



**City of Hamilton
BOARD OF HEALTH
AGENDA**

Meeting #: 21-010
Date: October 18, 2021
Time: 9:30 a.m.
Location: Due to the COVID-19 and the Closure of City Hall (CC)

All electronic meetings can be viewed at:

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

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

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

1. CEREMONIAL ACTIVITIES
2. APPROVAL OF AGENDA
(Added Items, if applicable, will be noted with *)
3. DECLARATIONS OF INTEREST
4. APPROVAL OF MINUTES OF PREVIOUS MEETING
 - 4.1. September 20, 2021
5. COMMUNICATIONS
6. DELEGATION REQUESTS

- 6.1. Rebecca Ganann, McMaster University, respecting the EMBOLDEN study which to enhance physical and community mobility of older adults who experience difficulties participating in community programs and reside in areas of high health inequity

(For today's meeting)
- 6.2. Devyani Bakshi, McMaster University, respecting Climate Changes and its impacts on the healthcare system (for today's meeting)

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

- 9.1. Tim McClemont, the AIDS Network respecting a second Consumption Treatment Services (CTS) site located in Ward 3 (approved at the September 20, 2021 meeting)

10. DISCUSSION ITEMS

- 10.1. Alcohol, Drug & Gambling Services and Community Mental Health Promotion Program Budget 2021-2022 (BOH21008) (City Wide)
- 10.2. Comprehensive Opioid Response (BOH21009) (City Wide)
- 10.3. Healthy Babies Healthy Children Program Budget 2021-2022 (BOH21012) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 21-009

9:30 a.m.

Monday, September 20, 2021

Due to COVID-19 and the closure of City Hall, this meeting was held virtually

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

**Absent with
Regrets:** Councillors T. Whitehead – Leave of Absence; Councillors S. Merulla, C. Collins and B. Johnson - Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Correspondence (Items 5.3, 5.4 and 5.6)

(Wilson/Nann)

That the following Correspondence items, be endorsed:

- (i) Correspondence from Peterborough Public Health respecting Unfunded Programs and Implementation the Menu Labelling, Child Visual Health and Vision Screening, and Consumption and Treatment Services Compliance and Enforcement (Item 5.3)
- (ii) Correspondence from Kathleen Hill and Tyler Brown respecting Urgent Request to Save Eye Care for Hamilton Residents (Item 5.4)
- (iii) Correspondence from the Haliburton, Kawartha, Pine Ridge Health Unit Respecting Support for Funding (Added Item 5.6)

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

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

YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
ABSENT	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

2. Board of Health Governance Education Session (BOH21006(a)) (City Wide) (Item 8.1)

(Clark/Ferguson)

That Report BOH21006(a) respecting a Board of Health Governance Education Session, be received.

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

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

3. Ottawa and Toronto Board of Health Governance Models (Added Item 11.1)

(Nann/Wilson)

That the Mayor and Medical Officer of Health correspond with the Ottawa and Toronto Board of Health Chairs and Medical Officers of Health to request information regarding their semi-autonomous board structures, lessons learned and outcomes that have resulted from changes in their structure and governance, with a presentation back to a future Board of Health meeting.

Result: Motion CARRIED by a vote of 8 to 3, as follows:

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

FOR INFORMATION:

(a) CEREMONIAL ACTIVITIES (Item 1)

There were no ceremonial activities.

(b) CHANGES TO THE AGENDA (Item 2)

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

5. COMMUNICATIONS

- 5.6. Correspondence from the Haliburton, Kawartha, Pine Ridge Health Unit respecting Support for Funding

Recommendation: Be endorsed

6. DELEGATION REQUESTS

- 6.1. Delegation request from Kojo Dampsey, Hamilton Centre for Civic Inclusion, respecting Item 8.1, Board of Health Governance Education Session (BOH21006(a)) (For today's meeting)
- 6.2. Delegation Request from Tim McClemon, The AIDS Network respecting a second Consumption Treatment Services (CTS) site located in Ward 3 (For a future meeting)

(Nann/Pearson)

That the agenda for the September 20, 2021 Board of Health be approved, as amended.

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

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

(c) DECLARATIONS OF INTEREST (Item 3)

None

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

(i) August 11, 2021 (Item 4.1)

(Clark/Partridge)

That the Minutes of August 11, 2021, be approved, as presented.

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

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

YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(e) COMMUNICATIONS (Item 5)

(i) Correspondence (Items 5.1, 5.2 and 5.5)

(Wilson/Nann)

That the following Correspondence items, be received:

- (i) Correspondence from the Northwestern Health Unit respecting the Infection Prevention and Control (IPAC) Hub Model (Item 5.1)
- (ii) Correspondence from the Northwestern Health Unit respecting the Public Health Mitigation Funding (Item 5.2)
- (iii) Correspondence from Jennifer Kranz respecting COVID-19 Testing Centres (Item 5.5)

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

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

(f) DELEGATION REQUESTS (Item 6)

(VanderBeek/Danko)

That the following Delegation Requests be approved, as presented:

- (i) Delegation request from Kojo Damptey, Hamilton Centre for Civic Inclusion, respecting Item 8.1, Board of Health Governance Education Session (BOH21006(a)) (For today's meeting) (Added Item 6.1)
- (ii) Delegation Request from Tim McClemont, The AIDS Network respecting a second Consumption Treatment Services (CTS) site located in Ward 3 (For a future meeting) (Added Item 6.2)

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

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

(g) STAFF PRESENTATIONS (Item 8)

- (i) **Board of Health Governance Education Session (BOH21006(a))(City (Wide) (Item 8.1)**

Karima Kanani, Miller Thomson Lawyers, addressed the Board with a Board of Health Governance Education Session, with the aid of a PowerPoint Presentation.

(Pearson/Farr)

That the presentation respecting the Board of Health Governance Education Session (BOH21006(a)) (City (Wide), be received.

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

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

(iii) Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present (Item 8.2)

Dr. E. Richardson, Medical Officer of Health; Michelle Baird, Director, Healthy and Safe Communities and Stephanie Hughes, Epidemiologist, Healthy and Safe Communities, addressed the Board with an Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to present, with the aid of a PowerPoint presentation.

(Nann/Pauls)

That the Presentation respecting an Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to present, be received.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

YES - Ward 13 Councillor Arlene VanderBeek
ABSENT - Ward 14 Councillor Terry Whitehead
ABSENT - Ward 15 Councillor Judy Partridge

The Mayor relinquished the Chair to Councillor Wilson for the remainder of the meeting.

(h) DELEGATIONS (Item 9)

(i) Kojo Dampthey, Hamilton Centre for Civic Inclusion, respecting Item 8.1, Board of Health Governance Education Session (BOH21006(a)) (Added Item 9.1)

Kojo Dampthey, Hamilton Centre for Civic Inclusion, addressed the Board respecting the Board of Health Governance Education Session (BOH21006(a)).

(Pauls/Farr)

That the Delegation from Kojo Dampthey, Hamilton Centre for Civic Inclusion, be received.

Result: Motion CARRIED by a vote of 10 to 0, as follows:

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

(i) ADJOURNMENT (Item 15)

(Farr/Pearson)

That, there being no further business, the Board of Health be adjourned at 12:45 p.m.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Councillor M. Wilson
Vice Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

From: clerk@hamilton.ca
To: [Kolar, Loren](#)
Cc: [Vernem, Christine](#)
Subject: FW: Form submission from: Request to Speak to Committee of Council Form
Date: Wednesday, September 22, 2021 10:08:32 AM

-----Original Message-----

From: no-reply@hamilton.ca <no-reply@hamilton.ca>
Sent: Wednesday, September 22, 2021 10:01 AM
To: clerk@hamilton.ca
Subject: Form submission from: Request to Speak to Committee of Council Form

Submitted on Wednesday, September 22, 2021 - 10:01am Submitted by anonymous user: 172.70.178.227 Submitted values are:

==Committee Requested==
Committee: Board of Health

==Requestor Information==

Name of Individual: Rebecca Ganann
Name of Organization: McMaster University
Contact Number: [REDACTED]
Email Address: [REDACTED]
Mailing Address:

[REDACTED]

Reason(s) for delegation request:

To inform the Board of Health of our community-based study we are conducting in Hamilton. The EMBOLDEN study aims to enhance physical and community mobility of older adults who experience difficulties participating in community programs and reside in areas of high health inequity (differences in health status or access to health resources). EMBOLDEN has been funded through the McMaster Institute for Research on Aging's Labarge Centre for Mobility in Aging, the Canadian Institutes of Health Research, and most recently through the Public Health Agency of Canada.

Building on existing best practices, we will implement and evaluate an innovative co-designed community-based program to promote physical activity, healthy nutrition, foster social connections, and support system navigation across health and social systems.

Over the last year, we have engaged a 30-person Strategic Guiding Council comprised of older adult citizens and local health/social service providers. This Council has been helping to inform development of the intervention and how we will implement the study.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

The results of this submission may be viewed at:

<https://www.hamilton.ca/node/286/submission/543206>

From: clerk@hamilton.ca
To: [Kolar, Loren](#)
Cc: [Vernem, Christine](#)
Subject: Delegation BOH Bakshi McMaster Med Student
Date: Tuesday, October 12, 2021 9:17:50 AM

-----Original Message-----

From: no-reply@hamilton.ca <no-reply@hamilton.ca>
Sent: Tuesday, October 12, 2021 5:09 AM
To: clerk@hamilton.ca
Subject: Form submission from: Request to Speak to Committee of Council Form

Submitted on Tuesday, October 12, 2021 - 5:09am Submitted by anonymous user: 172.70.34.63 Submitted values are:

==Committee Requested==
Committee: Board of Health

==Requestor Information==

Name of Individual: Devyani Bakshi
Name of Organization: McMaster University
Contact Number: [REDACTED]
Email Address: [REDACTED]
Mailing Address: 1277 Main St. W, Hamilton, ON, L8S 1CA
Reason(s) for delegation request: McMaster Medical students are hosting a Municipal Day of Action (MDoA) focused on engaging city councillors about climate change in Hamilton
Will you be requesting funds from the City? No
Will you be submitting a formal presentation? Yes

The results of this submission may be viewed at:
<https://www.hamilton.ca/node/286/submission/547491>



Public Health Services COVID-19 Situation Report & Organizational Update

Board of Health
October 18, 2021

Overview

1. Overall Status Update
2. COVID-19 Situation Report
3. Scarsin Forecast Update
4. COVID-19 Vaccine Update

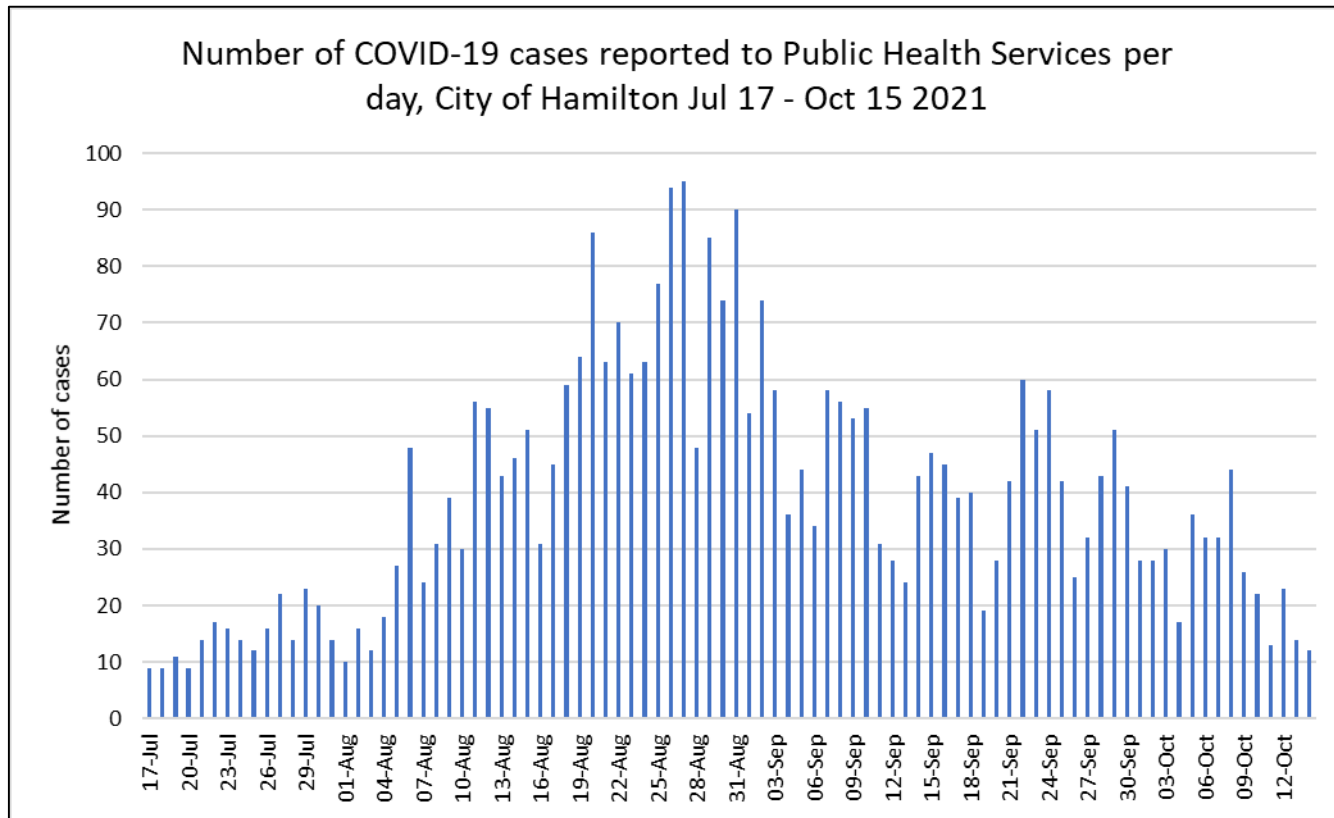
Overall Status

- Hamilton currently seeing decrease in COVID-19 case activity, including outbreaks
- As of October 14, 2021, 846,030 doses given; 84.3% of Hamiltonians 12yrs+ vaccinated with one dose and 79.4% with both doses.
- Cautiously optimistic 4th wave has been averted through Hamiltonian's adherence to public health measures in tandem with improvements in vaccination rates;
- However, COVID-19 unlikely to disappear this year; transmission risk exists with increased indoor activities and "reopening".
- Receiving two doses of vaccine as soon as possible remains important to have strong protection against COVID-19 and Delta variant.
- Achieving equitable and high levels of vaccination coverage continues to be major focus of the COVID-19 control effort. ■

SITUATION REPORT

Stephanie Hughes, Epidemiologist

Reported cases



Key Messages

- Hamilton is currently in wave 4 of COVID-19 and trending downwards
- As of October 15, 2021, there were 25 cases of COVID-19 reported to Hamilton Public Health per day on average

Phases of COVID-19 in Hamilton – wave 4

Phase 1: Pre-peak Jul 17 – Aug 16, 2021 (1 month)

- 757 cases reported
- 14 outbreaks
- 47 hospitalizations and 4 deaths
- Outbreaks occurring in workplace, child care, communal living settings
- Stage 3 – Provincial Roadmap to Reopen
- Vaccine doses administered decreased

