City of Hamilton
BOARD OF HEALTH
AGENDA

Meeting #:	21-008
Date:	August 11, 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

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1. CEREMONIAL ACTIVITIES

2. APPROVAL OF AGENDA

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

3. DECLARATIONS OF INTEREST

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

   4.1. July 7, 2021

5. COMMUNICATIONS

   5.1. Correspondence from Southwestern Public Health to the MInister of Minister of Health respecting Fifinancial Support of Local Public Health Units in Their Ongoing COVID-19 Pandemic Response

   Recommendation: Be endorsed

5.2. Correspondence from the Minister of Health respecting One-time Funding for 2021-2022, and 2022-2023

Recommendation: Be received.

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

10. DISCUSSION ITEMS

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

Hamilton

HAMILTON MUNICIPAL HERITAGE COMMITTEE
Minutes 21-005
9:30 a.m.
Friday, June 25, 2021
Due to COVID-19 and the closure of City Hall, this meeting was held virtually

Present:	Councillor M. Pearson A. Denham-Robinson (Chair), D. Beland, J. Brown, G. Carroll, C. Dimitry (Vice-Chair), B. Janssen, L. Lunsted, R. McKee, T. Ritchie and W. Rosart
Absent:	K. Burke

THE FOLLOWING ITEMS WERE REFERRED TO THE PLANNING COMMITTEE FOR CONSIDERATION:

1. Bill 108, More Homes, More Choice Act, 2019, Ontario Regulation 385/21 made under the Ontario Heritage Act and the Draft Ontario Heritage Tool Kit (PED19125(c))(City Wide) (Added Item 8.1)

(Janssen/Beland)

(a) That Council adopt the submissions and recommendations as provided in Report PED19125(c) regarding the Regulation under the Ontario Heritage Act, as amended by Bill 108, More Homes, More Choice Act, 2019 that is scheduled to be Proclaimed July 1, 2021 and the associated Draft Ontario Heritage Tool Kit;

(b) That the Director of Planning and Chief Planner be authorized and directed to confirm the submissions made to the Province attached as Appendix “D” to Report PED19125(c); and,

(c) That the Director of Planning and Chief Planner, be authorized and directed to negotiate and consent to agreements to extend or eliminate the 90-day timeline to issue a notice of intention to designate when a Prescribed Event occurs, to ensure the comprehensive review of Planning Act applications as well as cultural heritage resources.

CARRIED

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 2)

The Clerk advised the Committee of the following changes:

5. COMMUNICATIONS

5.2 Correspondence from the Rev. Ian Sloan, New Vision United Church, respecting the property located at 79 Main Street East, and 85 Holton Street South, Hamilton (Former St. Giles Church)

Recommendation: Be received.

7. CONSENT ITEMS

7.1 Heritage Permit Applications - Delegated Approvals

7.1.c Heritage Permit Application HP2021-022: Proposed replacement of storm windows, restoration and replacement of shutters, and the addition of new wood trellises and time appropriate hardware at 41 Jackson Street West, Hamilton (Ward 2) (By-law No. 77-239)

7.1.d Heritage Permit Application HP2021-028: Modification of a pair of pointed-arch windows and opening to facilitate the installation of an HVAC unit to 70James Street South, Hamilton (St. Paul's Presbyterian Church) (Ward 2)(By-law No. 86-263)

7.1.e Heritage Permit Application HP2021-030: Installation of perimeter weeping tile and foundation waterproofing membrane to 601 Barton Street East, Hamilton (Ward 3) (By-law No. 16-334)

7.2 Heritage Permit Review Sub-Committee Minutes - May 18, 2021

7.3 Inventory and Research Working Group Meeting Notes - May 20, 2021

8. STAFF PRESENTATIONS

8.1 Bill 108, More Homes, More Choice Act, 2019, Ontario Regulation 385/21 made under the Ontario Heritage Act and the Draft Ontario Heritage Tool Kit (PED19125(c))(City Wide)

Note: This item has moved from Item 10.1 as published in the original agenda, as there is a presentation attached.

13. GENERAL INFORMATION / OTHER BUSINESS

13.3 Verbal Update respecting Hamilton 175 (no copy)

(Brown/Carroll)
That the Agenda for the June 25, 2021 Hamilton Municipal Heritage Committee be approved, as amended.

CARRIED

(b) DECLARATIONS OF INTEREST (Item 3)

No declarations of interest were made.

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

(i) May 28, 2021 (Item 4.1)

(Brown/Carroll)
That the Minutes of the April 30, 2021 meeting of the Hamilton Municipal Heritage Committee be approved, as presented.

CARRIED

(d) COMMUNICATIONS (Item 5)

(i) Resignation from the Hamilton Municipal Heritage Committee (Item 5.1)

(Carroll/Dimitry)
That the Resignation from B. Janssen from the Hamilton Municipal Heritage Committee, be received.

CARRIED

(ii) Correspondence from the Rev. Ian Sloan, New Vision United Church, respecting the property located at 79 Main Street East, and 85 Holton Street South, Hamilton (Former St. Giles Church) (Added Item 5.2)

(Brown/Rosart)
That the Correspondence from the Rev. Ian Sloan, New Vision United Church, respecting the property located at 79 Main Street East, and 85 Holton Street South, Hamilton (Former St. Giles Church), be received and referred back to Staff and the Chair for a response.

CARRIED

(e) CONSENT ITEMS (Item 7)

(Lunsted/Beland)
That the following items be received:

(i) Heritage Permit Designations - Delegated Approvals (Item 7.1)

(a) Heritage Permit Application HP2021-024: Adaptive reuse of 16 West Avenue South, Hamilton (Former St. Thomas Church) (Ward 3) (By-law No. 92-239) (Item 7.1(a))

(b) Heritage Permit Application HP2021-027: Proposed front yard landscape work at 228 St. Clair Boulevard (Ward 3) (By-law No. 92-140) (St. Clair Boulevard Heritage Conservation District) (Item 7.1(b))

(c) Heritage Permit Application HP2021-022: Proposed replacement of storm windows, restoration and replacement of shutters, and the addition of new wood trellises and time appropriate hardware at 41 Jackson Street West, Hamilton (Ward 2) (By-law No. 77-239) (Added Item 7.1(c))

(d) Heritage Permit Application HP2021-028: Modification of a pair of pointed-arch windows and opening to facilitate the installation of an HVAC unit to 70James Street South, Hamilton (St. Paul's Presbyterian Church) (Ward 2)(By-law No. 86-263) (Added Item 7.1(d))

(e) Heritage Permit Application HP2021-030: Installation of perimeter weeping tile and foundation waterproofing membrane to 601 Barton Street East, Hamilton (Ward 3) (By-law No. 16-334) (Added Item 7.1(e))

(ii) Heritage Permit Review Sub-Committee Minutes - May 18, 2021 (Added Item 7.2)

(iii) Inventory and Research Working Group Meeting Notes - May 20, 2021 (Added Item 7.3)

CARRIED

(f) STAFF PRESENTATIONS (Item 8)

(i) Bill 108, More Homes, More Choice Act, 2019, Ontario Regulation 385/21 made under the Ontario Heritage Act and the Draft Ontario Heritage Tool Kit (PED19125(c)) (City Wide) (Added Item 8.1)

Jennifer Roth, Planner, addressed the Committee with an overview of Bill 108, More Homes, More Choice Act, 2019, Ontario Regulation 385/21 made under the Ontario Heritage Act and the Draft Ontario Heritage Tool Kit (PED19125(c)), with the aid of a PowerPoint presentation.

(Brown/Carroll)
That the Presentation respecting Bill 108, More Homes, More Choice Act, 2019, Ontario Regulation 385/21 made under the Ontario Heritage Act and the Draft Ontario Heritage Tool Kit (PED19125(c)), be received.

CARRIED

For further disposition, refer to Item 1.

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

(i) Buildings and Landscapes (Item 13.1)

(Janssen/Dimitry)
That the property located at 2251 Rymal Road East, Stoney Creek (R) be monitored by C. Dimitry

CARRIED

(Beland/Lunsted)
That the following updates be received:

(a) Endangered Buildings and Landscapes (RED):
(Red = Properties where there is a perceived immediate threat to heritage resources through: demolition; neglect; vacancy; alterations, and/or, redevelopment)

(i) Tivoli, 108 James Street North, Hamilton (D) – T. Ritchie
(ii) Andrew Sloss House, 372 Butter Road West, Ancaster (D) – C. Dimitry
(iii) Century Manor, 100 West 5th Street, Hamilton (D) – G. Carroll
(iv) 18-22 King Street East, Hamilton (D) – W. Rosart
(v) 24-28 King Street East, Hamilton (D) – W. Rosart
(vi) 2 Hatt Street, Dundas (R) – K. Burke
(vii) James Street Baptist Church, 98 James Street South, Hamilton (D) – J. Brown
(viii) Long and Bisby Building, 828 Sanatorium Road (D) – G. Carroll
(ix) 120 Park Street, North, Hamilton (R) – R. McKee
(x) 398 Wilson Street East, Ancaster (D) – C. Dimitry

(xi) Lampman House, 1021 Garner Road East, Ancaster (D) – C. Dimitry
(xii) Cathedral Boys School, 378 Main Street East, Hamilton (R) – T. Ritchie
(xiii) Firth Brothers Building, 127 Hughson Street North, Hamilton (NOID) – T. Ritchie
(xiv) Auchmar Gate House, Claremont Lodge 71 Claremont Drive (R) – R. McKee
(xv) Former Hanrahan Hotel (former) 80 to 92 Barton Street East (I)– T. Ritchie
(xvi) Television City, 163 Jackson Street West (D) – J. Brown
(xvii) 1932 Wing of the Former Mount Hamilton Hospital, 711 Concession Street (R) – G. Carroll
(xviii) 215 King Street West, Dundas (I) – K. Burke
(xix) 679 Main Street East, and 85 Holton Street South, Hamilton (Former St. Giles Church) – D. Beland
(xx) 219 King Street West, Dundas – K. Burke
(xxi) 216 Hatt Street, Dundas – K. Burke

(b) Buildings and Landscapes of Interest (YELLOW):
(Yellow = Properties that are undergoing some type of change, such as a change in ownership or use, but are not perceived as being immediately threatened)

(i) Delta High School, 1284 Main Street East, Hamilton (D) – D. Beland
(ii) 2251 Rymal Road East, Stoney Creek (R) – C. Dimitry
(iii) Former Valley City Manufacturing, 64 Hatt Street, Dundas (R) – K. Burke
(iv) St. Joseph's Motherhouse, 574 Northcliffe Avenue, Dundas (ND) – W. Rosart
(v) Coppley Building, 104 King Street West; 56 York Blvd., and 63-76 MacNab Street North (NOI) – G. Carroll
(vi) Dunington-Grubb Gardens, 1000 Main Street East (within Gage Park) (R) – D. Beland
(vii) St. Clair Blvd. Conservation District (D) – D. Beland
(viii) 52 Charlton Avenue West, Hamilton (D) – J. Brown
(ix) 292 Dundas Street East, Waterdown (R) – L. Lunsted
(x) Chedoke Estate (Balfour House), 1 Balfour Drive, Hamilton (R) – T. Ritchie
(xi) Binkley property, 50-54 Sanders Blvd., Hamilton (R) - J. Brown
(xii) 62 6th Concession East, Flamborough (I) - L. Lunsted
(xiii) Beach Canal Lighthouse and Cottage (D) – R. McKee
(xiv) Cannon Knitting Mill, 134 Cannon Street East, Hamilton (R) – T. Ritchie
(xv) 1 Main Street West, Hamilton (D) – W. Rosart
(xvi) 54 - 56 Hess Street South, Hamilton (R) – J. Brown

(c) Heritage Properties Update (GREEN):
(Green = Properties whose status is stable)

(i) Royal Connaught Hotel, 112 King Street East, Hamilton (NOID) – T. Ritchie
(ii) Auchmar, 88 Fennell Avenue West, Hamilton (D) – R. McKee
(iii) Treble Hall, 4-12 John Street North, Hamilton (D) – T. Ritchie
(iv) Former Post Office, 104 King Street West, Dundas (R) – K. Burke
(v) Rastrick House, 46 Forest Avenue, Hamilton – G. Carroll
(vi) 125 King Street East, Hamilton (R) – T. Ritchie

(d) Heritage Properties Update (black):

(Black = Properties that HMHC have no control over and may be demolished)

No properties.

CARRIED

(ii) Verbal Update respecting Designations in the City of Hamilton (no copy) (Item 13.2)

Shannon McKie addressed the Committee with a Verbal Update respecting Designations in the City of Hamilton. With additions of staff and assistance from a student helper, a Designation Work Plan will be coming to the next meeting.

(McKee/Rosart)
That the Verbal Update respecting Designations in the City of Hamilton, be received.

CARRIED

(iii) Verbal Update respecting Hamilton 175 (no copy) (Added Item 13.3)

Cynthia Roberts, Heritage Presentation Coordinator, addressed the Committee with information respecting Hamilton 175. Various virtual events and social media items took place on June 9, 2021 and will continue through to November 2021.

(Beland/Carroll)
That the Verbal Update respecting Hamilton 175, be received.

CARRIED

(g) ADJOURNMENT (Item 15)

(Pearson/Brown)
That there being no further business, the Hamilton Municipal Heritage Committee, adjourned at 11:28 a.m.

CARRIED

Respectfully submitted,

Alissa Denham-Robinson, Chair
Hamilton Municipal Heritage Committee

Loren Kolar
Legislative Coordinator
Office of the City Clerk

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

July 20, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

delivered via email
christine.elliott@ontario.ca

Dear Minister Elliott,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we wish to applaud the continuing commitment shown by you and your government for the financial support of local public health units in their ongoing COVID-19 pandemic response. The collective effort of all levels and branches of government in their prioritization of the health and well-being of Ontarians has been truly exceptional and heartening.

