



City of Hamilton
BOARD OF HEALTH
AGENDA

Meeting #: 22-006
Date: June 13, 2022
Time: 9:30 a.m.
Location: Council Chambers (BOH)
Council Chambers, Hamilton City Hall
71 Main Street West

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. May 2, 2022

5. COMMUNICATIONS

5.1. Correspondence from the Ministry of Health respecting City of Hamilton Funding for Public Health Programs

Recommendation: To be received and referred to the Medical Officer of Health to receive, utilize, report and execute all related agreements and contracts, in accordance with existing signing authority.

5.2. Correspondence from Peterborough Public Health, respecting the Extension of Ontario Regulation 116/20, Work Deployment Measures for Boards of Health

Recommendation: Be received.

- 5.3. Correspondence from the Association of Local Public Health Agencies respecting the Release of a Public Health Matters Video

Recommendation: Be received.

6. DELEGATION REQUESTS

7. CONSENT ITEMS

- 7.1. Green Millen Trail Waterfront Assessment (BOH22004(a)) (City Wide)

- 7.2. Beach Water Quality and Blue Flag Eligibility (BOH22004(a)) (City Wide)

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

- 10.1. Harmonization of Income Eligibility for Dental Clients (BOH22008) (City Wide)

- 10.2. Public Health Services Organization Update (BOH22011) (City Wide)

- 10.3. Alcohol, Drug, & Gambling Services and Mental Health Outreach Program Budget 2022-2023 (BOH22012) (City Wide)

11. MOTIONS

- 11.1. Nomination to the Central West Board of Health representative on the Association of Local Public Health Agencies (aLPHa) Board of Health Section Executive Committee and the Board of Directors for the 2022-2024 Term

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

- 13.1. Outstanding Business List

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 22-005

9:30 a.m.

Monday, May 2, 2022

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, S. Merulla, R. Powers, T. Jackson, E. Pauls, J.P. Danko, B. Clark, M. Pearson, L. Ferguson, A. VanderBeek and J. Partridge

Absent with Regrets: Councillors, B. Johnson and T. Whitehead – Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

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 that there were no changes to the agenda.

(Pearson/Ferguson)

That the agenda for the May 2, 2022 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
ABSENT	-	Ward 3 Councillor Ninder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
ABSENT	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko

YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
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) April 4, 2022 (Item 4.1)

(Merulla/Partridge)

That the Minutes of April 4, 2022 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
ABSENT	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
ABSENT	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
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) STAFF PRESENTATIONS (Item 8)

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

Dr. B. Harvey, Associate Medical Officer of Health; Melissa Biksa, Manager, Healthy and Safe Communities; Ruth Sanderson, Epidemiologist - COVID-19; and Erin Rodenburg, Epidemiologist, provided

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.

(Clark/Powers)

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 13 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
ABSENT	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
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) ADJOURNMENT (Item 15)

(Ferguson/Nann)

That, there being no further business, the Board of Health be adjourned at 10:48
a.m.

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

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

Respectfully submitted,

Mayor F. Eisenberger,
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

5.1

From: [Feeney, Brent \(MOH\)](#)
To: [Office of the Mayor](#); [Richardson, Elizabeth](#)
Cc: [Moore, Kieran \(MOH\)](#); [Lewis, Tim \(MOH\)](#); [Walker, Elizabeth S. \(MOH\)](#); [Melnychuk, Jodi \(MOH\)](#); [de Medeiros, Brandy \(MOH\)](#); [Gao, Jerry \(MOH\)](#); [Sydney, Emma](#); [Trevisani, David](#); [Cunningham, Sanchia \(MOH\)](#); [Han, Sandra \(MOH\)](#)
Subject: City of Hamilton, Public Health Services - Funding for Public Health Programs
Date: Monday, May 2, 2022 4:20:04 PM
Attachments: [Hamilton Amending Agreement.pdf](#)
[Hamilton CMOH Letter.pdf](#)
[Hamilton Minister's Letter.pdf](#)
Importance: High

Please find attached the additional base and one-time funding approval letters for your public health unit, as signed by the Honourable Christine Elliott, Deputy Premier and Minister of Health, and Dr. Kieran Moore, Chief Medical Officer of Health, to support the provision of public health programs and services in your community.