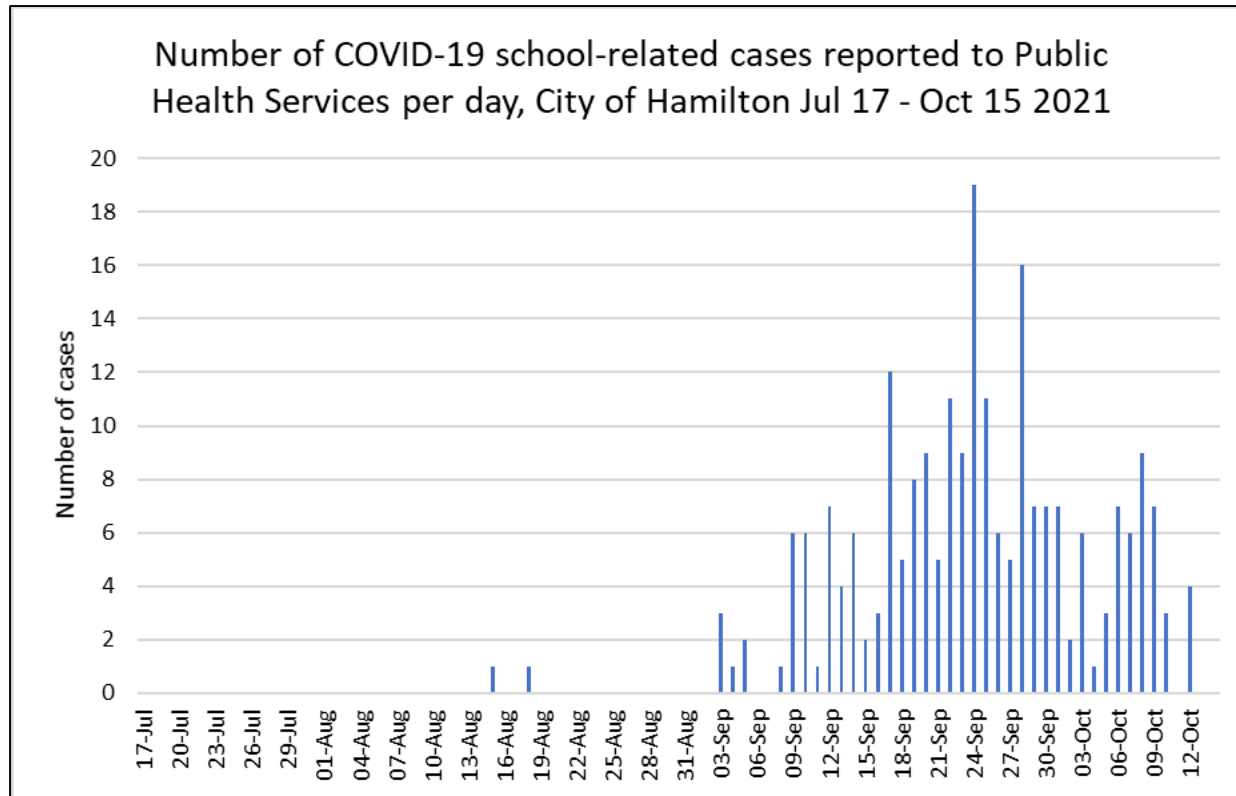
Phase 2: Peak Aug 17 – Sept 1, 2021 (0.5 month)

- 1,128 cases reported
- 22 outbreaks
- 67 hospitalizations and 3 deaths
- Outbreaks occurring in workplace, child care, athletic settings
- Provincial reopening stages paused, maintenance of public health measures
- Introduction of hyper-local vaccine clinics to areas of Hamilton with lower vaccine coverage

Phase 3: Post-peak Sept 2 – Oct 15, 2021 (1.5 months)

- 1,614 cases reported
- 56 outbreaks
- 94 hospitalizations and 9 deaths
- Outbreaks occurring in workplace, child care, school, athletic, banquet hall, communal living settings
- Increase in indoor activity
- Slight increase in vaccine doses administered, particularly 2nd doses
- Vaccine passports implemented provincially

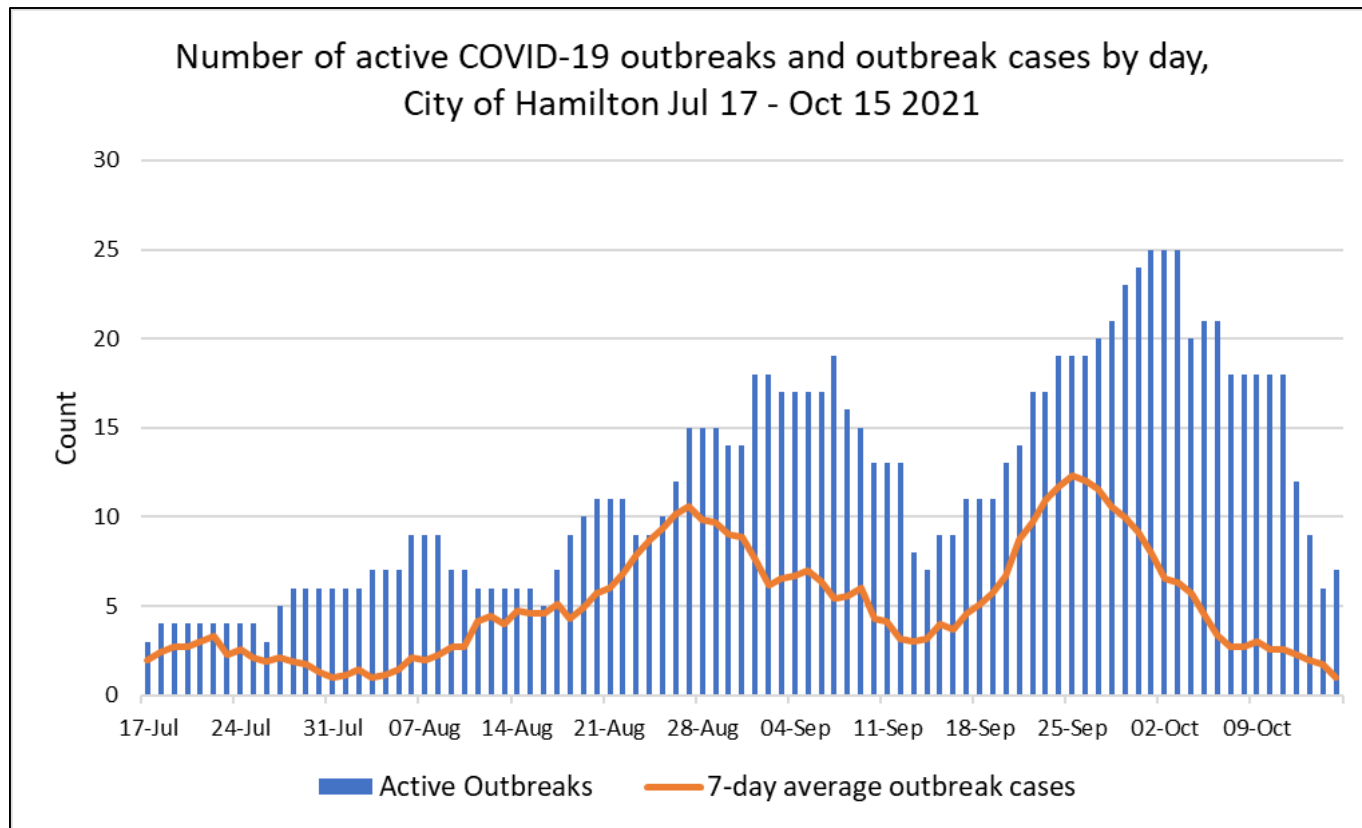
Reported school-related cases



Key Messages

- School-related COVID-19 case activity in Hamilton hit a peak near the end of September 2021
- As of October 15, 2021, school-related case activity has been maintaining

Active outbreaks



Key Messages

- COVID-19 outbreak activity in wave 4 peaked around late September 2021
- The number of active COVID-19 outbreaks in recent weeks has decreased

SCARSIN FORECAST

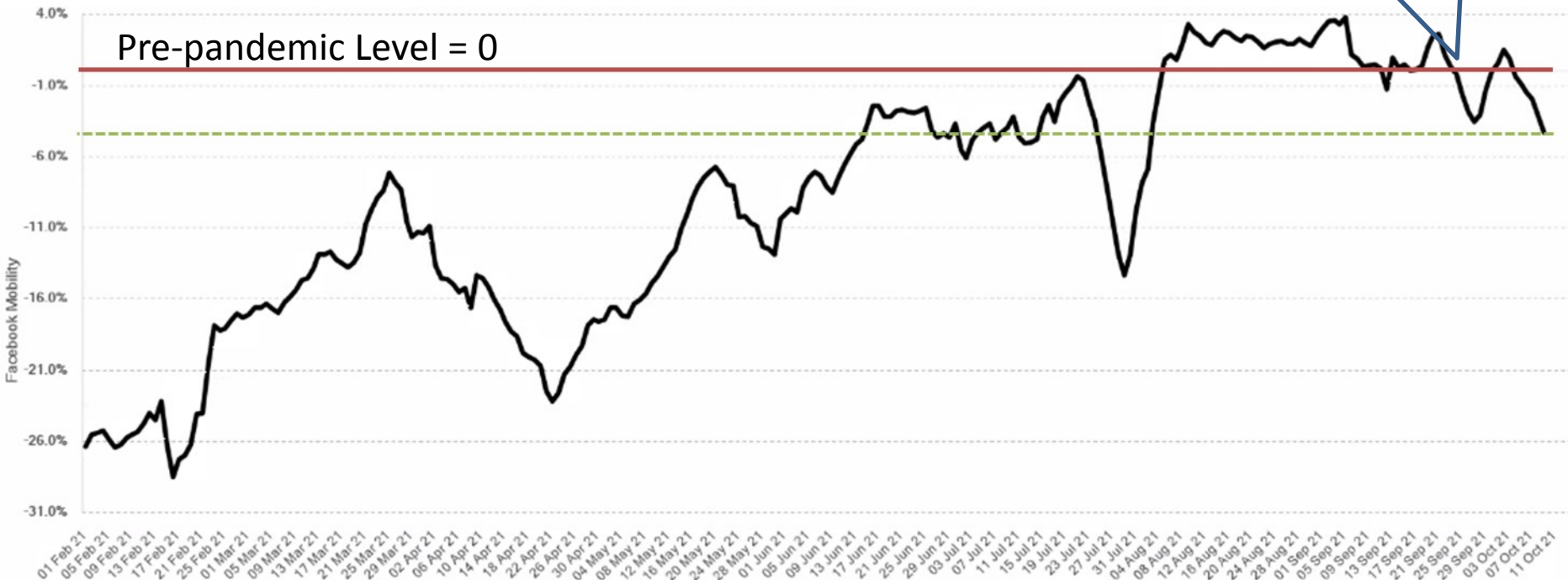
Ruth Sanderson, Epidemiologist

Scarsin Forecast

- Cautiously optimistic that Hamilton's 4th wave may have been contained by current levels of vaccination and adherence to public health measures
- Forecast predicts that cases, hospitalizations and deaths may level off; however, COVID-19 is unlikely to disappear entirely this year:
 - Anticipate increase transmission risks this fall/winter with increased indoor activities, return to workplaces and "reopening"
- As Hamiltonians continue to get vaccinated, continued public health measures can help prevent increased transmission in November

Overall Mobility, Hamilton

Introduction of proof-of-vaccination system
Sep 22, 2021

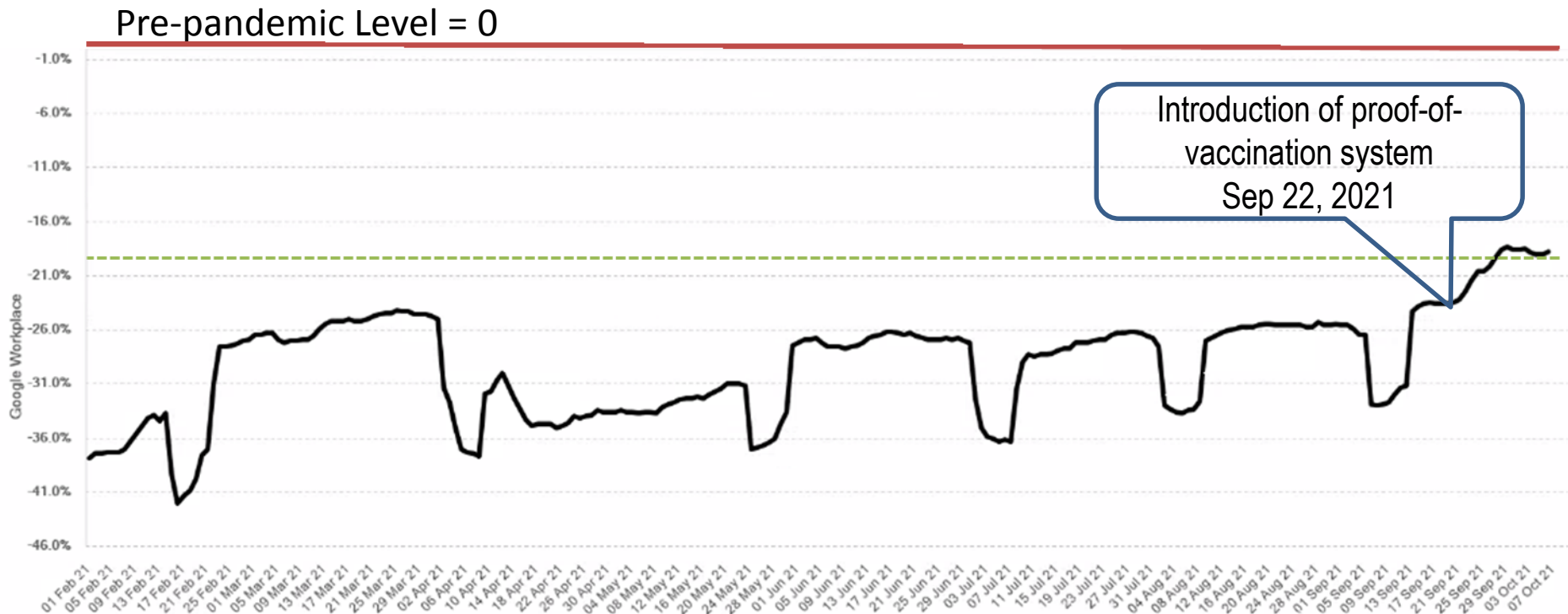


Data Source: Scarsin Decision Support System retrieved Oct 12, 2021

Key Messages:

Hamilton's community mobility has remained around the pre-pandemic level since the introduction of Ontario's mandatory proof of vaccination system.

Workplace Mobility, Hamilton



Data Source: Scarsin Decision Support System retrieved Oct 12, 2021

Key Messages:

Workplace mobility increased since the introduction of Ontario's proof of vaccination system and has now levelled off at 19% below pre-pandemic levels. Levels have not been this high in Hamilton since Mar 2020

Scarsin Forecast – Overview of Scenarios

Scenario 1 – Base

–Maintained public health measures throughout the year (e.g., 70% masking to end-of year)

Scenario 2 – Lower Public Health Measures

Increased risk through reduced adherence to public health measures (e.g., reduced masking to 60% starting in mid-October)

Scenarios assume:

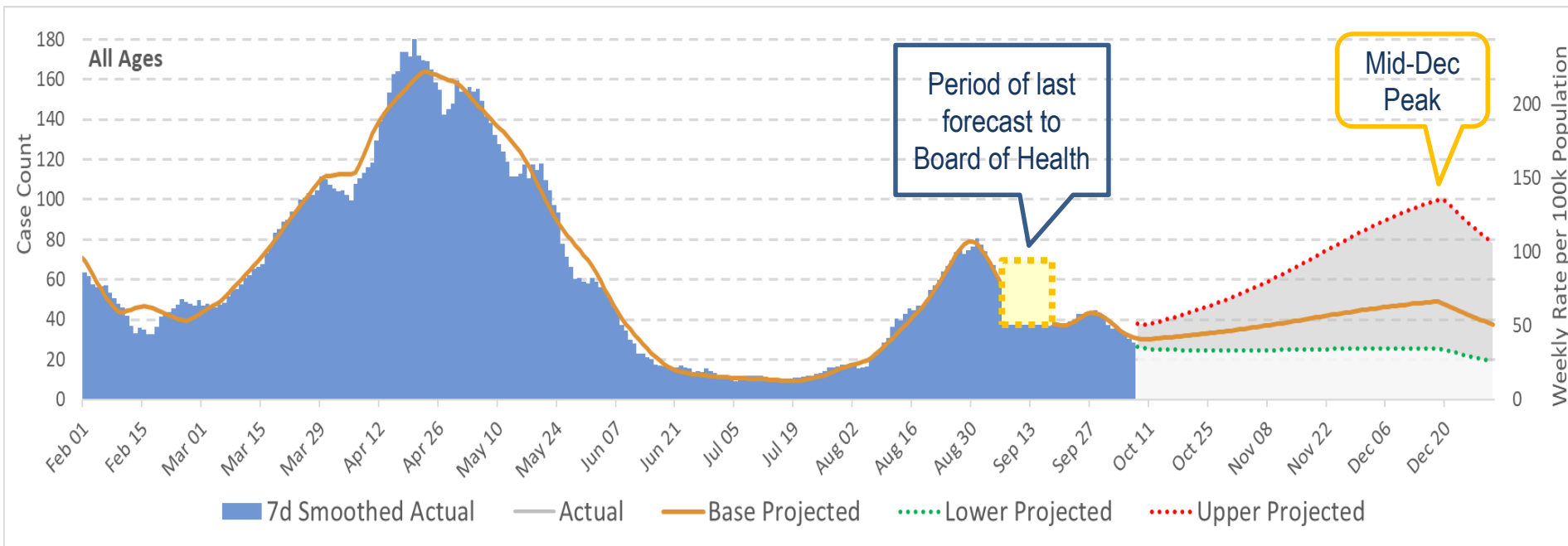
- Increased transmission risk with increased activity indoors due to cooler weather and “reopening” activities
- 80% vaccination in eligible population by late Oct 2021
- Increased workplace mobility after Oct 1, 2021 to -10% by Dec 31; 2021
- kept community mobility at 0% Sep 6, 2021 to Dec 31, 2021
- Delta variant circulating at 99.5% of cases as of Sep 20, 2021
- Immunity curves adjusted for vaccine type
- First dose immunity adjusted for Delta
- Reduced dosing interval to 4 weeks in July, 2021
- Fall in-class learning schools/ universities

