



**City of Hamilton
BOARD OF HEALTH
AGENDA**

Meeting #: 21-004
Date: April 19, 2021
Time: 9:30 a.m.
Location: Due to the COVID-19 and the Closure of City Hall (CC)

All electronic meetings can be viewed at:

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

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

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

1. CEREMONIAL ACTIVITIES
2. APPROVAL OF AGENDA
(Added Items, if applicable, will be noted with *)
3. DECLARATIONS OF INTEREST
4. APPROVAL OF MINUTES OF PREVIOUS MEETING
 - 4.1. March 22, 2021
5. COMMUNICATIONS
6. DELEGATION REQUESTS
7. CONSENT ITEMS
8. STAFF PRESENTATIONS

8.1. Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present (to be distributed)

9. PUBLIC HEARINGS / DELEGATIONS / VIRTUAL DELEGATIONS

10. DISCUSSION ITEMS

10.1. Nurse Family Partnership 2021 Program Funding and Service Level Update (BOH07035(j)) (City Wide)

10.2. 2021 Public Health Services Organizational Risk Management Plan (BOH21003) (City Wide)

10.3. Secondment of Child & Adolescent Services Staff to Thrive Child and Youth Trauma Services (BOH21005) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 21-003

9:30 a.m.

Monday, March 22, 2021

Council Chambers

Hamilton City Hall

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

**Absent with
Regrets:** Councillors T. Whitehead – Personal

THE FOLLOWING ITEM WAS REFERRED TO COUNCIL FOR CONSIDERATION:

- 2020 Public Health Services Year End Report & 2021 Annual Service Plan and Budget (BOH21004) (City Wide) (Item 9.2)**

(Ferguson/Pearson)

That the Board of Health direct the Medical Officer of Health to submit the 2021 Annual Service Plan and Budget to the Ministry of Health in keeping with what is outlined in this report.

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

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

ABSENT - Ward 14 Councillor Terry Whitehead
YES - Ward 15 Councillor Judy Partridge

FOR INFORMATION:

(a) CEREMONIAL ACTIVITIES (Item 1)

There were no ceremonial activities.

(b) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Board of the following changes:

6. DELEGATION REQUESTS

- 6.1. Delegation Request Dr. Natasha Johnson, McMaster University respecting Structural Reform of the Board of Health for today's meeting.
- 6.2. Delegation Request from Kassia Johnson, McMaster University respecting Structural Reform of the Board of Health for today's meeting.
- 6.3. Delegation Request from Timothy O'Shea, McMaster University respecting Structural Reform of the Board of Health for today's meeting.
- 6.4. Delegation Request from Claire Bodkin, McMaster University, respecting Structural Reform of the Board of Health for today's meeting.
- 6.5. Delegation Request from Dr. Mark Walton, McMaster University, respecting Structural Reform of the Board of Health for today's meeting.
- 6.6. Delegation Request from Ruth Rodney, York University, respecting Structural Reform of the Board of Health for today's meeting.

8. PUBLIC HEARINGS / DELEGATIONS / VIRTUAL DELEGATIONS

- 8.1. Lyndon George respecting Structural Reform of the Board of Health (approved at the February 19, 2021 meeting)
- 8.2. Madeleine Verhovsek respecting Structural Reform of the Board of Health (approved at the February 19, 2021 meeting)

(Johnson/Pearson)

That the agenda for the February 19, 2021 Board of Health be approved, as amended.

Result: Motion CARRIED by a vote of 13 to 0, as follows:

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

(c) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) February 19, 2021, 2021 (Item 4.1)

(Clark/Farr)

That the Minutes of the February 19, 2021, 2021 meeting of the Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 13 to 0, as follows:

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

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

(e) DELEGATION REQUESTS (Item 6)

(Nann/Pauls)

That the following delegation requests be approved for today's meeting:

- (i) Delegation Request Dr. Natasha Johnson, McMaster University respecting Structural Reform of the Board of Health (Added Item 6.1)
- (ii) Delegation Request from Kassia Johnson, McMaster University respecting Structural Reform of the Board of Health (Added Item 6.2)
- (iii) Delegation Request from Timothy O'Shea, McMaster University respecting Structural Reform of the Board of Health (Added Item 6.3)
- (iv) Delegation Request from Claire Bodkin, McMaster University, respecting Structural Reform of the Board of Health (Added Item 6.4)
- (v) Delegation Request from Dr. Mark Walton, McMaster University, respecting Structural Reform of the Board of Health (Added Item 6.5)
- (vi) Delegation Request from Ruth Rodney, York University, respecting Structural Reform of the Board of Health (Added Item 6.6)

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

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

ABSENT - Ward 14 Councillor Terry Whitehead
YES - Ward 15 Councillor Judy Partridge

(f) PUBLIC HEARINGS / VIRTUAL DELEGATIONS (Item 8)

(i) Structural Reform of the Board of Health

(Merulla/VanderBeek)

That the following Virtual Delegations respecting the Structural Reform of the Board of Health, be received:

- (a) Lyndon George (Added Item 8.1)
- (b) Madeleine Verhovsek (Added Item 8.2)
- (c) Dr. Natasha Johnson, McMaster University (Added Item 8.3)
- (d) Kassia Johnson, McMaster University (Added Item 8.4)
- (e) Timothy O'Shea, McMaster University (Added Item 8.5)
- (f) Claire Bodkin, McMaster University (Added Item 8.6)
- (g) Dr. Mark Walton, McMaster University (Added Item 8.7)
- (h) Ruth Rodney, York University (Added Item 8.8)

Result: Motion CARRIED by a vote of 12 to 0, as follows:

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

(Partridge/Merulla)

That staff be directed to review the Board of Health Governance models in other municipalities and report back to the Board of Health with options for consideration.

Result: Motion CARRIED by a vote of 10 to 2, as follows:

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

(g) STAFF PRESENTATIONS (Item 9)

(i) Overview of COVID-19 Activity in the City of Hamilton 11 Mar to Present (Item 9.1)

Dr. Elizabeth Richardson, Medical Officer of Health; Michelle Baird, Director, Healthy and Safe Communities and Stephanie Hughes, Epidemiologist, Healthy and Safe Communities, addressed the Board with an Overview of COVID-19 Activity in the City of Hamilton 11 Mar to present, with the aid of a PowerPoint presentation.

(Nann/Jackson)

That the Presentation respecting an Overview of COVID-19 Activity in the City of Hamilton 11 Mar to present, be received.

Result: Motion CARRIED by a vote of 12 to 0, as follows:

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

YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
ABSENT	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
ABSENT	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(ii) 2020 Public Health Services Year End Report & 2021 Annual Service Plan and Budget (BOH21004) (City Wide) (Item 9.2)

Dr. Elizabeth Richardson, Medical Officer of Health, addressed the Board with the 2020 Public Health Services Year End Report, and 2021 Annual Service Plan and Budget, with the aid of a PowerPoint presentation. A copy of the presentation has been included in the official record.

(Wilson/Pearson)

That the Presentation respecting the 2020 Public Health Services Year End Report, and 2021 Annual Service Plan and Budget, be received.

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

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

For further disposition of this matter, refer to Item 1.

(h) **ADJOURNMENT (Item 15)**

(Jackson/Ferguson)

That, there being no further business, the Board of Health be adjourned at 1:07 p.m.

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

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

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk



Public Health Services COVID-19 Situation Report & Organizational Update

Board of Health

April 19, 2021

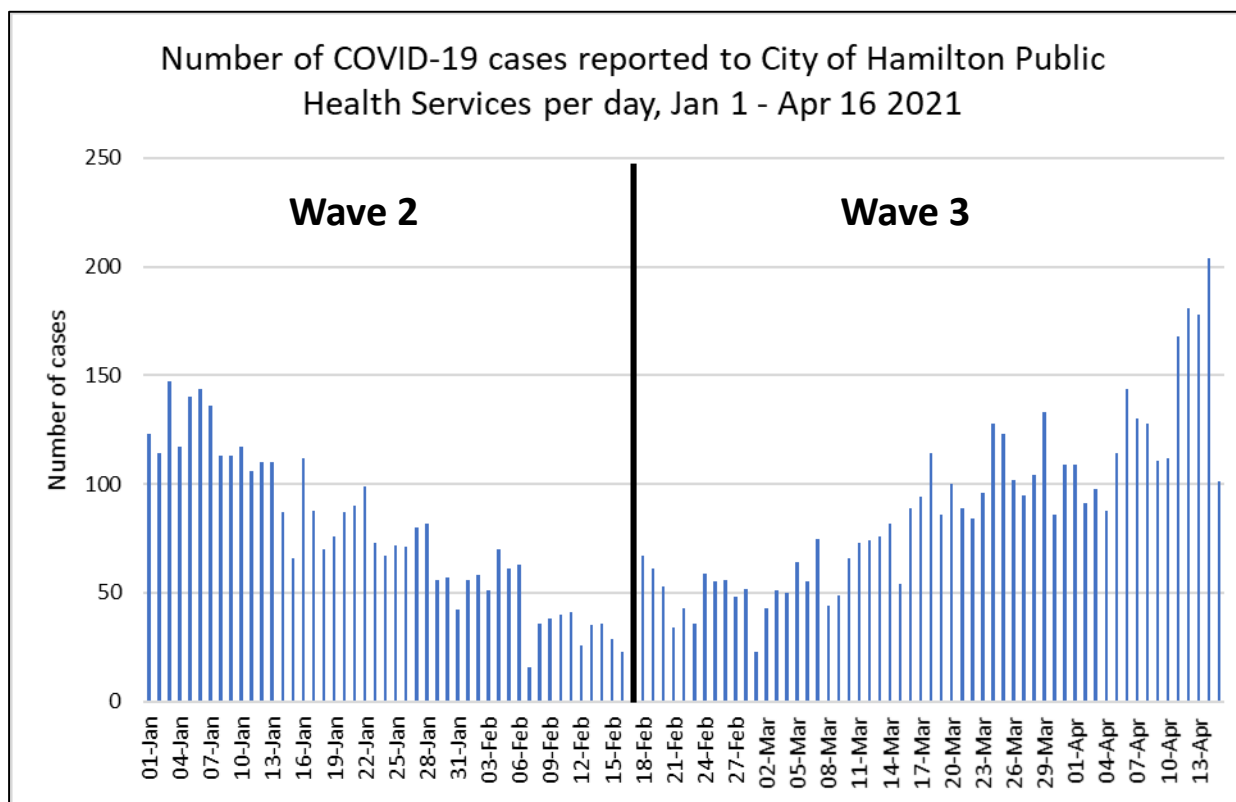
Overview

1. Overall Status Update
2. COVID-19 Situation Report
3. Scarsin Forecasting
4. Provincial Response Framework & Metrics
5. COVID-19 Vaccine Update

Overall Status

- COVID-19 case activity in Hamilton has surpassed the peak of Wave 2 and continues to increase. The percentage of cases that have screened positive for variants also continues to increase: 65% as of April 11, 2021
- Intensive care units are overwhelmed
- Scarsin forecasting predicts peak of Wave 3 in latter part of April / early May, 2021 – could see between 180-230 cases reported per day
- As of April 15, 2021 there were over 145,000 doses administered and 25.4% of eligible population vaccinated
- Rolling out Phase 2 of the provincial framework - incorporates approximately 300,000 Hamiltonians with a goal to have first doses to all in Phase 2 who want one by Summer 2021
- Continuing to follow public health measures is vital, even for those who have been vaccinated

