating a Community Paramedicine for Long-Term Care (CPLTC) program.

CPLTC will be delivered by selected municipalities and District Social Services Administration Boards (DSSABs) in partnership with Local Health Integration Networks (LHINs) and Ontario Health Teams, where applicable. The purpose of the program is to keep individuals who are on the long-term care wait list, or who are soon to be eligible for long-term care, stabilized in their illness trajectory and in their own homes for as long as possible. The program will do this through preventive and responsive care, such as home visits and remote patient monitoring.

Health system partners can also use this framework to understand how a CPLTC program will coordinate with existing health services, including residential long-term care, home and community care, emergency care, primary care, and other community and social services.

This framework builds upon the 2017 Community Paramedicine Framework for Planning, Implementation and Evaluation (Ministry of Health and Long-Term Care). The general requirements in the 2017 framework apply to CPLTC programs where appropriate. This CPLTC framework outlines the specific requirements and considerations for planning, implementing and evaluating CPLTC programs. It was

developed with support from the Ministry of Health, the Ontario Community Paramedicine Secretariat, paramedics, LHINs, and the municipal sector.

The framework forms part of the CPLTC service agreement between the selected municipalities and the ministry. The ministry recognizes that changes to the program's design may be necessary as a result of delivery partner feedback and consultations, as well as lessons learned from the early phases of the program and potential future expansion. As such, the guidelines may be updated as needed and any updates will be communicated to delivery partners.

## Guiding Principles

The CPLTC program is based on four guiding principles:

- **Accessible:** 24/7 access to community paramedicine services for non-emergency procedures in their own home and health system navigation support
- **Responsive:** Prompt, flexible, proactive, and patient-centred response to changing circumstances or medical conditions and if necessary, connection to the right health care provider at the right time in order to avoid escalation and crisis
- **Proactive:** Systematic, routine-based remote or home monitoring to prevent emergency incidents or escalation in medical conditions
- **Safe:** Certain diagnostic procedures and treatments can be provided at home and if required, under appropriate medical oversight