Much progress has been made in increasing vaccine rates, decreasing cases, alleviating pressures on our healthcare system, containing transmission, and implementing public health measures against COVID-19 whereby we have now progressed to Step 3 in the Roadmap to Reopen Ontario. Indeed, the improvements we have seen in recent weeks is cause for a thoughtful and thorough consideration of our larger recovery plans as the pandemic has significantly impacted our many and diverse communities.

As other health units have experienced, the extensive resources required to support our COVID response resulted in the necessary reduction or cessation of many programs and services. As we look towards the latter part of the fiscal year and into 2022, we note that much work remains as SWPH engages in rebuilding programs and services, addressing community needs, reviving regional connections and supports, and assessing the aftereffect of public health's focused pandemic work on local populations.

In essence, the recovery of post-pandemic public health programs and services cannot rest upon the support of local funders alone. Without a continuation of mitigation funding, our board will need to reduce staffing numbers that would be needed to resume standard public health services as well as address ongoing COVID-19 work, such as vaccine outreach and immunization, possible booster vaccinations, and case and contact management in schools and workplaces.

Given the leadership role public health units will play in their continued COVID-19 response, the extensive resources required to ensure Ministry targets and requirements are met and maintained, and public health's commitment to the mandates identified in the Ontario Public Health Standards (OPHS), we request that the Ministry commit to the following:

- Extension of mitigation funding for the 2022 fiscal year;
- Extension of the availability of one-time funding for COVID-19 extraordinary expenses;
- An increase in base funding levels to accommodate increasing operating costs since 2019; and,
- Multi-year funding dedicated to COVID recovery to restore and return programs to OPHS requirement levels.

Sufficient and sustained financial support from you and your government is a key component of public health recovery planning. At this time, we await approval of SWPH's 2021 Annual Service Plan and COVID-19 extraordinary expense one-time funding submission – plans and scope which have considerably exceeded our initial estimation given the priority mandate to vaccinate local populations posthaste. I would emphasize once more that our local plans to meet the needs of our communities hinge upon a timely indication of vital funding commitments for 2022 as well as this current year.

Our Board extends its sincere thanks for considering this critical request.

Yours truly,

Larry Martin
Chair, Board of Health

c: Cynthia St. John, CEO, Southwestern Public Health
The Honourable Doug Ford, Premier of Ontario
Ernie Hardeman, MPP Oxford County
Jeff Yurek, MPP Elgin Middlesex London
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

From:	Feeney, Brent (MOH)
To:	Office of the Mayor; Richardson, Elizabeth
Cc:	Moore, Kieran (MOH); Blair, Alison (MOH); Gao, Jerry (MOH); MacDonald, Gillian (MOH); Walker, Elizabeth S. (MOH); Melnychuk, Jodi (MOH); Sydney, Emma; Trevisani, David; Cunningham, Sanchia (MOH)
Subject:	City of Hamilton, Public Health Services - 2021-22 and 2022-23 One-Time Funding
Date:	July 22, 2021 1:04:50 PM
Attachments:	Hamilton_Amending Agreement.pdf Hamilton_CMOH Letter.pdf Hamilton_Minister"s Letter.pdf
Importance:	High

Please find attached the 2021-22 and 2022-23 one-time funding approval letters for your public health unit, including one-time funding to support COVID-19 extraordinary costs, as signed by the Honourable Christine Elliott, Deputy Premier and Minister of Health, and Dr. Kieran Moore, Chief Medical Officer of Health.

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

Adjustments to your cash flow reflecting the additional one-time funding approved will be made as soon as possible.

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

Thank you.

Brent Feeney
Manager, Funding and Oversight
Accountability and Liaison Branch
Office of the Chief Medical Officer of Health, Public Health
Ministry of Health
393 University Avenue, Suite 2100
Toronto, ON M7A 2S1
Tel: (416) 671-3615
Email: brent.feeney@ontario.ca

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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Ministère de la Santé

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

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Ontario

eApprove-72-2021-262

July 22, 2021

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

Dear Mayor Eisenberger:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the City of Hamilton, Public Health Services up to $21,834,500 in one-time funding for the 2021-22 funding year and up to $759,000 in one-time funding for the 2022-23 funding year, to support the provision of public health programs and services in your community, including extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province.

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19, including leading the roll-out of the COVID-19 vaccination program at the local level.

The Ministry of Health has approved one-time funding to support approximately 50% of estimated eligible COVID-19 extraordinary costs at this time, and will work with you to monitor and track more detailed and accurate requirements and spending for COVID-19 through in-year financial reports and make any adjustments to funding, as required, throughout the 2021 funding year.

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

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Mayor Fred Eisenberger

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

Sincerely,

Christine Elliott

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton, Public Health Services
Dr. Kieran Moore, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery

Ministry of Health **Ministère de la Santé**

Office of Chief Medical Officer of Health, Public Health
393 University Avenue, 21st Floor
Toronto ON M5G 2M2

Telephone: (416) 212-3831
Facsimile: (416) 325-8412

Bureau du médecin hygiéniste en chef, santé publique
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Téléphone: (416) 212-3831
Télécopieur: (416) 325-8412

July 22, 2021

eApprove-72-2021-262

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton, Public Health Services
110 King Street West, 2nd Floor
Hamilton ON L8P 4S6

Dear Dr. Richardson:

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

This letter is further to the recent letter from the Honourable Christine Elliott, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health (the ministry) will provide the Board of Health with up to $21,834,500 in one-time funding for the 2021-22 funding year and up to $759,000 in one-time funding for the 2022-23 funding year, to support the provision of public health programs and services in your community, including extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province.

This will bring the total maximum funding available under the Agreement for the 2021-22 funding year to up to $53,950,800 ($29,141,500 in base funding and $24,809,300 in one-time funding). Please find attached to this letter a new Schedule A (Grants and Budget), Schedule B (Related Program Policies and Guidelines), Schedule C (Reporting Requirements), and Schedule D (Board of Health Financial Controls) that, pursuant to section 3.4 of the Agreement, shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

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

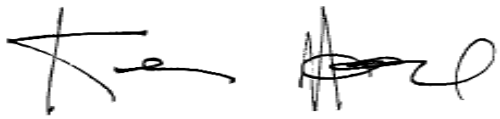
…/2

Dr. Elizabeth Richardson

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

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

Yours truly,



Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC
Chief Medical Officer of Health

Attachments

c: Mayor Fred Eisenberger, Chair, Board of Health, City of Hamilton, Public Health Services
Emma Sydney, Business Administrator, City of Hamilton, Public Health Services
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery, MOH
Jim Yuill, Director, Financial Management Branch, MOH
Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
Elizabeth Walker, Director, Accountability and Liaison Branch, MOH
Jodi Melnychuk, Director (A), Vaccine Planning and Engagement Branch, MOH
Brent Feeney, Manager, Accountability and Liaison Branch, MOH

New Schedules to the Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

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

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2021

SCHEDULE "A"
GRANTS AND BUDGET

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

DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1, 2021 TO DECEMBER 31, 2021, UNLESS OTHERWISE NOTED)	
Programs/Sources of Funding	**2021 Approved Allocation ($)**
Mandatory Programs (70%)	26,725,400
Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative (100%)[1]	168,000
Ontario Seniors Dental Care Program (100%)	2,248,100
Total Maximum Base Funds[2]	**29,141,500**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2021 TO MARCH 31, 2022, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2021-22 Approved Allocation ($)**
Mitigation (100%)[3]			2,215,800
Mandatory Programs: Racoon Rabies Outbreak Response (100%)			54,300
Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)			188,600
Mandatory Programs: Public Health Inspector Practicum Program (100%)			30,000
COVID-19: Extraordinary Costs (100%)[3]			4,990,000
COVID-19: Vaccine Program (100%)[3]			14,990,600
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic Bus (100%)			40,000
School-Focused Nurses Initiative (100%)[4]	# of FTEs	23.0	2,300,000
Total Maximum One-Time Funds[2]			**24,809,300**

MAXIMUM TOTAL FUNDS	**2021-22 Approved Allocation ($)**
Base and One-Time Funding	**53,950,800**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2022 to MARCH 31, 2023, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2022-23 Approved Allocation ($)**
School-Focused Nurses Initiative (100%)[5]	# of FTEs	23.0	759,000
Total Maximum One-Time Funds[2]			**759,000**

NOTES:

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

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

(3) Approved one-time funding is for the period of January 1, 2021 to December 31, 2021.

(4) Approved one-time funding is for the period of April 1, 2021 to March 31, 2022.

(5) Approved one-time funding is for the period of April 1, 2022 to July 31, 2022.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

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

Mandatory Programs: Harm Reduction Program Enhancement

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

Local Opioid Response

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

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

Naloxone Kit Distribution and Training

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

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

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

Use of naloxone (NARCAN® Nasal Spray and injectable naloxone formulations)

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

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

Type of Funding	***BASE FUNDING***

- Immediately return any naloxone in its custody or control at the written request of the Province at the Board of Health's own cost or expense, and that the Province does not guarantee supply of naloxone, nor that naloxone will be provided to the Board of Health in a timely manner.

Opioid Overdose Early Warning and Surveillance

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

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

Mandatory Programs: Healthy Smiles Ontario Program

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

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

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

Type of Funding	***BASE FUNDING***

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

Mandatory Programs: Nursing Positions

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

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

The Chief Nursing Officer role must be implemented at a management level within the Board of Health, reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:

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

Mandatory Programs: Smoke-Free Ontario

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

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

Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (100%)

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

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

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

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

Ontario Seniors Dental Care Program (100%)

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services were available for eligible seniors through Boards of Health, participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure.

The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2021, with consideration being given to the ongoing implementation challenges presented by the COVID-19 response.

Program Enrolment

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

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

Program Delivery

The OSDCP is delivered through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.
With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

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

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

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

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

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

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Other Requirements

Marketing

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

Revenue

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

Community Partners

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

Mitigation (100%)

One-time mitigation funding must be used to offset the increased costs of municipalities as a result of the 70% (provincial) / 30% (municipal) cost-sharing change for mandatory programs.

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

One-time funding must be used for the purchase of two (2) 25 cu. ft. and seven (7) 55 cu. ft. new purpose-built vaccine refrigerators used to store publicly funded vaccines. The purpose-built refrigerators must meet the following specifications:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

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

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

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

Mandatory Programs: Racoon Rabies Outbreak Response (100%)

One-time funding must be used to support the Board of Health's response to the racoon rabies outbreak in the community. Eligible costs include salary and benefits for Public Health Inspector position(s).

COVID-19: Extraordinary Costs (100%)

One-time funding must be used to offset extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province (excluding costs associated with the delivery of the COVID-19 vaccine program). Extraordinary costs refer to the costs incurred over and above the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

- Staffing – Salaries and benefits, inclusive of overtime for existing or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; new temporary or casual staff; salaries and benefits associated with overtime worked by indirect staff (e.g., finance, HR, legal, communications, etc.) and management staff (where local board of health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities.
- Travel and Accommodation – for staff delivering COVID-19 service away from their home office location, or for staff to conduct infectious disease surveillance activities (swab pick-ups and laboratory deliveries).
- Supplies and Equipment – small equipment and consumable supplies (including laboratory testing supplies and personal protective equipment) not already provided by the ministry, and information and information technology upgrades related to tracking COVID-19 not already approved by the ministry.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services including courier services and rental cars, data entry or information technology services for reporting COVID-19 data to the ministry (from centres in the community that are not operated by the Board of Health) or increased services required to meet pandemic reporting demands, outside legal services, and additional premises rented by the Board of Health.

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

- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a public health unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at "arm's length" (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

The following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost.
- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.
- Costs associated with COVID-19 case and contact management self-isolation sites.
- Costs associated with municipal by-law enforcement.
- Electronic Medical Record systems.

The Board of Health is required to retain records of COVID-19 spending.

COVID-19: Vaccine Program (100%)

One-time funding must be used to offset extraordinary costs associated with organizing and overseeing the COVID-19 immunization campaign within local communities, including the development of local COVID-19 vaccination campaign plans. Extraordinary costs refer to the costs incurred over and above the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

- Staffing – salaries and benefits, inclusive of overtime, for existing staff or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; new temporary or casual staff; and, salaries and benefits associated with overtime worked by indirect staff (e.g., finance, HR, legal, communications, etc.) and management staff (where local board of health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities. Activities include providing assistance with meeting provincial and local requirements for COVID-19 surveillance and monitoring (including vaccine safety surveillance, adverse events and number of people vaccinated), administering the COVID-19 vaccine, managing COVID-19 Vaccine Program reporting requirements, and planning and deployment of immunization/ vaccine clinics.
- Travel and Accommodation – for staff delivering COVID-19 Vaccine Program services away from their home office location, including transporting vaccines, and transportation/accommodation for staff of mobile vaccine units.
- Supplies and Equipment – supplies and equipment associated with the storage and handling of the COVID-19 vaccines (including vaccine refrigerators, freezers, coolers, etc.), small equipment and consumable supplies (including personal protective equipment) not already provided by the Province, supplies necessary to administer the COVID-19 vaccine (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.) not already provided by the Province, information and information technology upgrades related to tracking COVID-19 immunization not already approved by the ministry.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services (e.g., courier services, transporting clients to vaccination clinics), data entry or information technology services for reporting COVID-19 data related to the Vaccine Program to the Province from centres in the community that are not operated by the Board of Health or increased services required to meet pandemic reporting demands, outside legal services, and additional premises leased or rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19 immunization outreach.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a public health unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at "arm's length" (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

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

The following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost.
- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.

The Board of Health is required to retain records of COVID-19 spending.