Reported Cases



Key Messages

- COVID-19 case activity continues to increase during the pre-peak phase of wave 3
- Case levels have now surpassed the peak of wave 2
- As of Apr 16, 2021 the average number of cases reported per day to Hamilton Public Health is 155

Phases of COVID-19 in Hamilton

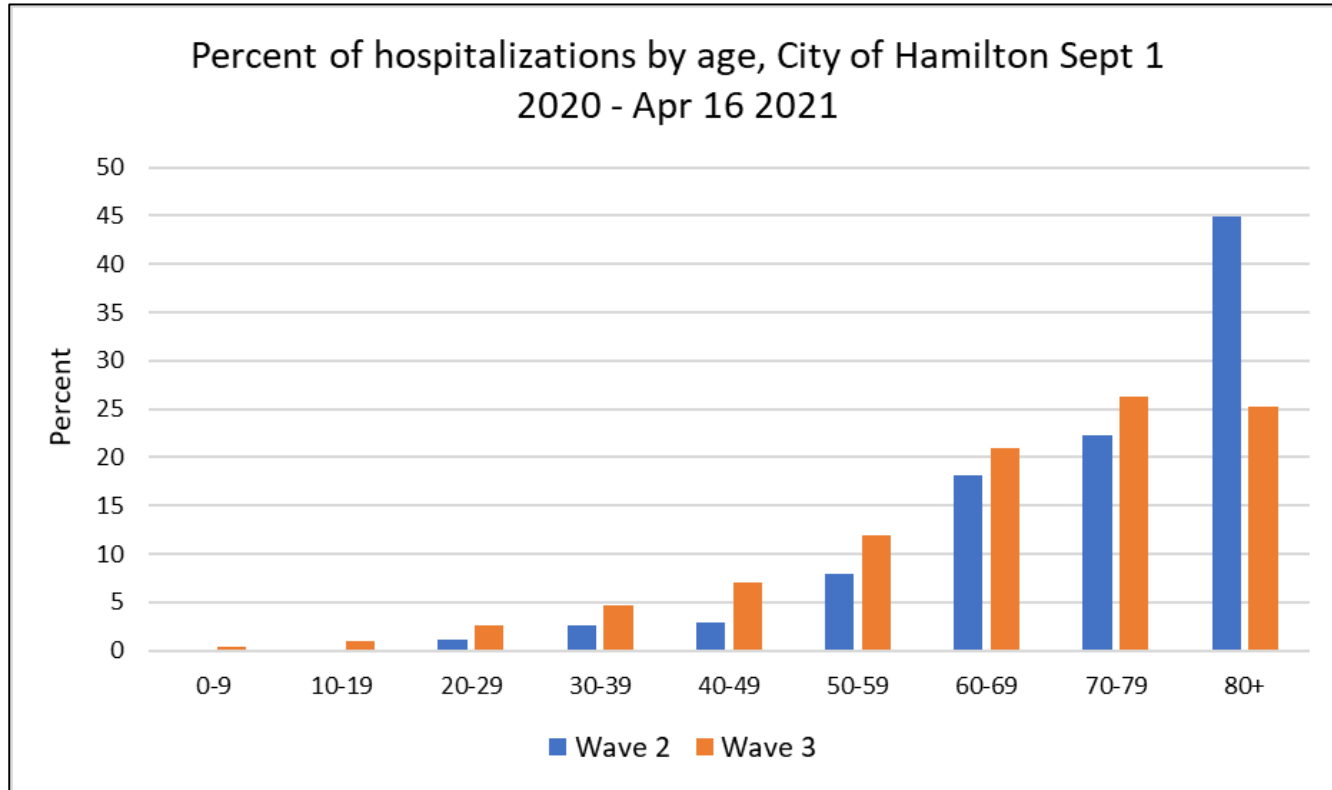
WAVE 2: Pre-Peak Sept 1 – Dec 31 2020

- 5,290 cases reported
- 124 outbreaks
- 294 hospitalizations and 132 deaths
- 115,683 tests completed at Hamilton Assessment Centres
- Early in wave 2, in Sept/Oct 2020, infections were most commonly due to direct contact with other known cases of COVID-19 and undetermined sources
- Closer to the peak of wave 2, in Nov/Dec 2020, infections were most commonly due to direct contact with other known cases as well as outbreak activity

WAVE 3: Pre-Peak Feb 17 – Apr 16 2021

- 5,070 cases reported
- 147 outbreaks
- 322 hospitalizations and 67 deaths
- 65,676 tests completed at Hamilton Assessment Centres
- Thus far in wave 3, infections have been mainly due to direct contact with other cases, undetermined sources & outbreak activity
- Ongoing increase in COVID-19 variant cases throughout wave 3 pre-peak in Hamilton
- Provincial Emergency and Stay-at-Home Order remain in effect in Hamilton

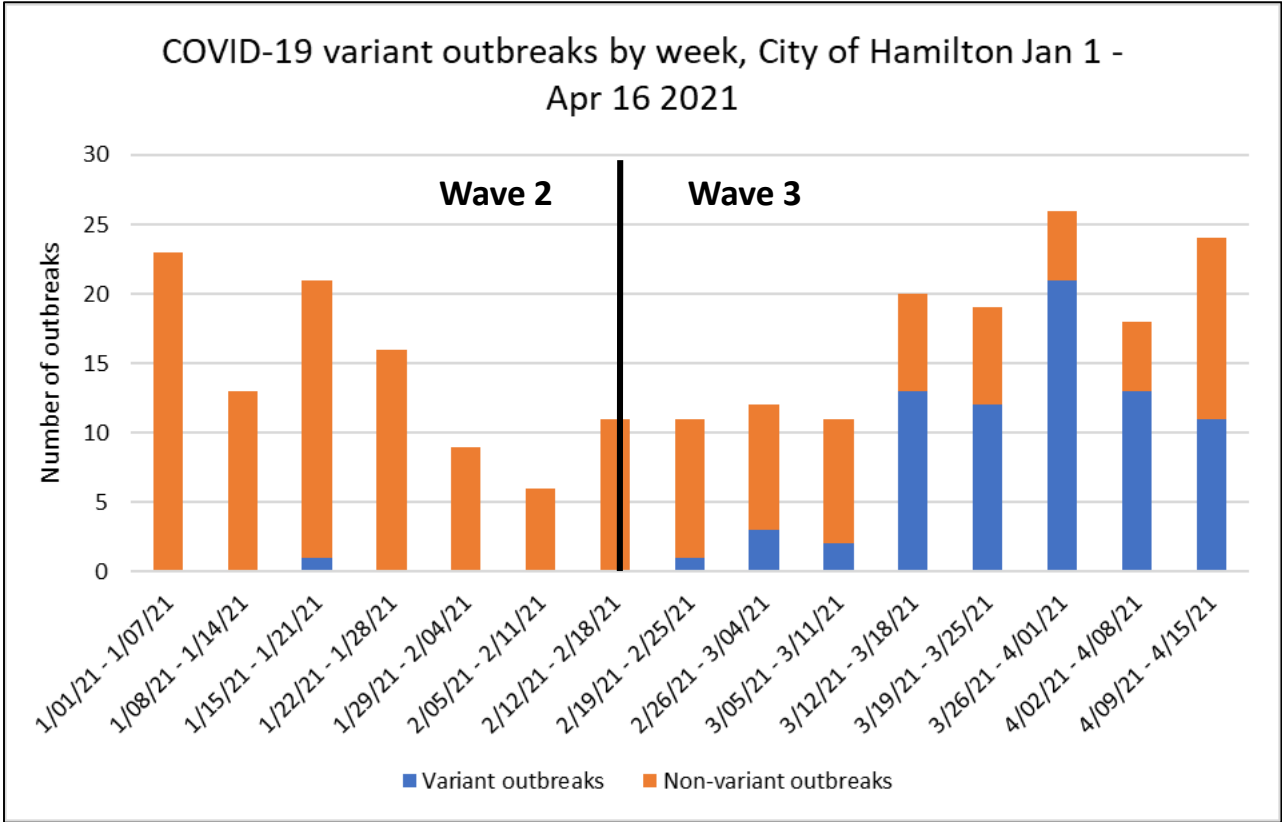
Hospitalized Cases



Key Messages

- There has been a shift in affected age groups hospitalized during waves 2 and 3
- Percent of cases hospitalized has decreased in those aged 80+, increased in younger age groups

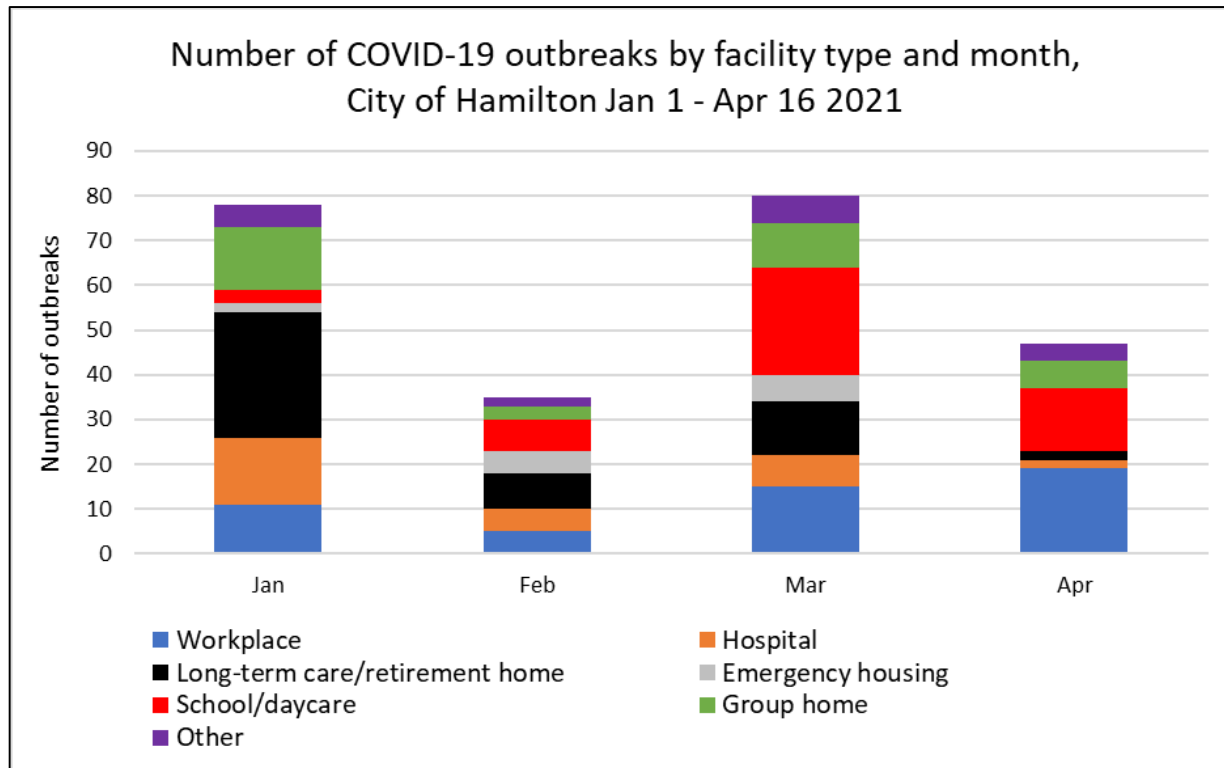
Variant Activity



Key Messages

- More than 60% of outbreaks recently declared in Hamilton are associated with variants
- Approximately 65% of recently reported cases have screened positive for variants
 - There have been cases recently confirmed with the B.1.351 and P.1 variants