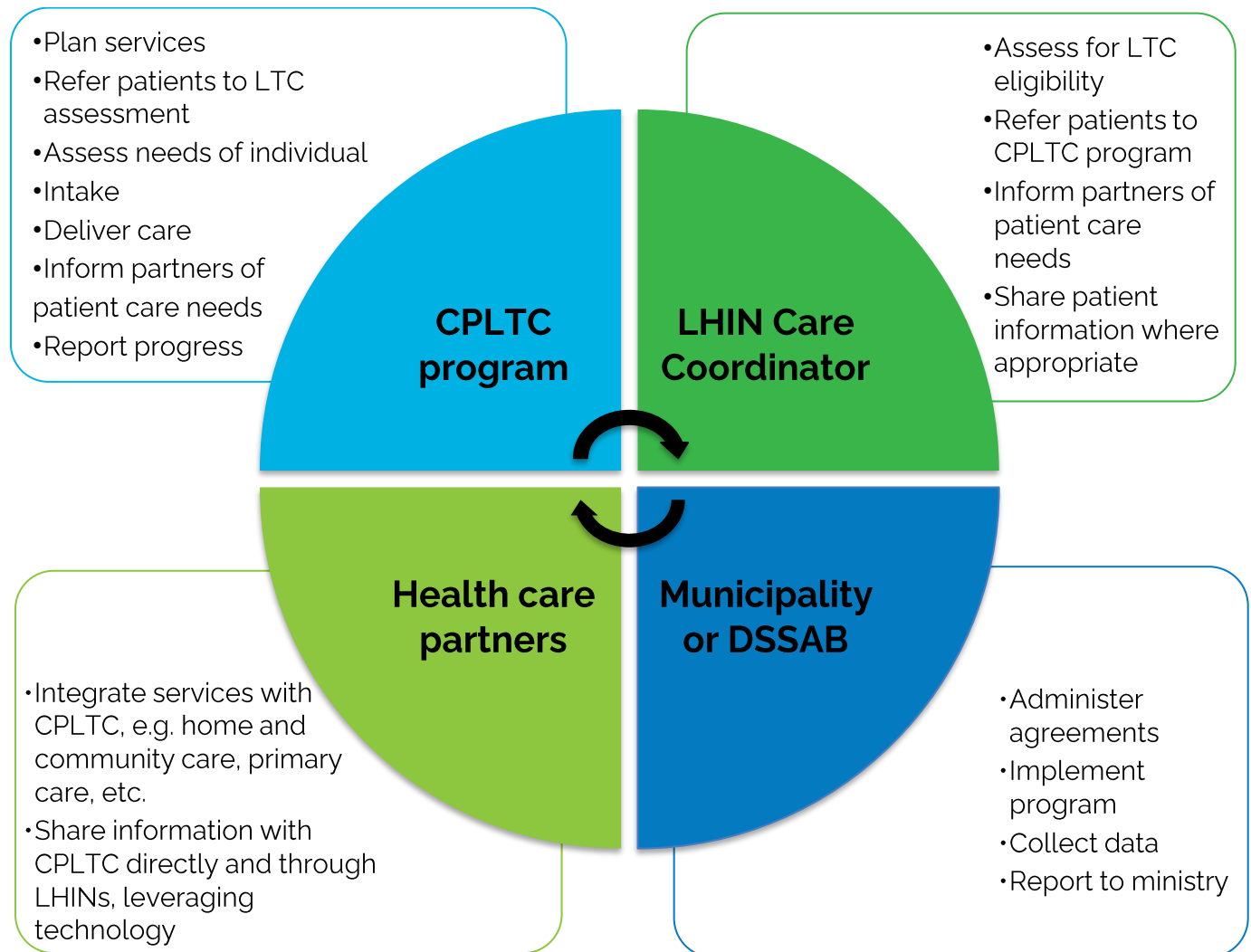
## Partnerships and Collaboration

Collaboration with key health system partners is critical to support effective local-level planning, implementation, and evaluation of the CPLTC program.

The CPLTC program should consider regular meetings with health system partners to discuss system level issues, clinical decisions, service innovations, and discharge planning.

This diagram shows high-level roles that select partners will play in delivering the CPLTC program. Other local partners may also be engaged as required.

## High-Level Roles of Program and Partners



## Program Parameters

The Ministry of Health and Long-Term Care created a Community Paramedicine Framework in 2017 to guide municipalities and ambulance services in providing high-quality services while promoting patient safety and adopting operational best practices.

The CPLTC program parameters build upon the original Community Paramedicine Framework and provide guidelines specific to CPLTC. These parameters may evolve over time and are not in isolation from one another and may have substantial overlap.

The following parameters apply to the CPLTC program:

**A. Program Planning**

- Program Eligibility
- Program Objectives
- Services
- Roles and Responsibilities
- Referral and Intake Process
- Program Transition and Discharge

**B. Implementation**

- Coordination and Service Alignment
- Staffing and Medical Oversight

**C. Accountability and Evaluation**

- Program Accountability
- Program Analysis and Evaluation

***A. Program Planning***

**Program Eligibility**

There are three categories of people eligible for CPLTC:

- those on the wait list for long-term care
- those who have been assessed as eligible for long-term care by a LHIN Care Coordinator (but not yet on the wait list)
- those who are soon to be eligible for long-term care

The criteria for individuals being soon to be eligible for long-term care include:

- individual is identified as needing or waiting for a LHIN Care Coordinator to assess eligibility for long-term care
- individual has specific circumstances or conditions that would benefit from CPLTC services (e.g. conditions that benefit from remote monitoring) and help the individual avoid hospitalization or long-term care

Individuals deemed soon to be eligible for long-term care would not automatically become eligible for long-term care or placed on the waitlist because they are participating in the CPLTC program. Participants are still required to follow appropriate channels for assessment and application for placement by LHIN Care Coordinators in order to receive long-term care services.

The Method for Assigning Priority Levels (MAPLe) score or other assessment tools may be used as a reference to determine whether CPLTC services would be suitable for individuals.

Eligible individuals may also be assessed by a paramedic service provider to ensure that the services and programs provided through CPLTC match the individual's needs and requirements. CPLTC services may not meet the needs of all individuals on the long-term care waitlist.

## **Program Objectives**

The overall goals of the CPLTC program are to:

- safely keep eligible individuals in their own home for as long as possible, including reducing avoidable emergency department visits and hospital stays through preventive and responsive care, such as remote monitoring
- mitigate the illness or disease trajectory thereby supporting increased quality of life
- provide individuals, families and caregivers peace of mind while waiting for a long-term care bed or in choosing to delay the option for long-term care
- minimize waitlist growth and duration by providing alternative options for some individuals who wish to stay home longer with appropriate care

## **Services**

Every community's CPLTC program must have a clear description of the types of services that the program will offer. These services should correspond with the specific needs of people on the waitlist and the overall program goals. The program should be accessible, responsive, proactive and safe.