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 base and 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
Tel: (416) 671-3615
Email: brent.feeney@ontario.ca

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
Facsimile: 416 326-1571
www.ontario.ca/health

Ministère de la Santé

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

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
Télécopieur: 416 326-1571
www.ontario.ca/sante



May 2, 2022

eApprove-72-2022-381

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 \$2,089,700 in additional base funding for the 2022-23 funding year, up to \$578,000 in one-time funding for the 2021-22 funding year, up to \$15,540,900 in one-time funding for the 2022-23 funding year, and up to \$586,500 in one-time funding for the 2023-24 funding year, to support the provision of public health programs and services in your community.

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.

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,

A handwritten signature in cursive script that reads "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, MOH

Ministry of Health

Office of Chief Medical Officer of Health, Public Health
Box 12,
Toronto, ON M7A 1N3

Tel.: 416 212-3831
Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique
Boîte à lettres 12
Toronto, ON M7A 1N3

Tél. : 416 212-3831
Télééc. : 416 325-8412

May 2, 2022

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 \$2,089,700 in additional base funding for the 2022-23 funding year, up to \$578,000 in one-time funding for the 2021-22 funding year, up to \$15,540,900 in one-time funding for the 2022-23 funding year, and up to \$586,500 in one-time funding for the 2023-24 funding year, to support the provision of public health programs and services in your community.

This will bring the total maximum funding available under the Agreement for the 2022-23 funding year to up to \$49,746,900 (\$31,231,200 in base funding and \$18,515,700 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.

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

Dr. Elizabeth Richardson

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 FCAHS
Chief Medical Officer of Health

Attachments

- c: Mayor Fred Eisenberger, Chair, City of Hamilton Board of Health
- Emma Sydney, Business Administrator, City of Hamilton, Public Health Services
- David Trevisani, Manager, City of Hamilton, Public Health Services
- Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery, MOH
- Peter Kaftarian, Assistant Deputy Minister, Hospitals and Capital Division, MOH
- Jim Yuill, Director, Financial Management Branch, MOH
- Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
- Dianne Alexander, Director, Health Promotion & Prevention Policy & Programs, MOH
- James Stewart, Director, Health Capital Investment Branch, MOH
- Elizabeth Walker, Director, Accountability and Liaison 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 2022

**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 1ST TO DECEMBER 31ST, UNLESS OTHERWISE NOTED)	
Programs/Sources of Funding	Approved Allocation (\$)
Mandatory Programs (70%) ⁽¹⁾	26,992,700
MOH / AMOH Compensation Initiative (100%) ⁽²⁾	168,000
Ontario Seniors Dental Care Program (100%) ⁽³⁾	4,070,500
Total Maximum Base Funds⁽⁴⁾	31,231,200

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 (\$)
Cost-Sharing Mitigation (100%) ⁽⁵⁾	2,215,800
Mandatory Programs: Needle Exchange Program (100%)	19,000
Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)	173,600
Mandatory Programs: Public Health Inspector Practicum Program (100%)	30,000
COVID-19: General Program (100%) ⁽⁵⁾	4,602,800
COVID-19: Vaccine Program (100%) ⁽⁵⁾	8,668,800
Ontario Seniors Dental Care Program (100%)	352,600
Ontario Seniors Dental Care Program Capital: Public Health Services Seniors Dental Clinic (100%)	157,700
School-Focused Nurses Initiative (100%) ⁽⁶⁾	1,717,400
Temporary Retention Incentive for Nurses (100%)	578,000
Total Maximum One-Time Funds⁽⁴⁾	18,515,700

MAXIMUM TOTAL FUNDS	2022-23 Approved Allocation (\$)
Base and One-Time Funding	49,746,900

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2023 to MARCH 31, 2024, UNLESS OTHERWISE NOTED)	
Projects / Initiatives	2023-24 Approved Allocation (\$)
Ontario Seniors Dental Care Program Capital: Public Health Services Seniors Dental Clinic (100%)	586,500
Total Maximum One-Time Funds⁽⁴⁾	586,500

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 (\$)
Temporary Retention Incentive for Nurses (100%)	578,000
Total Maximum One-Time Funds⁽⁴⁾	578,000

NOTES:

- (1) Base funding increase for Mandatory Programs is pro-rated at \$200,475 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be \$26,925,875.
- (2) Cash flow will be adjusted to reflect the actual status of current Medical Officer of Health and Associate Medical Officer of Health positions.
- (3) Base funding increase for the Ontario Seniors Dental Care Program is pro-rated at \$1,366,800 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be \$3,614,900.
- (4) Maximum base and one-time funding is flowed on a mid and end of month basis, unless otherwise noted by the Province. Cash flow will be adjusted when the Province provides a new Schedule "A".
- (5) Approved one-time funding is for the period of January 1, 2022 to December 31, 2022.
- (6) Approved one-time funding is for the period of April 1, 2022 to December 31, 2022.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	BASE FUNDING
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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. Community stakeholders, including First Nations, Métis and Inuit communities and persons with lived experience, should be meaningfully engaged in the planning and implementation of all initiatives, 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.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

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

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

Use of 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.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

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 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.