Affected Outbreak Facility Types



Key Messages

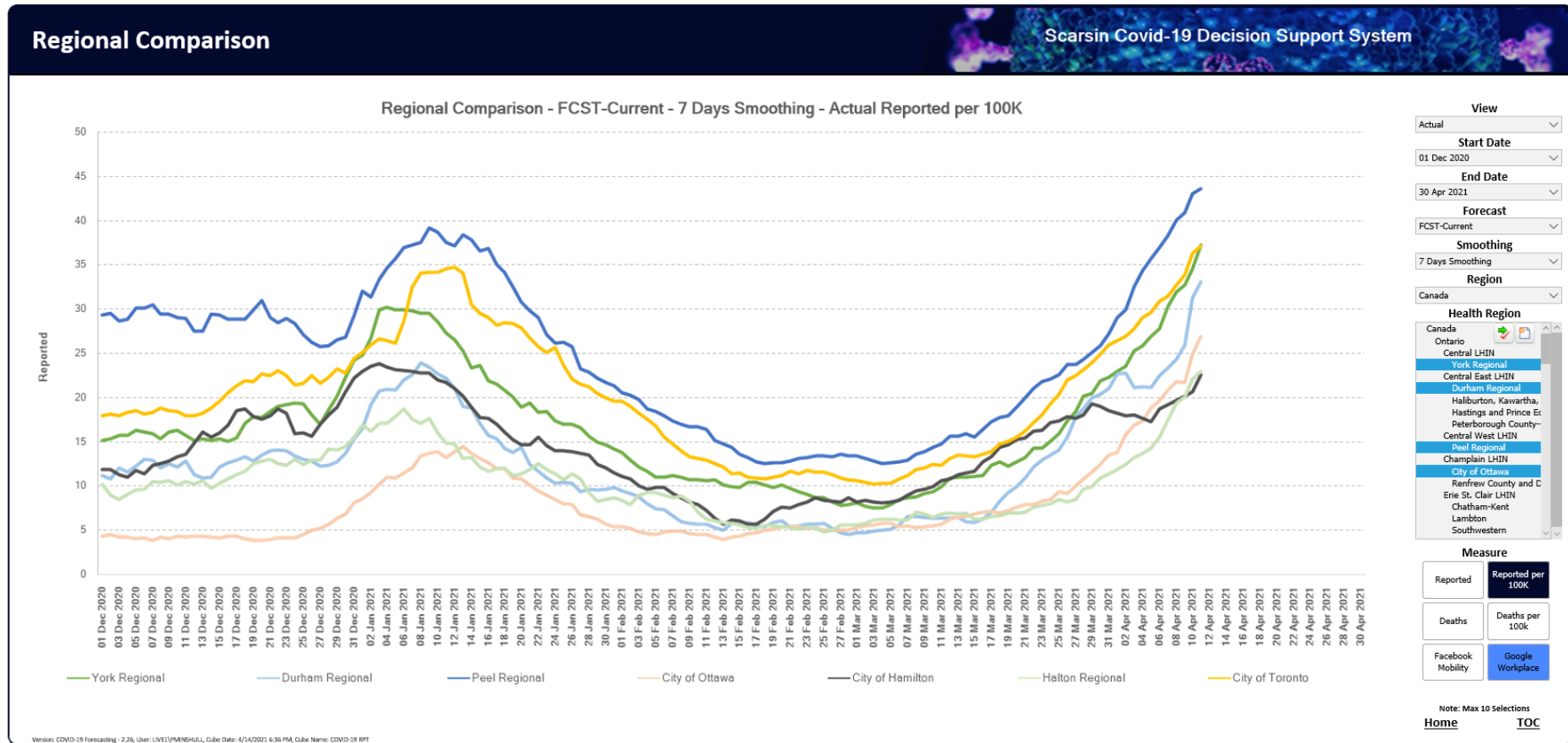
- A shift in outbreak facility types has occurred since the peak of wave 2
- In recent months, there have been fewer long-term care/retirement home and hospital outbreaks, and more school/daycare and workplace outbreaks than the wave 2 peak

Scarsin Forecasting – Background

- Partnership of Public Health, St. Joseph's Healthcare Hamilton, Hamilton Health Sciences and the Hamilton Health Team have been working with Scarsin Corporation since mid-February, 2021
- Canadian corporation with substantial forecasting experience with a number of Fortune 500 companies
- Developed and constantly refining their Decision Support System – robust forecast modelling
- Aids local decision-making on how best to minimize COVID-19 infections, hospital admissions and deaths
- Allows assessment of diverse public health measures, vaccination efforts and policy interventions (e.g., stay-at-home orders, remoted learning for school boards)

Scarsin Forecasting – Regional Comparison

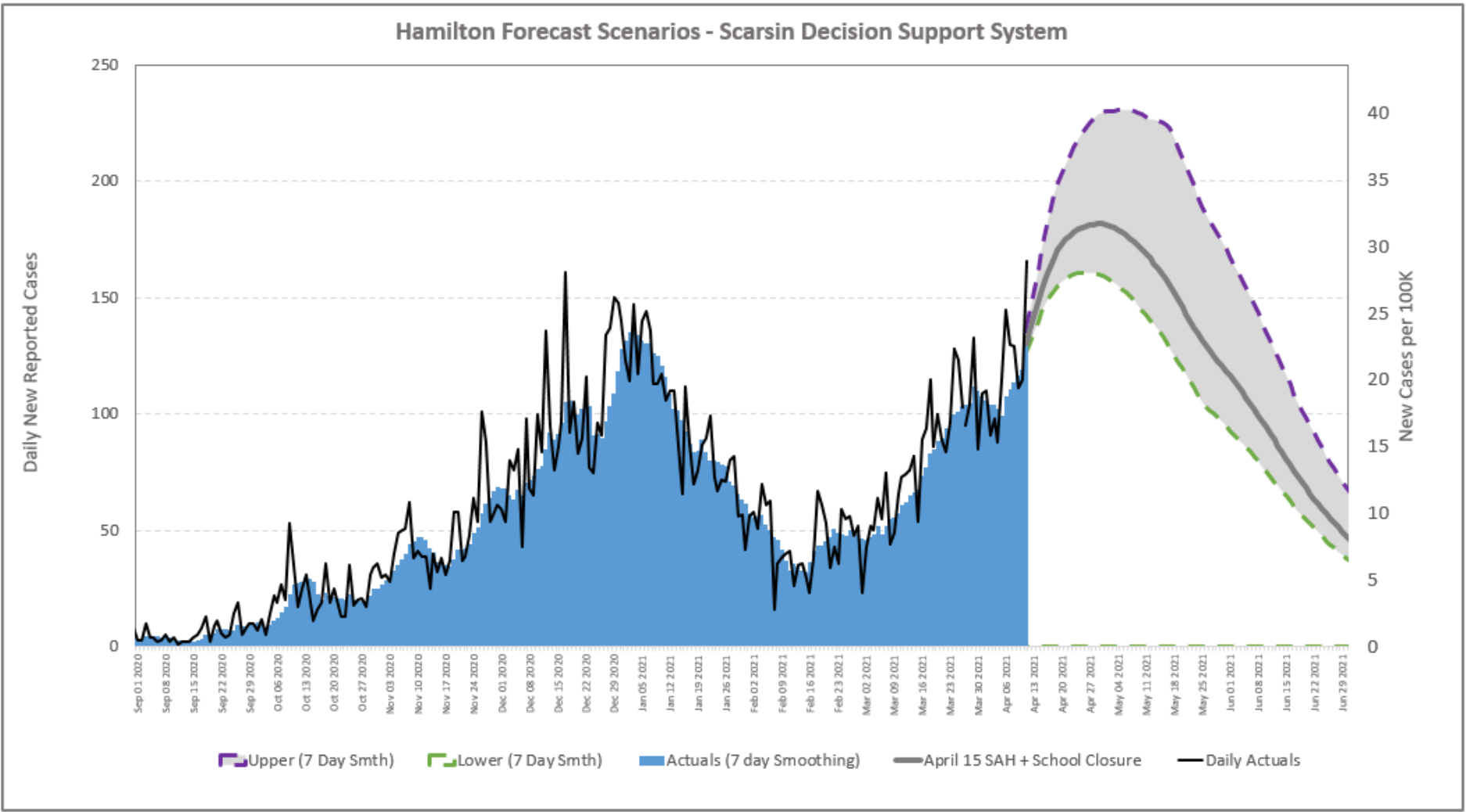
- All major public health units in the greater Toronto area are growing rapidly
- Hamilton cases are accelerating



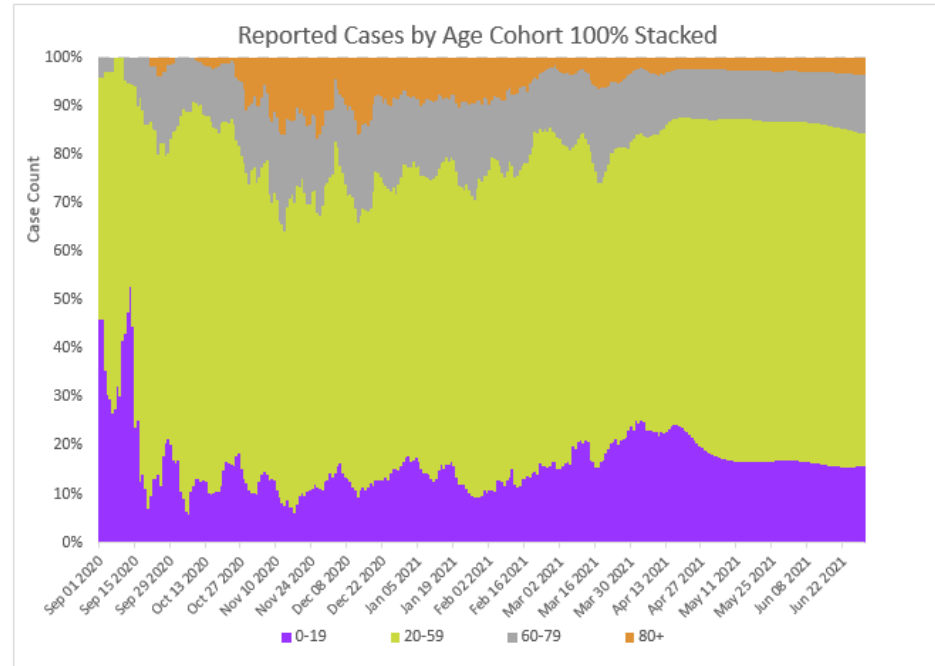
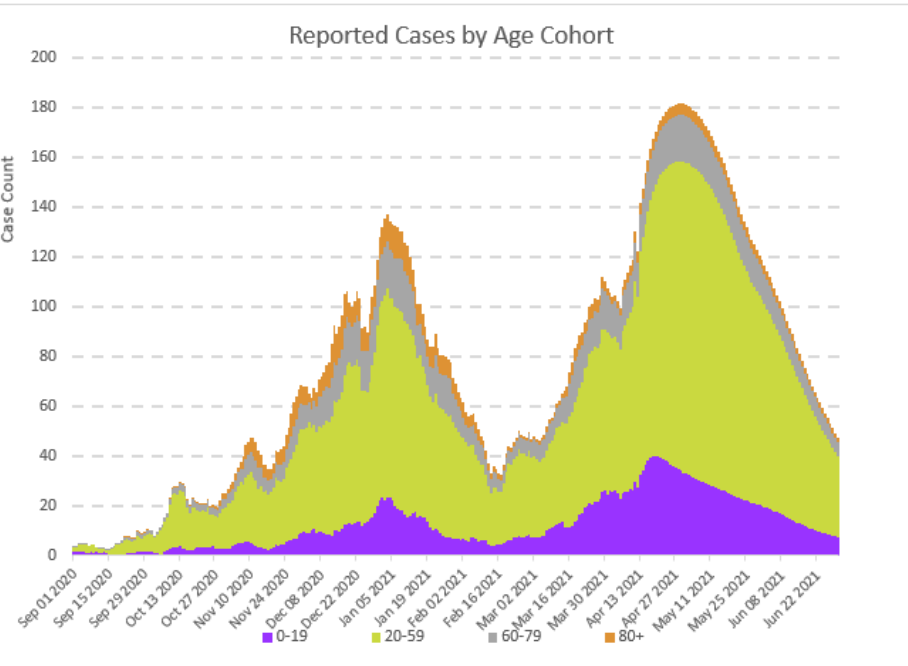
Scarsin Forecasting – Assumptions