The types of services funded by this program may include:

- 24/7 access to community paramedicine services for defined non-emergency procedures in people's own homes addressing urgent, episodic care needs. For example, diagnostic procedures, assessment and testing during routine home visits; at-home treatment under supervision of a physician, where required; or at-home treatment of minor conditions (e.g. falls, lacerations, bruises).
- Prompt, flexible and proactive response to an individual's changing circumstances or medical conditions, and if necessary, connecting them to the right health care provider and social services at the right time in order to avoid escalation and crisis.



- Routine-based remote monitoring to prevent emergency incidents or escalation in medical conditions. For example, monitoring of blood pressure, heart rate, oxygen saturation, blood glucose, weight and temperature alerts.
- Immunizations, vaccinations and other injections (e.g. tetanus).
- Certain other controlled medical procedures and treatments at home under appropriate medical oversight.

## Roles and Responsibilities

Municipalities, DSSABs and the CPLTC program will collaborate with partners in the health system, such as home and community care and primary care, to provide high-quality integrated patient-centred care. The program will work with these partners to determine the appropriate services to meet the needs of the program's target population. Good information exchange will ensure the individual is provided with the right services and care when they need them, while also increasing efficiency and reducing duplication.

### Roles and Responsibilities Guidelines

Partner	Planning	Implementation	Evaluation
<b>Municipalities and DSSABs</b>	<ul style="list-style-type: none"> <li>• Administer funding relationship</li> <li>• Identify community needs for CPLTC services, working with paramedic service providers to understand what services are required to benefit those eligible or soon to be eligible for LTC</li> <li>• Collaborate with paramedic service providers to design services and local guidelines</li> <li>• Liaise with First Nations, Inuit, Métis communities</li> </ul>	<ul style="list-style-type: none"> <li>• Oversee program accountability to ensure services and program meet program guidelines and resources are maximized</li> </ul>	<ul style="list-style-type: none"> <li>• Report back to ministry regarding program accountability and evaluation</li> </ul>

Partner	Planning	Implementation	Evaluation
	<ul style="list-style-type: none"> <li>Leverage and expand relationships with Social Services and Housing</li> </ul>		
<p><b>CPLTC Program</b></p>	<ul style="list-style-type: none"> <li>Design services</li> <li>Provide personnel, equipment and resources to operate programs</li> </ul>	<ul style="list-style-type: none"> <li>Hire, educate and train paramedics to provide community paramedicine</li> <li>Deliver care and services to patients</li> <li>Assist LHINs with reviewing waitlist to determine suitability for CPLTC program depending on services currently available</li> <li>Identify patients that may soon be eligible for long-term care</li> <li>Work with LHINs and Ontario Health Teams (where applicable) on service integration and coordination with existing community paramedicine programs, home and community care services, and primary care</li> <li>Provide information about interventions to LHIN Care Coordinator when appropriate</li> <li>Refer orphaned patients to primary</li> </ul>	<ul style="list-style-type: none"> <li>Collect data</li> <li>Administer client and provider satisfaction surveys</li> <li>Incorporate Patient &amp; Family Advisors</li> <li>Submit data to municipalities</li> </ul>

Partner	Planning	Implementation	Evaluation
		<p>care providers, home and community care services and other community supports</p>	
<p><b>LHIN Care Coordinators</b></p>	<ul style="list-style-type: none"> <li>• Share information about community needs with CPLTC program, where appropriate</li> <li>• Share information with CPLTC program about high-risk, crisis, or complex patients, and patients with caregivers experiencing compassion fatigue (e.g. through weekly or bi-weekly rounds)</li> </ul>	<ul style="list-style-type: none"> <li>• Refer eligible clients to the CPLTC program</li> <li>• Review LTC waitlist information and refer existing patients to CPLTC program who meet the eligibility requirements of the program</li> <li>• Enable integration with existing community paramedicine programs, home and community care services, and primary care</li> <li>• Enable patient information sharing with CPLTC program, where appropriate</li> <li>• Receive patients discharged from the program for other services (e.g. LTC)</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<p><b>Ontario Health Teams (where applicable)</b></p>	<ul style="list-style-type: none"> <li>• Involved in supporting integration of CPLTC program (e.g. weekly or bi-weekly rounds on patients suitable for program)</li> </ul>	<ul style="list-style-type: none"> <li>• Refer suitable patients to CPLTC program through LHIN Care Coordinator</li> <li>• Support LHINs on service integration of CPLTC with primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>