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.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

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 to be eligible for funding under this Initiative.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	BASE FUNDING
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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.

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 underserved 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 2022, 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.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

Where OSDCP client service access issues exist, as evidenced by waiting lists, for example, the Board of Health must take prompt action as feasible to establish OSDCP partnership agreements to address these access issues, including engaging in outreach and consultation with local dental providers and in compliance with the Board of Health or municipal procurement processes.

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 may allocate base funding for this Program across the program expense categories, with every effort made to maximize clinical service delivery and minimize administrative costs.

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

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

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.

Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is required 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

- While priority must be given to clients eligible under this Program, the Board of Health may provide services to non-OSDCP clients using resources under this Program. If this occurs, 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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>BASE FUNDING</i>
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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

Cost-Sharing Mitigation (100%)

One-time cost-sharing 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: Needle Exchange Program (100%)

One-time funding must be used for extraordinary costs associated with delivering the Needle Exchange Program. Eligible costs include purchase of needles/syringes, associated disposal costs, and other operating costs.

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

One-time funding must be used for the purchase of 9 new purpose-built vaccine refrigerator(s) used to store publicly funded vaccines. The purpose-built refrigerator(s) 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 approved for use in Canada;
 - 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;
 - Option spring-loaded closures include ≥90° stay open feature and <90° 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 +5°C with a control range between +2°C to +8°C but this could be done at the time of delivery/installation at no additional cost.
- e. Thermometer

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

- 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 0.1°C;
 - 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 +/- 0.5°C 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.

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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 one (1) or more 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.

COVID-19: General Program (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, human resources, 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 Province, and information and information technology upgrades related to tracking COVID-19 not already approved by the Province.
- 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 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 rented by the Board of Health.
- 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:

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

- 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, including lost revenue claimed by another organization and/or third party.
- 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 track COVID-19 spending separately and 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:

- 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, human resources, legal, communications, etc.) and management staff (where local Board of Health policies permit such

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

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 Province.
- 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.

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, including lost revenue claimed by another organization and/or third party.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

- 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 track COVID-19 spending separately and retain records of COVID-19 spending.

Ontario Seniors Dental Care Program (100%)

One-time funding must be used by the Board of Health to offset extraordinary costs associated with delivering the OSDCP.

Ontario Seniors Dental Care Program Capital: Public Health Services Seniors Dental Clinic (100%)

As part of the OSDCP, capital funding is being provided to support capital investments in Boards of Health, 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 build a two (2) operatory Public Health Services Seniors Dental Clinics with a dedicated instrument reprocessing/sterilization area. The Board of Health will be securing space to accommodate the 2 operatory dental clinics. Eligible costs include the addition of the 2 new dental operatories, an instrument reprocessing and sterilization area, a Pan X-ray room, staff and storage areas, as well as equipment and furniture.

Other requirements of this capital funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- Capital 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 Capital funding should be 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 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 to support additional nursing FTE capacity in every Board of Health to provide rapid-response support to school boards and schools, child care, and camps in facilitating public health preventative measures related to the COVID-19, including screening, testing, tracing, vaccination, education and mitigation strategies.

The school-focused nurses continue to 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; vaccinations, surveillance, screening and testing; outbreak management; case and contact management; 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.

Temporary Retention Incentive for Nurses (100%)

Nurses are critical to the province’s health workforce and its ongoing response to COVID-19. Across the province, nurses have demonstrated remarkable dedication, professionalism, and resilience.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

Ontario has introduced a temporary financial incentive to support nursing retention and stabilize the current nursing workforce during this critical time.

Through the Temporary Retention Incentive for Nurses, the Province is providing a lump sum payment of up to \$5,000 for eligible full-time nurses and a prorated payment of up to \$5,000 for eligible part-time and casual nursing staff across the province. The payment will be paid by employers, including Boards of Health, in two (2) installments, with the first payment made in Spring 2022 and second payment made in September 2022.