- COVID-19 variants of concerns are growing in prevalence, will become the dominant circulating viruses, transmit more readily causing more severe disease, increased rates of hospital admissions and death
- Vaccinations – extent and timing of uptake/coverage for priority populations and age groups
- Provincial emergency declaration with its stay-at-home order – duration of 4 weeks
- Schools continue remote learning until the end of the school year
- Mobility of individuals is decreased by the stay at home order and school measures, but to a lesser extent than occurred following the stay at home order issued Dec 26, 2021

Scarsin Forecasting – Scenarios



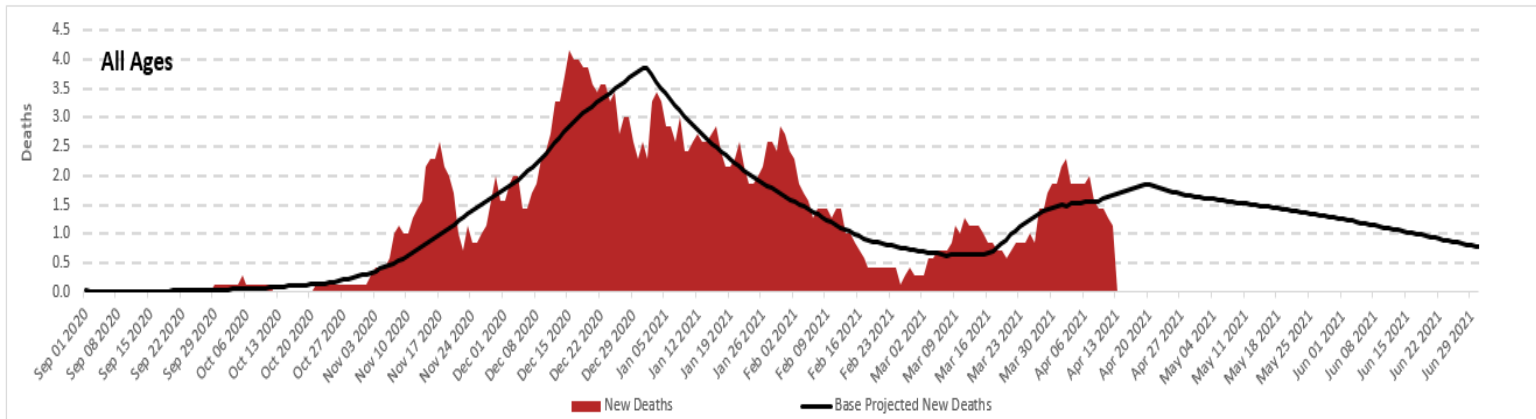
Scarsin Forecasting – Cases by Age Cohort



Scarsin Forecasting – Hospital Admissions / Impacts

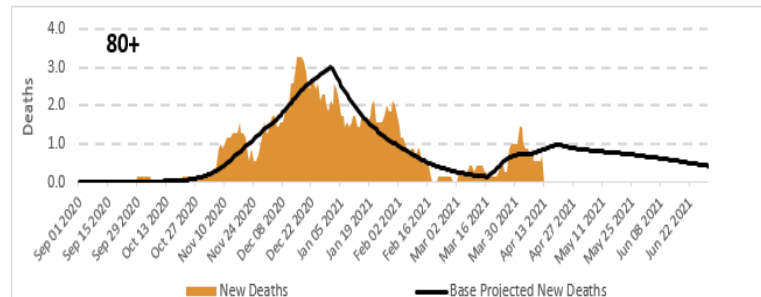
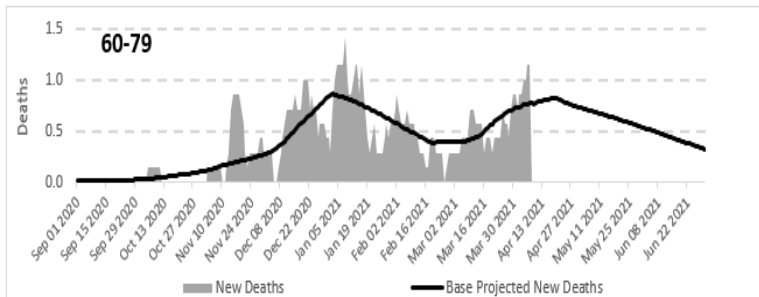
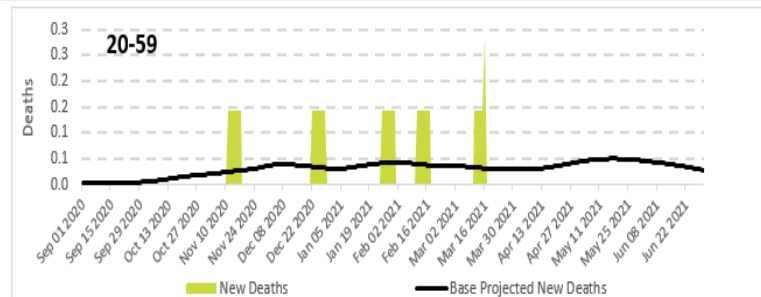
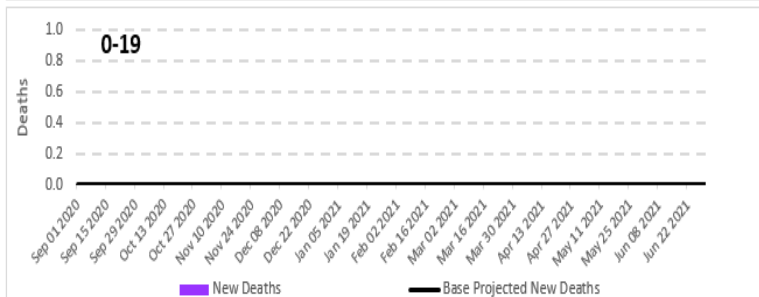
- Hospital bed use is the result of the number of admission and the length-of-stay (influenced by age and comorbidities of the patient and severity of COVID-19 infections, especially those due to variants of concern)
- Scarsin forecasts for hospital admissions are currently based on the age structure of Hamilton’s population
- There are three sources of hospital admissions:
 1. Severe illness in Hamiltonians - currently captured in the forecast based on case data
 2. Severe illness in residents within the St. Joseph’s Healthcare Hamilton/Hamilton Health Sciences catchment areas – NOT currently captured in the forecast
 3. “Load Leveling” from other regions with critical care capacity issues - NOT currently captured in the forecast
- Scarsin currently working with hospitals decision support staff to address the above and assess patient progression forecasts once hospitalized (e.g., demands on Intensive Care Unit beds/ventilators)

Scarsin Forecasting – Deaths in Wave 3



Start **Apr/15/21**
 Stop **Jun/30/21**

Deaths	
0-19	0
20-59	3
60-79	45
80+	55
Total	104



Provincial Response Framework Indicators

Epidemiology

	Previous (Apr 2)	Previous (Apr 9)	CURRENT (Apr 16)	Trend
Weekly incidence rate/100,000	125	129	181	↑
% positivity	4.5%	4.9%	5.6%	↑
Effective reproductive number (R_t)	1.21	0.94	1.28	--
% of community-acquired cases	29.6%	29.5%	31.1%	--

High outbreak activity continues in workplaces, supportive housing, and schools. |
 Total of 37 active outbreaks: 8 outbreaks have ≥ 10 cases; 24 outbreaks have cases screened positive for variants. |

Public Health System Capacity

	Previous (Apr 2)	Previous (Apr 9)	CURRENT (Apr 16)	Trend
% newly reported cases reached within 1 day of reported date	71.3%	72.4%	66.3%	--
% newly identified close contacts reached within 1 day of contact identification date	75.8%	72.0%	82.8%	--

Provincial Response Framework Indicators

Health System Capacity

	Hospital	Previous (Apr 2)	Previous (Apr 9)	CURRENT (Apr 16)
Overall adult acute medicine & surgical hospital occupancy/funded acute beds	SJHH	101%	97%	95%
	HHS	96%	92%	92%
Overall adult acute alternate level of care (ALC) hospital occupancy/funded acute beds	SJHH	20%	19%	20%
	HHS	9%	10%	11%
Overall adult intensive care unit (ICU) occupancy/funded ICU beds	SJHH	100%	93%	94%
	HHS	87%	86%	91%

SJHH: St. Joseph's Healthcare Hamilton

HHS: Hamilton Health Sciences

Additional Local Indicators

	Previous (Apr 2)	Previous (Apr 9)	CURRENT (Apr 16)	Trend
Mental health-related emergency department visits	215	206	206	--
Police response to persons in crisis	134	135	114	--
Substance misuse-related emergency department visits	83	73	95	--
Paramedic incidents for suspected opioid overdose	13	16	12	--
Violence-related emergency department visits	17	3	12	--
Police response to domestic violence	134	120	147	--
Social impacts and environmental exposure-related emergency department visits	16	15	16	--

Trends are based on comparisons to historical data and thresholds.