Partner	Planning	Implementation	Evaluation
<b>Primary Care Providers</b>	<ul style="list-style-type: none"> <li>Support identification of community needs and development of potential services</li> </ul>	<ul style="list-style-type: none"> <li>Refer suitable patients to CPLTC program through LHIN Care Coordinator</li> <li>Support service integration of CPLTC with other services</li> <li>Provide services for orphaned patients</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
<b>Ontario Health (Ontario Health Shared Services)</b>	<ul style="list-style-type: none"> <li>Enable data sharing capabilities by providing CPLTC program access to home and community databases (e.g. Client Health and Related Information System) and LTC waitlist information</li> </ul>	<ul style="list-style-type: none"> <li>Support coordination and alignment among CPLTC, home and community care, and primary care</li> <li>Support required communication pathways</li> </ul>	<ul style="list-style-type: none"> <li>Provide data to the Ministry of Long-Term Care from home and community care databases</li> </ul>
<b>Ministry of Long-Term Care</b>	<ul style="list-style-type: none"> <li>Provide funding to municipalities</li> <li>Determine overarching goals and guidelines for the program</li> <li>Draft Transfer Payment Agreements (TPAs) between ministry and municipalities</li> </ul>	<ul style="list-style-type: none"> <li>Support municipalities in delivering on TPA requirements and patient safety guidelines</li> <li>Support paramedic services' access to necessary data</li> </ul>	<ul style="list-style-type: none"> <li>Overall program evaluation</li> </ul>

## Referral and Intake Processes

The CPLTC program will work with health systems partners to create a clear and transparent referral and intake process. Referrals can occur through:

- the CPLTC program identifying and referring participants during their routine community paramedicine services
- LHIN Care Coordinators identifying and referring participants during their routine assessments for home and community care or long-term care

The referral process should also include various health partners to ensure equitable access to care. These may include Family Health Teams and community agencies that can receive and send referrals to and from the program, through the LHIN Care Coordinator where appropriate.

Where possible, referrals and intake should utilize common and internet-based tools. Frequent communication about referrals and intake through existing channels is strongly recommended. For example, sharing information about new patients at weekly or biweekly discussions or rounds between the LHINs and the CPLTC program can help to avoid duplication of services. Consultation with home and community care providers should also assist in determining the proper care needs for the client and avoid duplication of services. Please refer to the Program Eligibility section for more information on how to assess eligibility.

The program should consider jointly reviewing the referrals with the LHINs to ensure that the appropriate people participate in the program. The process may also require the CPLTC program to undertake further assessment of eligible individuals to determine if a patient is a suitable candidate for CPLTC based on their individual needs and services available.

Municipalities and DSSABs should consider the needs of First Nations, Inuit, and Métis communities in their geographic area regarding referral, intake, and service coordination with the program.

The CPLTC program is responsible for the intake process. Features should include:

- utilizing the MAPLe Decision Support Tool and Frailty Scores for prioritizing patients and reporting purposes if applicable
- determining the services that will benefit the individual
- informing and familiarizing the individual and their caregivers with services they are eligible to receive
- communication with other services providers
- collecting information for accountability and evaluation purposes
- seeking voluntary patient consent to share data with the province for evaluation purposes

Each CPLTC program must develop clear and accessible documents describing referral and intake processes for public and health partner communication purposes.

## **Program Transition and Discharge**

The CPLTC program will work with LHIN Care Coordinators and other relevant care providers to ensure patients receive the next appropriate care level, if they transition or choose to discontinue their enrolment in the program. The program will establish open communication and share all relevant information with health partners about the patient, such as documented health records and care plans, for seamless transition to the next required care level.

If the patient requires long-term care supports, the existing long-term care processes apply. If the patient is discharged to the hospital, the CPLTC program will continue to work with the hospital about their care and discuss next steps for the appropriate care level, such as continuing in the program or transitioning to another service.