The eligibility period for the program is related to work performed between **February 13, 2022 to April 22, 2022**. To receive the first payment, nurses must be in employment as a practicing nurse on **March 31, 2022**. To receive the second payment, nurses must be in employment as a practicing nurse on **September 1, 2022**.

All those employed as practicing nurses (Registered Nurses, Registered Practical Nurses, Nurse Practitioners) are eligible for the incentive, except for:

- Those in private duty nursing.
- Those employed by schools / school boards.
- Those employed by postsecondary institutions.
- Nursing executives (i.e., Chief Nursing Officer).

In addition:

- Hours worked in any of the “excluded” areas are not eligible.
- Hours worked for Temporary Staffing Agencies are not eligible.
- Nurses are not eligible to receive any payment if they retire or leave employment prior to March 31, 2022.
- Nurses are only eligible to receive one payment if they retire or leave employment as a nurse prior to September 1, 2022.

One-time funding must be used to support implementation of the Temporary Retention Incentive for Nurses in accordance with the *Temporary Retention Incentive for Nurses Program Guide for Broader Public Sector Organizations*, and any subsequent direction provided by the Province. The Board of Health is required to consider various factors, including those identified in the Guide, to determine the appropriate implementation and eligibility of the program at its Public Health Unit.

The Board of Health is required to monitor the number of full-time employees receiving the incentive as well as the number of eligible part-time/casual hours. The Board of Health is also required to create and maintain records of payments and records must include the following details for each eligible worker:

- Number of work hours eligible for pandemic hourly pay.
- Gross amount of paid out to eligible workers.
- Number of statutory contributions paid by employers because of providing pay to eligible workers (applicable to part-time/casual workers).
- Completed employee attestations.

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	March 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. COVID-19 Expense Form	For the entire Board of Health Funding Year	As directed by the Province
6. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province

Name of Report	Reporting Period	Due Date
7. Temporary Retention Incentive for Nurses Reporting	For the entire Board of Health Funding Year	June 1 of the current Board of Health Funding Year October 3 of the current Board of Health Funding Year
8. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:
“Q1” means the period commencing on January 1st and ending on the following March 31st.
“Q2” means the period commencing on April 1st and ending on the following June 30th.
“Q3” means the period commencing on July 1st and ending on the following September 30th.
“Q4” means the period commencing on October 1st 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.

COVID-19 Expense Form

- The Board of Health shall complete and submit actual and forecasted expenditures associated with COVID-19 extraordinary costs (for both the COVID-19 Vaccine Program and the COVID-19 General Program) through the submission of a COVID-19 Expense Form.
- The COVID-19 Expense Form shall be signed on behalf of the Board of Health by an authorized signing officer.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application in order to participate in this Initiative and be considered for funding.
- Supporting documentation such as employment contracts must be provided by the Board of Health, as requested by the Province.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

Temporary Retention Incentive for Nurses

- The Board of Health will be required to monitor and report on the number of full-time employees receiving the incentive, as well as the number of eligible part-time / casual hours. Key reporting timelines, which are subject to change, are as follows:
 - **June 1, 2022:** status update on progress of first payments to be provided to the Province.
 - **October 3, 2022:** status update on progress of second payments to be provided to 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.

5.1

May 2, 2022

The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@ontario.ca

Re: Extension of Ontario Regulation 116/20, Work Deployment Measures for Boards of Health

Dear Minister Elliott:

At its meeting on April 13, 2022, the Board of Health for Peterborough Public Health (PPH) considered correspondence from the Windsor-Essex County Health Unit and passed the following motion:

That the Board of Health for Peterborough Public Health:

- *receive the letter dated March 16, 2022 from Windsor-Essex County Health Unit (WECHU) for information;*
- *endorse the position from WECHU, and the originating request from the Association of Ontario Public Health Business Administrators dated February 9, 2022 regarding extending Ontario Regulation 116/20 Work Deployment Measures for Boards of Health for the duration of public health units' response to the COVID-19 pandemic; and,*
- *communicate this support to Minister Elliott, with copies to the Premier of Ontario, the Ontario Chief Medical of Health, local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

The PPH Board of Health fully supports the above recommendation, and thanks you for your consideration.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Premier of Ontario
Ontario Chief Medical Officer of Health
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

From: [allhealthunits](#) on behalf of [Loretta Ryan](#)
To: "All Health Units"
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] alPHa Releases Public Health Matters Video
Date: Friday, May 13, 2022 12:33:43 PM
Attachments: [image001.jpg](#)

PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers

Dear alPHa Members,

Re. Video: Public Health Matters

On behalf of the alPHa Board of Directors, I am pleased to announce and provide you with links to alPHa's new *Public Health Matters* video, for engagement and sharing with candidates and other stakeholders during this year's provincial and municipal elections. The video is available on alPHa's [Home Page](#) and via YouTube in [English](#) and [French](#).