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

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

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

Other requirements of this one-time funding include:

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

School-Focused Nurses Initiative (100%)

The School-Focused Nurses Initiative was created for the 2020-21 school year to support additional nursing FTE capacity in every board of health to provide rapid-response support to school boards and schools in facilitating public health and preventative measures related to the COVID-19 pandemic. One-time funding for this initiative is being renewed for the 2021-22 school year.

The school-focused nurses contribute to the following activities in support of school boards and schools:

- Providing support in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for infection prevention; surveillance, screening and testing; outbreak management; case and contact management; and COVID-19 vaccinations; and,
- Supporting communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus is on the COVID-19 response, the additional nurses may also support the fulfilment of board of health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards. The additional FTEs may also support childcare centres, home childcare premises and other priority settings relating to the health of school-aged children and youth.

The initiative is being implemented with the following considerations:

- Recruitment of Registered Nurses to the extent possible;
- French language and Indigenous (First Nation, Métis, Inuit) service needs;
- Capacity for both in-person and virtual delivery;
- Consistency with existing collective agreements; and,
- Leveraging the Chief Nursing Officer role as applicable in implementing this initiative, as well as coordinating with existing school health, nursing, and related programs and structures within the Board of Health (e.g., School Health Teams, Social Determinants of Health Nurses, Infection Prevention and Control Nurses, and school-based programs such as immunization, oral and vision screening, reproductive health, etc.).

Qualifications required for these positions are:

- Current registration with the College of Nurses of Ontario (i.e., Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class).

One-time funding must be used to continue the new temporary FTEs for school-focused nurses as specified in Schedule A of the Agreement. Funding is for nursing salaries, wages, and benefits only and cannot be used to support other operating costs. Additional costs incurred by the Board of Health to support school re-opening initiatives that cannot be managed within the existing budget of the Board of Health, are admissible through the COVID-19 extraordinary costs process.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Infectious Diseases Programs Reimbursement

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

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

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

Leprosy

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

Tuberculosis

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

Vaccine Programs Reimbursement

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

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

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

Influenza

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Meningococcal

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

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

Human Papillomavirus (HPV)

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

SCHEDULE "C"

REPORTING REQUIREMENTS

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

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

Name of Report	Reporting Period	Due Date
1. Annual Service Plan and Budget Submission	For the entire Board of Health Funding Year	April 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
6. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

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

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

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

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

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

Report Details

Annual Service Plan and Budget Submission

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

Quarterly Standards Activity Reports

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

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.
- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for

funding provided for public health programs governed under the Accountability Agreement.

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

<u>Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative Application</u>

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

SCHEDULE "D"

BOARD OF HEALTH FINANCIAL CONTROLS

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

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

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

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

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

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

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

   Examples of potential controls to support this objective include, but are not limited to:
   - Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
   - Separate accounts receivable function from the cash receipts function.
   - Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
   - Original source documents are maintained and secured to support all receipts and expenditures.

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

   Examples of potential controls to support this objective include, but are not limited to:
   - Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
   - Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
   - Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
   - Separate roles for setting up a vendor, approving payment, and receiving goods.
   - Separate roles for approving purchases and approving payment for purchases.
   - Processes in place to take advantage of offered discounts.
   - Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
   - Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
   - Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
   - Original source documents are maintained and secured to support all receipts and expenditures.
   - Regular monitoring to ensure compliance with applicable directives.
   - Establish controls to prevent and detect duplicate payments.
   - Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
   - All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
   - Separate payroll preparation, disbursement and distribution functions.

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

   Examples of potential controls include, but are not limited to:
   - Policy in place to define dollar limit for paying cash versus cheque.
   - Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
   - All cancelled or void cheques are accounted for along with explanation for cancellation.
   - Process is in place for accruing liabilities.
   - Stale-dated cheques are followed up on and cleared on a timely basis.
   - Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
   - Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

Public Health Services COVID-19 Situation Report & Organizational Update

Board of Health

August 11, 2021

Dr. Elizabeth Richardson

Public Health Services
Office of the Medical Officer of Health

Overview

1. Overall Status Update
2. COVID-19 Situation Report
3. Scarsin Forecast Update
4. Performance Metrics
5. COVID-19 Vaccine Update
6. Last Mile Strategy

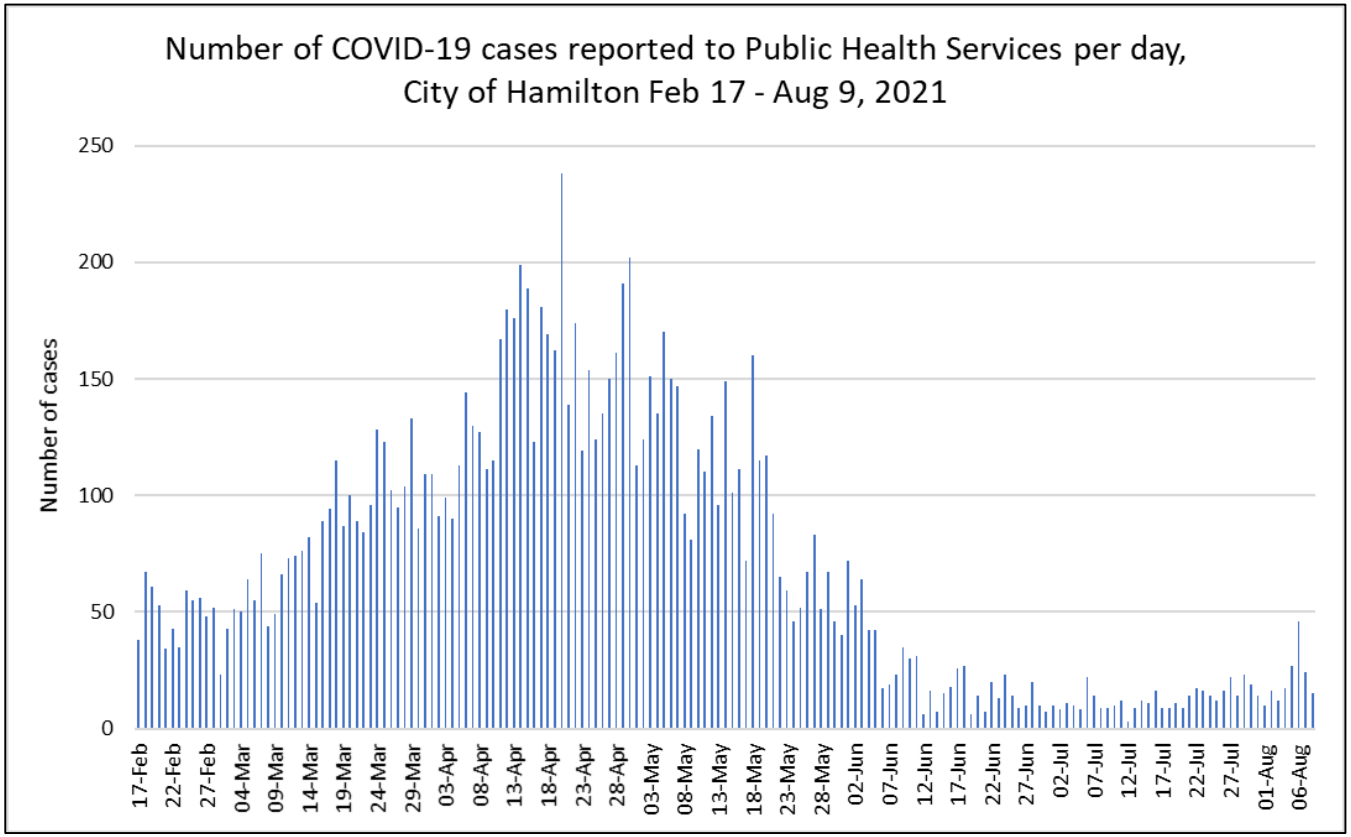
Overall Status

- Hamilton is seeing an increase in COVID-19 case activity and outbreaks.
- Scarsin forecast predicts a fourth wave is likely in the fall due to the increase in inter-personal contacts associated with reopening. This is primarily driven by transmission of the Delta variant among those not fully vaccinated (including those <12 years of age).
- Underscores importance of receiving two doses of vaccine as soon as possible to have strong protection against COVID-19 and Delta variant.
- As of August 9, 2021 there were 746,535 doses given; 77.5% of Hamiltonians 12yrs+ vaccinated with 1 dose and 68.3% vaccinated with both doses.
- Achieving equitable and high levels of vaccination coverage continues to be major focus of vaccine program.

SITUATION REPORT

Stephanie Hughes, Epidemiologist

Reported cases



Key Messages

- COVID-19 case activity has recently increased
- As of August 9, 2021, the average number of cases reported per day to Hamilton Public Health was 22

Phases of COVID-19 in Hamilton

WAVE 3: Pre-Peak
Feb 17 – Apr 10, 2021
(Almost 2 months)

- 4,243 cases reported
- 131 outbreaks
- 301 hospitalizations and 59 deaths
- Case counts following wave 2 had not yet fallen back to baseline, when activity began to rise and wave 3 commenced
- Infections were most commonly due to direct contact with other known cases of COVID-19 and undetermined sources

WAVE 3: Peak
Apr 11 – May 7, 2021
(Almost 1 month)

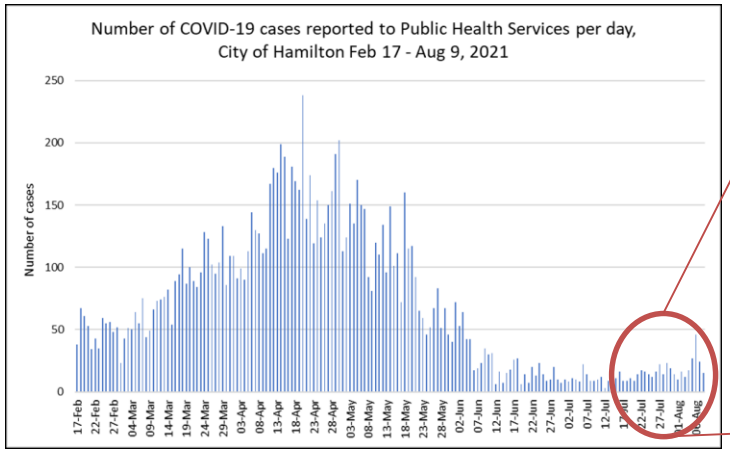
- 4,323 cases reported
- 94 outbreaks
- 225 hospitalizations and 34 deaths
- There was an increase in cases associated with COVID-19 outbreak activity
- The majority of cases reported shifted from the original strain to variants (predominantly the Alpha variant (B.1.1.7))

WAVE 3: Post-Peak
May 8 – Jul 16, 2021
(Almost 2 months)

- 2,996 cases reported
- 67 outbreaks
- 191 hospitalizations and 31 deaths
- Infections have been most commonly due to direct contact with other known cases of COVID-19 and undetermined sources
- Outbreak activity remained low
- Variant activity shifted from predominantly Alpha (B.1.1.7) to Delta (B.1.617.2)

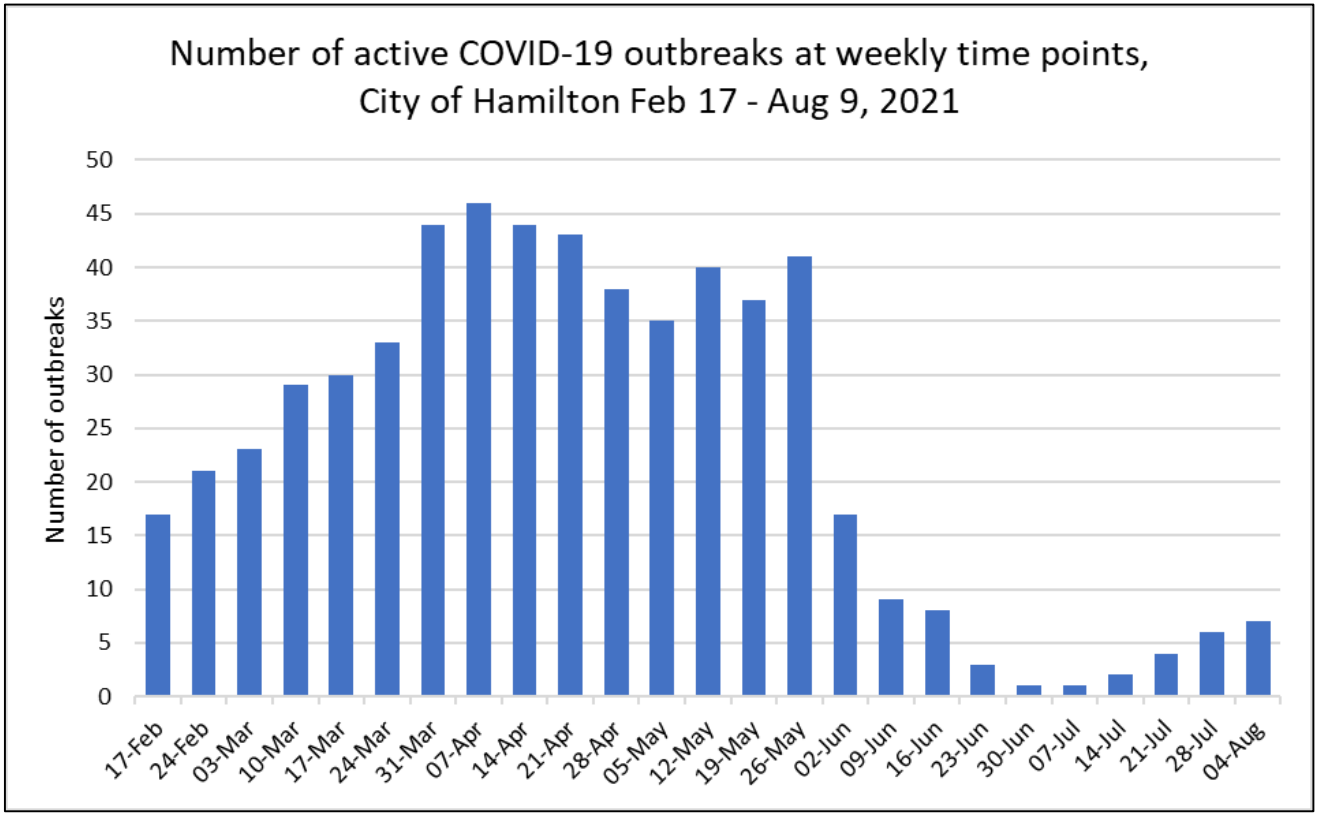
Phases of COVID-19 in Hamilton

____?___ 4
Jul 17 – Aug 9, 2021
(Almost 1 month)



- 386 cases reported
- 11 outbreaks
- 21 hospitalizations and 4 deaths
- Infections continue to be most commonly due to direct contact with other known cases of COVID-19 and undetermined sources
- Outbreak activity has once again increased
- The Delta variant (B.1.617.2) is now dominant in Hamilton and across Ontario