## ***B. Implementation***

### **Coordination and Service Alignment**

Local coordination is a key factor to the success of this program. The CPLTC program will build on existing community services and community paramedicine programs in order to add capacity and maximize resources rather than subsidize or offset existing programs. CPLTC does not replace current home and community care services. The program can complement these services and provide additional support and peace of mind to participants and their caregivers so that they can feel safe and supported in their own communities. A successful CPLTC program will need to work in close alignment and coordination with home and community care and primary care providers.

Focusing the recommended weekly or bi-weekly discussions or rounds on high-risk, crisis or complex patients can also help to ensure effective alignment of services and maintain service volumes and avoid duplication of services.

Municipalities and DSSABs should work with other health care providers to develop policies and processes, using formalized agreements or mutually accepted guidelines, in order to ensure strong coordination and service alignment at the local level.

The following parts of the program require coordination:

- **Patient care plans:** The CPLTC program should work with LHIN Care Coordinators, primary care providers and home and community care agencies to understand and contribute to the existing patient care plans in a manner that addresses the needs of the individuals and their caregivers.
- **Transition processes and hand-offs:** Health providers in the circle of care should establish timely, ongoing, and open communication with one another about the services provided to the patients in order to transition them to the next appropriate care level when required and avoid duplication, such as double dosing of immunizations or assigning multiple physicians to orphaned patients. CPLTC programs will work with the LHINs and other care providers to refer orphaned patients through existing processes to the appropriate services. CPLTC programs will have mechanisms in place to discuss assessment, follow-up, monitoring, and provide advice on emerging issues or needs.
- **Documentation and medical records:** The CPLTC program should work with partners to ensure there is easy and seamless access for all health providers in the patient's circle of care to read and record patient information and ongoing care, as appropriate. Documentation and record-keeping should be integrated into existing systems or electronic format. CPLTC programs, LHINs, and other health partners may consider working together to use a common platform to access and input information.

## Staffing and Medical Oversight

A person who provides community paramedicine services must also be a paramedic within the meaning of the *Ambulance Act*. While a paramedic from any level of practice may be appropriate to take part in a community paramedicine program, per the 2017 framework, consideration should be given to the particular vulnerability of the target population for CPLTC.

Community paramedicine service providers are only permitted to perform controlled acts under the delegation of a regulated health professional with the authority to perform and to delegate those acts. Where a CPLTC program provides activities or services that may include a Controlled or Delegated Act, the program should document the process of how this work will be delegated by a responsible physician. This documentation should detail the level and nature of medical oversight required for services such as medical assessment, diagnosis, or treatment, particularly in rural communities that lack provider resources.

Protocols and guidelines will be developed in consultation with physicians, nurses and other health care professionals, compliant with applicable paramedicine practice, the requirements of applicable health professional colleges, and legislative or regulatory frameworks.

## ***C. Accountability and Evaluation***

### **Program Accountability**

The ministry will establish the following accountability mechanisms with participating communities:

- **Formal agreements** (e.g. TPAs or Memoranda of Understanding)

These documents will include terms, conditions, and provisions that:

- Clarify resources and funds and how they will be used.
  - Define the governance, oversight, and reporting structure among the parties involved, including expectations of each partner.
  - Explain how the governance and accountability structures will ensure that all community paramedicine activities fall within current legislative, regulatory or program parameters.
  - Explain how the municipality or DSSAB is accountable for the program participants and their care plans.
  - Provide information on medical oversight mechanisms.
  - Define roles and responsibilities of program partners, including LHINs, etc.
  - Outline financial management and oversight processes.
  - Require the municipality or DSSAB to collect, use and share program participant health information with the province, with the consent of the participant.
- **Quality improvement reviews and reporting**
    - Participating communities need to demonstrate how community paramedicine programs contribute towards achieving the intended policy goals. The TPAs will include reporting requirements for outcome evaluation. The participating municipalities will use templates to provide regular and consistent reporting to the ministry.



- **Financial Reporting**

- Participating communities need to demonstrate how the allocated funding was spent on various program components, including services provided, staffing, and new technology. Requirements will be laid out in the TPAs.

## **Program Analysis and Evaluation**

Program evaluation will help the province, municipalities, and health partners understand the outcomes and impact of the CPLTC program, such as improved patient outcomes and cost effectiveness. The ministry will work together with participating communities to collect and analyse data on processes, services and outcomes, which will help inform future decision-making and program improvement.

Participating communities are required to report regularly to the ministry on a set of indicators linked to outputs and outcomes.

The indicators to be collected are identified in the table. These indicators may change over time.