Our emphasis during the provincial election campaign period and post-election period continues to be that local public health has clearly demonstrated its considerable value as the backbone of Ontario's pandemic response, and to remind potential decision makers of its enduring value once such an emergency has abated.

The video helps to remind our audiences that the principal consequence of our extraordinary pandemic response efforts over the past two years has been a near-total redeployment of resources that has resulted in a suspension of a significant proportion of the mandatory Ontario Public Health Standards (OPHS) programs and services.

Resuming these activities will entail clearing a two-year backlog and addressing a variety of direct and indirect population health impacts that were aggravated by the pandemic. We also expect managing COVID-19 to become part of our routine for the foreseeable future. This will require a commitment to sustained and sufficient public health resources and to a stable public health structure that remains embedded in local communities.

Other resources we will draw from include alPHa's [Elections Primer](#), *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response Report* and its [Executive Summary](#) (from which much of the Elections Primer and video were derived) as well as alPHa's updated "What is Public Health" [brochure](#). Each of these is interlinked and, taken together, effectively illustrate who we are, what we do, and why public health matters.

We ask all of alPHa's members to share this material broadly now with provincial candidates and other stakeholders. Following the provincial election, we will be asking that you share this material

with municipal councillors at the local and regional levels. Through these efforts it is hoped that political leaders will support a strong, sustainable, resilient, and locally based public health system in Ontario.

Sincerely,

Dr. Paul Roumeliotis
President
Association of Local Public Health Agencies

Sent by

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHA)
480 University Avenue, Suite 300
Toronto, ON M5G 1V2
Tel: 416-595-0006 ext. 222
Cell: 647-325-9594
loretta@alphaweb.org
www.alphaweb.org





INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 13, 2022
SUBJECT/REPORT NO:	Green Millen Trail Waterfront Assessment (BOH22004(a)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Richard MacDonald (905) 546-2424 Ext. 5818
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

At its meeting on March 21, 2022 the Board of Health provided the following direction to staff:

Public Beach Signage (BOH22004) (City Wide) (Item 7.1)

“Public Health Services and Public Works staff were directed to prepare and evaluation of the beach area located at the end of Green and Millen Roads, to determine if it can be classified as a public beach, with a report back to a future Board of Health meeting.”

INFORMATION

On April 20, 2022 Public Health Services and Public Works staff attended the Green-Millen Trail waterfront adjacent to 101 Shoreview Place, Stoney Creek, to conduct an Environmental Survey of the waterfront for possible classification as a public beach.

The Ontario Public Health Standards (OPHS) specify the public health programs and services local Boards of Health must deliver. Program and topic-specific protocols under the OPHS further define the minimum responsibilities every Board of Health in Ontario is accountable to provide. To assist in the prevention and reduction of water-borne

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illness and injury related to recreational water use at a public beach, Boards of Health are directed by the *Recreational Water Protocol (2019)* and the *Operational Approaches for Recreational Water Guideline (2018)*. Both documents guide the delivery of the local Beach Water Quality Monitoring Program in Hamilton.

Under the Recreational Water Protocol, the Board of Health shall undertake the following activities using the Operational Approaches for Recreational Water Guideline:

- “a) Conduct an assessment of all classified public beaches annually, including an environmental survey and review of historical and epidemiological data, to:
 - i) Confirm the inventory of beaches that require monitoring as per this protocol;
 - ii) Determine the suitability of the site for public recreational use supported by a water sampling program and appropriate level of surveillance, in collaboration with the owner/operator;”

As part of this assessment, Public Health Services consulted with Public Works staff regarding this waterfront location. Current beach locations are maintained by Parks Operations staff to provide supporting amenities for users including: (1) parking; (2) washrooms/change rooms; (3) good sightlines to the water; and, (4) clear, gradual entry into the water. Regular maintenance in these areas includes: (1) enhanced garbage/litter clean up; (2) sand grooming; (3) washroom cleaning; and, (4) stocking of supplies. This increased level of service for these existing locations is budgeted and planned. If designated areas for public beach access increase, an equivalent increase in staffing to provide the service would also be required. Additionally, infrastructure upgrades and equipment would be required if the expectation is that additional beach areas have parking, washrooms, sand grooming and enhanced maintenance. The physical properties of the city-owned shoreline do not all lend themselves well to this level of service, because of: (1) current shoreline protection design; (2) lack of city-owned property in the area to provide parking and washrooms; and, (3) anticipated negative impact on the adjacent neighbours.