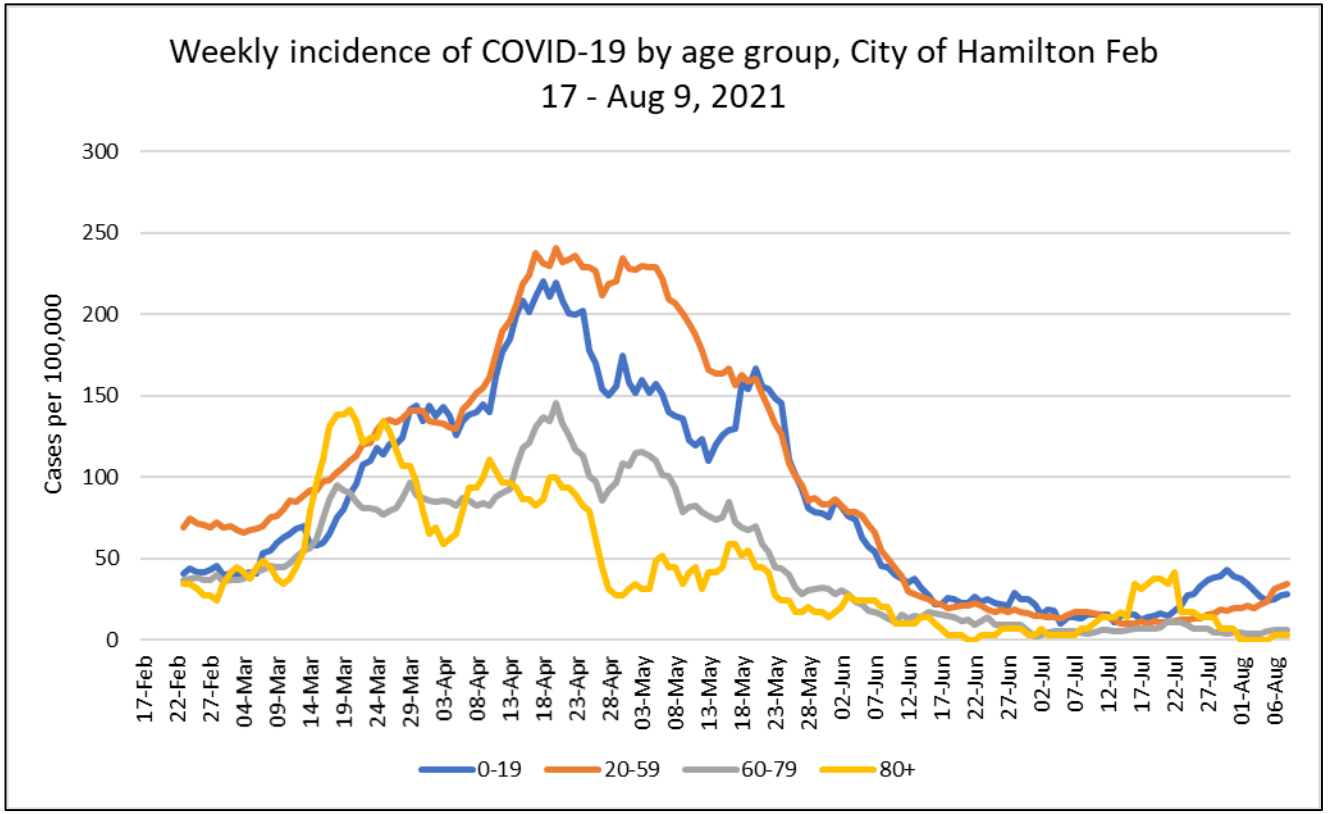
Active outbreaks



Key Messages

- The number of active COVID-19 outbreaks in recent weeks has increased
- As of Wed, Aug 4, 2021 there were 7 active COVID-19 outbreaks occurring

Affected age groups



Key Messages

- The recent increase in COVID-19 activity has been predominantly younger/middle-aged individuals (0-59 years)
- The increase in cases aged 80yrs+ in July 2021 was due to long-term care home outbreak activity

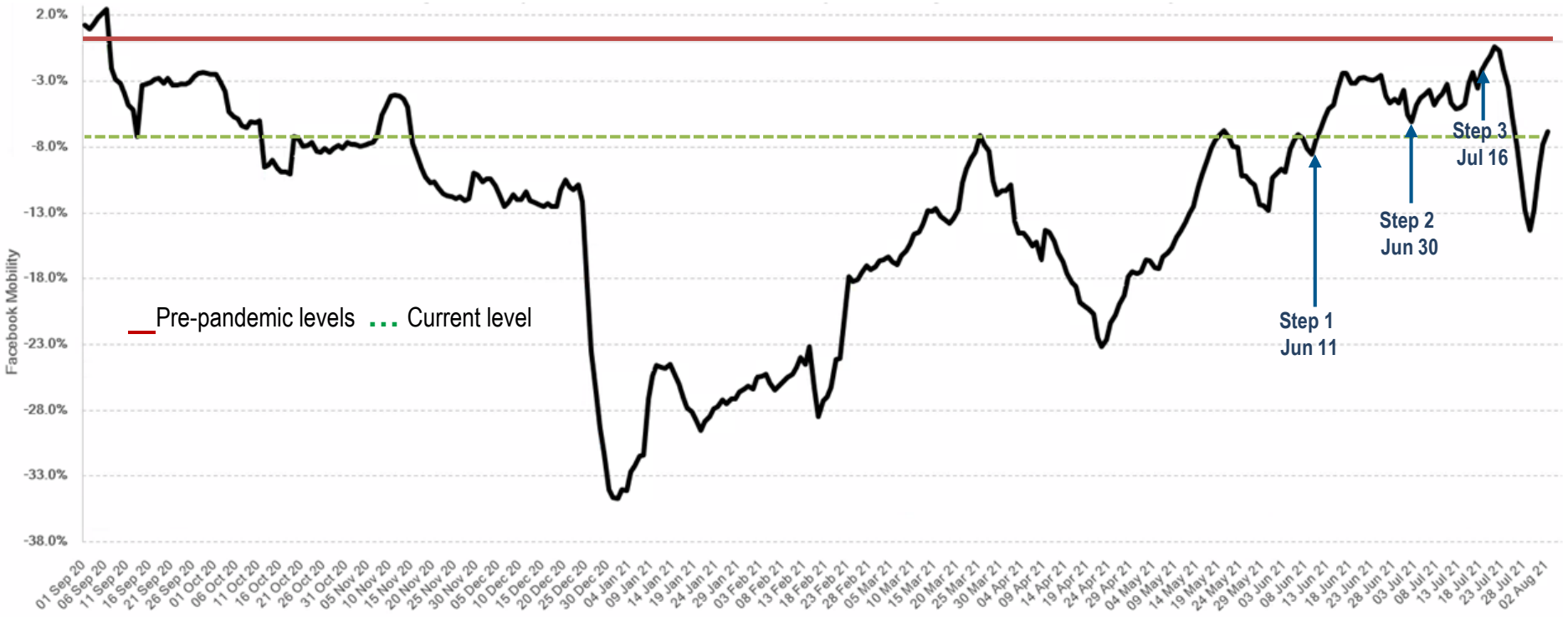
SCARSIN FORECAST

Ruth Sanderson, Epidemiologist

Scarsin Forecast

- Reopening in the fall combined with the highly contagious Delta variant poses an increased risk, particularly for those who are not fully vaccinated
- Anticipate that a fourth wave may occur between now and the end of December 2021
  - severe outcomes such as hospitalization and death may be mitigated by vaccination
  - over 15,000 cases could be avoided in Hamilton with continued public health measures into December 2021 as compared to reducing measures down to zero by December 2021 starting in mid-October 2021 (vaccination levels at current 70% of those 12+)
  - over 10,000 cases could be avoided in Hamilton with increased vaccination rates to 80% in October above current 70% of those 12yrs+

Scarsin Forecast – Overall Mobility in Hamilton

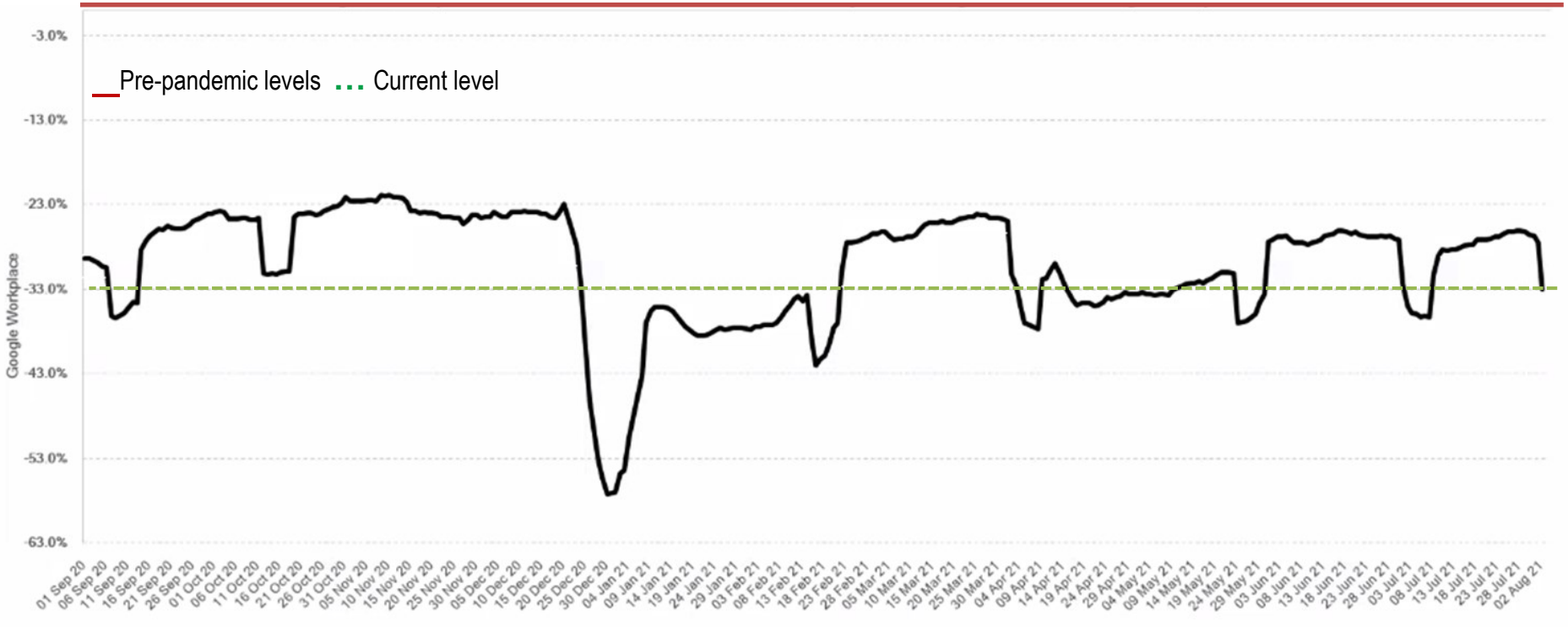


Data Source: Scarsin Decision Support System retrieved Aug 8, 2021

Key Messages:

- Mobility levels have generally continued upward with re-opening. As with other holidays, mobility decreased just before the August 2021 long week-end and is now rebounding back up towards pre-pandemic levels.