COVID-19 Vaccine Update

Overall Objectives

1. Prevent deaths
2. Prevent illness, hospitalization and Intensive Care Unit admissions
3. Reduce transmission

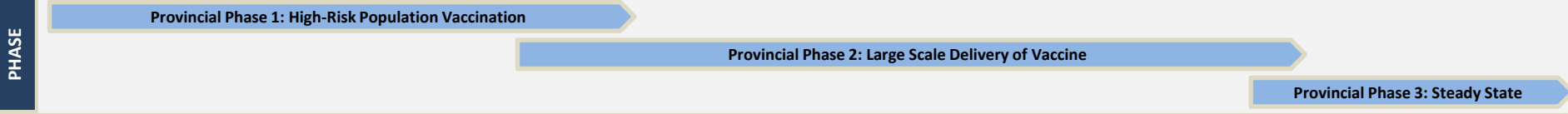


COVID-19 Vaccine Update

HAMILTON COVID-19 VACCINATION PLAN: OVERVIEW

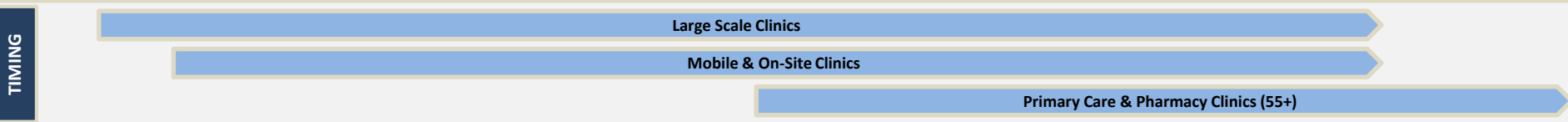
TIMING OF VACCINE ROLLOUT (INCLUDING DATES OF EACH PHASE & CLINIC OPERATION) ARE SUBJECT TO CHANGE & ARE DEPENDENT ON PROVINCIAL DIRECTION AND/OR AVAILABLE SUPPLY OF VACCINE




Dec 2020 > Jan 2021 > Feb 2021 > Mar 2021 > Apr 2021 > May 2021 > Jun 2021 > Jul 2021 > Aug 2021 > Beyond



Provincial Priority Populations by Phase		
DESCRIPTION	<p>Phase 1 Immediate Priority</p> <ul style="list-style-type: none"> Staff, essential caregivers, residents in long-term care, high-risk retirement homes Alternate level of care (ALC) patients in hospitals who have a confirmed admission to long-term care, retirement home or other congregate care home for seniors Highest priority followed by very high priority health care workers Indigenous adults in high risk communities <p>Phase 1 Next Priority</p> <ul style="list-style-type: none"> Adults 80 years of age and older Staff, residents, caregivers in retirement homes, congregate care settings for seniors High priority health care workers All Indigenous adults Adult recipients of chronic home care 	<p>Phase 2 (in Progress)</p> <ul style="list-style-type: none"> Continue Phase 1 priority populations Adults 60-79 Individuals with health conditions, starting with Highest Risk and High-Risk Residents, Essential Caregivers and Staff of High-Risk Congregate Settings Adults 50+ in priority neighbourhoods (L9C, L8W, L8L, L8N, L9K) Individuals with At-Risk Health Conditions Essential Workers who cannot work from home (Group 1 & 2)
		<p>Phase 3</p> <ul style="list-style-type: none"> Remaining Hamiltonians in the general population who wish to be vaccinated will receive the vaccine Adults 16 - 60

Vaccination Approach



DESCRIPTION	TIMING
<p>Large Scale Clinics</p> <p>Hamilton Health Sciences Large Scale Clinic St. Joseph's Healthcare Hamilton Large Scale Clinic Additional Public Health Large Scale Clinics</p> <p> Anticipated Throughput: 8,400 doses / day at peak Supports large scale vaccination of the population</p>	<p>Mobile & On-Site Clinics</p> <p>Mobile Bus Clinics Pop-Up Facility Clinics Rolling Clinics</p> <p> Anticipated Throughput: 750 doses / day at peak Provides vaccination through accessible channels</p>
<p>Primary Care & Pharmacy Clinics (55+)</p> <p>Primary care practice-based vaccinations Pharmacy-based vaccinations</p> <p> Anticipated Throughput: >1,000 doses / day at peak Provides vaccination through usual channels</p>	

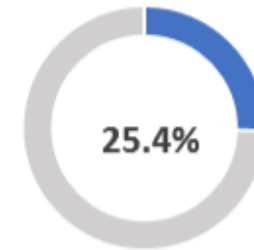
COVID-19 Vaccine Update

Estimated as of End Of Day Apr 15, 2021

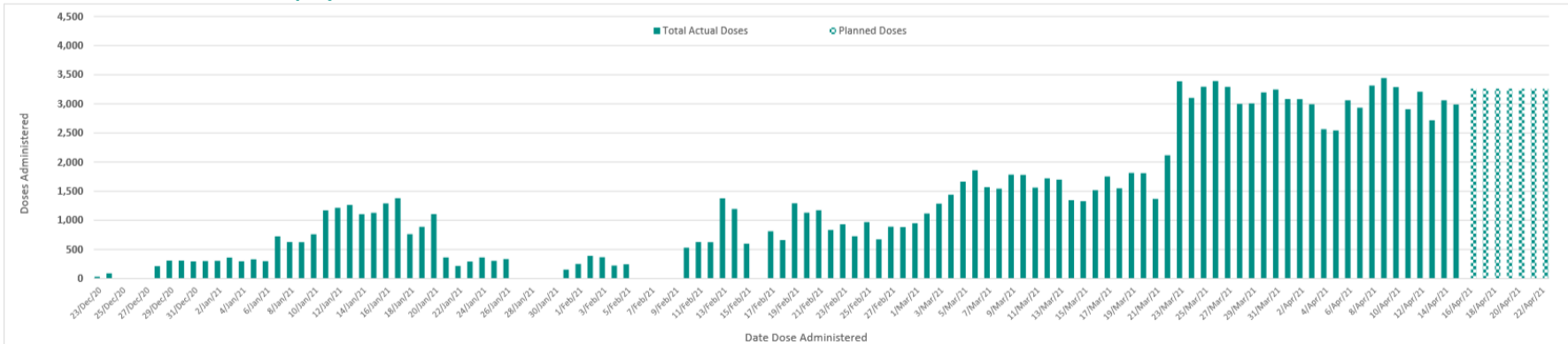
Site	Total doses administered
Hamilton Health Sciences	61,452
St. Joseph's Healthcare Hamilton	32,791
First Ontario Centre	15,614
Mobile Clinics	21,992
Primary Care	5,185
Pharmacies	8,287
Total in Hamilton	145,321

Product	Total doses administered
Pfizer	103,954
Moderna	27,950
AstraZeneca	13,417

% of eligible population* who initiated or completed a vaccine series (at least 1 dose)



Total Doses Administered in Hamilton by Day



Source: IntelliHealth (COVAXon Data Load)

Notes: Planned doses for pharmacies estimated as 40 doses per site per day; Planned doses for primary care are not included.

*Hamilton residents age 16+ (N=501,268). Note: Includes people based on site of vaccine administration and not by place of residency.

COVID-19 Vaccine Update

Estimated Priority Population Vaccine Coverage (End Of Day Apr 15, 2021)			
Age-Based Priority Populations	Est Population Size	Vaccine Series Initiation	% Vaccine Series Initiation
Age - 85+ Years	15,043	12,324	82%
Age - 80 to 84 Years	13,018	10,302	79%
Age - 75 to 79 Years	18,813	13,955	74%
Age - 70 to 74 Years	27,170	20,635	76%
Age - 65 to 69 Years	32,990	13,628	41%
Age - 60 to 64 Years	39,604	14,579	37%

Source for actuals: IntelliHealth (COVAXon Data Load)

Notes:

1. Data are preliminary and subject to change.
2. Age-based populations and non-age-based populations may not be mutually exclusive; individuals within one category may also be counted in another category (e.g. Long Term Care Home residents aged 85+ are counted in both Long Term Care Home Resident and Seniors 85+ populations).
3. Reason for vaccination is a categorical selection in the COVAXon application. This data field is limited to one selection even if an individual may be eligible for multiple categories. This data field may subject to misclassification and may undercount individuals in some categories.
4. This is an estimation of vaccine coverage based on records of where individuals were vaccinated and not by their place of residency.

COVID-19 Vaccine Update

Estimated Priority Population Vaccine Coverage (End Of Day Apr 15, 2021)			
Phase 1 Priority Populations	Est Population Size	Vaccine Series Initiation	% Vaccine Series Initiation
LTCH Residents	3,292	3,350	100%
RH Residents	2,535	2,351	93%
LTCH Staff	4,052	3,482	86%
RH Staff	1,658	765	46%
Essential Caregivers (LTCH/RH)	11,654	2,804	24%
ALC (LTCH/RH)	625	323	52%
Healthcare Workers	48,600	28,932	60%
Urban Indigenous Adults	11,000	N/A	N/A
Adult Chronic Home Care (CHC)	5,005	575	11%
Essential Caregivers (Adult CHC)	10,010	N/A	N/A
Phase 2 Priority Populations	Est Population Size	Vaccine Series Initiation	% Vaccine Series Initiation
High Risk Congregate Settings	9,319	846	9%
Health Conditions & Caregivers	132,744	288	0.2%
Hot Spot FSAs (50+ Years)	50,153	20,738	41%
Cannot-Work-From-Home	81,755	Not started	Not started

Source for actuals: IntelliHealth (COVAXon Data Load)

Notes:

1. Data are preliminary and subject to change.
2. Age-based populations and non-age-based populations may not be mutually exclusive; individuals within one category may also be counted in another category (e.g. Long Term Care Home residents aged 85+ are counted in both Long Term Care Home Resident and Seniors 85+ populations).
3. Reason for vaccination is a categorical selection in the COVAXon application. This data field is limited to one selection even if an individual may be eligible for multiple categories. This data field may subject to misclassification and may undercount individuals in some categories.
4. This is an estimation of vaccine coverage based on records of where individuals were vaccinated and not by their place of residency.

COVID-19 Vaccine Update

- With a steady but limited supply working carefully to allocate vaccine to advance program objectives. Eligible Phase 2 population is very large (approximately 300,000).
- Balancing access across sites to most effectively reach our priority populations



Provincial Phase 2 Sequencing

Overview of Phase Two

Projected Phase Two sequencing April to June – updated as of April 9

	Phase 2		
	April	May	June
Older Adults	Over 75 Over 70 Over 65 Over 60		
Health Conditions	Individuals with Health Conditions		
	Highest Risk & Caregivers	High Risk & Certain Caregivers	At-Risk Health Conditions
Congregate Settings	High Risk Congregate Settings		
Hot Spots	COVID-19 Hot Spots Communities		* Peel and Toronto
	Highest Risk Communities *	Remaining Hot Spots Communities	
Other priority*	Special Education Workers Education Workers in hot spots		*contact risk equivalent to HCW
Cannot-Work-From-Home		Workers who cannot work from home	
		Group 1	Group 2



Phase 2 Implementation

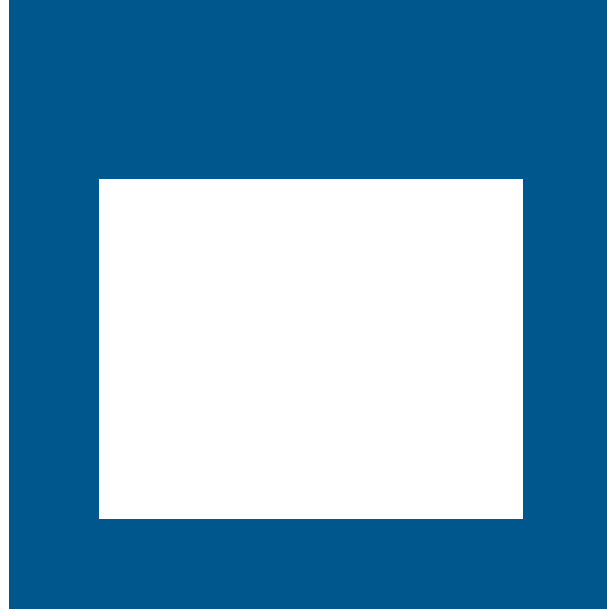
Continue phase 1 implementation

Phase 2 implementation:

- Priority neighbourhoods: L9C, L8W, L8L, L8N, L9K
 - Current eligibility for these clinics is 50+
- Highest and high risk health conditions
- Congregate care settings
- Special Education Workers

Pharmacy Distribution

- Multiple locations in Hamilton offering AstraZeneca vaccinations
- For more information or to book, call or visit websites of participating pharmacies
- List of participating pharmacies also at provincial website



QUESTIONS?