The initial Public Health Services environmental survey of the waterfront site located at the end of Green and Millen Roads along Lake Ontario identified storm water outfalls discharging immediately west of this waterfront location and ponding water adjacent to the south (see Appendices “A”, “B” and “C” to Report BOH2204(a)). These infrastructure and environmental factors have the potential to directly impact water quality, water safety, and/or public health. In addition, Public Health Services has no historical or epidemiological risk assessment data (i.e. water sampling results) for this location as a reference to guide public health actions, including communicating risk to the public.

Given Parks Operations maintenance and infrastructure concerns, the proximity of the storm water outfalls discharging directly to this waterfront, the ponding water concern and the lack of historical water sampling data for reference, this waterfront location does not meet public beach criteria as set forth in the applicable Provincial guidelines and protocols.

APPENDICES AND SCHEDULES ATTACHED

- Appendix "A" to Report BOH22004(a): Green Millen Trail Waterfront Aerial Image
- Appendix "B" to Report BOH22004(a): Storm Water Outfalls (Small Black Circles) and Green Millen Trail Waterfront (Large Red Circle)
- Appendix "C" to Report BOH22004(a): Green Millen Trail Waterfront Onsite Images

Green Millen Trail Waterfront Aerial Image



Green Millen Trail Waterfront Onsite Images



(Facing West, Lake Ontario to the North)



(Facing South, ponding water adjacent to waterfront)



(Facing South, Storm Water Outfall adjacent to waterfront)



(Facing North, Lake Ontario Storm Water Outfall)



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 13, 2022
SUBJECT/REPORT NO:	Beach Water Quality and Blue Flag Eligibility (BOH22004(a)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Richard MacDonald (905) 546-2424 Ext. 5818
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

At its meeting on March 21, 2022 the Board of Health approved the following:

Public Beach Signage (BOH22004) (City Wide) (Item 7.1)

“Staff were also directed to provide a report respecting enhanced public information regarding the conditions of public beach waterways, including information respecting the International Blue Flag criteria, inclusive of non-digital communication methods.”

INFORMATION

Public Health Services staff met with internal and external stakeholders to discuss non-digital communication for beach water quality results. At the time of this report the new permanent beach water quality communication signage has been installed at all the existing seven Public Health Services monitored beaches (Report BOH22004(a)). All previously existing on-site signage will remain posted and “flipped” by stakeholders from “Safe for Swimming” to “Unsafe for Swimming” as directed by Public Health Services staff (Appendix “A” to Report BOH22004(a)). This existing on-site signage lacks information regarding possible beach conditions that can cause bacteria levels to rise and is not reflective of current beach water quality between weekly routine water

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SUBJECT: Beach Water Quality and Blue Flag Eligibility (BOH22004(a)) (City Wide) - Page 2 of 5

samples. There is a delay of up to 48 hours from the day water quality samples are collected, processed by the Public Health Laboratory and Public Health Services staff being advised of the results.

The Hamilton Conservation Authority and Niagara Peninsula Conservation Authority agreed that Public Health Services should develop a Beach Water Quality Fact Sheet for the public at controlled access points when a beach is posted as “Unsafe for Swimming” (i.e. Binbrook, Christie, and Valens Conservation Area beaches). This Fact Sheet (Appendix “B” to Report BOH22004(a)) has been developed and will be distributed to the public.

Public Works manages Lake Ontario beaches (i.e. Beach Blvd, Van Wagners, Confederation, and Pier 4) and will continue with the new and existing signage posted, given the numerous access points and no controlled access or gate house for distribution of the Beach Water Quality Fact Sheet.

Beach Social Media Communication Objectives and Key Messages

To raise awareness about the availability of the current water quality status updates on the City of Hamilton’s Beach Water Quality website <https://www.hamilton.ca/beaches> and also available through the Safe Water Hotline at (905) 546-2189, and additionally educate the public on permanent signage at public beaches informing the public of conditions that can increase bacteria levels.