-Updated data:

- Case data retrieved Oct 10, 2021
- Updated mobility data
- Vaccination data retrieved Oct 10, 2021

Scarsin Forecast

Scenario 1: COVID-19 Cases among Hamiltonians



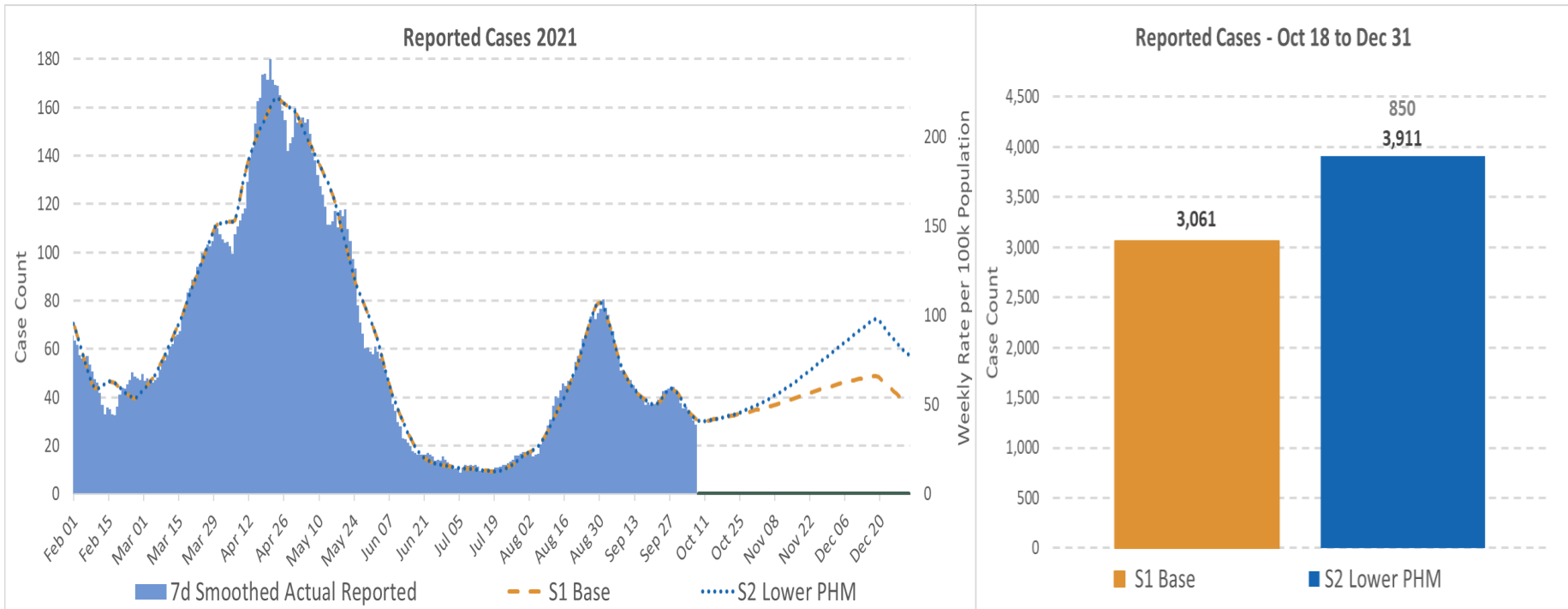
Data Source: Scarsin Decision Support System retrieved Oct 12, 2021

Key Messages:

The 4th wave appears to have receded with continued public health measures and increasing vaccination levels. Fall/ winter brings added transmission risk with increased indoor activity and “reopening”. Cases are predicted to remain below 50 per day but could get as high as 100 cases at the peak or hover below 30 cases.

Scarsin Forecast

Scenario Comparisons, COVID-19 Cases among Hamiltonians



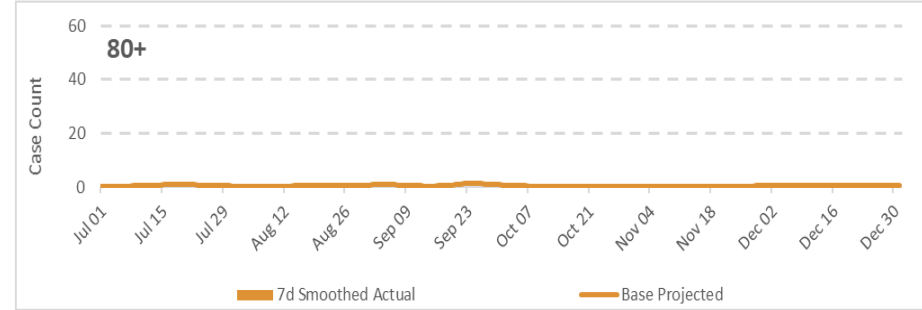
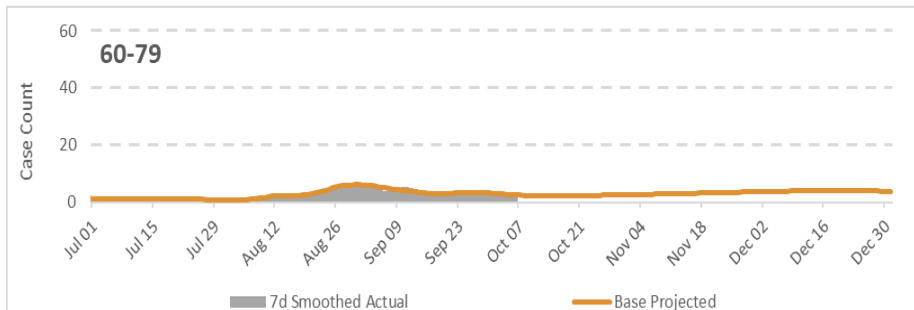
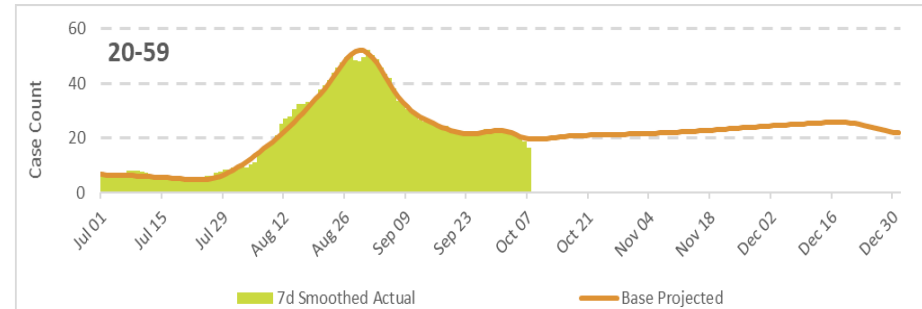
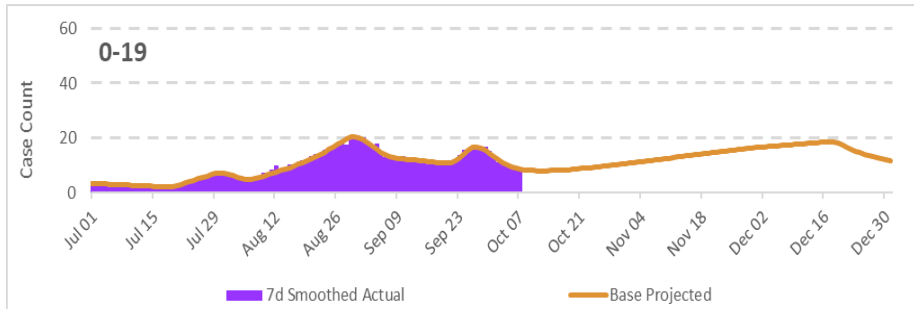
Data Source: Scarsin Decision Support System retrieved Oct 12, 2021

Key Messages:

If public health measures are lowered before we boost vaccination levels, cases could quickly increase (S2 blue). In this comparative scenario (e.g., reduction of compliance with masking from 70% to 60% as well as reduced distancing and contact avoidance), forecast predicts approximately 850 additional cases between Oct 18–Dec 31, 2021.

Scarsin Forecast

Scenario 1: COVID-19 Cases by Age Groups, Hamiltonians



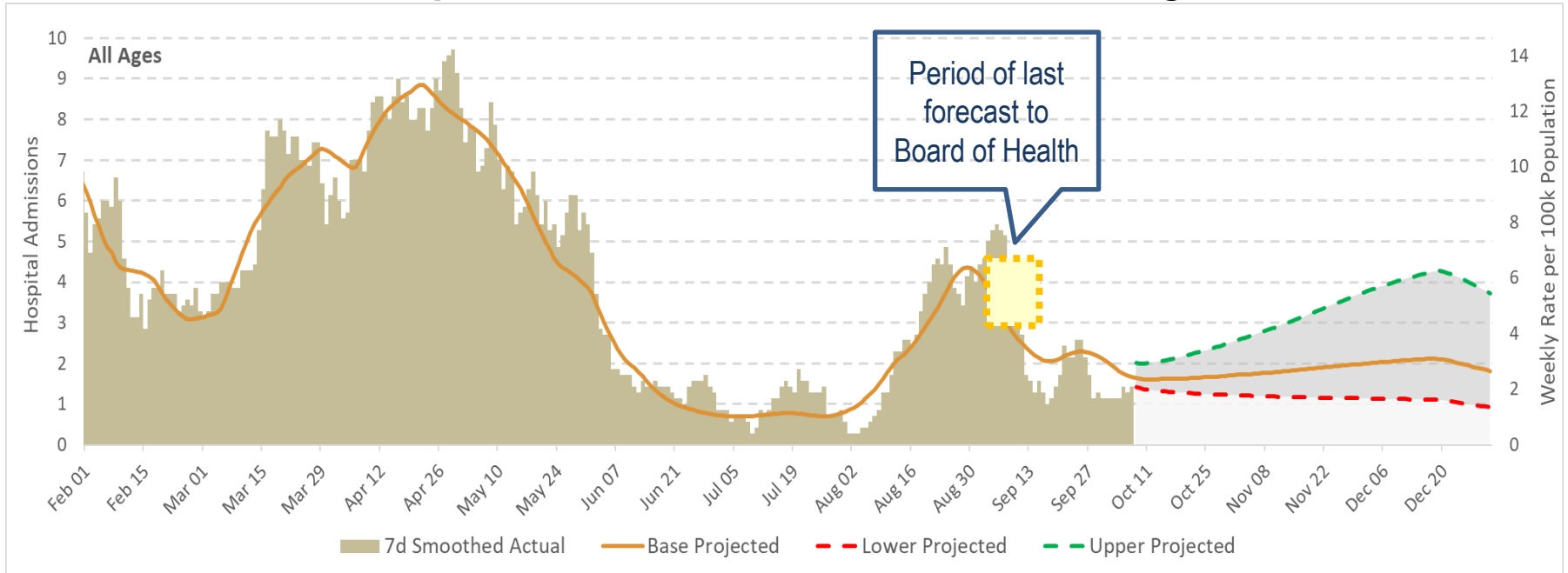
Data Source: Scarsin Decision Support System retrieved Oct 12, 2021

Key Messages:

In the base forecast, cases will primarily be in those 20-59 (57%) and those 0-19 years old (34%). Predict approximately 3000 cases between Oct 18, 2021 and Dec 31, 2021. The affected age groups are the same in S2.

Scarsin Forecast

Scenario 1: Hospital Admissions for COVID-19 among Hamiltonians



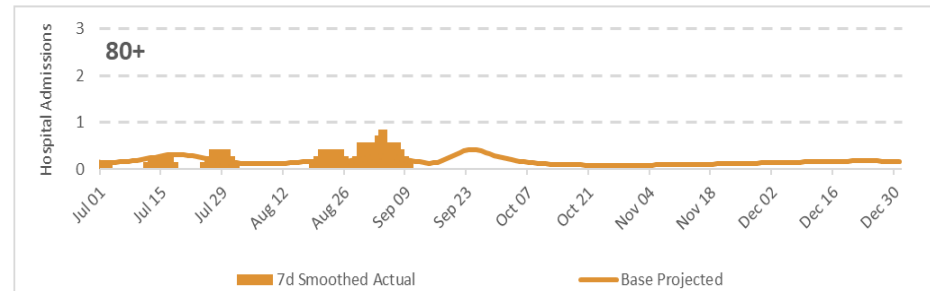
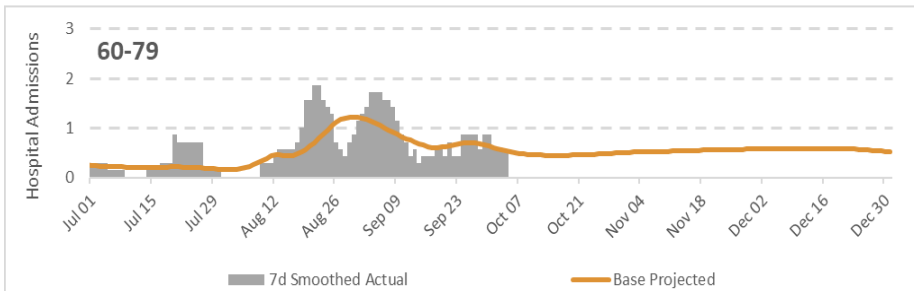
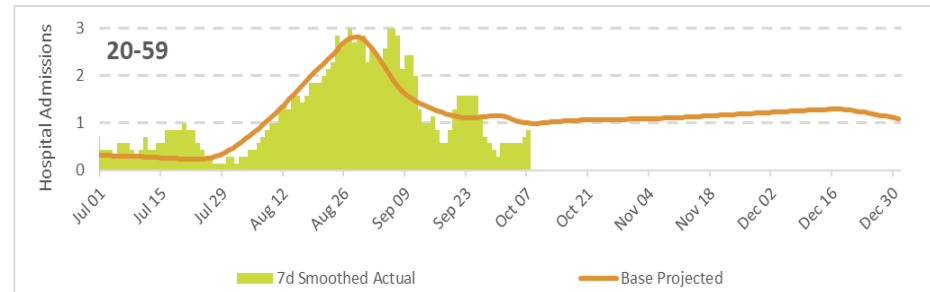
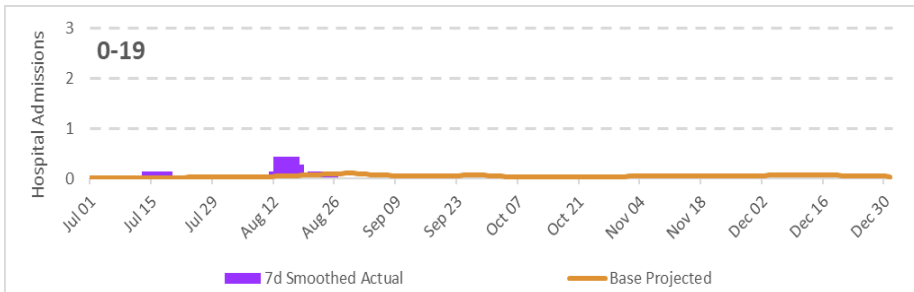
Data Source: Scarsin Decision Support System retrieved Oct 12, 2021

Key Messages:

Provided public health measures remain in place and vaccination levels continue to increase, hospital admissions are predicted to remain at, or below, two admissions per day for Hamiltonians from now to the end of the year (range 1–4). Approximately 140 hospitalizations are predicted between Oct 18, 2021 and Dec 31, 2021.

Scarsin Forecast

Scenario 1: Hospital Admissions for COVID-19 by Age Groups, Hamiltonians



Data Source: Scarsin Decision Support System retrieved Oct 12, 2021

Key Messages:

Hospitalizations will primarily be in those 20-59 years old (62%) and those 60-79 years old (29%). Anticipate 11 deaths between Oct 18, 2021 and Dec 31, 2021; primarily in those over 60 years old (not shown).