Individual communities may choose to collect additional qualitative or quantitative measures depending on their needs for planning purposes.

## Table of Indicators

### Client profiles

Indicator	Indicator details
<b>Health Card Number (HCN)</b>	HCN as an identifier to link community paramedicine data with other health sector databases
<b>Age of patients</b>	Age of patients upon enrollment in the program
<b>Chronic health conditions</b>	Top 3 or more chronic conditions, such as chronic obstructive pulmonary disease (COPD), asthma, epilepsy, diabetes, heart failure & pulmonary edema, hypertension, angina
<b>Long-term care home (LTCH) wait list</b>	Whether the client is on the LTCH wait list
<b>Number of clients who have transitioned from hospital, were on the LHIN's "crisis" list, or are receiving episodic care as part of the region's COVID-19 response</b>	Whether the client receiving community paramedicine services has transitioned from hospital, were on the LHIN's "crisis" list, or are receiving episodic care as part of the region's COVID-19 response

### Services provided

Indicator	Indicator details
<b>Types of community paramedicine services provided (e.g. remote monitoring, home visits, and others; select up to 3 types of services)</b>	Range of community paramedicine services available in the community
<b>Length of client enrolment in the program</b>	The date that the client enrolled in the program, and if applicable the date the client was discharged from the program
<b>Number of in-person visits</b>	Number of community paramedicine home or virtual visits completed per patient

**Client and provider experience**

Indicator	Indicator details
<p><b>Patient, family, and caregiver experience, including client and caregiver perspectives on whether community paramedicine helped them stay at home</b></p>	<p>Satisfaction level of enrolled patients</p>
<p><b>Provider partner satisfaction with CPLTC services</b></p>	<p>A separate survey than the one for patients and caregivers that would reflect satisfaction or experience of other partners, including primary care providers, hospitals, community agencies, home and community care providers, and OHTs</p>

**Integration with other service domains**

Indicator	Indicator details
<p><b>Number of referrals</b></p>	<p>Number of referrals to other health and community services, such as primary care or community support services</p>

**Broader health system usage**

Indicator	Indicator details
<p><b>Impact on broader health system usage</b></p>	<p>The province will leverage health system data to analyse CPLTC's impact on broader health system usage (e.g. number of 911 calls, emergency department (ED) visits, hospital admissions or readmissions clients made or experienced)</p>

Ministry of Long-Term Care

Ministère des Soins de longue durée

Office of the Minister

Bureau du ministre

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Toronto, ON M7A 1N3

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Toronto ON M7A 2J5



179-2021-98

February 10, 2021

Ms. Janette Smith  
City Manager  
City of Hamilton  
71 Main Street West, City Hall  
Hamilton ON L8P 4Y5  
janette.smith@hamilton.ca

Dear Ms. Smith:

I am pleased to advise you that the Ministry of Long-Term Care ("the ministry") will provide the City of Hamilton up to \$6,481,800 in one-time funding for a four-year transfer payment agreement over the 2020-2024 funding years (\$498,600 in year 1; \$1,994,400 in year 2; \$1,994,400 in year 3; and \$1,994,400 in year 4) to support seniors on the provincial long-term care waitlist, or soon to be eligible for long-term care, by providing them with community paramedicine services in their own homes.

This funding will support the Hamilton's community paramedicine program to provide eligible seniors with 24/7 access to community paramedicine services.

Janet Hope, Assistant Deputy Minister of the Long-Term Care Policy Division, and Brian Pollard, Assistant Deputy Minister of the Long-Term Care Capital Development Division, will be sharing details regarding the terms and conditions of this funding with you in the near future.

Thank you for your continued dedication and commitment to ensuring that seniors and others at risk remain stable in their own homes or in community-based settings for as long as possible.

I look forward to working with you to provide innovative resident-centred care to support those on the long-term care waitlist as we continue to build a long-term care system that is safe and responsive to the needs of the people of Ontario, particularly during these unprecedented times.

Janette Smith

Sincerely,

A handwritten signature in blue ink, appearing to read "M Fullerton".

Dr. Merrilee Fullerton  
Minister of Long-Term Care

- c: Richard Steele, Deputy Minister, Ministry of Long-Term Care  
Janet Hope, Assistant Deputy Minister, Long-Term Care Policy Division  
Brian Pollard, Assistant Deputy Minister, Long-Term Care Capital Development  
Division  
Chief Mike Sanderson, Hamilton Paramedic Services