Enhanced Seasonal Social Messaging:

The following is an example of enhanced social media messaging:

“With warmer temperatures here, we have upgraded signage at all #HamOnt’s public beaches to inform community members & visitors of conditions that can cause unsafe water quality between weekly routine water samples by Public Health. Check out the new sign.”

Existing Social Media Messaging:

The following is an example of existing social media messaging:

“Did you know that Public Health monitors the water quality at #HamOnt’s public beaches? Check the results: [hamilton.ca/beaches](https://www.hamilton.ca/beaches)”

“Heading to the beach this weekend? Public Health has up to date info on #HamOnt beach water quality. Learn more: [hamilton.ca/beaches](https://www.hamilton.ca/beaches)”

Background on Blue Flag Program:

The Blue Flag program is an internationally recognized eco-label that is awarded to beaches and marinas that meet strict criteria. The Blue Flag beaches must meet 33 criteria across four categories:

1. Water Quality;

SUBJECT: Beach Water Quality and Blue Flag Eligibility (BOH22004(a)) (City Wide) - Page 3 of 5

2. Environmental Management;
3. Environmental Education and Information; and,
4. Safety and Services

In 2021, there were 23 Blue Flag beaches in Canada. Ontario contains 18 of these beaches, predominantly in Toronto, Sudbury, Elliott Lake and Wasaga. In order to apply for Blue Flag accreditation a beach must undergo a feasibility study by Blue Flag Canada.

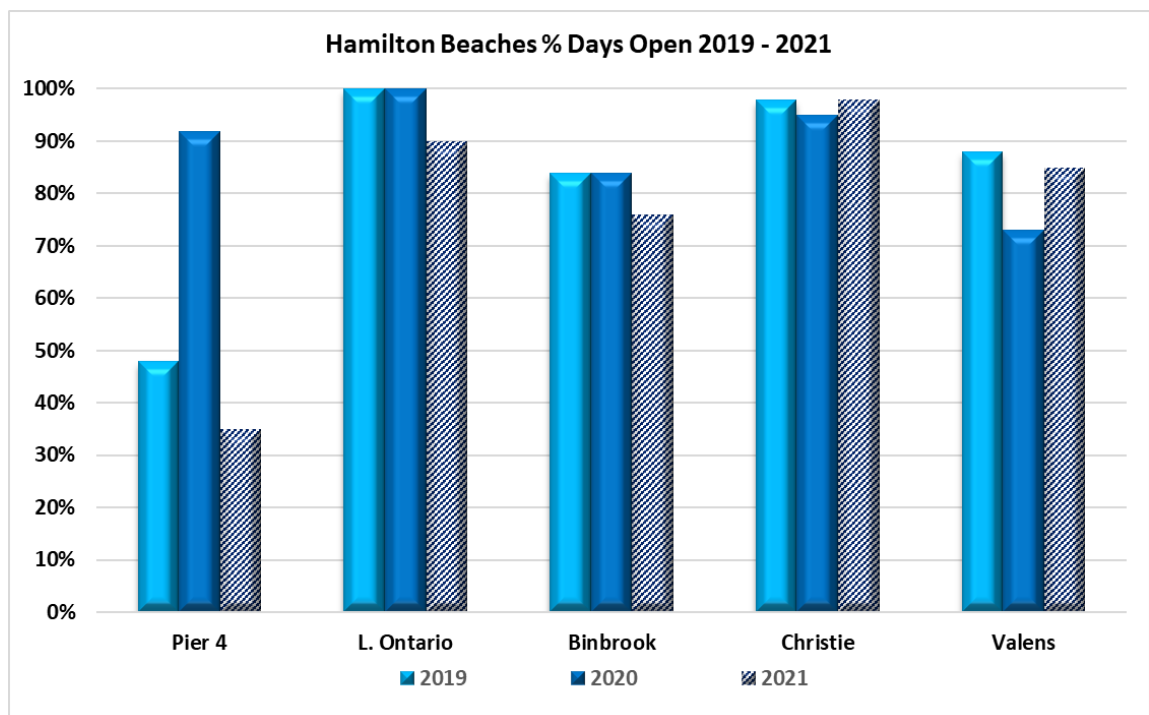
Blue Flag Canada will assess the beach and facilities and provide recommendations that must be agreed upon by the beach operator. Once all criteria are met the beach will be eligible to apply for Blue Flag accreditation. Once a beach is accredited, Blue Flag Canada will perform control visits during the beach season in order to make certain that criteria continue to be met.