Scarsin Forecast Summary

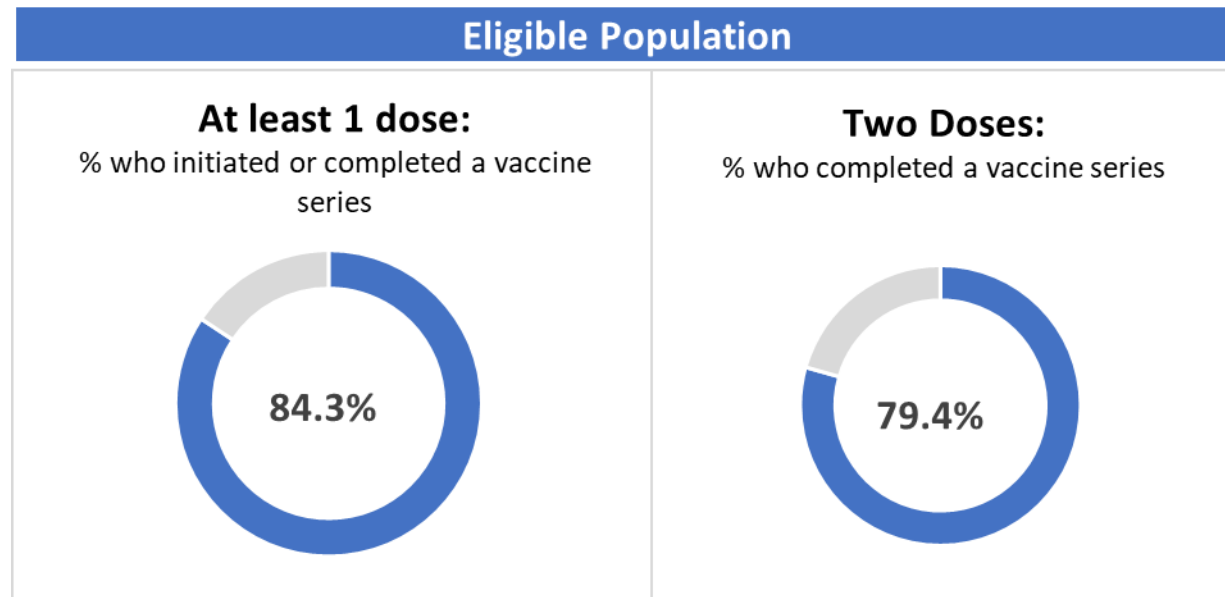
- Forecast predicts that Wave 4 has peaked in Hamilton; public health measures in tandem with improvements in vaccination rates may have succeeded in moderating the impact of the Delta variant.
- Anticipate an increased risk of transmission in Nov/Dec, 2021 as Hamiltonians move indoors and reopening continues. Without continued adherence to public health measures, cases could increase quickly.
- Cases/ hospitalizations and deaths continue to be predicted to be lower than in the 3rd wave.

COVID VACCINE UPDATE

Melissa Biksa, Manager – COVID-19 Vaccine

COVID-19 Vaccine – Overall Coverage

Estimated as of End Of Day Oct 14, 2021



Note: Includes Hamilton residents and individuals vaccinated in Hamilton who cannot be assigned to a health unit region.

Eligible population includes individuals born in 2009 or earlier.

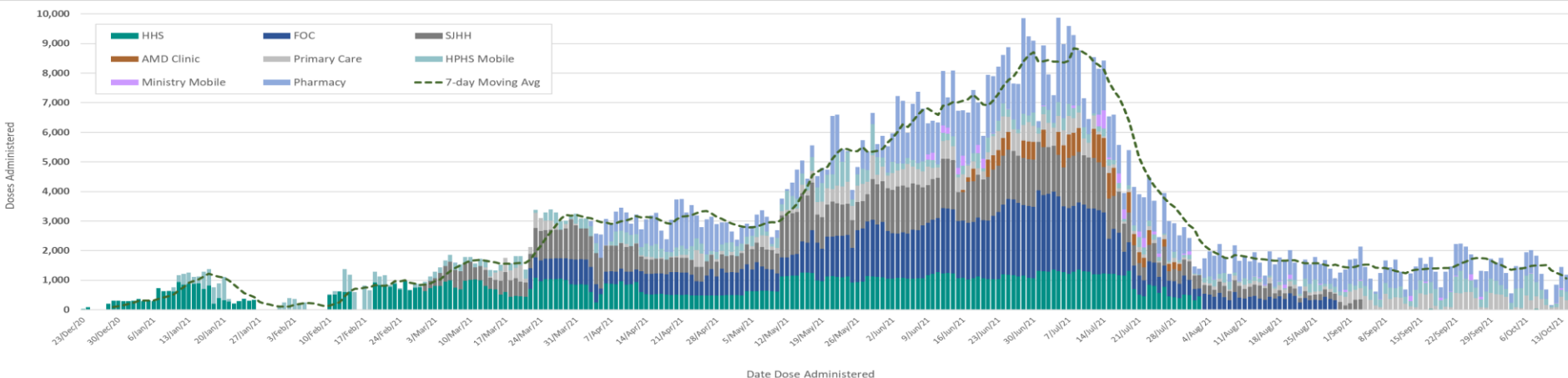
Sources: IntelliHealth (COVAXon Data Load); IntelliHealth (Population Projections, 2020).

COVID-19 Vaccine – Vaccine Distribution Over Time

Estimated as of End Of Day Oct 14, 2021

Product	Pfizer	Moderna	AstraZeneca
Total doses administered	591,700	211,300	43,030

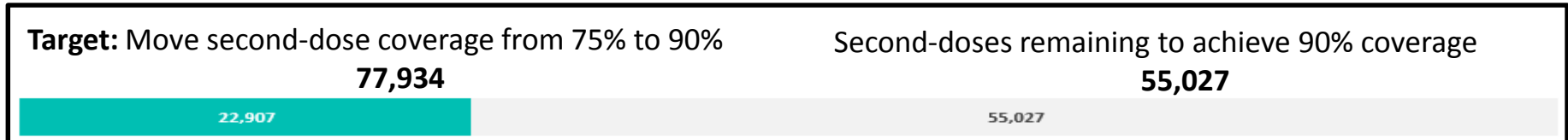
Total Doses Administered in Hamilton by Day



Source: IntelliHealth (COVAXon Data Load).

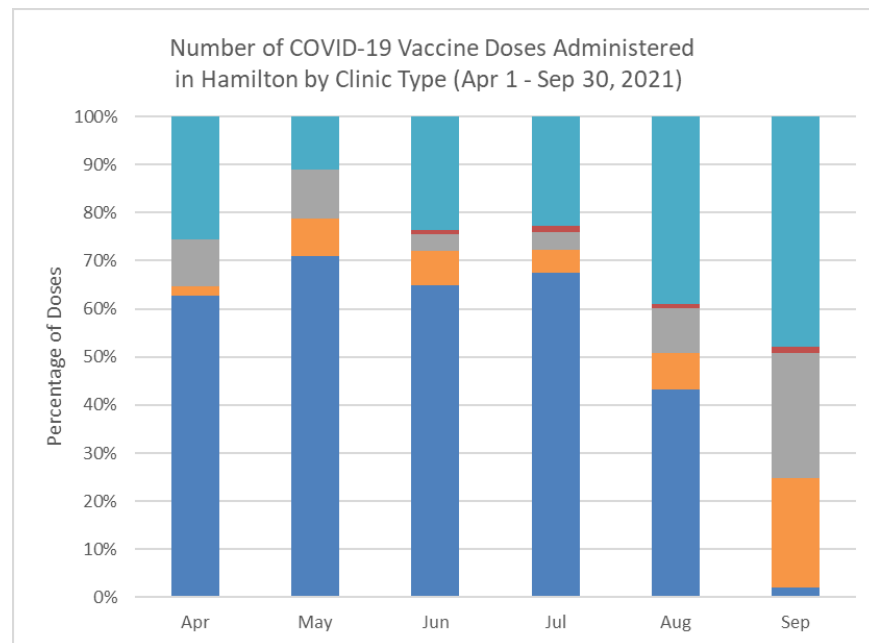
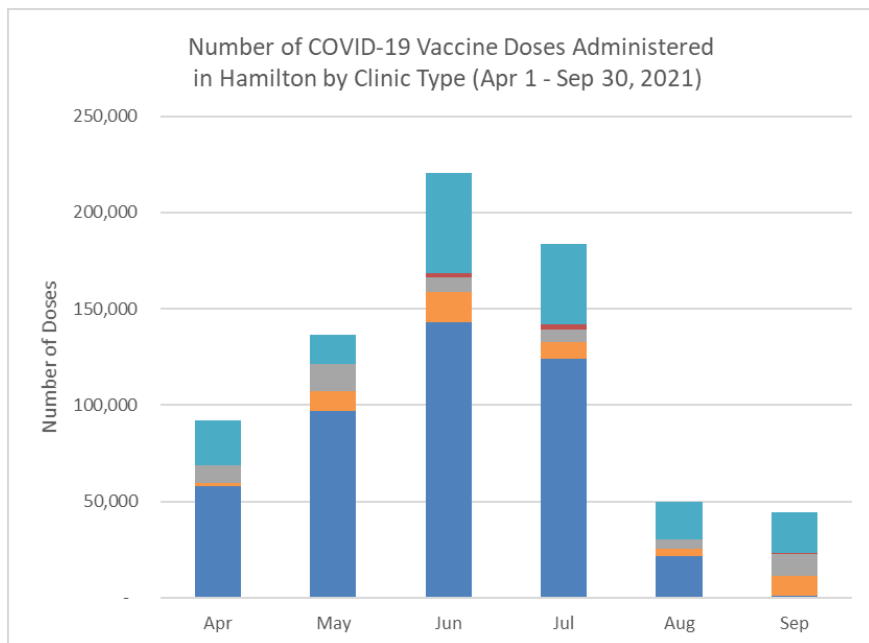
COVID-19 Vaccine Uptake

	Previous (Oct 1)	Previous (Oct 8)	CURRENT (Oct 15)	Trend
% change in first-dose coverage among Hamilton's eligible population in the past week	83.3% (+0.8%)	83.8% (+0.5%)	84.3% (+0.5%)	--
% change in second-dose coverage among Hamilton's eligible population in the past week	77.4% (+1.3%)	78.5% (+1.1%)	79.4% (+0.9%)	↓
# of first- and second-doses administered to Hamilton residents in the past week	10,440	8,025	6,674	↓
<ul style="list-style-type: none"> % of first- and second-doses administered to Hamilton residents in Hamilton 	90.7%	90.1%	90.8%	--
<ul style="list-style-type: none"> % of first- and second-doses administered to Hamilton residents outside of Hamilton 	9.3%	9.9%	9.2%	--



COVID-19 Vaccine – Vaccine Distribution Over Time

Estimated as of End Of Day Sept 30, 2021

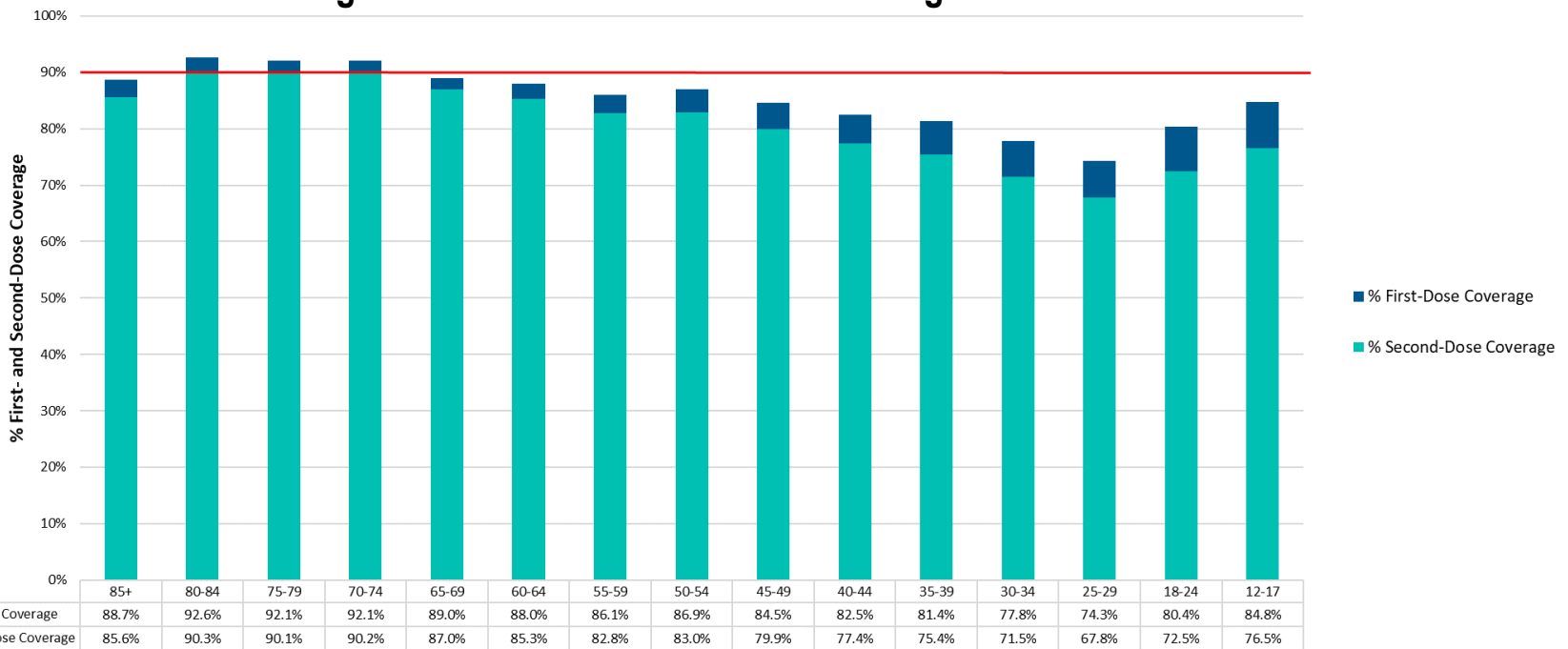


■ Large scale clinic ■ Primary care clinic ■ Mobile/pop-up clinic ■ Ministry clinic ■ Pharmacy

Source: IntelliHealth (COVAXon Data Load).