Scarsin Forecast – Workplace Mobility in Hamilton



Data Source: Scarsin Decision Support System retrieved Aug 9, 2021

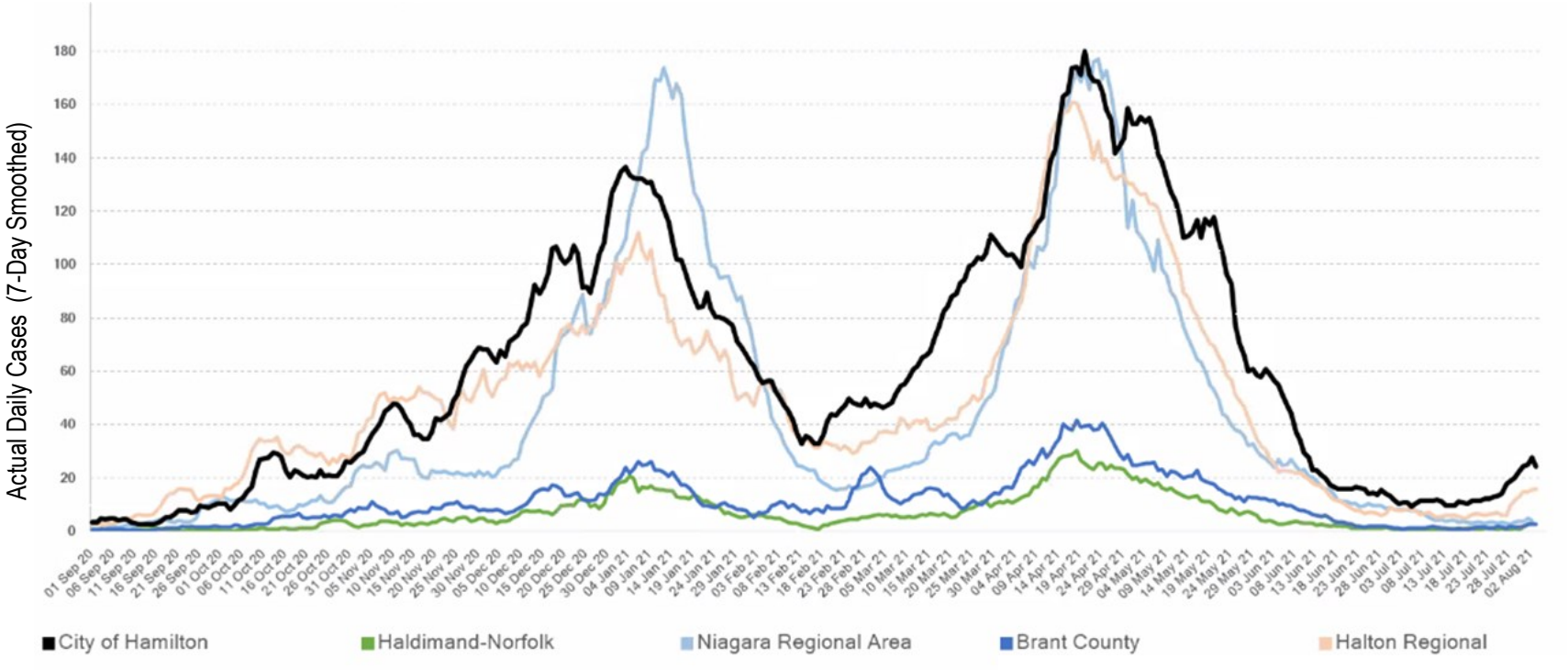
Key Messages:

- Workplace mobility has remained relatively stable since the end of May 2021 at approximately -25% with a recent dip down to -33% that likely reflects the August 2021 long weekend.

Scarsin Forecast

COVID-19 Daily Cases

Regional Comparison Public Health Units to Hamilton



Data Source: Scarsin Decision Support System retrieved Aug 9, 2021

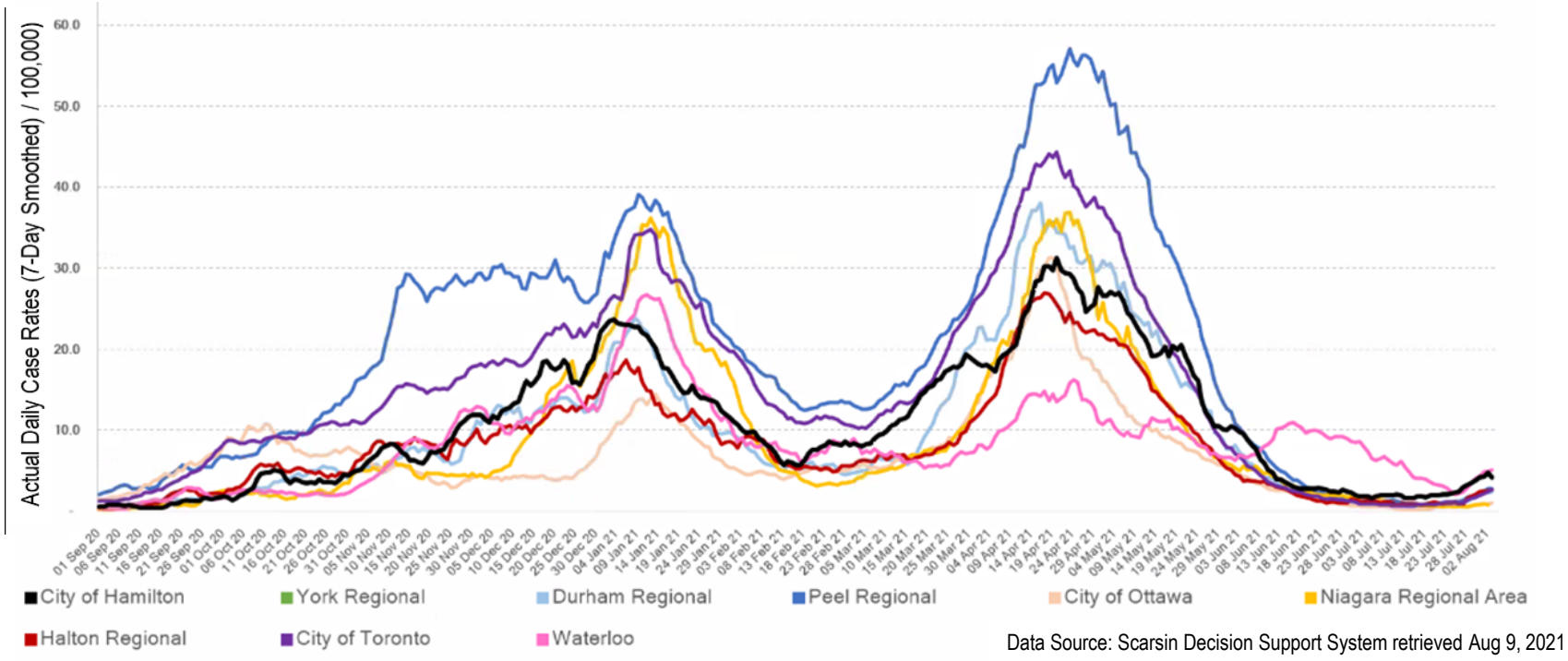
Key Messages:

- Hamilton currently contributes the highest cases in the health services catchment area. Hamilton and Halton cases are increasing while others in the catchment area remain steady or decline.

Scarsin Forecast

COVID-19 Daily Case Rates (per 100,000)

Selected Comparison Public Health Units to Hamilton



Data Source: Scarsin Decision Support System retrieved Aug 9, 2021

Key Messages:

- Rates are increasing in Hamilton and other major health unit areas. Waterloo converged to levels of other areas from their Delta variant related increase and are now increasing at rates similar to Hamilton.

Scarsin Forecast – Overview of Scenarios

Scenario 1
70% vaccination of 12yrs+ and reduced public health measures in mid-October 2021 down to zero by mid-December 2021

Scenario 2
80% vaccination of 12yrs+ and reduced public health measures in mid-October 2021 down to zero by mid-December 2021

Scenario 3
70% vaccination of 12yrs+ and maintaining public health measures with gradual reductions in fall

Scenario 4
80% vaccination of 12yrs+ and maintaining public health measures with gradual reductions in fall

All scenarios assume:

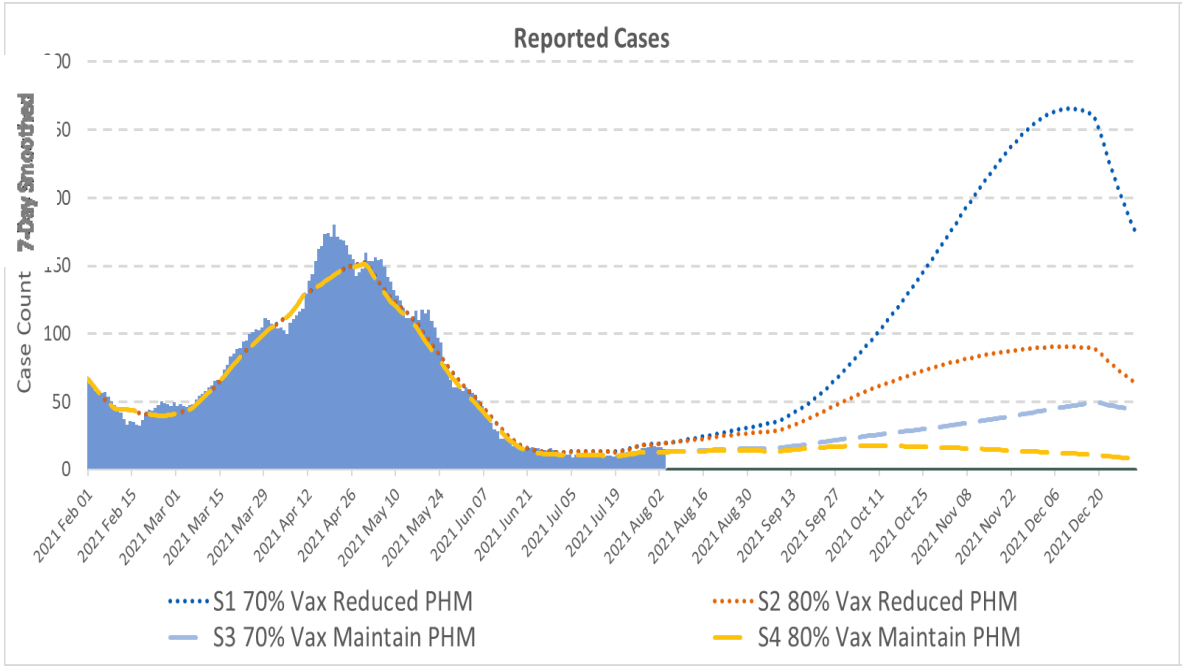
- Delta variant circulating at 95% of cases in Aug 2021
-- Reduced case severity probability of
- hospitalization or death given vaccination
-- Immunity curves adjusted for vaccine type
-- First dose immunity adjusted for Delta
-- Reduced dosing interval to 4 weeks in July 2021
-- Increased contact transmission in Aug/Sep 2021
-- Mobility increases in late summer/fall
-- Fall in-class learning schools/ universities
-- Schools will require masking at least initially
-- 70% vaccination rate reachable in 12yrs+

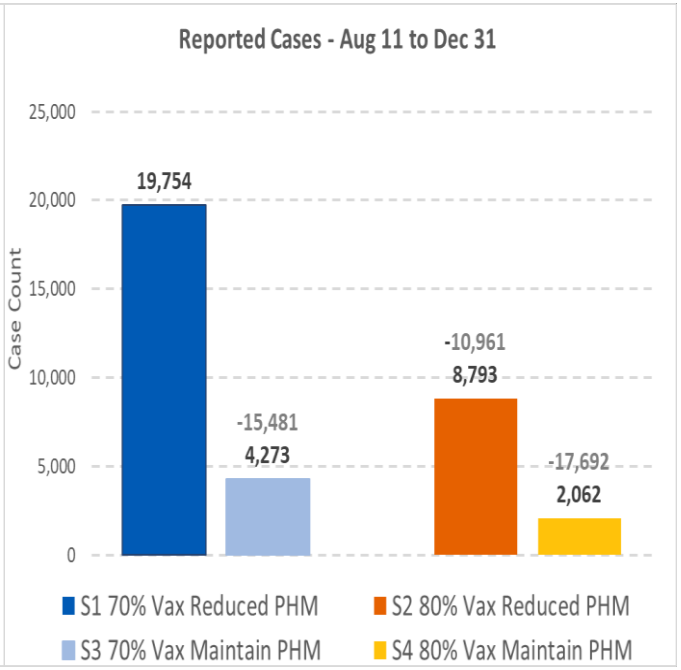
-Updated data:

- Case data retrieved Thursday, August 5, 2021
- Updated mobility data
- Vaccination data retrieved Wednesday, August 4, 2021

Scarsin Forecast

COVID-19 Cases, Scenario Comparisons among Hamiltonians





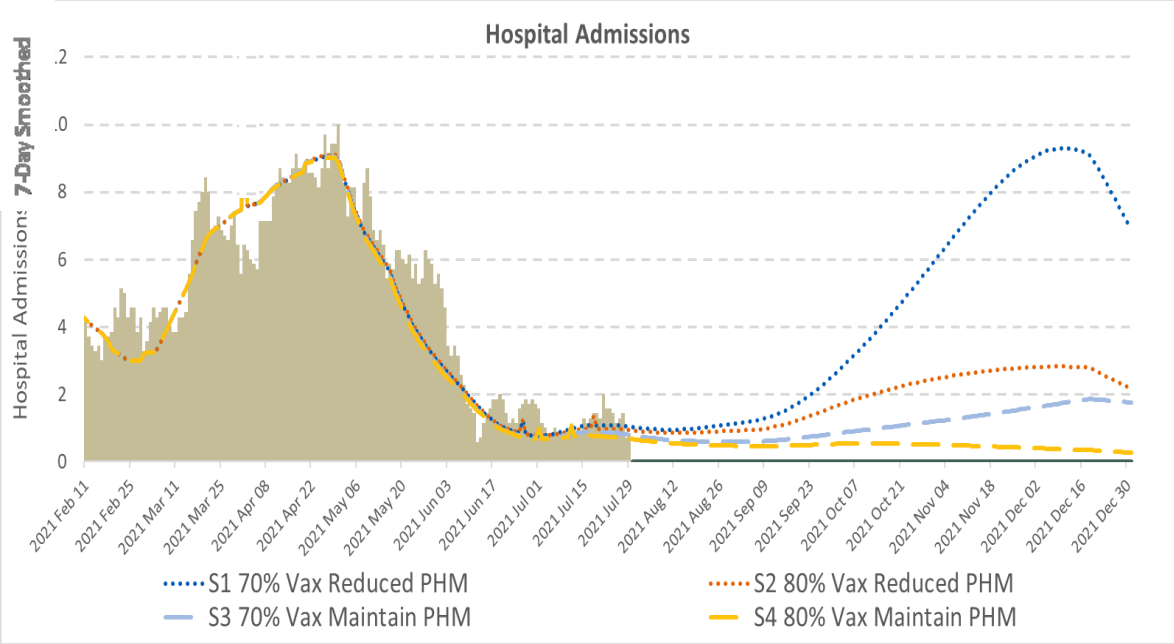
Data Source: Scarsin Decision Support System, scenarios created Aug 7, 2021

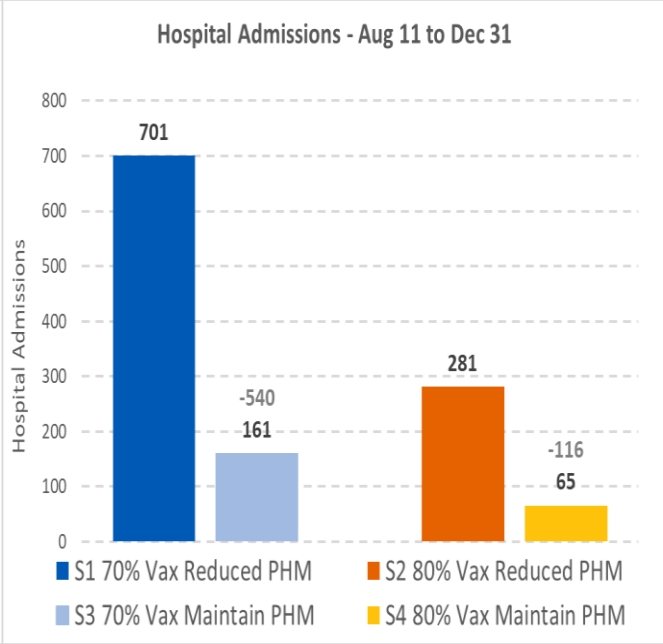
Key Messages:

Maintaining public health measures (dash lines) and increasing vaccination levels (orange/yellow lines) can reduce fourth wave cases**.** At 70% vaccination, over 15,000 cases could be prevented by maintaining public health measures and reduce the fourth wave below third wave levels.