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 19, 2021
SUBJECT/REPORT NO:	Nurse Family Partnership 2021 Program Funding and Service Level Update (BOH07035(j)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Bonnie King (905) 546-2424 Ext. 1587
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

RECOMMENDATION

That the Board of Health authorize and direct the Medical Officer of Health to extend the existing agreement with the Hamilton Community Foundation and accept a grant in the amount of \$39,000 to support the Nurse Family Partnership© program for 2021, and that the Medical Officer of Health or delegate be authorized and directed to receive, utilize and report on the use of these funds.

EXECUTIVE SUMMARY

The Nurse Family Partnership© (NFP) program is a highly successful, international, home visiting program that targets young, low-income, first-time mothers and their children. Long-term studies have consistently shown that the NFP program has a positive impact on child and maternal health, child development and school readiness, positive parenting practices, family economic self-sufficiency, and on reductions in child maltreatment, juvenile delinquency, family violence and crime.

Funding from the Ministry of Children, Community and Social Services (MCCSS) and the Ministry of Health (MOH) supports 7.0 FTE Public Health Nurses to deliver the NFP program in Hamilton. Annual operational costs include program licensing, professional consultative support services, program incentives, outreach strategies, and client education materials.

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HCF has supported the NFP program with financial grants for many years. Funding received from HCF for 2021 will offset the operational costs of the program. Public Health Services staff will continue to explore opportunities and options for stable, long-term program funding beyond 2021, should HCF be unable to extend funding beyond the current year.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: HCF has committed to providing a grant in the amount of \$39,000 to the NFP program for 2021 to support operational costs. This is a one-time financial commitment. Therefore, Public Health Services will continue to explore alternative sources of permanent funding.

Staffing: Not Applicable.

Legal: The NFP program is delivered under a Memorandum of Agreement with the Middlesex London Health Unit (MLHU). MLHU maintains the licensing and confidentiality agreement with the NFP National Office in Denver on behalf of the five Health Units in Ontario who provide the NFP program. The NFP licensing and professional consultation costs for Ontario are shared by the five Ontario NFP program sites.

HISTORICAL BACKGROUND

Hamilton's NFP Program is funded primarily under the umbrella of the Healthy Babies Healthy Children (HBHC) program, which is a mandated high-risk home visiting program funded by the Ministry of Children, Community and Social Services (MCCSS). HCF has provided financial support to the Hamilton NFP Program for many years, supporting operational costs including licensing fees, program infrastructure, ongoing professional consultative support services from the International NFP team and the Clinical Lead Advanced Practice Nurse and program incentives/educational resources for program participants.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Healthy Growth and Development standard within the Ontario Public Health Standards states that the Board of Health shall "provide all components of the HBHC program in accordance with the HBHC Protocol". The NFP program addresses the responsibilities outlined in the HBHC Protocol, using an intensive service delivery approach that has been demonstrated by research to be most effective for young first-time mothers with low income.

RELEVANT CONSULTATION

Rudi Wallace, Vice-President, Grants and Community Initiatives, Hamilton Community Foundation has provided confirmation that HCF is committed to continue their financial support of the NFP Program in 2021.

Finance & Administration has reviewed the financial content of this report.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The NFP program is a targeted pregnancy and infancy home visiting program provided by nurses to young, low-income, first-time mothers. The effectiveness of the NFP program has been rigorously evaluated. Ongoing evaluation and refinement of the NFP program based on scientific evidence ensures that it remains relevant and effective. Studies have shown the NFP program to be cost-effective with a \$6.40 return for every \$1 invested. In 2020, NFP Public Health Nurses provided 1147 home visits to 116 pregnant and first-time parents age 21 and under in Hamilton. Clients come into the program before their 28th week of pregnancy and continue visits with their Public Health Nurse until their child turns two years of age. Approximately 45% of young parents celebrate a “graduation” after completing the entire two+ year program successfully.

All NFP programs must be delivered under a licensing and confidentiality agreement with the NFP National Office in Denver. The agreement for Ontario is maintained by the Middlesex London Health Unit (MLHU) and the cost is shared across five NFP sites. Funding received from HCF supports program operating costs.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



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

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 19, 2021
SUBJECT/REPORT NO:	2021 Public Health Services Organizational Risk Management Plan (BOH21003) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Chelsea Kirkby (905) 546-2424 Ext. 3539
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATION

That Appendix “A” to Report BOH21003, the 2021 Public Health Services Organizational Risk Management Action Plan, be approved by the Board of Health.

EXECUTIVE SUMMARY

As part of the Ontario Public Health Standards (Standards), Public Health Accountability Framework and Organizational Requirements, boards of health are required to develop an organizational risk management framework, create action plans to mitigate risks, and submit an annual risk management report to the Ministry of Health.

There are two types of risk that boards of health regularly encounter:

1. Issues that may be creating a risk to the public’s health; and,
2. Issues that place the organization at risk of not meeting established business objectives.

Public Health Services (PHS) addresses risks to the public’s health by delivering effective public health programs and services that are informed by population health assessment, evidence, and ongoing surveillance and monitoring strategies. COVID-19 is an example of both a health risk and an organizational risk. The contents of this plan

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relate to organizational risk and include organizational risks related to the COVID-19 pandemic as well as other sources.

The Public Health Leadership Team has reassessed existing risks and identified new risks to inform the 2021 PHS Organizational Risk Management Plan (Appendix “A” to BOH21003). It is important to note that the majority of the risks detailed in the plan are associated with the impact, uncertainty and persistence of the COVID-19 pandemic. The majority of risks impacted by COVID-19 fall under the operational / service delivery and people / human resources categories.

A total of 23 risks have been carried over from the 2020 plan and six new risks have been added that are directly related to the impact of COVID-19. To demonstrate the severity of the risk COVID-19 poses to achieving business objectives, there are 13 risks – more than ever before – that fall into the high-risk category and seven risks have increase in risk rating since 2020.

Action plans for mitigation and monitoring will be implemented by staff in 2021 (Appendix “A” to BOH21003). The Public Health Leadership Team will continue to review and update the action plans on a semi-annual basis.

Alternatives for Consideration – See Page 5

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: No financial implications.

Staffing: No staffing implications.

Legal: Approval and submission of the 2021 PHS Organizational Risk Management Plan will ensure compliance with the Public Health Accountability Framework and Organizational Requirements. It also supports the Board of Health in practicing good governance and due diligence by mitigating potential organizational risks.

HISTORICAL BACKGROUND

In 2018, the Ministry of Health introduced the new Ontario Public Health Standards (Standards) to support ongoing transformation of the public health system in Ontario. The Ministry of Health also developed the Public Health Accountability Framework and Organizational Requirements to ensure that boards of health have the necessary foundations within the four domains of program and service delivery, financial management, governance and public health practice to successfully implement the Standards (BOH17010(b)).

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As part of the Public Health Accountability Framework and Organizational Requirements, public health units must have a formal risk management framework in place to identify, assess and address organizational risks. To demonstrate compliance with this requirement, boards of health must submit a risk management report annually to the Ministry of Health.

Following the release of the new Standards in 2018, the Public Health Leadership Team developed its first PHS Risk Management Plan that identified organizational risks across 14 risk categories. This plan was based on the Ontario Public Service Risk Management Framework (BOH17039).

Each year, the PHS Organizational Risk Management Plan is reviewed and updated by the Public Health Leadership Team. Action plans to mitigate the risks that have the greatest likelihood of occurring and greatest potential impact on operations are monitored and updated on a semi-annual basis. Progress on the implementation of these action plans and risk reduction strategies is reported to the Board of Health on an annual basis.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Development of a risk management plan and submission of an annual risk management report to the Ministry of Health is a requirement within the Public Health Accountability Framework and Organizational Requirements. The Board of Health is held accountable to these requirements through the Public Health Funding and Accountability Agreement.

RELEVANT CONSULTATION

Following the introduction of the new Ontario Public Health Standards in 2018, a consultation on the development of the PHS 2018 Risk Management Plan (BOH17039(a)) was conducted with Corrine Berinstein, Senior Audit Manager, Health Audit Services Team of the Ontario Internal Audit Division. Corrine provided guidance on the interpretation and use of the Ontario Public Service Risk Management Framework. During this time, consultation was also sought from Charles Brown, Director of Audit Services, City of Hamilton, to ensure the 2018 plan was in alignment with the future direction for enterprise risk management at the City of Hamilton. The same framework used in the PHS 2018 Risk Management Plan has been applied to the 2021 plan.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The PHS Organizational Risk Management Plan focuses on organizational risk and supports the Board of Health in identifying and mitigating issues that place PHS at risk of not meeting established business objectives. To inform the 2021 PHS Organizational Risk Management Plan, the Public Health Leadership Team reassessed risks from the

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**SUBJECT: 2021 Public Health Services Organizational Risk Management Plan
(BOH21003) (City Wide) - Page 4 of 5**

2020 plan (BOH20003) and identified new risks. More risks have been identified in the 2021 plan than the 2020 plan due to the impact of the COVID-19 pandemic. The most significant organizational risks in the 2021 plan are listed below.

Financial Risks:

- The Board of Health may have financial management risk due to financial forecasting gaps.

Operational or Service Delivery Risks:

- The Board of Health will need to manage the risks of uncertainties of how COVID-19 will play out, how work is being done, and public health modernization (including broader legislation and frameworks);
- The Board of Health will not meet program targets due to the lack of capacity for regular programming during the COVID-19 response; and,
- The Board of Health is at risk of significant community planning tables moving ahead without PHS involvement (e.g., Infant and Early Years Mental Health System Support Committee, Hamilton Health Team, Child & Youth Mental Health Secretariat, Schools, Safe Transitions, Drug Strategy).

People / Human Resources:

- The Board of Health may be at risk of precarious staffing;
- The Board of Health may be at risk of higher employee absenteeism and burnout resulting from increased stress and decreased work satisfaction during the COVID-19 response;
- The Board of Health may be at risk of lack of recharge and inability to maintain intensity and level of COVID-19 response; and,
- The Board of Health may be at risk of performance at the individual and organizational level being impacted by reasons related to the reasons above including transition back to post COVID-19 work environment.

Environmental Risks:

- The Board of Health may be at risk from a natural, technological or human-caused emergency impacting the environment.

Information / Knowledge Risks:

- The Board of Health may be at risk due to unreliable information management systems and practices.