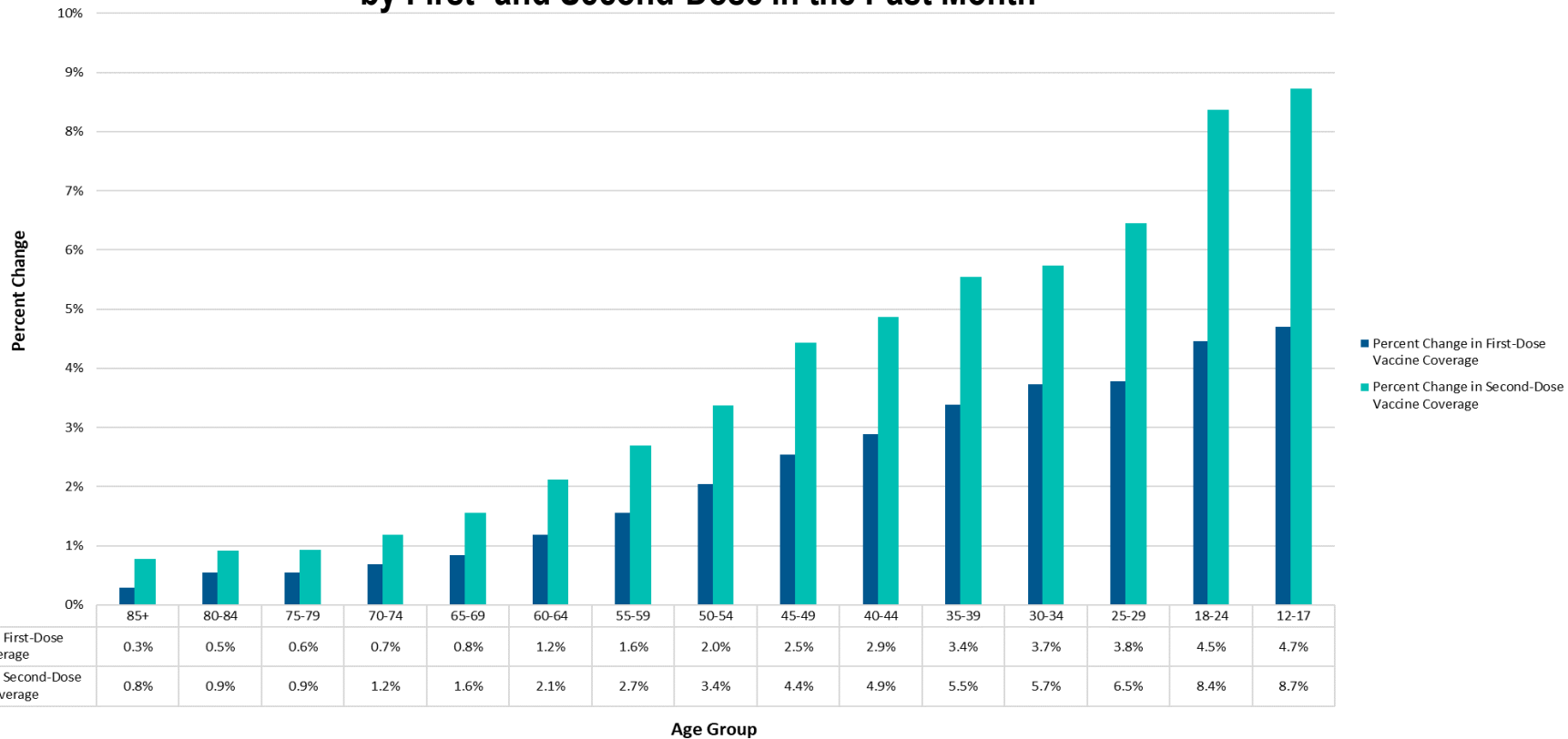
COVID-19 Vaccine Uptake by Age

Aged-Based COVID-19 Vaccine Coverage



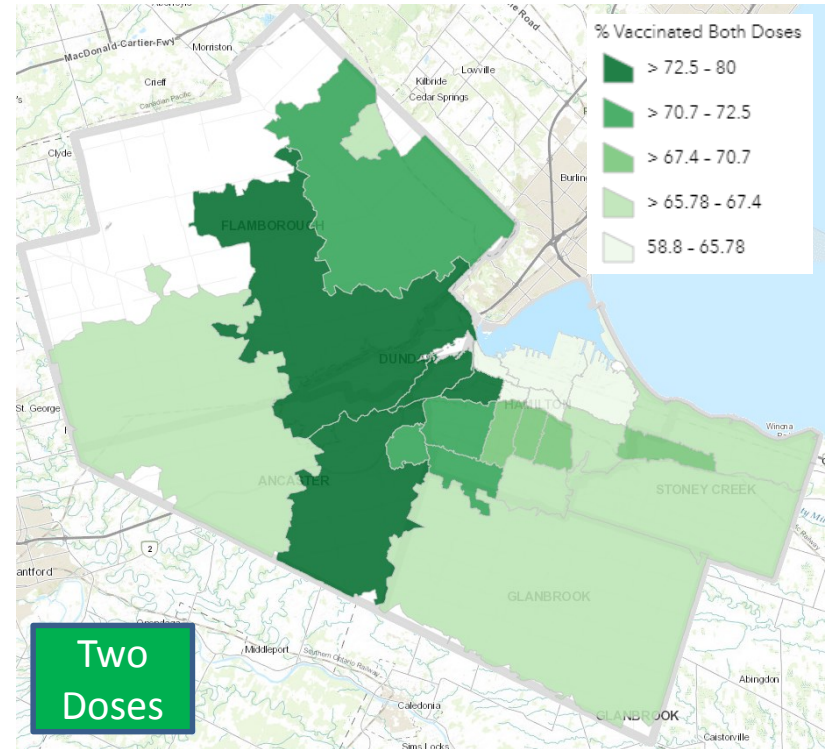
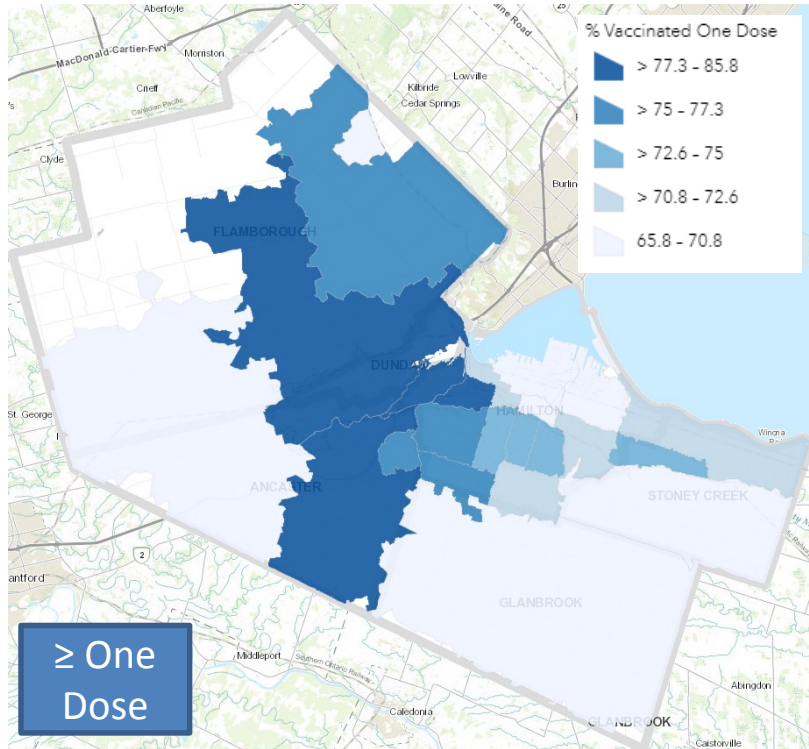
COVID-19 Vaccine Uptake by Age

Percent Change in COVID-19 Vaccine Coverage by First- and Second-Dose in the Past Month



COVID-19 Vaccine – Coverage by Forward Sortation Area

Estimated Vaccine Coverage by Forward Sortation Area (All Ages) (up to October 4, 2021)



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

Notes:

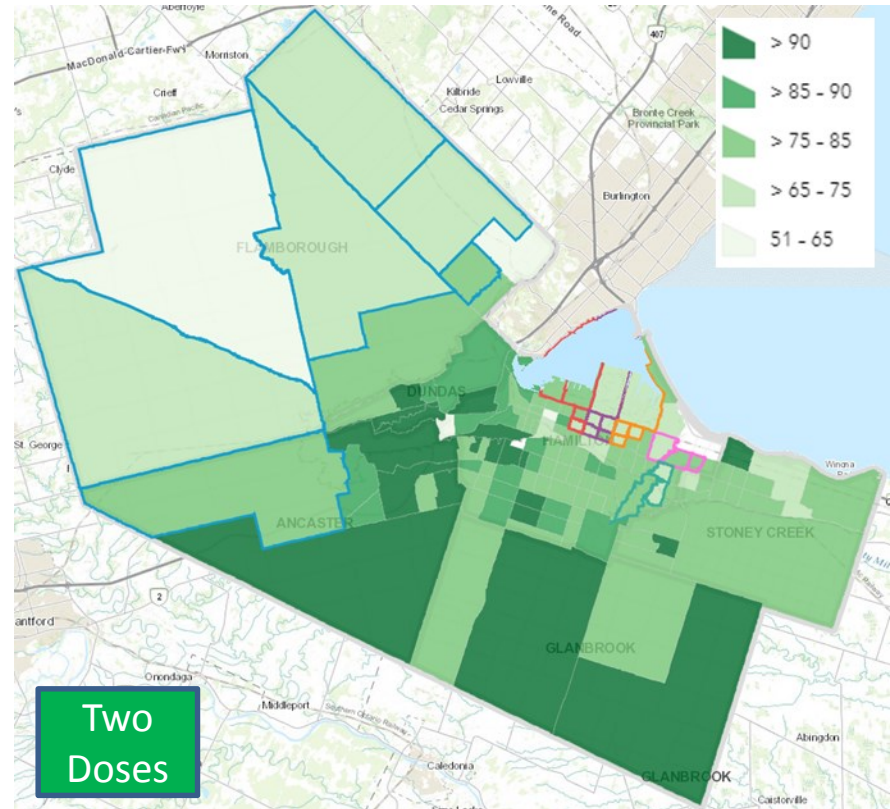
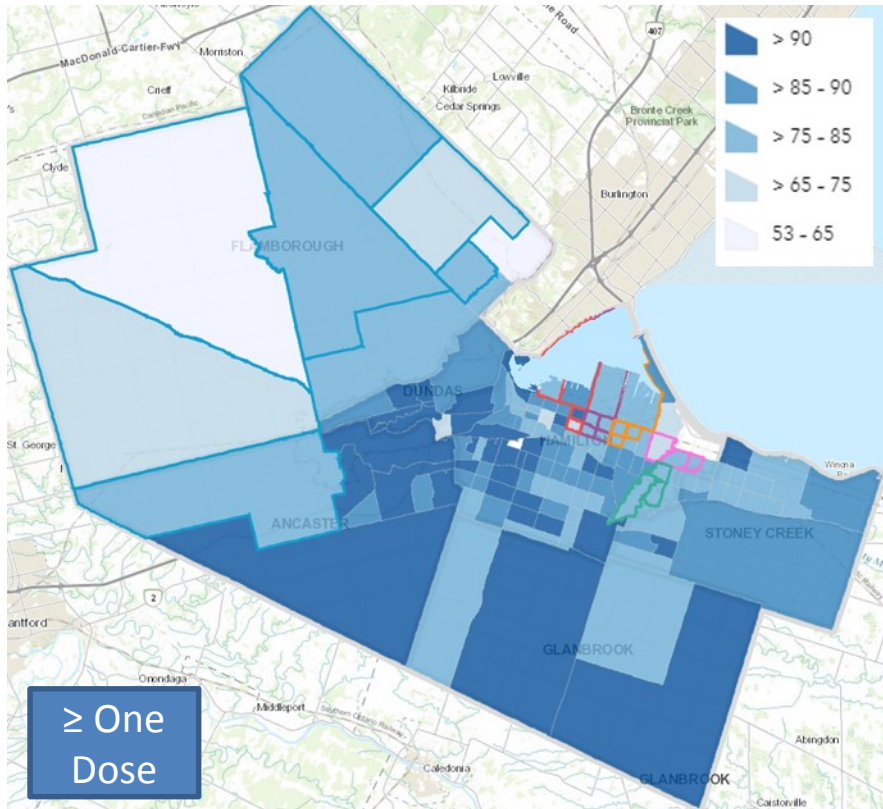
1. Coverage estimates are for all ages and include ages in the estimated population size that may not be eligible for vaccination. Estimates are therefore lower than overall coverage for the eligible population.
2. Interpret with caution. Numerators may be under-counted due to missing or incorrect postal 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 LOR.

FSA (Approximate Geography)	Vaccine Coverage (Eligible Population) up to Oct 4, 2021		Change Since Sept 12, 2021	
	Estimated % vaccinated with ≥1 dose	Estimated % vaccinated with 2 doses	Absolute change in ≥1 dose coverage	Absolute change in 2 doses coverage
Average/Total	84.3%	78.6%	2.3%	3.7%
L8B (Waterdown Area)	85.7%	81.8%	1.7%	2.5%
L8E (Lower East)	82.3%	76.3%	2.3%	4.3%
L8G (Lower East)	83.1%	78.3%	2.0%	3.4%
L8H (Lower Central)	77.0%	69.7%	3.0%	4.4%
L8J (Upper East)	83.1%	77.6%	2.3%	4.2%
L8K (Red Hill Valley)	81.0%	75.1%	2.4%	3.9%
L8L (Lower Central)	76.6%	68.4%	2.9%	4.5%
L8M (Lower Central)	79.1%	72.2%	2.4%	4.0%
L8N (Lower Central)	81.5%	73.9%	2.6%	4.0%
L8P (Lower West)	86.3%	81.9%	1.5%	3.0%
L8R (Lower Central)	82.2%	74.2%	2.9%	4.1%
L8S (Lower West)	94.9%	88.4%	2.9%	4.3%
L8T (Upper Central)	84.8%	79.3%	2.1%	3.6%
L8V (Upper Central)	84.1%	78.4%	2.3%	4.1%
L8W (Upper Central)	83.5%	77.6%	2.6%	4.0%
L9A (Upper Central)	85.1%	79.2%	2.4%	4.1%
L9B (Upper Central)	86.4%	81.6%	2.0%	3.3%
L9C (Upper West)	88.1%	82.6%	2.1%	3.7%
L9G (Ancaster Area)	88.7%	85.5%	1.2%	2.6%
L9H (Dundas Area)	88.7%	85.7%	1.1%	2.2%
L9K (Ancaster Area)	87.2%	82.9%	1.8%	3.4%
L0R** (Mostly Rural)	77.5%	72.9%	1.9%	3.3%

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

COVID-19 Vaccine – Coverage by Census Tracts (“neighbourhoods”)

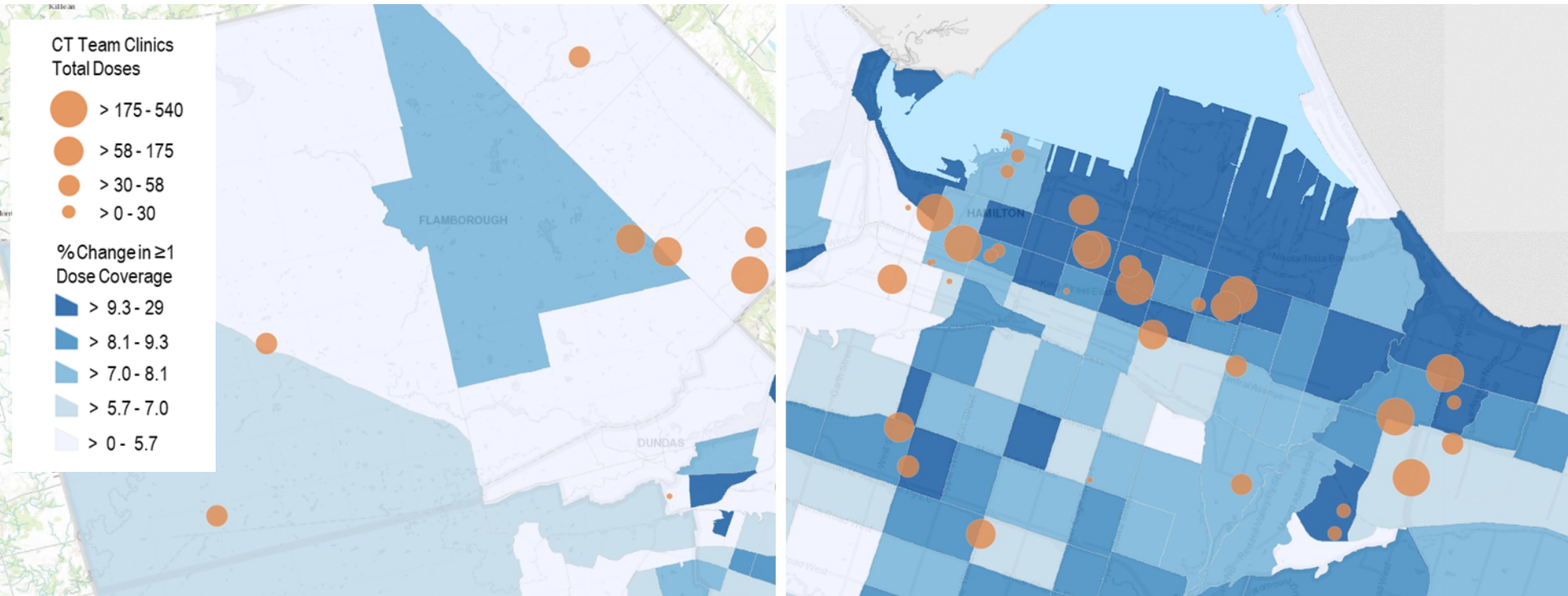
Estimated Vaccine Coverage by Census Tract (Eligible Population) (up to October 12, 2021)



Note: Map is a prototype and should be used with caution until its accuracy is validated.

COVID-19 Vaccine – Coverage by Census Tracts (“neighbourhoods”)

Change in ≥ 1 Dose Vaccine Coverage (Eligible Population) (August 5 to October 12, 2021)



Note: Map is a prototype and should be used with caution until its accuracy is validated.