Scarsin Forecast

COVID-19 Hospital Admissions, Scenario Comparisons among Hamiltonians





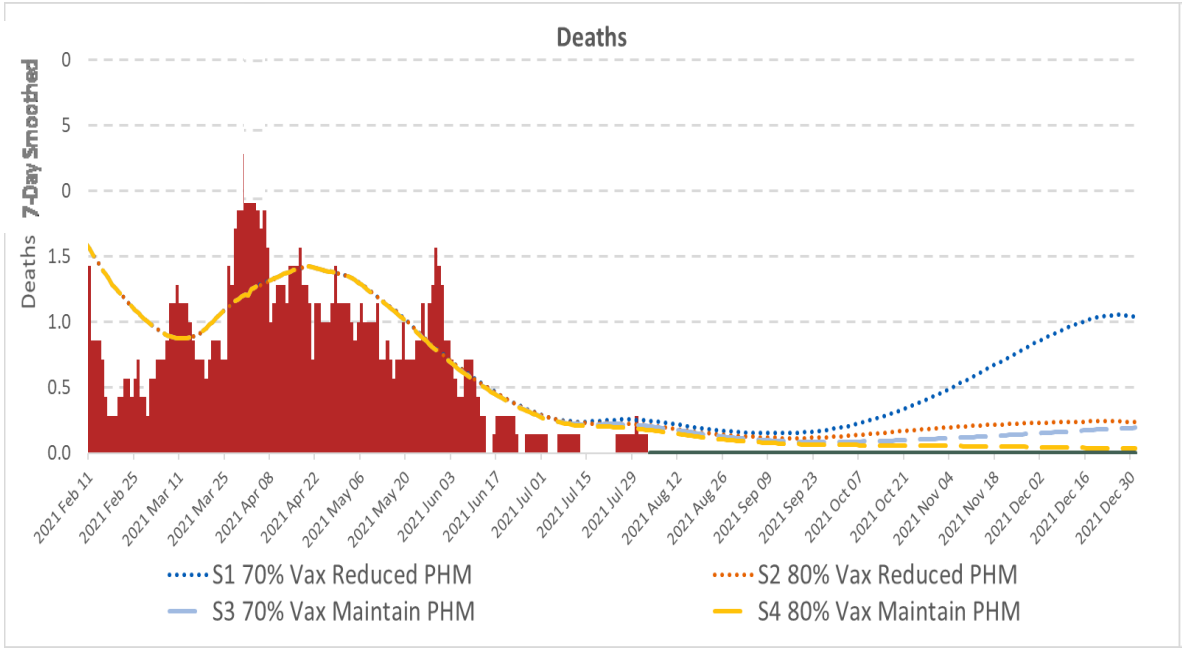
Data Source: Scarsin Decision Support System, scenarios created Aug 7, 2021

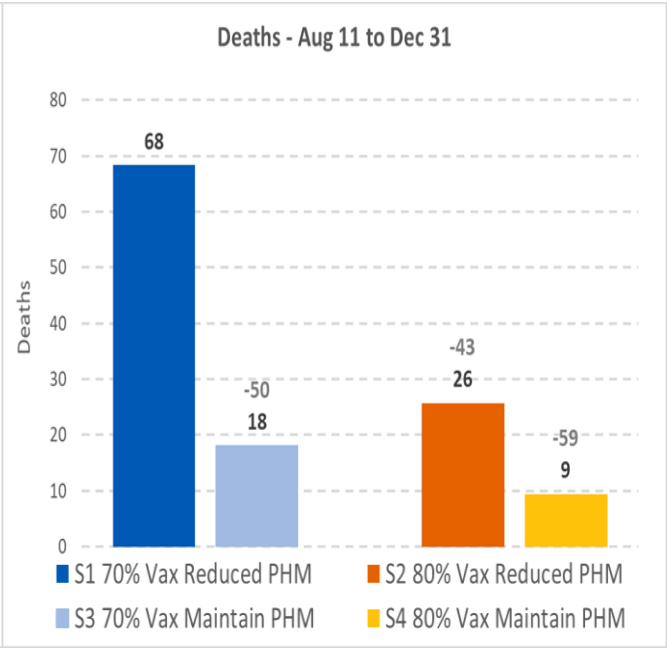
Key Messages:

Maintaining public health measures (dash lines) and increasing vaccination levels (orange lines) is predicted to also reduce hospitalizations**.** At 70% vaccination, over 500 hospitalizations could be prevented by maintaining public health measures.

Scarsin Forecast

COVID-19 Deaths, Scenario Comparisons among Hamiltonians





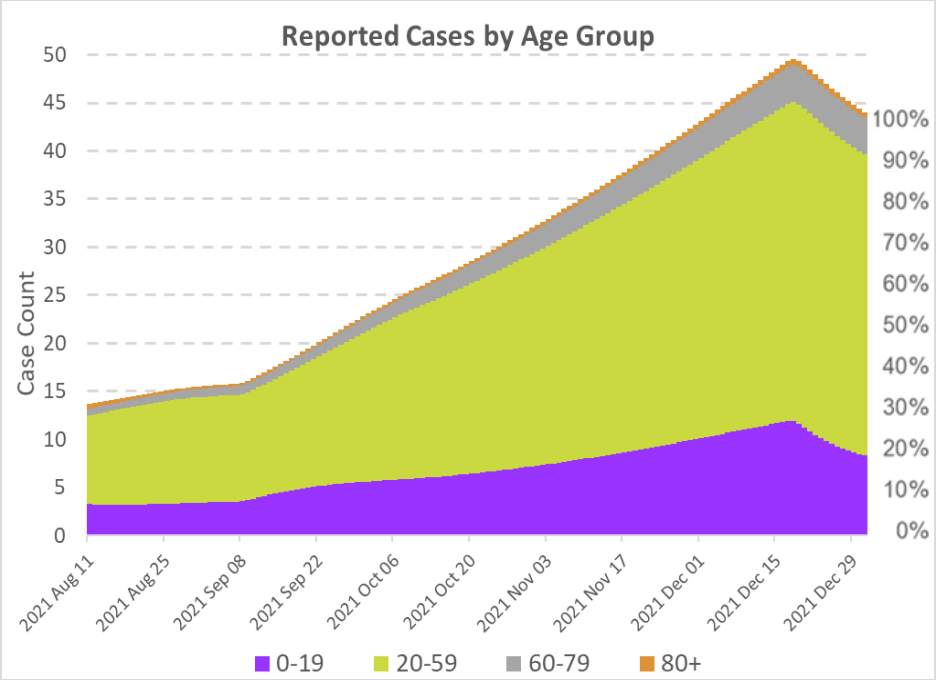
Data Source: Scarsin Decision Support System, scenarios created Aug 7, 2021

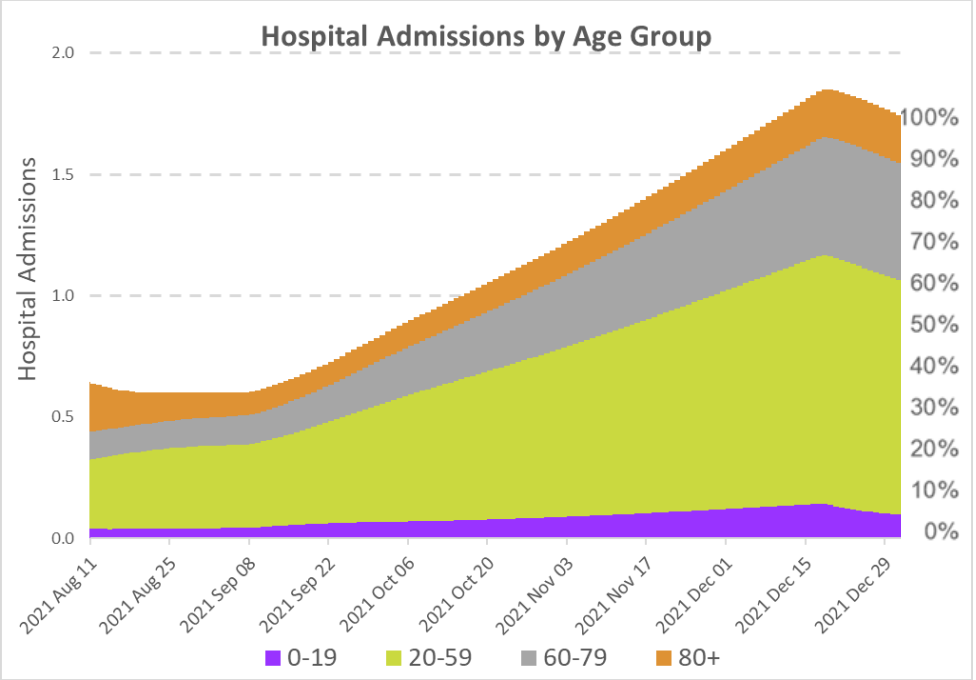
Key Messages:

Maintaining public health measures (dash lines) and increasing vaccination levels (orange lines) is predicted to also reduce deaths. At 70% vaccination, 50 deaths could be prevented by maintaining public health measures.

Scarsin Forecast

Age Group Difference for COVID-19 Cases and Hospital Admissions
S3 – 70% Vaccination & Maintain Public Health Measures, Hamiltonians





Data Source: Scarsin Decision Support System, scenarios created Aug 7, 2021

Key Messages:

- Cases will primarily be among those 20-59 yrs and under 19 years old, whereas hospital admissions will be primarily among those 20-59yrs and older age groups.

Scarsin Forecast Summary

- Continued public health measures combined with increasing vaccination rates may mitigate a potential fourth wave in Fall 2021.

COVID PERFORMANCE METRICS

Michelle Baird,
Director – Epidemiology, Wellness, and Communicable Disease Control Division

Performance Metrics

Epidemiology

	Previous (July 26)	Previous (August 2)	CURRENT (August 9)	Trend
Weekly incidence rate/100,000	15	20	25	↑
% positivity	2.0%	2.3%	3.3%	↑
Effective reproductive number (R_t)	1.22	1.26	0.97	--
% of community-acquired cases	32.5%	32.4%	35.8%	--
7 active COVID-19 outbreaks in the City of Hamilton as of Monday, August 9, 2021.				