Technology Risks:

- The Board of Health may be at risk of not being able to update policies and procedures quickly enough to keep up with rapidly changing and new technology nor having capacity to align with best practices for data management.

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**SUBJECT: 2021 Public Health Services Organizational Risk Management Plan
(BOH21003) (City Wide) - Page 5 of 5**

Governance / Organizational Risks:

- The Board of Health may be at risk of incomplete risk management due to the appetite for risk culture not being clearly defined and articulated for staff.

Strategic / Policy Risks:

- The Board of Health is at risk of changing priorities due to COVID-19 recovery.

It is important to note that the majority of the risks listed above are related to the risks associated with the impact, uncertainty and persistence of the COVID-19 pandemic. This illustrates the multiple dimensions of risk that this issue poses to the organization. Action plans were developed for all the high-risk items listed above as they have the highest likelihood of occurring and greatest potential impact on operations (Appendix “A” to BOH21003).

ALTERNATIVES FOR CONSIDERATION

The Board of Health could choose to amend the 2021 PHS Organizational Risk Management Plan.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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

Our People and Performance

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

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH21003: 2021 Public Health Services Organizational
Risk Management Action Plan

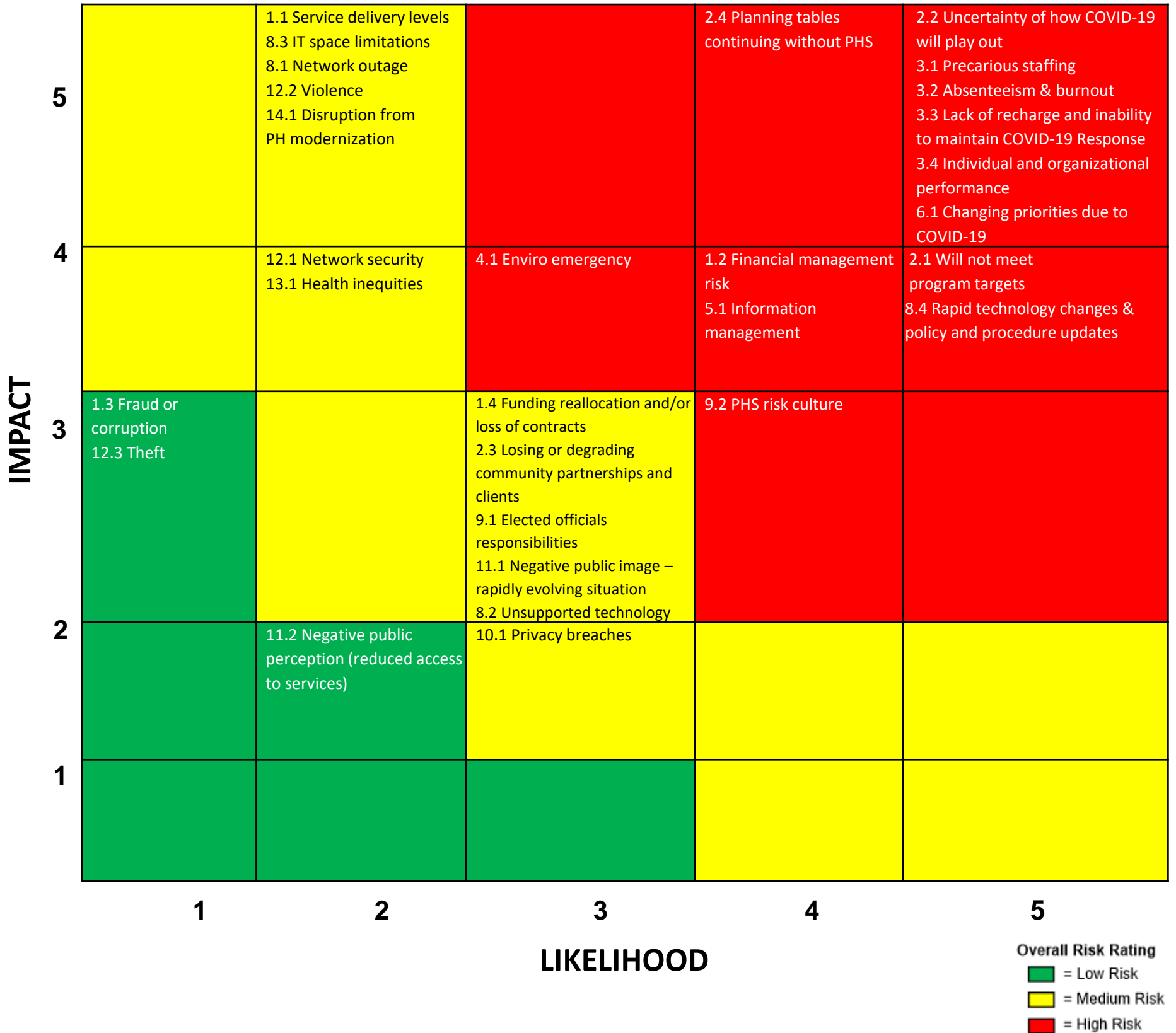
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2021 Public Health Services Organizational Risk Management Action Plan

The chart below shows the risks identified for 2021 categorized by low, medium, high.



2021 Public Health Services Organizational Risk Management Action Plan

Overall Objective: PHS will use a formal risk management framework that identifies, assesses and addresses risk.

RISK IDENTIFICATION				RISK ASSESSMENT		RISK REDUCTION		
ID #	Risk Exposure	Description of Risk	Cause/Source of Risk	Current Mitigation Strategies (what are we doing)	Rating Scale 1 (low) - 5 (high) (Likelihood x Impact)	Action Plan (what else can we do?)	Timelines	Residual Risk (Likelihood x Impact)
1. Financial Risks								
1.2	The Board of Health may have financial management risk due to financial forecasting gaps.	Accurate financial forecasting may be challenging given the uncertainty and lack of timely provincial information for financial forecasting with the additional uncertainty of COVID-19 costs and costs that will extend beyond COVID-19 (e.g. technology asset leases), budget approval through the City and province is delayed relative to expenditures.	COVID-19 costs, City budget not approved until March/April, Provincial funding approval in Fall.	1. Using past, current and projected financial conditions to increase forecast accuracy. 2. Utilize the fee for service and free platforms where possible 3. Reallocation of funds (e.g., mileage and parking costs may further decrease if more services are offered virtually)	L4, 14	1. Using past, current and projected financial conditions to increase forecast accuracy. 2. Using the fee for service and free platforms where possible. 3. Reallocation of funds (e.g., mileage and parking costs may further decrease if more services are offered virtually).	1. Ongoing 2. Ongoing 3. Ongoing	L3, 12
2. Operational or Service Delivery Risks								
2.1	The Board of Health will not meet program targets due to the lack of capacity for regular programming during the COVID-19 response.	Lack of capacity due to COVID-19 response has resulted in resources being unavailable for programs to run as planned and meet targets.	Lack of capacity due to COVID-19 response.	1. Continue to provide services as capacity allows 2. Clear communication regarding current limitations to public and funders 3. Seize opportunities as they arise to provide new service delivery models to increase reach during COVID-19 restrictions 4. Continue to evaluate risk ratings to balance risks across programs	L5, 14	1. Continue implementing change management strategies to support staff and maintain adapted service delivery levels as capacity allows. 2. Clear communication regarding current limitations to public and funders. 3. Seize opportunities as they arise to provide new service delivery models to increase reach during COVID-19 restrictions.	1. Ongoing 2. Ongoing 3. Ongoing	L5, 13
2.2	The Board of Health will need to manage the risks of uncertainties of how COVID-19 will play out, how work is being done, and public health modernization (including broader legislation and frameworks)	Uncertainties due to the COVID-19 response, changes in how organizations work, and changes related to public health modernization.	Unknown impact of COVID-19 on organizations and regulatory frameworks/policy	1. Continue to work with the corporation on how we manage the workplace going forward 2. Continue to re-evaluate risk ratings and resources needed for program re-opening for both COVID-19 Response and Business Continuity 3. Continue to participate in provincial discussions on future of health services	L5, 15	1. Intelligence gathering and monitoring regarding system changes related to COVID and public health modernization 2. Advanced planning for reopening based on gathered intelligence 3. Provide regular updates to Council on status of recovery/re-opening post-COVID and public health modernization	1. Ongoing 2. Ongoing 3. Ongoing	L4, 14
2.4	The Board of Health is at risk of significant community planning tables moving ahead without PHS involvement (e.g., IEYMH, HHT C&Y MH Secretariat, School work, Safe Transitions, Drug Strategy)	The longer programs are closed the longer time the tables go without PHS input, expertise, and intelligence support.	Resources shifted to focus on COVID-19 response.	1. Engage when with community planning tables when capacity allows 2. Regular communication with partners regarding where PHS is at and what our capacity is, keeping us engaged and included in communications. 3. Share information about why PHS is not currently engaged and what work we are currently doing (i.e. staff are deployed to COVID-19)	L4, 15	1. Regular communication with partners regarding PHS limited capacity and reaffirm commitment to engage when capacity allows 2. Re-engage with community planning tables as capacity allows	1. Ongoing 2. Ongoing	L4,14
3. People / Human Resources								

2021 Public Health Services Organizational Risk Management Action Plan

RISK IDENTIFICATION				RISK ASSESSMENT		RISK REDUCTION		
ID #	Risk Exposure	Description of Risk	Cause/Source of Risk	Current Mitigation Strategies (what are we doing)	Rating Scale 1 (low) - 5 (high) (Likelihood x Impact)	Action Plan (what else can we do?)	Timelines	Residual Risk (Likelihood x Impact)
3.1	The Board of Health may be at risk of precarious staffing.	Due to COVID-19, recruitment is difficult with more competition for certain core PH positions (PHN, PHI, etc), more retirements are expected to continue through 2021 (similar to 2020), decreased work satisfaction during the COVID-19 response.	COVID-19 response has impacted staffing levels across business continuity and COVID-19 response.	1. Succession and workforce planning 2. Regular assessment of program risk ratings in relation to current vacancies across the department 3. Change management strategies including open and transparent communication about staff capacity	L5, 15	1. Regular assessment of program risk ratings in relation to current vacancies across the department to proactively identify staffing needs 2. Complete succession planning and ensure sequencing when staff onboarding to transfer knowledge for all program areas 3. Identify opportunities for new work allies (e.g. co-op students) to build capacity 4. Ensure contracts are as long as possible (e.g. min 1 year) to retain staff	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing	L4, 13
3.2	The Board of Health may be at risk of higher employee absenteeism and burnout resulting from increased stress and decreased work satisfaction during the COVID-19 response.	The longer we remain in COVID-19 response, the more staff are likely to experience negative impacts to their health and well-being. Significant impact to staffing capacity with increased/longer staff absences. Difficult to mitigate with lack of staffing capacity. Some staff have identified that they are experiencing monotony in their jobs, lack of control over their roles, and heavy workloads.	Change fatigue, personal stress, uncertainty related to COVID-19 response	1. Continued focus on health & wellness 2. Ensure staff take vacation 3. Ensure adequate staffing (including backup / coverage for critical staff in both business continuity and COVID-19) 4. Succession planning 5. Leadership role modeling healthy work habits 6. Increase opportunities for choice/control 7. Supportive approach to 7 days/week schedules (e.g. sent out well ahead of time) 8. Explore opportunities to hire more staff for key positions	L5, 15	1. Ensure execution on strategies to manage workload and ongoing demands related to COVID-19 Response 2. Where feasible and possible turn over some sense of control/choice/ownership to staff (e.g. job assignment, supportive work schedule, diversify work plan) 3. Ensure adequate staffing and explore opportunities to hire more staff in key positions (including backup / coverage for critical staff in both business continuity and COVID-19) 4. Continue to review guidelines in clinical areas to streamline workload (e.g. case management guidelines in sexual health) 5. Participate in cross-sectoral working group for Health and Community Care Worker Wellness	1. Ongoing 2. Ongoing 3. Q1 2021 4. Q1 2021 5. Ongoing	L5, 13
3.3	Board of Health may be at risk of lack of recharge and inability to maintain intensity and level of COVID-19 response.	Lack of respite and recharge due to the intensity of the COVID-19 response may result in degrading of effective leadership capabilities.	Intensity and unrelenting nature of the COVID-19 response.	1. Ensure vacations and time off are taken with appropriate back up support in place 2. Build up capacity for leadership within COVID Response	L5, 15	1. Ensure vacations and time off are taken with appropriate back up support in place 2. PHLT to monitor vacation balances monthly 3. Ensure sufficient leadership and key personnel capacity within COVID Response to share the workload	1. Ongoing 2. Ongoing 3. Q1 & Ongoing	L5, 13