COVID-19 Vaccination in Hamilton – Next Steps

1. Continue to work towards 90% population coverage of 1st and 2nd doses through last mile strategy
2. Anticipated expansion of 3rd doses to eligible populations
3. Approval of pediatric 5-11yrs population

COVID-19 Vaccination – Last Mile Strategy

- Continued push through mobile clinics throughout the low census tract areas
- As of October 11, 2021, CT Teams have run clinics at 45 different locations, administering over 4,800 total doses (1,906 1st doses and 2,851 2nd doses)
- Last mile strategy will continue through Fall 2021 to continue to increase uptake

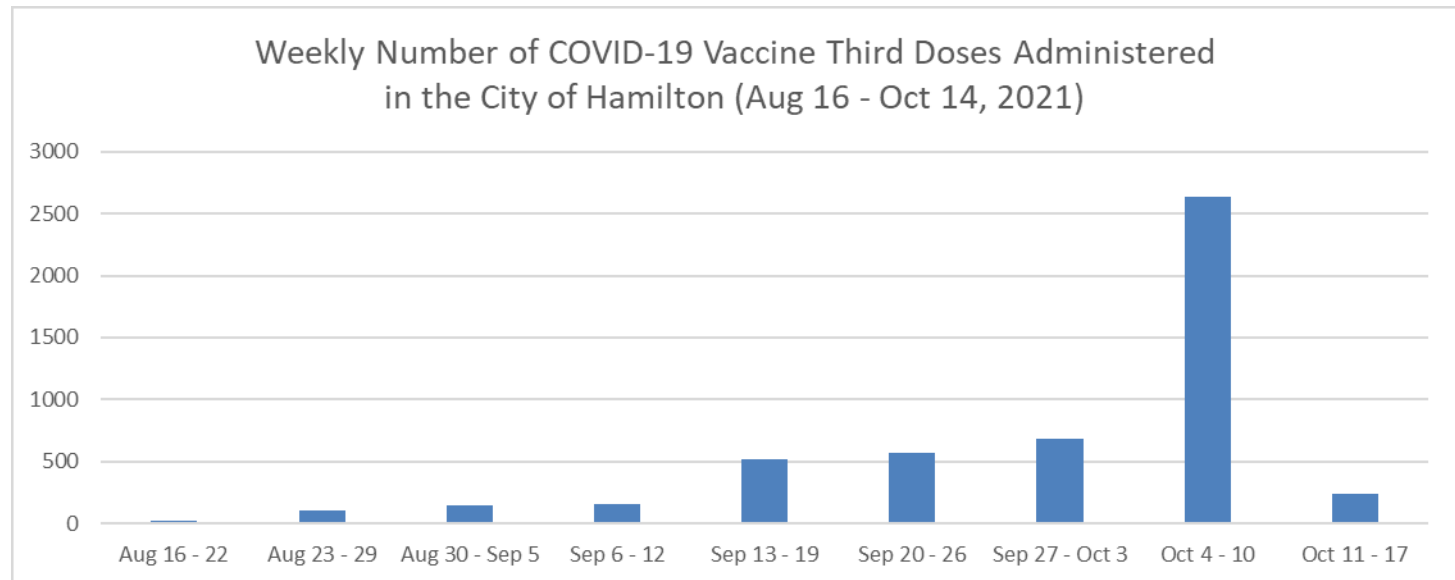
COVID-19 Vaccination – 3rd/Booster Doses

- Populations current eligible
 - Residents of LTCHs & High-Risk RHs – Complete as of October 8, 2021
 - Moderately-to-Severely Immunocompromised Individuals
 - Residents of Seniors Congregate Settings

COVID-19 Vaccine – 3rd Dose Administration

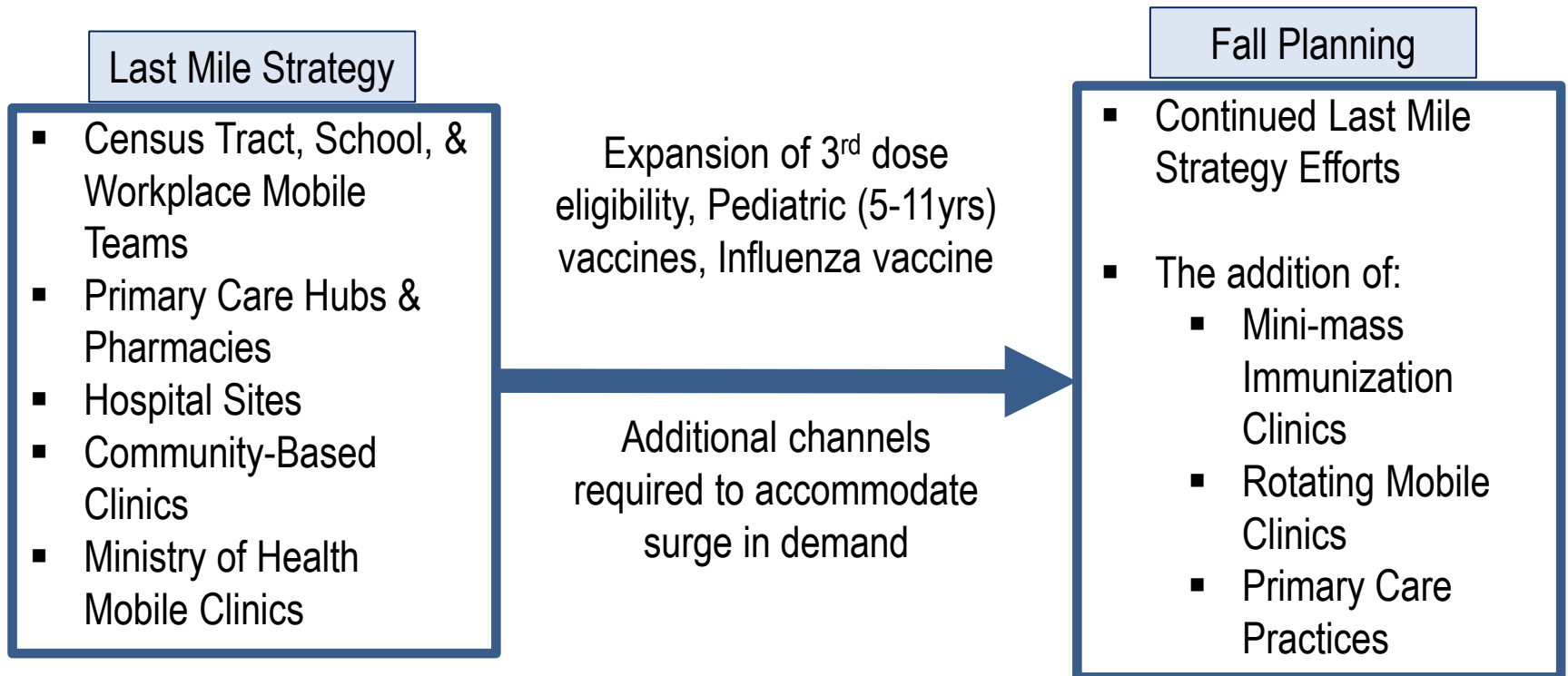
Estimated as of End Of Day October 14, 2021

- Since August 16, 2021, 5,072 3rd doses have been administered in the City of Hamilton (13% of total doses since then) with over 2,500 administered between October 4-10, 2021
- Estimated 74% of 3rd doses have been administered in long-term care and high-risk retirement homes



Source: IntelliHealth (COVAXon Data Load).

COVID-19 Vaccination – Operational Planning Update

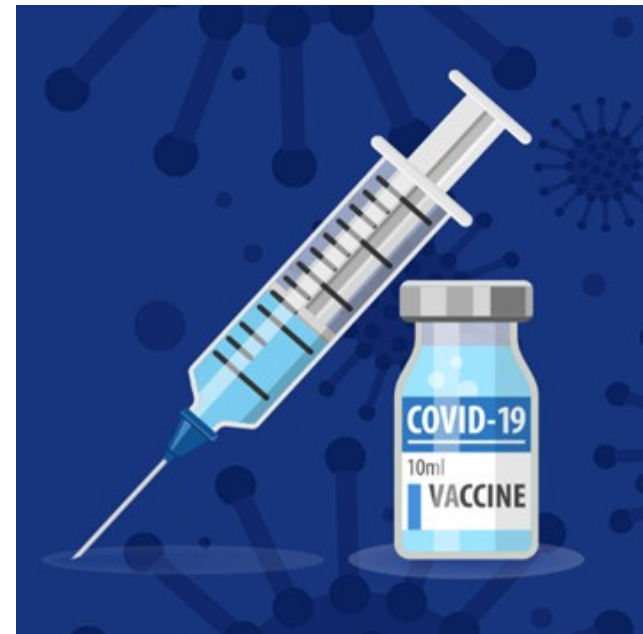


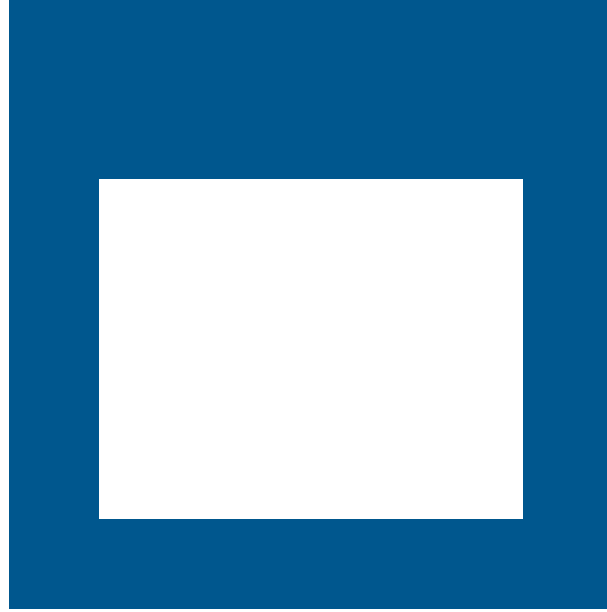
COVID-19 Vaccination – Pediatric (5-11yrs) Vaccines

- Planning underway with community partners
 - Tailoring mini-mass and mobile clinics to support children and families
 - Pharmacy and primary care streams
 - Community-based clinics for harder-to-reach populations
 - Specialized hospital hub clinic for children with additional needs
 - Population-specific vaccine confidence campaign

Key Messages

- Key to remember: Time to full immunity = 6 weeks
- Don't wait to vaccinate!
 - Visit <https://www.hamilton.ca/coronavirus/covid-19-vaccination> for clinic options





QUESTIONS?



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

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	October 18, 2021
SUBJECT/REPORT NO:	Alcohol, Drug & Gambling Services and Community Mental Health Promotion Program Budget 2021-2022 (BOH21008) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Susan Boyd (905) 546-2424 Ext. 2888
SUBMITTED BY:	Michelle Baird Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the 2021-2022 Alcohol, Drug & Gambling Services and Community Mental Health Promotion Program budgets, funded by the Hamilton, Niagara, Haldimand, Brant Local Health Integration Network, be approved, including the net increase of 0.1 FTE, and, that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2021-2022 Alcohol, Drug and Gambling Services and Community Mental Health Promotion Program budget; and,
- (b) That the 2021-2022 Alcohol, Drug & Gambling Services', Choices and Changes program budget, funded by the Ministry of Children, Community and Social Services be approved, and that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2021-2022 Alcohol, Drug and Gambling Services Choices and Changes program budget; and,

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

- (c) That the 2021-2022 Alcohol, Drug and Gambling Services' Other Funding Grants program budget be approved, including a net decrease of 0.1 FTE, and that the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2021-2022 Alcohol, Drug and Gambling Services Other Funding Grants programs budget.

EXECUTIVE SUMMARY

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

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

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

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

Funding Source	Annual Budget 2021/2022	Annual Budget 2020/2021	FTE 2021/2022	FTE 2020/2021	Change in FTE
HNHB – LHIN ADGS Substance Use	\$825,191	\$825,191 ¹	7.2*	6.7	0.5
HNHB – LHIN ADGS Problem Gambling	\$315,090	\$315,090	2.3	2.3	0

SUBJECT: Alcohol, Drug & Gambling Services and Community Mental Health Promotion Program Budget 2021-2022 (BOH21008) (City Wide)- Page 3 of 5

HNHB – LHIN Community Mental Health Promotion Program	\$700,675 ^{3.}	\$700,675 ^{3.}	4.9	5.3	(0.4)
Choices and Changes Ministry of Children, Community and Social Services	\$126,060	\$126,940	1.15	1.15	0
Other Funding Grants	\$290,900 ^{4.}	\$295,850	2.45	2.55	(0.1)
Total FTE			18	18	0

1. Budget increase from Ministry funding for addiction service to CTS
2. 1.0 FTE for Consumption and Treatment Services funding moved to the Hamilton, Niagara, Haldimand, Brant Local Health Integration Network (HNHB – LHIN) budget.
3. Includes external contract workers: Housing Help Centre; Mission Services
4. Revenue for Other Funding Grants: Cost Recovery revenues for Remedial Measures, Hamilton Family Health Team \$1,200/month, Hamilton Health Sciences Corporation actuals for staffing

Staffing: Staffing changes are outlined in Table 1 above.

Legal: Not Applicable – no issues or changes.

HISTORICAL BACKGROUND

Alcohol, Drug & Gambling Services:

ADGS receives multiple funding components to support program delivery. Funding components include: LHIN funding; Ministry of Children, Community and Social Services (MCCSS) funding; revenue from Children’s Aid Society; and the Other Funding Grants programs budget revenue. Many of these funding components allow ADGS to offer collaborative service delivery with other community agencies, targeting specific service needs.

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

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The Choices and Changes Program, funded by MCCSS and offsetting revenues from the Children's Aid Society, and ADGS Other Funding Grants Budget, helps to ease waiting times to addiction services for individuals involved in child welfare. ADGS provides services onsite at both Children's Aid Societies to address the needs of parents whose substance use is impacting parenting. The program has continued to be successful in meeting targets in 2020-2021.

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

Community Mental Health Promotion Program:

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

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

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

RELEVANT CONSULTATION

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

ANALYSIS AND RATIONALE FOR RECOMMENDATION

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

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

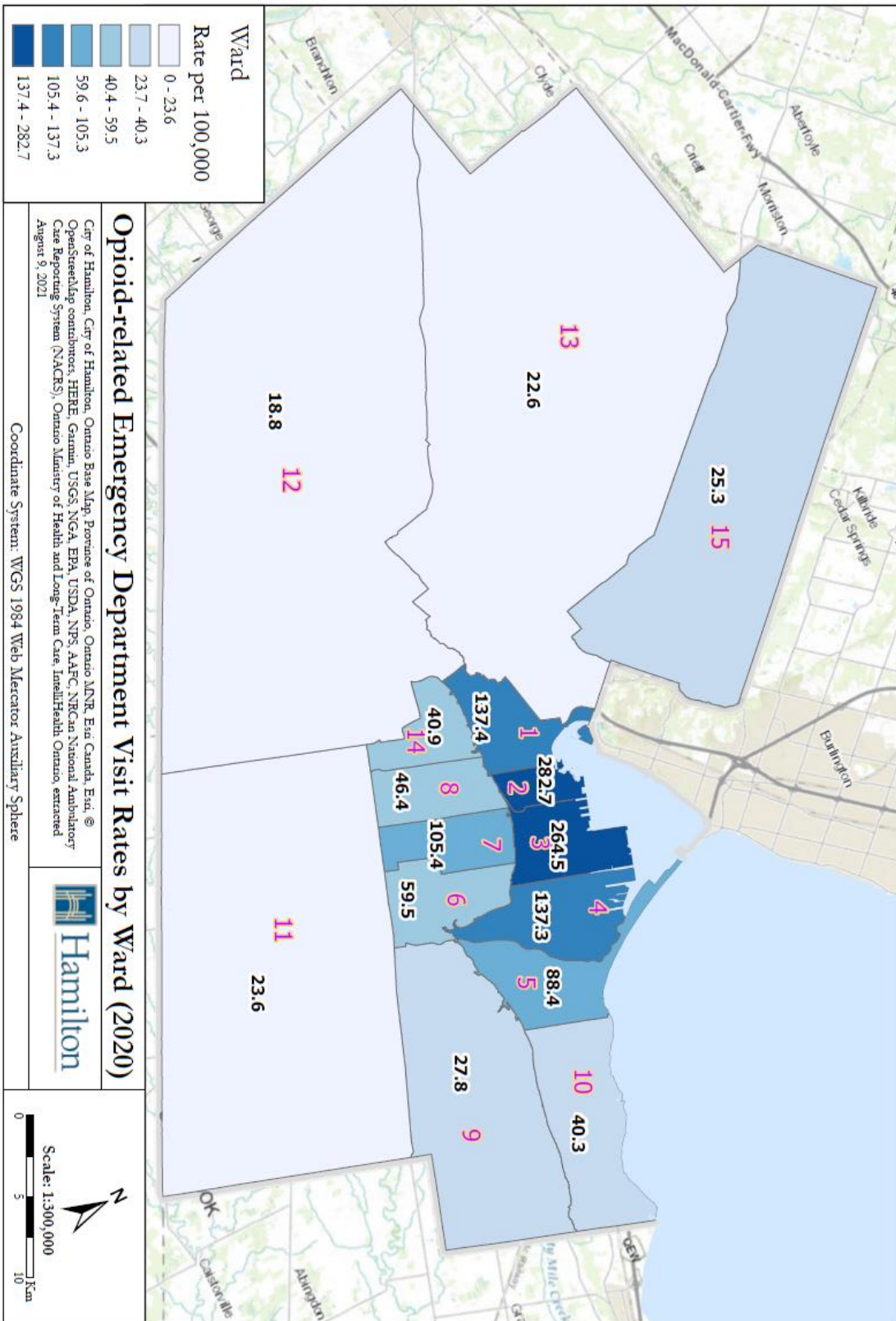
Healthy and Safe Communities

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

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

Appendix A: Opioid-related emergency department visits by Ward map



Notable events and timelines related to SCS/CTS locations in Hamilton

- **December, 2017:** Public Health Services (PHS) Supervised Injection Site (SIS) needs assessment and feasibility study recommendations are endorsed by City Council (BOH 17004b). Demonstrate a need for 2 sites in Hamilton
- **December, 2017:** Health Canada issued an exemption to Ontario to establish temporary OPS across the province.
- **May, 2018:** MOHLTC announces funding for OPS in Hamilton awarded to applicants Hamilton Urban Core Community Health Centre (HUCCHC) and Shelter Health Network (SHN).
- **June, 2018:** HUCCHC and SHN open a temporary OPS Site at 71 Rebecca St, Hamilton
- **July, 2018:** PHS submitted an Information Report (BOH18021) on Supervised Consumption Sites in the City of Hamilton. At that time, it was acknowledged that 3 community agencies (Aboriginal Health Centre, Wesley Urban Ministries, Urban Core Community Health Centre) had submitted or expressed intent to submit an exception application to the federal government to operate a permanent SCS.
- **December, 2018:** PHS convened the first CTS Working Group to consult on application process and potential CTS site locations.
- **December, 2018:** Board of Health supports the HUCCHC to submit an application moving from a temporary OPS to the CTS model.
- **January, 2019:** HUCCHC submits an application to Health Canada proposing a CTS site at the interim site of 71 Rebecca Street.
- **March, 2019:** HUCCHC is approved for permanent CTS at 71 Rebecca Street.
- **March, 2019:** Recommendations for a Consumption and Treatment Services applications and operations by Public Health Services are endorsed by City Council (BOH19017).
- **November, 2019:** Declaration of an Opioid Crisis in the City of Hamilton
- **January, 2020:** Public Health Services submitted partial federal and provincial applications for exemption and operation of a CTS.
- **March, 2021:** HAMSMaRT, Keeping Six and the Inpatient Addiction Medicine Service operated a safer drug use space and safe supply program staffed solely by community volunteers at the Salvation Army Booth Centre while they were in COVID-19 outbreak.
- **September 2021:** The AIDS Network initiated community consultations for an application for a CTS location at 746 Barton Street East

Coming up:

- **December 2021:** HUCCHC will move CTS operations to an interim location at 70 James Street South
- **September 2023:** HUCCHC will move CTS operations to a permanent site at 430 Cannon Street East

PHS was unable to site another CTS location and the submitted federal exemption application has lapsed.