Public Health System Capacity

	Previous (July 26)	Previous (August 2)	CURRENT (August 9)	Trend
% newly reported cases reached within 1 day of reported date	91.1%	89.9%	94.6%	--
% all newly identified high-risk contacts reached within 1 day of contact identification date	84.9%	80.2%	82.0%	--

Performance Metrics

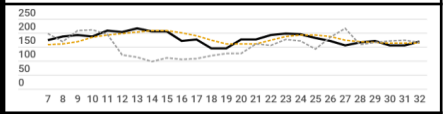
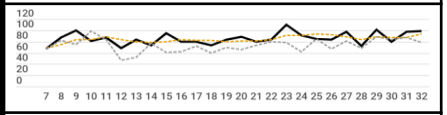
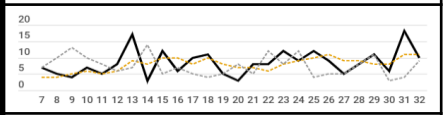
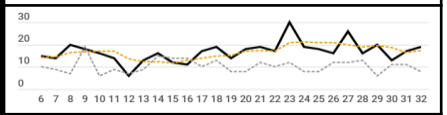
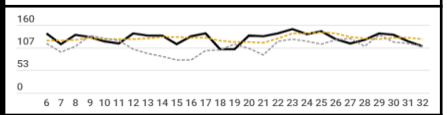
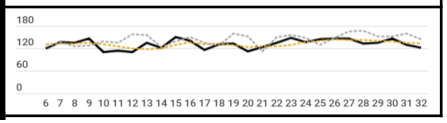
Health System Capacity

	Hospital	Previous (July 26)	Previous (August 2)	CURRENT (August 9)
Overall adult acute medicine & surgical hospital occupancy/funded acute beds	SJHH	90%	81%	80%
	HHS	109%	103%	99%
Overall adult acute alternate level of care (ALC) hospital occupancy/funded acute beds	SJHH	14%	14%	12%
	HHS	9%	9%	10%
Overall adult intensive care unit (ICU) occupancy/funded ICU beds	SJHH	68%	59%	50%
	HHS	88%	80%	83%

SJHH: St. Joseph's Healthcare Hamilton
HHS: Hamilton Health Sciences

Surveillance Metrics

Vulnerable Populations

	Median (Past Year)	95th Percentile (Past Year)	CURRENT (4-Week Average)	Trend
Mental health-related ED visits	168	204	162	
Substance misuse-related ED visits	80	92	94	
Violence-related ED visits	8	11	11	
Paramedic incidents for suspected opioid overdose	13	21	17	
Police response to persons in crisis	121	139	126	
Police response to domestic violence	132	148	133	

2021 Actual Values
2021 4-Week Moving Average
2020 Actual Values

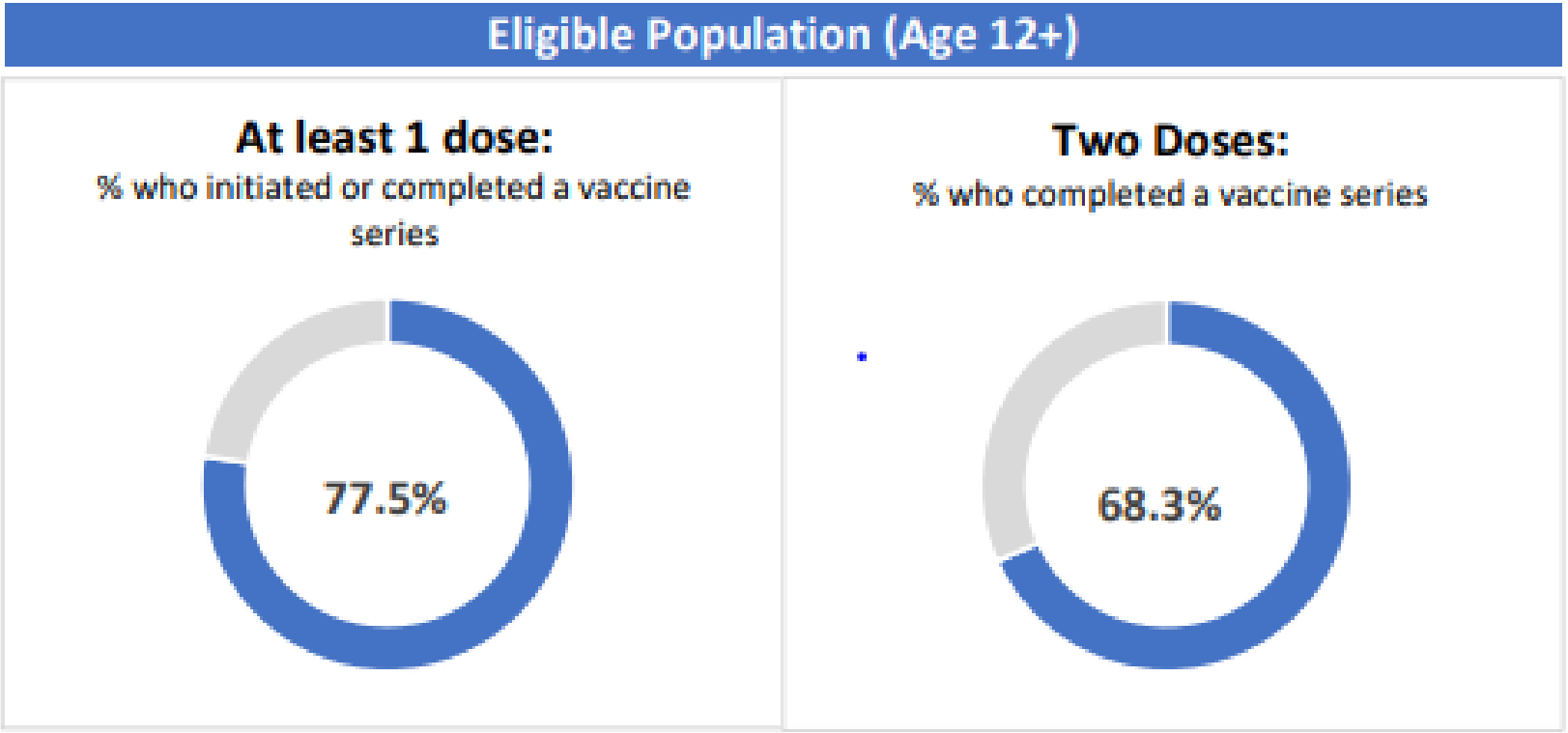
ED: Emergency Department

COVID VACCINE UPDATE

Melissa Biksa, Manager – COVID-19 Vaccine

COVID-19 Vaccine – Overall Coverage

Estimated as of End Of Day August 9, 2021



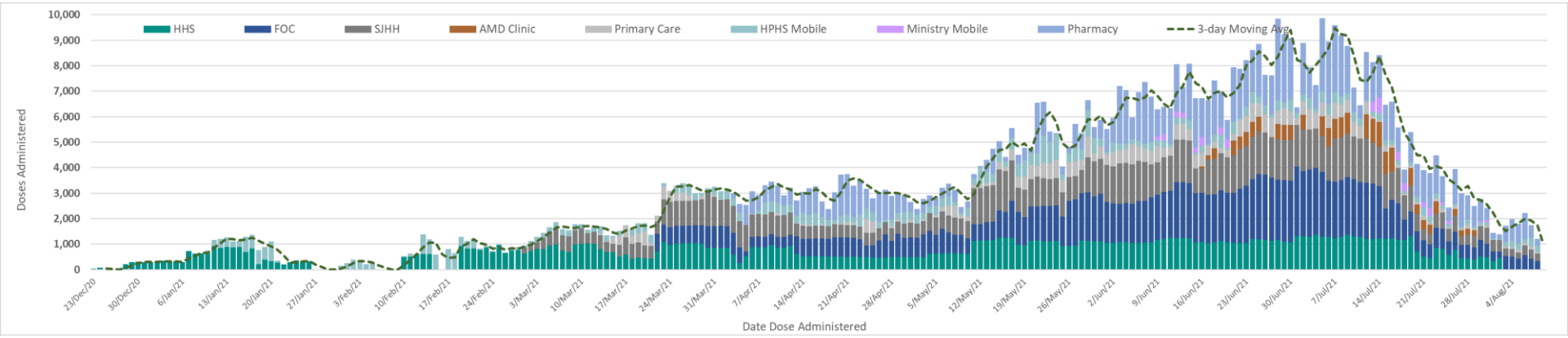
Hamilton residents age 12yrs+ (n=519,560); Population Projections, 2021 (IntelliHealth)
Note: Includes Hamilton residents and individuals vaccinated in Hamilton who cannot be assigned to a health unit region.

COVID-19 Vaccine – Distribution Over Time

Estimated as of End Of Day August 9, 2021

Product	Total doses administered
Pfizer	512,126
Moderna	191,423
AstraZeneca	42,986

Total Doses Administered in Hamilton by Day



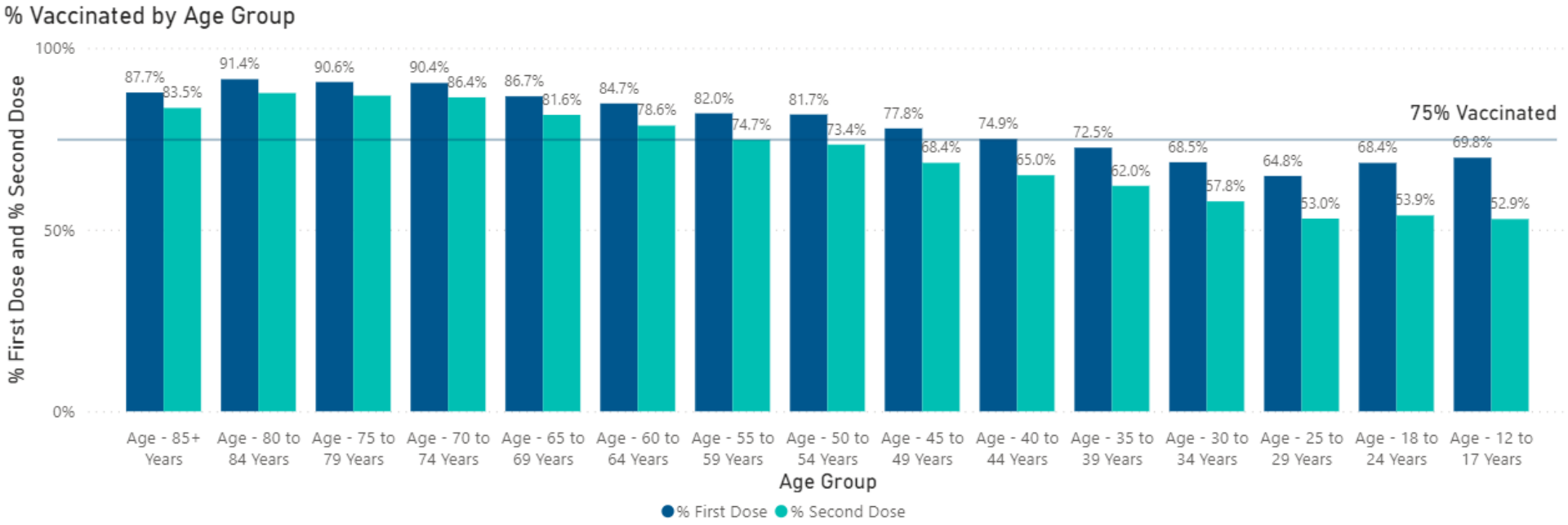
Source: IntelliHealth (COVAXon Data Load)

COVID-19 Vaccine – Coverage by Age

Estimated as of End Of Day August 9, 2021

Estimated COVID-19 Vaccine Coverage by Age Groups in Hamilton

The chart below describes vaccination progress by age group in Hamilton.



Sources: IntelliHealth (COVAXon Data Load); Population Projections, 2021 IntelliHealth.

COVID-19 Vaccine – Coverage by Age Hamilton & Comparators

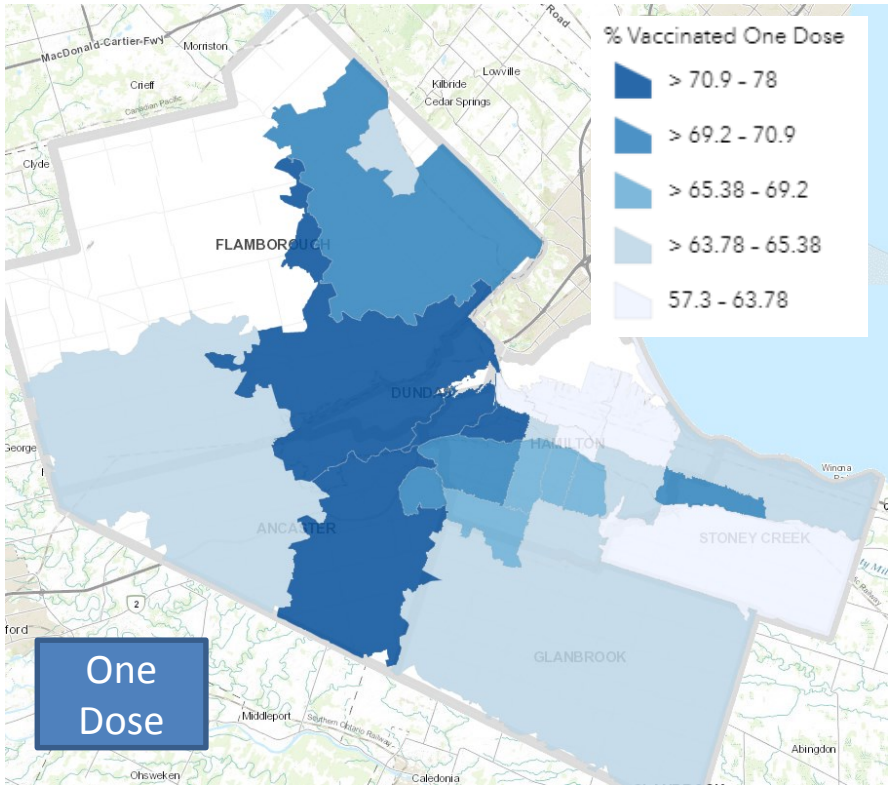
Key Message: Hamilton's vaccination rates for seniors are comparable to other health units but Hamilton's vaccination rates are lagging for adults and youth.