2021 Public Health Services Organizational Risk Management Action Plan

RISK IDENTIFICATION				RISK ASSESSMENT		RISK REDUCTION		
ID #	Risk Exposure	Description of Risk	Cause/Source of Risk	Current Mitigation Strategies (what are we doing)	Rating Scale 1 (low) - 5 (high) (Likelihood x Impact)	Action Plan (what else can we do?)	Timelines	Residual Risk (Likelihood x Impact)
3.4	Board of Health may be at risk of performance at the individual and organizational level being impacted by reasons above [3.1 - 3.3] including transition back to post COVID-19 work environment.	In addition to risks due to recruitment, retention, and job stress, adjustment to post-COVID reality may be difficult for staff who may need to move to different roles or may need to develop further competencies for new roles.	Unknow impact of COVID-19 on capacity and work environment.	1. Advanced planning and open and transparent discussions of where PHS is headed as we move into reopening, change management, and assess and develop competencies.	L5, I5	1. Undertake advanced planning as PHS transitions to reopening (including aligning staff to roles that match new skills gained during pandemic response) 2. Open and transparent change management as PHS transitions to reopening 3. Assess and develop competencies of new PHS staff to set up for success in other roles	1. June 1, 2021 2. Ongoing 3. Present - June 1, 2021	L5, I3
4. Environmental Risks								
4.1	The Board of Health may be at risk from a natural, technological or human-caused emergency impacting the environment.	An environmental emergency could lead to risk exposure in terms of loss or reallocation of resources leading to potential legislative non-compliance and/or negative public image	Natural hazards (e.g., climate change, extreme weather).	1. Emergency Response Plan, Business Continuity Planning, hazard specific plans, participation in Corporate Climate Change Task Force, Building Adaptive & Resilient Communities work.	L3, I4	1. Adapt emergency management plan and response structure in the event of a natural hazard.	1. As needed	L3, I2
5. Information/Knowledge Risks								
5.1	The Board of Health may be at risk due to unreliable information management systems and practices.	Varying information management practices and absence of a formalized records management platform could lead to loss of information, privacy breaches or non-compliance with records retention schedule, and could prevent staff from accessing information.	Absence of formalized records and information management platform as well as time pressures to manage the pandemic.	1. Internal Privacy, Security and Information Management work group at public health to address information management concerns.	L4, I4	1. Create and rollout policies to support Records and Information Management Framework 2. Coordinated clean up of staff personal drives (m-drive) and shared drives 3. Establish and implement consistent practices for information management on shared drives 4. Explore implementation of Document & Records Management Software	1. Q1 / Q2 2022 2. Q3 / Q4 2022 3. Q3 / Q4 2022 4. 2022	L3, I2
6. Strategic / Policy Risks								
6.1	The Board of Health is at risk of changing priorities due to COVID-19 recovery.	Potential for provincial strategic priorities to shift as a result of COVID-19 recovery. New priorities may not align with those of the City of Hamilton. This may impact the programs and services delivered by public health.	Pandemic response, unintended consequences, and post COVID-19 recovery.	1. Advance planning for COVID-19 recovery.	L5, I5	1. Advanced planning to adapt PHS priorities to align with emerging provincial and regional priorities and address the unintended consequences of COVID-19 2. Share emerging provincial and regional priorities with other City of Hamilton departments as appropriate to determine alignment	1. Ongoing 2. Ongoing	L4, I2
8. Technology Risks								
8.4	The Board of health may be at risk of not updating policies and procedures quickly enough to keep up with rapidly changing new technology nor having capacity to review and align with data management best practice.	With rapid implementation of new technology and processes (e.g. COVAX), staff may not understand their responsibilities and accountability related to data management best practices.	Rapid changes and implementation of new processes and provincial direction due to nature of the COVID-19 response.	1. Optimize current state processes used for COVID response deployments /redeployments and offboarding)2. Negotiate, collaborate with the province in the development, piloting, and implementation of new systems 2. Work with legal to develop appropriate agreements with other outside agencies where applicable (e.g. PHS/ SIHH COVAX Agreement)	L5, I4	1. Rely on provincial guidelines for new technology as applicable 2. Streamline and communicate regularly updated work instructions 3. Involve privacy and legal in review of guidelines and policies as needed 4. Resume centralization of onboarding 5. Resume centralization of offboarding 6. Approval and implementation of new/updated data management policies and procedures.	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing 5. Ongoing 6. Ongoing	L5, I3
9. Governance / Organizational Risks								
9.2	The Board of Health may be at risk of incomplete risk management due to the appetite for risk culture not being clearly defined and articulated for staff.	Risk management and mitigation plans require an understanding of risk management principles. This has not been shared at the program-level.	Formalized risk management is new to public health work.	1. Continue using the PHS Risk Management Framework to identify and assess organizational risks.	L4, I3	1. Incorporate the PHS Risk Management Framework into program and project planning.	1. Q4 2021	L3, I2



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 19, 2021
SUBJECT/REPORT NO:	Secondment of Child & Adolescent Services Staff to Thrive Child and Youth Trauma Services (BOH21005) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Lynn Foye (905) 546-2424 Ext. 3697
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize, and report on the use of funding from Thrive Child and Youth Trauma Services for a 0.4 FTE Psychological Associate position in the Child & Adolescent Services program;
- (b) That the Board of Health authorize an increase to the Child & Adolescent Services staff complement by a 0.4 FTE Psychological Associate for a temporary full-time position for the duration of the twenty-four month pilot project; and,
- (c) That the Board of Health authorize and direct the Medical Officer of Health to enter into a secondment agreement between the City of Hamilton and Thrive Child and Youth Trauma Services for a twenty-four month pilot project with a one term renewal option, satisfactory in form to the City Solicitor.

EXECUTIVE SUMMARY

Local and Provincial data indicates increases in suicide, mental illness, and substance use overdoses, especially among youth and young adults. Emerging evidence suggests this trend has been exacerbated by COVID-19 and will result in increased need for mental health services. Psychological assessment is recognized as a key component in

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SUBJECT: Secondment of Child & Adolescent Services Staff to Thrive Child and Youth Trauma Services (BOH21005) (City Wide) - Page 2 of 4

child and youth mental health. However, there remains a lack of accessible and timely psychological services for some of our most vulnerable children, youth and families and for those experiencing rising risk in the face of COVID-19.

The Child & Adolescent Services Program (C&AS) staff complement includes a permanent 0.6 FTE Psychological Associate position. Recruitment and retention of Psychological Associates within the child and youth outpatient mental health sector is difficult due to the available number of eligible candidates. Thrive Child and Youth Trauma Services approached C&AS to enter into a secondment partnership to overcome these shared challenges and work together to build capacity to respond effectively to children, youth and families in need of psychological services.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Thrive Child and Youth Trauma Services will provide annual funding for a 0.4 FTE Psychological Associate position to be seconded from C&AS for the duration of the agreement, which ends on March 31, 2023.

Staffing: This secondment will enable C&AS to create a 1.0 FTE Psychological Associate position.

Legal: Implementation of the recommendations will require Public Health Services and Legal Services to prepare a service contract between the City of Hamilton, C&AS, and Thrive Child and Youth Trauma Services.

HISTORICAL BACKGROUND

C&AS provides outpatient children’s mental health services for Hamilton children, youth and families from birth to 18 years of age. Services are community based and delivered by a multidisciplinary team comprised of registered social workers, psychotherapists, family therapists, an occupational therapist and a psychological associate.

The need for timely, appropriate and responsive mental health treatment for children, youth and families is well documented. The COVID-19 pandemic has intensified this need. At C&AS our referral volume has doubled across all programs, resulting in longer wait times and increased workload pressure for our staff team. Our modified Quick Access Service, virtual walk-in pilot and counselling and therapy programs continue to deliver high quality mental health services and we continue to use our resources to support local efforts to address the impacts of COVID-19 on priority populations.

Evidence suggests that as many as 75% of children and youth experiencing mental health do not access the appropriate services and of these, less than 25% have access

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to specialized treatment services. Psychological Associates are trained in child and adolescent development and have extensive training in mental health prevention and promotion and demonstrated competency in understanding the best course of treatment and activity-based therapies to enable positive outcomes. Psychological assessment services imbedded within community based mental health play an invaluable role in ensuring that children and youth are receiving the most appropriate mental health treatment, from the most appropriate provider and at the most appropriate time.

Maintaining a 1.0 FTE Psychological Associate position will enable C&AS and our community partner Thrive Child and Youth Trauma Services, to retain and attract the high-quality staffing resources we need to provide timely, appropriate and responsive mental health services. Further, this secondment partnership will maintain valuable Psychological Associate services at the community-based service level, improving access to specialized assessment and positive outcomes for vulnerable children, youth and their families mental now and through the early stages of COVID-19 recovery.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

This secondment service agreement will be implemented in accordance to City of Hamilton Purchasing and Finance & Administration policies.

RELEVANT CONSULTATION

Legal and Risk Management Services, Corporate Services will be consulted in the development of the Secondment Agreement to ensure alignment with Corporate and Public Health Services policies.

The Manager, Labour Relations has consulted on CUPE 5167 Collective Agreement and human resource implications. Labour Relations confirmed that CUPE 5167 will be notified of the secondment agreement once approved.

Finance & Administration was consulted to determine the cost for salary and benefits of a 0.4 FTE Psychological Associate position. The Thrive Child and Youth Trauma Services Executive Director will continue to work with C&AS to formalize the secondment agreement and associated implementation strategy.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Recruitment and retention of Psychological Associates within the child and youth outpatient mental health sector is difficult due to the number of available eligible candidates and the part-time contractual nature of the position. This secondment is fiscally beneficial for C&AS and Thrive Child and Youth Trauma Services, it allows both programs to retain specialized and skilled workforce resources to continue the excellent

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work of promoting child health within outpatient mental health programs and fosters ongoing collaboration with Public Health Services.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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

Our People and Performance

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

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

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