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	October 18, 2021
SUBJECT/REPORT NO:	Comprehensive Opioid Response (BOH21009) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Katrice Carson (905) 546-2424 Ext. 7894
SUBMITTED BY:	Michelle Baird Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

Hamilton continues to be challenged by the ongoing opioid crisis as reflected in the continued rise in opioid overdoses and overdose deaths. The purpose of this report is to provide an overview of a comprehensive approach to address opioid-related harms in our community, assess the current local City of Hamilton opioid response, and provide next steps.

EXECUTIVE SUMMARY

Ontario continues to experience an opioid crisis with rising opioid-related overdoses and deaths. Locally, opioid overdoses and overdose deaths continue to increase year to year. A comprehensive approach, focusing on collective or multi-agency impact, is required to address this issue. Elements of the approach are best led at the local, provincial or federal level, depending on the issue. Using a four-pillar framework for action, this comprehensive approach would increase access to effective treatment,

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reduce harms, prevent future opioid misuse, and decrease the role of criminalization and stigma¹ by incorporating interventions and supports such as^{2,3,4,5,6,7}:

- Knowledge, coping, and resiliency building interventions; and,
- Facilitating widely accessible naloxone and needle exchange; and,
- Accessible HIV and Hepatitis C testing and treatment; and,
- Integration of harm reduction approaches into social service policies; and,
- Low-barrier regulated access to opioids of known contents and potency (safer supply); and,
- Accessible safe injection/supervised drug consumption; and,
- Quick access to culturally-appropriate withdrawal management (detox), residential and out-patient treatment, counselling, and substitution/ opioid agonist therapies (e.g., methadone or buprenorphine); and,
- Community policing initiatives; and,
- Decriminalization or discretionary enforcement of non-violent drug crimes; and,
- Eliminating the imposition of drug paraphernalia prohibitions, geographic restrictions, and abstinence clauses in court orders; and,
- Criminal justice diversion programs; and,
- Integration of harm reduction approaches and treatment services into corrections; and,
- Robust data, surveillance, and evaluation; and,
- Community engagement; and,

¹ MacPherson, D., A framework for action: A four-pillar approach to drug problems in Vancouver (Rev. ed.). Vancouver, BC: City of Vancouver. 2001.

² Buhler A, Thrul J., Prevention of addictive behaviours: updated and expanded edition of prevention of substance abuse. Lisbon: European Monitoring Centre for Drugs and Drug Addiction; 2013.

³ Taha, S., Maloney-Hall, B. & Buxton, J., Lessons learned from the opioid crisis across the pillars of the Canadian drugs and substances strategy. Substance Abuse Treatment Prevention Policy 14, 32 (2019).

⁴ Kerr T, Mitra S, Kennedy MC, McNeil R., Supervised injection facilities in Canada: past, present, and future. Harm Reduction Journal. 2017;14(1):28.

⁵ Strike C, et al., Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 1 & Part 2. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada. 2013/2015.

⁶ Nowell, M., Safe supply: What is it and what is happening in Canada?. CATIE, Prevention in Focus, Spotlight on programming and research. Spring 2021. Available from: <https://www.catie.ca/en/pif/spring-2021/safe-supply-what-it-and-what-happening-canada#bios>

⁷ Greenwald, G., Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies (April 2, 2009). Cato Institute Whitepaper Series. Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1464837

- Coordinated partnerships focusing on collective impact; and,
- Health equity-oriented approach.

While the Hamilton Drug Strategy (HDS) has been paused since March 2020, Hamilton Public Health Services (HPHS) and local community agencies continue to offer a wide range of opioid-related harm focused interventions and as provincial reopening progresses so does the local service availability. Consistent with public health mandate, HPHS has continued to provide essential public health surveillance, prevention, and harm reduction services including weekly data reporting and qualitative information sharing, mental health services, supports for new parents and young families, and expanded naloxone, harm reduction supply distribution and Mobile Van service.

While there are many opioid-harm focused interventions implemented locally by a wide range of community agencies, there continues to be challenges with program capacity, access to safer use opportunities, collaboration and coordination, and addressing service barriers.

There continues to be limited service capacity for supervised consumption, safe supply, and managed opioid treatment programs locally. While leadership in securing these services is best provided by primary care and treatment experts in the community, HPHS has provided ongoing support to community partners including application requirements and site planning support, data sharing, and consultations.

Next steps include re-initiating community partner engagement including review of the past the HDS objectives and developing a plan to move forward within the context of Ontario Health's Health System recovery framework and alignment with the work of the Greater Hamilton Health Network. While decisions are made about the best coordinated approach, staff will continue to work on enhancing policy approaches to overdose prevention and harm reduction in a variety of community settings, in particular, in shelters and social housing spaces, and work with academic partners to understand and address the unique barriers and challenges experienced by priority populations.

Local Context

The City of Hamilton continues to be challenged by the ongoing opioid crisis compounded by a high concentration of urban poverty and local health inequities. Drug-related emergency department visits, hospital admissions, overdoses, and deaths have sharply increased in the past five years and this trend is mostly attributed to opioid-related poisoning and fentanyl.

The monthly number of overdose calls to Hamilton Paramedic Services has been steadily increasing. From January to August 2021, 594 people have called 911 locally for a suspected opioid overdose (compared to 565 for all of 2020); approximately 17 per week, or 2 per day; up from 10 per week or 1 per day for the same period in 2020. The

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total paramedic incidents recorded for the month of August 2021 was 109, which is the highest monthly count recorded since 2017⁸.

In 2020, the overall opioid-related emergency department visits rate in Hamilton was 116 per 100,000, which was 38 percent higher than the provincial rate (84 per 100,000). As of March, there have been 228 opioid-related emergency department visits and 37 hospitalizations so far in 2021^{9,10}. In 2020, opioid-related overdoses accounted for 40% (689/1753) of all overdose emergency department visits and of these 39% (267/689) were specifically noted as poisoning by fentanyl and derivatives².

Preliminary data available from the Office of the Chief Coroner indicates that 96 percent (155 out of 161) of the confirmed opioid-related deaths in Hamilton between January 2020 and March 2021 were deemed to be accidental. Deaths were primarily among adults; impacting mostly young adults age 25-44 years (48 percent or 77 deaths) and adults age 45-64 years (46 percent or 74 deaths). Fentanyl was the most common type of opioid contributing to these accidental overdose deaths (91 percent or 141 deaths) and most are identified as involving drugs only of non-pharmaceutical origin (79 percent or 122 deaths). Thirty-two percent or 49 of these confirmed accidental opioid-related deaths had some evidence of injection drug use and 57 of the 94 deaths with known information were alone at the time of death¹¹.

The burden of opioid use continues to be higher in Hamilton than in many other parts of the province. The opioid-related death rate in Hamilton has been consistently higher than the provincial rate. In 2020, Hamilton's opioid-related death rate was 29 percent higher than the provincial rate (21 compared to 16 per 100,000). In addition, Hamilton had one of the highest opioid-related death rates in Southern Ontario, following Lambton Public Health, Niagara Region Public Health (32 per 100,000), Peterborough Public Health (30 per 100,000), and Brant County Health Unit (25 per 100,000), and is higher than other large urban centres in Ontario, such as Toronto Public Health (17 per 100,000), Ottawa Public Health (12 per 100,000), and Peel Public Health (10 per 100,000)¹².

⁸ City of Hamilton (Health and Safe Communities-Public Health Services) Hamilton Opioid Information System. 2021. Available from: <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system>

⁹ National Ambulatory Care Reporting System (NACRS), Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted August 9, 2021.

¹⁰ Discharge Abstract Database (DAD), Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted August 16, 2021.

¹¹ Office of the Chief Coroner for Ontario (OCC), Coroner's Opioid Investigative Aid, July 28, 2021.

¹² Office of the Chief Coroner for Ontario (OCC), Coroner's Opioid Investigative Aid, July 28, 2021.

While suspected opioid overdoses are occurring in all parts of the City, they are largely concentrated in the lower central areas in Wards 2 and 3. In 2020, Ward 2 had the highest number of opioid-related incidents (43 percent or 244 paramedic calls), followed by Ward 3 (25 percent or 141 paramedic calls)¹³. The characteristics of opioid-related paramedic incidents were similar across the city. In addition, the 2020 opioid-related emergency department visits rate was the highest in Ward 2 (283 per 100,000), followed by Ward 3 (265 per 100,000), both were more than double the City of Hamilton rate (116 per 100,000)¹⁴.

In the City of Hamilton, the annual number of local deaths due to poisoning from opioids significantly increased in 2017 and has remained high since that time. Preliminary data reports 124 confirmed opioid-related deaths in 2020 in the City of Hamilton, the third consecutive year with over 100 fatalities; highlighting the ongoing need for strong local interventions¹⁵.

A declaration of an opioid crisis in the City of Hamilton was made in November 2019.

See the Hamilton Opioid Information System <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system> and Public Health Ontario's Interactive Opioid Tool <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool> for more information.

Additional map visual of opioid-related emergency department visit rates by Ward is provided in Appendix "A" to Report BOH21009.

Impact of COVID-19 Pandemic Response

The COVID-19 pandemic response has significantly impacted vulnerable populations in many ways. Physical distancing interventions to control the spread of COVID-19 have multiple impacts on people living with opioid use disorder, including impacts on mental health that lead to greater substance use, the availability and quality of drug supply, the ways that people use drugs, treatment-seeking behaviours, treatment service availability, and retention in care; all of which can lead to increases in overdoses.

¹³ City of Hamilton (Health and Safe Communities-Public Health Services) Hamilton Opioid Information System. 2021. Available from: <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system>

¹⁴ National Ambulatory Care Reporting System (NACRS), Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted August 9, 2021.

¹⁵ City of Hamilton (Health and Safe Communities-Public Health Services) Hamilton Opioid Information System. 2021. Available from: <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system>

Provincial analysis also suggests that during the pandemic response there have been significant increases in opioid-related deaths among people experiencing homelessness, increases in deaths occurring in shelters and alternative housing including temporary COVID-19 physical distancing and isolations spaces, and that the drug supply has become increasingly unpredictable¹⁶.

Comprehensive Approach to Opioid Response

Opioid use disorder is a complex issue, and there is no silver bullet for addressing it. Rather, a multifaceted, comprehensive approach rooted in scientific evidence is needed. A comprehensive opioid dependence and overdose response must increase access to effective treatment, reduce harms, prevent future opioid misuse, and decrease the role of criminalization and stigma¹⁷. Whether scaled up to a broad community drug strategy or remaining specific to only opioid-related harms the four-pillar approach focusing on prevention, harm reduction, treatment, and enforcement has long been considered the foundation of a comprehensive response.

The four-pillar approach to drug policy emerged in Europe in the 1990s and was later launched in Canada as part of Vancouver's first integrated drug strategy. This approach represented a significant shift in thinking and action on drug and substance misuse from punitive abstinence-based policy to incorporate patient-focused care and harm reduction. The current federal [Canadian Drugs and Substances Strategy \(CDSS\)](#), led by the Minister of Health, includes all four of these pillars, as do many other jurisdictions in Canada and globally (e.g. Toronto, Brantford, Middle-Sex London, Peel, Windsor-Essex)¹⁸.

The four-pillars are outlined below, in Table 1.

¹⁶ Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C, Toner L, Watford J on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2021.

¹⁷ MacPherson, D. A framework for action: A four-pillar approach to drug problems in Vancouver (Rev. ed.). Vancouver, BC: City of Vancouver. 2001

¹⁸ Leece P, Khorasheh T, Paul N, et al, Communities are attempting to tackle the crisis': a scoping review on community plans to prevent and reduce opioid-related harms, BMJ Open 2019

Table 1: Four Pillars of Drug Policy

Pillar	Description	Key Delivery Channels	Examples of Effective Opioid Response Interventions¹⁹
Prevention and Education ²⁰	<p>Interventions to prevent or delay substance use or limit the development of problems associated with using substances.</p> <p>Includes strengthening health, social and economic factors that can reduce the risk of substance use and addressing risk and protective factors and systemic barriers. This can include access to health care, stable housing, education and employment. Strategies include a range of health promotion programs and advocacy for policy and legislative change.</p>	<p>Public Health</p> <p>Educational institutions and boards</p> <p>Mental health service providers</p> <p>Healthy family and child/ youth service providers</p> <p>Training program providers</p> <p>Professional associations</p>	<p>Knowledge, coping, and resiliency building interventions such as mentorship, skills enhancement training, patient knowledge, school and community education, and parenting interventions.</p> <p>Improved curriculum and continuing medical education on pain management, substance use disorders, and stigma</p>

¹⁹ The effective interventions noted do not constitute an exhaustive list. In-depth evidence review would be required.

²⁰ Buhler A, Thrul J. Prevention of addictive behaviours: updated and expanded edition of prevention of substance abuse. Lisbon: European Monitoring Centre for Drugs and Drug Addiction; 2013.

Pillar	Description	Key Delivery Channels	Examples of Effective Opioid Response Interventions ¹⁹
Harm Reduction ^{21, 22,23}	<p>Interventions to reduce the harms associated with substance use for individuals, families and communities without requiring complete abstinence from substance use.</p> <p>Interventions aim to reduce the spread of communicable diseases, prevent overdose deaths, increase contact with healthcare providers, and reduce consumption of illicit substances in unsafe settings.</p> <p>Effective approaches are user-friendly, client-centred and offered in non-judgmental environments.</p>	<p>Public Health</p> <p>Community health centres</p> <p>Non-profit organizations</p> <p>Pharmacies</p> <p>Shelters & housing providers</p> <p>Hospitals</p> <p>Primary care providers</p> <p>Peer support agencies</p>	<p>Accessible safe injection/ supervised drug consumption</p> <p>Widely accessible naloxone and needle exchange</p> <p>Low-barrier regulated access to opioids of known contents and potency (safer supply)</p> <p>HIV and Hepatitis C testing and treatment</p> <p>Integration of harm reduction approaches into social service policies</p>

²¹ Strike C, et al. Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 1 & Part 2. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada. 2013/2015.

²² Kerr T, Mitra S, Kennedy MC, McNeil R. Supervised injection facilities in Canada: past, present, and future. Harm Reduct J. 2017;14(1):28.