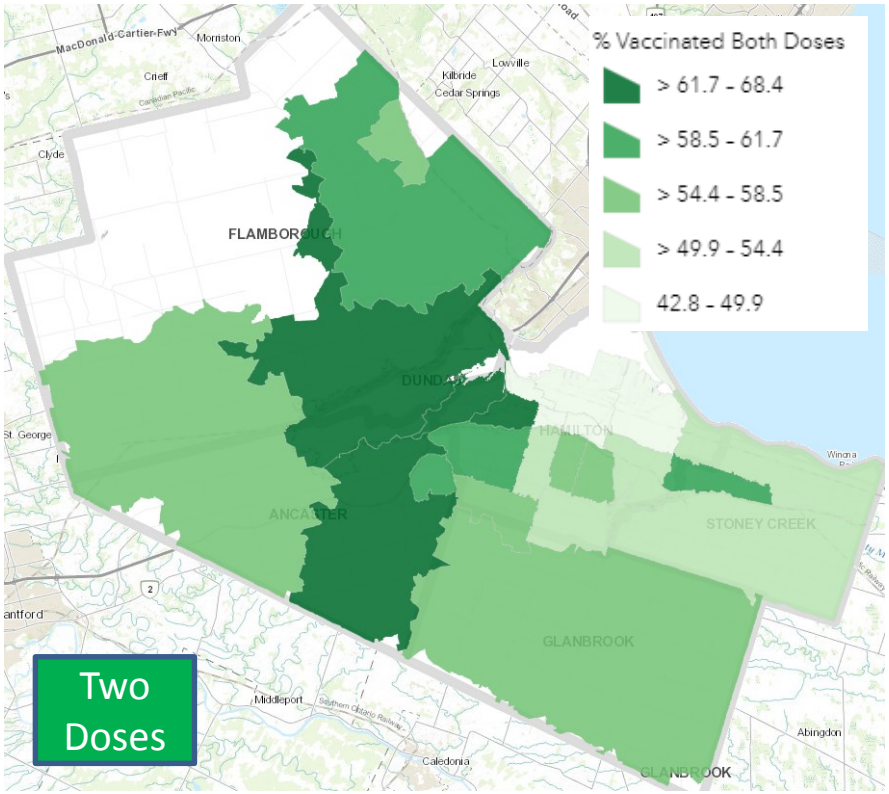
	% vaccinated with at least 1 dose – as of August 4, 2021							
Age group (years)	**Hamilton**	**Ottawa**	**Niagara**	**Waterloo**	**London**	**Toronto**	**Peel**	**Ontario**
12 to 17	66.7	81.3	65.0	74.0	75.9	76.5	75.0	74.0
18 to 29	66.9	70.4	62.6	71.2	69.8	71.8	77.0	71.8
30 to 39	70.5	76.6	72.5	75.5	73.2	73.0	72.9	75.5
40 to 49	75.5	84.2	76.9	79.3	79.6	78.8	79.4	80.5
50 to 59	81.1	88.0	80.7	82.7	81.8	85.4	85.7	84.5
60 to 64	85.9	90.5	88.0	86.6	87.9	89.6	87.6	89.6
65 to 69	88.2	93.1	90.9	88.1	90.6	88.5	87.3	91.0
70 to 74	92.1	95.0	92.5	91.7	93.9	90.2	88.8	93.3
75 to 79	90.9	97.2	91.4	92.4	92.6	88.5	88.9	92.9
80+	90.7	96.5	91.8	94.7	83.5	82.3	87.6	92.1
Total (all ages)	67.5	72.9	69.5	69.0	69.3	70.7	69.8	71.3

Source: Ontario's COVID-19 Data Tool, Public Health Ontario [Extracted 6 Aug 2021].
Ottawa, Niagara, Waterloo and London are considered Peer health units by Statistics Canada

COVID-19 Vaccine – Coverage by Forward Sortation Area

Estimated Vaccine Coverage by Forward Sortation Area (All Ages) (up to July 24, 2021)





Source: ICES COVID-19 Dashboard, Applied Health Research Questions (AHRQ) # 2021 0950 080 000. Toronto: ICES; 2020.

Notes:

1. Coverage estimates are for all ages and include ages in the estimated population size that may not be eligible for vaccination. Estimates are therefore lower than overall coverage for the adult (18+) population.
2. Interpret with caution. Numerators may be under-counted due to missing or incorrect postal codes in COVAXon; denominators may be under-estimated due to limitations of enumerating people in the Registered Persons Database (ICES).
3. Some FSAs cross multiple health regions and include a mix of Hamilton and non-Hamilton residents, especially L0R.

COVID-19 Vaccine Coverage by Census Tracts ("neighbourhoods")

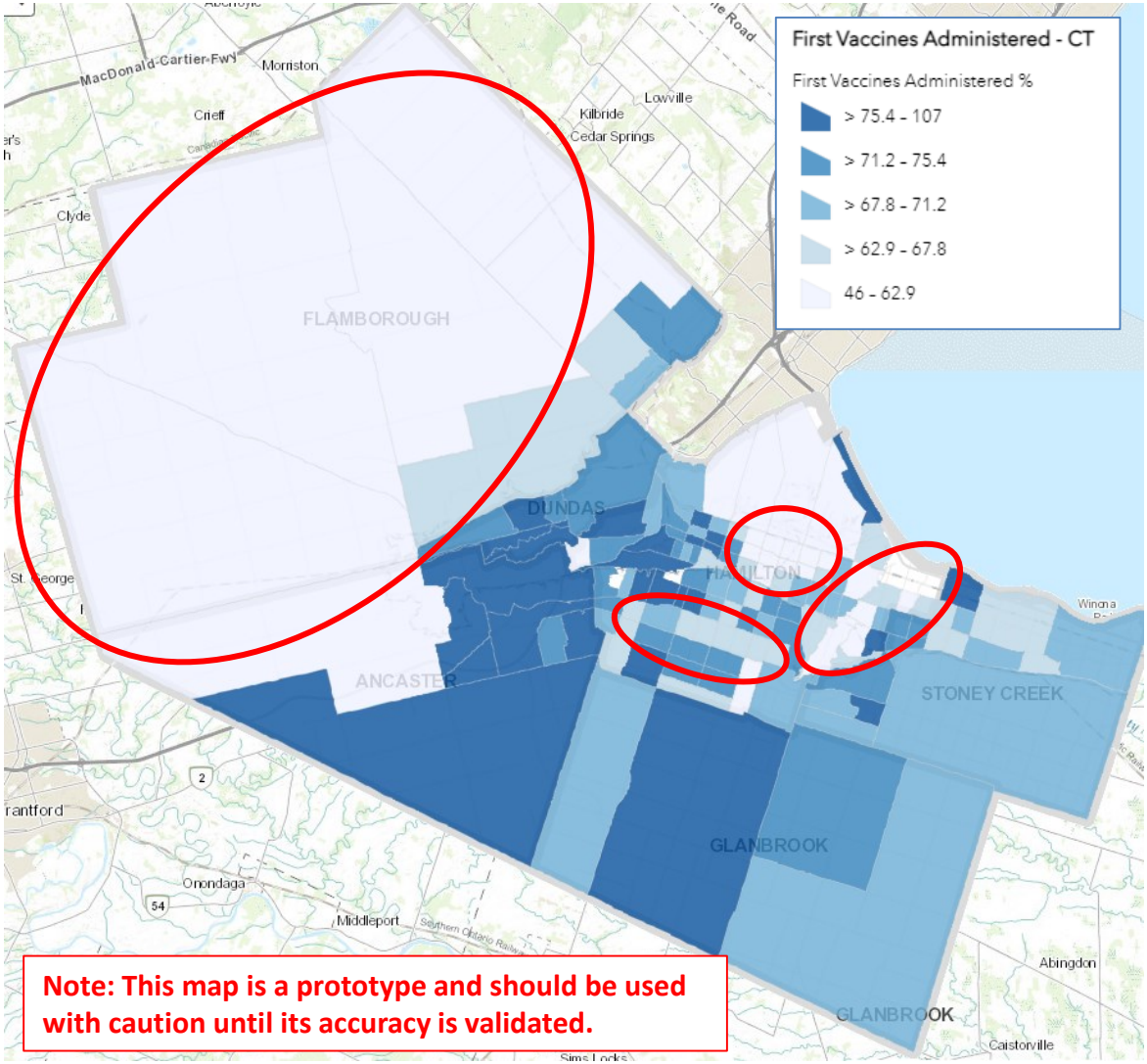
Areas requiring greater focus:

Lower Central Hamilton:
- 1st dose coverage: 55-65%
- >12,000 unvaccinated

Flamborough:
- 1st dose coverage: 55-65%
- >8,500 unvaccinated

Red Hill Valley / East End:
- 1st dose coverage: 60-70%
- >9,000 unvaccinated

Mountain Pockets around the Linc:
- 1st dose coverage: 60-70%
- >11,000 unvaccinated



COVID-19 Vaccination – Equity Trends

- **Poverty**: Hamilton neighbourhoods with higher poverty have significantly lower vaccine coverage and this gap has persisted over time.
- **Racialization**: The most racialized neighbourhoods in Hamilton have slightly lower vaccine coverage compared to least racialized neighbourhoods – this gap has narrowed from 9.2% (May 29, 2021) to 4.8% (July 31, 2021).
- **Immigration**: Hamilton refugees have lower vaccine coverage compared to other immigrant and Canadian-born Hamiltonians.

LAST MILE STRATEGY

Melissa Biksa, Manager – COVID-19 Vaccine

LAST MILE STRATEGY: Vaccination Coverage Goals

GOAL #1: *80% first dose / 75% second dose coverage (age 12yrs+)*

- Number to vaccinate to achieve 80% first dose coverage
  = **14,788 people** (as of August 9, 2021)
- Number to vaccinate to achieve 75% second dose coverage
  = **37,399 people** (as of August 9, 2021)

GOAL #2: *80% first dose / 75% second dose coverage (age 12yrs+) in each Forward Sortation Area**

- 8 of 21 Forward Sortation Areas's have ≥80% first dose coverage
- 3 FSAs have ≥ 75% second dose coverage (as of August 2, 2021)
- Number to vaccinate to achieve 80% first dose coverage (age 12yrs+) in each Forward Sortation Area = **16,180** (as of August 2, 2021)*

*Excludes shared Forward Sortation Areas (L0R, N0B, N1R, and L0P).

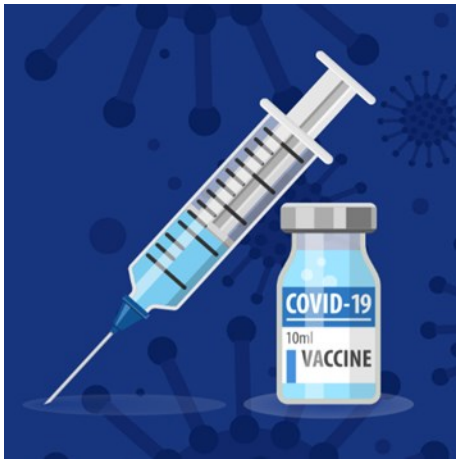
Last Mile Strategy

Key to remember:

1st dose + 2nd dose + time to full immunity
= 6 weeks

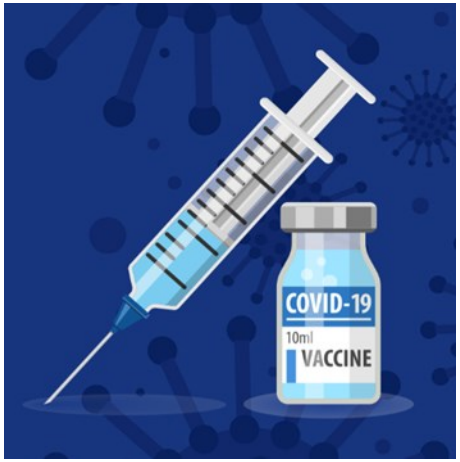
Don't wait to vaccinate

"Call for arms….now"



Last Mile Strategy
What Continues

- Second dose acceleration
- Multiple vaccination sites
  - 100+ pharmacies
  - Primary care hubs
  - Mobile pop-ups
  - Ministry of Health Outdoor Clinics
  - 1st & 2nd dose walk-ins
  - Community-led initiatives
  - Onboarding various providers
- Coordinated community outreach



Last Mile Strategy
Vaccine Confidence

- Hyper-localized outreach near clinics in lower coverage neighbourhoods
- Coordinated community outreach
  - Led and supported by Vaccine Ambassadors, healthcare providers, and social influencers
  - Through one-on-one interactions, leveraging community partners, and tailored materials for priority populations
  - Community outreach funding opportunity

Last Mile Strategy
Access

- Focus on opportunistic vaccination
  - going to places where people are and partnerships with community agencies
- Transition Public Health Services mobile clinics to smaller “hyper local” clinics
  - Located in lowest coverage neighbourhoods in high traffic areas
  - Bring to community events, rural locations
  - Explore within the school context including primary, secondary, post-secondary)
- Amplify existing tactics, including:
  - Transportation
  - Translation services
  - Evening hours

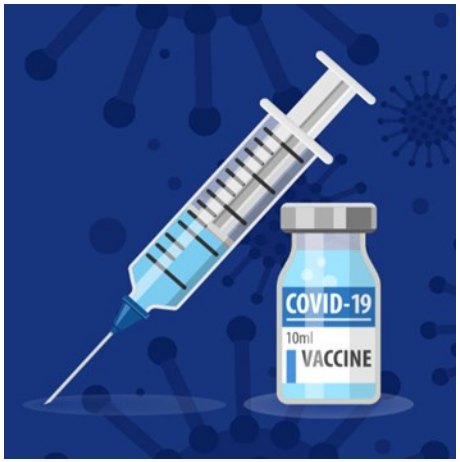
Last Mile Strategy

Key to remember:

1st dose + 2nd dose + time to full immunity
= 6 weeks

Don't wait to vaccinate

"Call for arms….now"



Large-Scale Clinic Demobilization

- Large Scale Mass Immunization Clinics are currently winding down in Hamilton
  - Arcelor-Mittal Dofasco – Closed as of July 30, 2021
  - Hamilton Health Sciences Clinic (Wellington St) – Closed as of August 3, 2021
  - St Josephs Healthcare Hamilton Clinic (West 5th) – Closing as of August 17, 2021
  - First Ontario Centre Clinic – Closing as of August 29, 2021

COVID-19 Vaccination – Key Operational Highlights

- 1st and 2nd dose uptake has plateaued
- What's being done?
  - All clinics offering 1st and 2nd dose walk-ins
  - 2nd dose acceleration communication
  - Creative mobile clinics
  - Onboarding of various providers
  - Coordinated community outreach

QUESTIONS?