²³ Nowell, M. Safe supply: What is it and what is happening in Canada?. CATIE, Prevention in Focus, Spotlight on programming and research. Spring 2021. Available from: <https://www.catie.ca/en/pif/spring-2021/safe-supply-what-it-and-what-happening-canada#bios>

Pillar	Description	Key Delivery Channels	Examples of Effective Opioid Response Interventions ¹⁹
Treatment and Recovery ²⁴	<p>Interventions to improve the physical, emotional, psychological and spiritual health of people who use or have used substances through various psychosocial and psychopharmacological therapeutic methods.</p> <p>Treatment services provide options along a continuum of care that support the differing needs of individuals.</p>	<p>Addictions treatment providers</p> <p>Non-profit organizations</p> <p>Hospitals</p> <p>Primary care providers</p>	<p>Quick access to culturally-appropriate withdrawal management (detox), residential and out-patient treatment, counselling, and substitution/ opioid agonist therapies (e.g., methadone or buprenorphine)</p>

²⁴ Taha, S., Maloney-Hall, B. & Buxton, J. Lessons learned from the opioid crisis across the pillars of the Canadian drugs and substances strategy. Substance Abuse Treatment Prevention Policy 14, 32 (2019).

Pillar	Description	Key Delivery Channels	Examples of Effective Opioid Response Interventions ¹⁹
Enforcement and Justice ²⁵	<p>Interventions to strengthen community safety by responding to the crimes, and community disorder issues associated with substance use.</p> <p>Effective interventions include coordination between the broader justice system of the courts, probation, parole and other health and social services.</p>	<p>Police</p> <p>Diversion programs</p> <p>Courts and corrections</p>	<p>Community policing initiatives</p> <p>Decriminalization or discretionary enforcement of non-violent drug crimes</p> <p>Eliminating the imposition of drug paraphernalia prohibitions, geographic restrictions, and abstinence clauses in court orders</p> <p>Criminal justice diversion programs</p> <p>Integration of harm reduction approaches and treatment services into corrections</p>

While there is limited evaluation evidence of this model, reviews of existing opioid response initiatives suggest that there are several additional factors that should be considered to facilitate an effective comprehensive opioid response. These include:

- Robust data, surveillance, and evaluation**

A strong evidence base including research evidence, accurate timely reliable data, and robust evaluation measurements are essential to a comprehensive opioid response. Reviewing and using existing research evidence and collecting and analysing data are key to assessing the local situation, identifying trends and priorities, responding to emerging issues, and measuring the impact of opioid response interventions.
- Community engagement with special considerations for engaging frontline workers and people with lived experience with substance use**

²⁵ Greenwald, G., Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies (April 2, 2009). Cato Institute Whitepaper Series. Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1464837

Community engagement can improve the uptake and sustainability of evidence-based practices and allows for tailored approaches that meet the unique needs of the community. Including groups such as frontline workers and people with lived experience with substance use in the development process for opioid response initiatives leads to better relationships and trust with service users, increased relevance of programs and services, and ultimately increased uptake of initiatives.

- **Coordinated partnerships focusing on collective impact**
Effective solutions to the opioid overdose crisis require strong partnerships across government, legal, health, and other community stakeholders because complex social issues are best addressed when different sectors of a community work together. Dedicated leadership is also needed to provide sustainability, coordination, evaluation, and oversight of projects. Common agendas, shared measurement of results, demonstrated accountability, and continuous communication are all noted facilitators of collective impact.
- **Health equity-oriented approach with special consideration for engaging priority groups such as youth, women, people identifying as 2SLGBTQIA+, people experiencing homelessness, and Indigenous people and communities**
Equity-oriented frameworks are recommended to better understand and respond to the interconnected social and cultural factors that impact health outcomes for people who use opioids, especially for those experiencing systemic inequities, unique vulnerabilities, and structural violence.

These pillars and facilitators also align with the requirements outlined in the Ontario Public Health Standards (2021), Substance Use Prevention and Harm Reduction Guideline²⁶, that requires boards of health to collaborate with local partners to prevent or delay substance use, prevent problematic substance use, reduce the harms associated with substance use, re-orient services to meet the population needs, and contribute to the planning of and referral to treatment and other services.

Community Assessment

Throughout the COVID-19 emergency response, HPHS and local community agencies have continued to provide harm reduction, community outreach, mental health supports, engagement, diversion, data sharing, and treatment services. While the Hamilton Drug Strategy (HDS) has been paused since March 2020, HPHS and local community agencies continue to offer a wide range of opioid-related harm focused interventions and as provincial reopening progresses so does the local service availability.

²⁶ Ministry of Health and Long-Term Care. Substance Use Prevention and Harm Reduction Guideline, 2018 [Internet]. Toronto, ON: Queen's Printer for Ontario, 2018

Consistent with public health mandate, HPHS has continued to provide essential public health surveillance, prevention, and harm reduction services including weekly data reporting and qualitative information sharing, mental health services and outreach, supports for new parents and young families, and expanded naloxone, harm reduction supply distribution and Mobile Van service.

Local opioid response community highlights²⁷ are noted below:

Prevention and Education

- Mental health services for children and youth, mental health street outreach programs, and essential supports for new parents and young families continue to be offered through a variety of programs. COVID-19 emergency response has limited the capacity of many of these services; and,
- Youth engagement continues via several community providers including the Youth Engagement Series - Y.E.S. Program and the Hub; and,
- HPHS health promotion and school-based interventions are largely on-hold due to COVID-19 emergency response.

Harm Reduction

- Community naloxone, harm reduction supply distribution, access to Mobile Van services was expanded; and,
- Planning for an expansion of the Community Sharps Disposal Bin project to 24 locations is underway; and,
- Hamilton Urban Core Community Health Centre (HUCCHC) continues to operate a Consumption and Treatment Services (CTS) site; and,
- Several service providers are providing outreach services including the Grenfell Ministries C.O.A.C.H. program, and the CMHA Street team; and,
- HAMSMaRT, Keeping Six and the Inpatient Addiction Medicine Service successfully piloted a safer drug use space and safe supply program at the Salvation Army Booth Centre while they were in COVID-19 outbreak; and,
- HUCCHC is in the process of submitting a funding proposal for Safer Opioid Supply (SOS) Program to the Substance Use and Addictions Program (SUAP) funding call out.

Treatment and Recovery

- Treatment and recovery services are provided by a range of agencies such as Wayside House, Marchese, Mission Services, Grenfell Ministries, HPHS Alcohol, Drugs and Gambling Services, and the Salvation Army; and,

²⁷ The community actions are highlights of current programs and services offered locally and do not represent an exhaustive list.

- Rapid access services include St. Joseph's Healthcare Hamilton RAAM Clinic and The Good Shepherd Mobile Community-Based RAAM (MCBR) Nurse Practitioner service; and,
- Youth specific treatment services continue via service providers such as Alternatives for Youth, Good Shepherd Youth Services, and the newly launched Young Adult Substance Use Program (YA-SUP) at St. Joseph's Healthcare Hamilton.

Enforcement and Justice

- The Hamilton Police Service the Social Navigator Program (SNP) was expanded to five officers with police and paramedics, working in tandem with social agencies, to connect vulnerable individuals to appropriate community care and distribute naloxone; and,
- Programs such as Mission Services Alternative Justice Support Services and Youth Pre-Charge Diversions - Extrajudicial Measures (E.J.M.) continue to provide support for persons using substances who have come into contact with the justice system; and,
- HUCCHC and the Hamilton Wentworth Detention Centre are piloting a post incarceration/release planning program.

While there are many opioid-harm focused interventions implemented locally by a wide range of community agencies, there continues to be challenges with program capacity, access to safer use opportunities, collaboration and coordination, and addressing service barriers.

Community partners have preliminarily identified the following service gaps or challenges with current local service provision: wait times/service capacity, access barriers created by abstinence requirements, sustainable funding, shortages of services for specific populations (e.g. women, 2SLGBTQIA+, culturally sensitive), and barriers related to accessing virtual service delivery.

National Dialogues on Drug Policy hosted a Hamilton Getting to Tomorrow: Ending the Overdose Crisis engagement session on July 27th and 29th 2021 with a broad range of community stakeholders. Key themes for action emerging from that session included the following:

- Increased coordination and leadership across service delivery sectors; and,
- Increased access to safer use opportunities (consumption and supply), particularly in alternative housing spaces; and,
- Effective strategies require increased engagement with people who use drugs, trusted professionals, and peer support experts.

There continues to be limited service capacity for supervised consumption, safe supply, and managed opioid treatment programs locally. Currently only one organization,

HUCCHC, is operating a Consumption and Treatment Service (CTS) site in the City of Hamilton. While leadership in securing these services is best provided by primary care and treatment experts in the community, HPHS has provided ongoing support to community partners including application requirements and site planning support, data sharing, and consultations.

Notable events and timelines related to SCS/CTS locations in Hamilton are provided in Appendix “B” to Report BOH21009.

Health System Recovery

Improving mental health and addictions has been identified as a priority in Ontario Health’s COVID-19 Health System recovery framework. The following has been identified as one of the four goals set to be addressed by Ontario Health and the Ontario Health Teams, including the Greater Hamilton Health Network:

“Increase overall access to community mental health and addictions services with a focus on individuals with substance use disorders to address the urgent opioid overdose crisis, including focus on reducing inequities for priority populations, including Indigenous, Black, and racialized communities.”

The local response also needs to build on the evolving role of the Greater Hamilton Health Network and Ontario Health to ensure a coordinated and effective response and minimize duplication and missed opportunities.

Next Steps

In order to further support the implementation of a comprehensive approach to decreasing opioid-related harms and overdoses the following next steps have been identified:

- 1. Work with academic partners to understand the unique barriers and challenges experienced by priority populations**

As different populations have been uniquely impacted by COVID-19 and the associated emergency response measures, so too are opioid-related harms unequally distributed throughout our community. Developing engagement mechanisms designed to more wholly understand the experiences of people who are differentially impacted is needed to ensure that the response considers diversity, equity, and inclusion principals in the response. Hamilton Public Health Services has initiated engagement with CityLAB Hamilton to plan a collaborative project that aims to understand the specific needs, experiences, and ongoing barriers facing those most at-risk locally.

2. Enhance policy approaches to overdose prevention and harm reduction in a variety of community settings, in particular, in shelters and social housing spaces

Given increasing overdose deaths occurring in new community settings, such as shelters and alternative housing including temporary COVID-19 physical distancing and isolations spaces, there is an emerging need to ensure that service providers also know how to prevent and respond to overdoses. Service providers may find themselves in a situation where they can intervene in an overdose situation, whether at a drop-in program, a housing setting, a public building, or a facility parking lot. Similar to how local service providers were provided infection prevention and control support throughout the COVID-19 emergency response, resources are needed for operators to build capacity in overdose awareness, prevention, and preparedness through knowledge sharing partnerships and policy/protocol development support.

3. Re-initiating community partner engagement including review of the past the HDS objectives and developing a plan to move forward within the context of Ontario Health’s Health System recovery framework and alignment with the work of the Greater Hamilton Health Network

Complex social issues are best addressed when community partners work together. The COVID-19 pandemic and emergency response has changed both the nature of service provision and the opioid overdose context locally. While there are many programs, services, and agencies providing interventions, consistent with the National Dialogues on Drug Policy engagement session feedback, community collaboration, coordination, and strategic actions could be improved. Re-connecting with local expertise to further understand the current situation and challenges is a necessary step to developing a robust local response to increasing opioid overdoses. The HDS will be re-engaged to review the status of the strategy, assess the current local situation, and develop a plan to move forward in the context of evolving role of the Greater Hamilton Health Network and Ontario Health to ensure an aligned and coordinated response.

Next steps towards improving the local opioid response include re-initiating community partner engagement and response planning through the HDS. While decisions are made about the best coordinated approach, staff will continue to work on supporting overdose preparedness and harm reduction approaches and work to understand the unique service barriers being experienced locally.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH21009: Opioid-related emergency department visits by Ward map

Appendix "B" to Report BOH21009: Notable events and timelines related to
SCS/CTS locations in Hamilton



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	October 18, 2021
SUBJECT/REPORT NO:	Healthy Babies Healthy Children Program Budget 2021-2022 (BOH21012) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Bonnie King (905) 546-2424 Ext. 1587
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- a) That the 2021-2022 Healthy Babies, Healthy Children program budget, funded by the Ministry of Children, Community and Social Services, be approved; and,
- b) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report on and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2021-2022 Healthy Babies, Healthy Children program budget.

EXECUTIVE SUMMARY

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

HBHC is funded by the Ministry of Children, Community and Social Services (MCCSS). However, due to continued capped funding, the program has been enhanced through a variety of funding sources including the Hamilton Community Foundation (i.e. Nurse-

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Family Partnership program), Ministry of Health (i.e. 70/30 funding), and City of Hamilton levy.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: HBHC is intended to be 100% funded by the Province. However, it is supported with funding from other sources who recognize and value the positive impact home visiting has on expectant parents and families with infants and young children in the community.

MCCSS Funding	2021/2022 Budget	2020/2021 Budget
HBHC Public Health Services	\$2,940,293 28.9 FTE	\$2,940,293 28.9 FTE
HBHC Wesley Family Home Visitors	\$593,620 11.0 FTE	\$593,620 11.0 FTE
TOTAL	\$3,533,913	\$3,533,913

Other <u>Approved</u> Funding	2021 Budget	Comments
City of Hamilton, salaries & benefits	\$157,259	Public Health Nurse costs above provincial cap
City of Hamilton, Cost Allocations/contributions	\$332,754	Costs not allowable
City of Hamilton, Family Home Visiting program (Wesley)	\$36,000	(BOH11004) Family Home Visiting costs above provincial cap
70/30 Cost Shared programs	\$112,038	1.0 Public Health Nurse Family Partnership
Hamilton Community Foundation	\$39,000	Nurse Family Partnership operational costs (BOH07035(j))

Staffing: HBHC is provided primarily by public health nurses who work in partnership with Family Home Visitors that are employed by Wesley. No staffing changes are recommended for this fiscal year.

Legal: Public Health Services is mandated to provide all components of the HBHC Program. A contract is signed between the Province and the City of Hamilton Public Health Services, including budget approvals and program targets.

HISTORICAL BACKGROUND

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

Pregnancy, bringing a new baby home and parenting young children can be more challenging when risks such as poverty, unstable housing, intimate partner violence, mental health and addiction are present. The impact of these risks on families and young children this past year has been magnified significantly due to the pandemic. Throughout the past year, HBHC has continued to offer evidence-based interventions to support healthy pregnancies and birth outcomes, build parental confidence, strengthen positive parenting and enhance the connections between parents and their children. HBHC has continued to build on parents' strengths and facilitate connections with community supports that are essential in achieving health and well-being. The goal of home visiting is to help parents create an environment that leads to healthy babies, healthy children and later, to healthy adults through:

1. Universal and Targeted Screening:

HBHC screening is offered in variety of community settings to families during pregnancy, postpartum and during the early years to identify vulnerable families, infants and young children at risk for poor development. Identifying families with risk is particularly important during pregnancy, as the period between conception and birth provides the foundation of a child's well-being. In 2020, of 4,408 families screened, 3,383 (77%) had identified risk factors and were referred to Public Health for follow up.

2. Long Term Home Visiting:

Families identified at risk are offered an initial assessment visit (currently made virtually or by phone due to the pandemic) to confirm risk and offer the best supports to meet the needs of families. Families who would benefit from home visiting support are referred to the most appropriate intervention including:

- **HBHC Blended home visiting program:**

Public Health Nurses and Family Home Visitors work collaboratively with

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families to achieve the priority goals of Healthy Attachment, Positive Parenting and Optimal Growth and Development. Social determinants of health impacting families are identified, and families are connected to supports/services in the community; and,

- **Nurse Family Partnership program:**

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

In 2020, 2144 families were contacted by a Public Health Nurse and 678 in-depth assessment visits were completed. 468 families were referred to long-term home visiting and they received a total of 2,130 visits from Public Health Nurses and 3,187 visits from Family Home Visitors. This is a significant accomplishment as many HBHC Public Health Nurses were deployed to support COVID-19 operations in March 2020. By shifting to virtual/ telephone visits, the remaining program Public Health Nurses managed significantly higher caseloads with prioritized support to the highest risk families. While virtual/telephone visits have enabled the continuation of HBHC services during times of public health measures, staff are eager to return to face to face visits in the home at the earliest possible opportunity as families benefit the most from intervention with a trusted professional, face to face, in their home environments.

HBHC has continued to build strong partnerships throughout COVID-19, extending the reach to pregnant individuals at risk by encouraging and facilitating health professionals and community service providers to offer HBHC screening to the individuals with whom they have contact. In addition, HBHC has continued to support community planning efforts regarding infant and early years mental health promotion.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

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

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

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

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

RELEVANT CONSULTATION

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

ANALYSIS AND RATIONALE FOR RECOMMENDATION

HBHC has not received increased funding from MCCSS again this year and pressures due to salary and benefit increases will be offset through gapping temporary vacancies.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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

Our People and Performance

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

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.