Additional information on the four Blue Flag categories can be found below:

1. Water Quality:

What Water Quality criteria are City of Hamilton beaches required to meet?

In order to qualify, at least 85% of the geometric mean results must meet the limit value for *E. coli*. In 2021, as seen in the chart below, three out of five Hamilton beaches meet this criteria.



2. Environmental Management:

What Environmental Management criteria are City of Hamilton beaches required to meet?

- The local authority/beach operator must establish a beach management committee;
- Recycling bins must be available at the beach;
- An adequate number of toilet restroom facilities must be provided; and,
- Domestic animals must be prohibited from the beach.

3. Environmental Education and Information

What Environmental Education and Information criteria are City of Hamilton beaches required to meet?

- Information about the Blue Flag program must be displayed on the beach;
- Environmental education initiatives must be offered and promoted;
- Information relating to the local ecosystem must be displayed;
- A map of the beach indicating different facilities must be displayed; and,
- A code of conduct that reflects appropriate laws governing the use of the beach and surrounding areas must be displayed.

4. Safety and Services

What Safety Services criteria are City of Hamilton beaches required to meet?

- An aquatic safety audit done to determine whether you need lifesaving equipment or lifeguards;
- First aid equipment must be available on the beach;
- Emergency plans to cope with pollution risks must be in place;
- Safety measures in place to protect users of the beach;
- A supply of drinking water at the beach; and,
- At least one Blue Flag beach in municipality must have access and facilities for the physically disabled.

There are additional factors that contribute to specific Hamilton beaches not meeting Blue Flag criteria. For Pier 4, these factors include: (1) excessive *E. coli* concentrations continue to be an ongoing concern; (2) waterfowl fecal matter is likely a large contributor to these excessive *E. coli* concentrations; and, (3) blue green algae blooms remain a concern. For Binbrook, excessive *E. coli* concentrations continue to be an ongoing concern.

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SUBJECT: Beach Water Quality and Blue Flag Eligibility (BOH22004(a)) (City Wide) - Page 5 of 5

Long-term strategies to reach an 80% target through the Hamilton Harbour Remedial Action Plan (HHRAP) include: (1) the HHRAP establishing a threshold of City of Hamilton beaches to meet the 80% open criteria by 2020; and (2) that the HHRAP has the 80% target as front and centre for Hamilton Beaches.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH22004(a)

Current Beach Signage

Appendix "B" to Report BOH22004(a)

Beach Water Quality Fact Sheet

Current Beach Signage (2022)

“Safe for Swimming Sign”



“Unsafe for Swimming Signs”





Hamilton

Dive in to better understand Beach Water Quality

City of Hamilton Public Health Services regularly takes samples from designated public beaches for bacteria. However, due to the delay in receiving lab results, beach goers cannot rely on these results to know if the water is safe to swim in.

Water quality can also change from day to day or even hour to hour depending on the weather and other conditions. Public Health Services encourages beach goers to make an informed decision about beach water quality before swimming by reviewing the following information.

RAIN

Rain is the biggest factor than can impact beach water quality. Rain washes contaminants into streams, rivers and lakes. While small amounts of rainfall are unlikely to have much impact, Public Health Services advises you to avoid swimming for 24 to 48 hours after heavy rains.

WIND

Wind can quickly create large waves. Waves on any body of water can stir up sand and silt, making the water look cloudy. If you can't see your feet standing waist deep in water, bacteria levels could be higher and if so, you may want to come back to swim on another day.

WATERFOWL (Gulls, geese etc.)

In some smaller bodies of water, or more confined areas of large lakes, the feces (droppings) of waterfowl can have a significant impact on water quality.

SHALLOW WATER

Shallow bodies of water are likely to be warmer than deeper ones during the summer. Warm temperatures are more favourable for bacterial survival and growth. Bacteria levels tend to also be higher in wet sand. Be sure to use a hand sanitizer or wash hands after playing at the water's edge.

You should not swim at a beach that is posted as unsafe for swimming.

Check for weekly sampling results by visiting

www.hamilton.ca/beaches or call 905-546-2489 (CITY)

Never swallow beach water no matter how clear the water looks



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
 Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 13, 2022
SUBJECT/REPORT NO:	Harmonization of Income Eligibility for Dental Clients (BOH22008) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Kris Gielen (905) 546-2424 Ext. 5283 Pat Armstrong (905) 546-2424 Ext. 1587
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That Public Health Services' financial eligibility criteria for Municipal Dental Clinic Services for adults 18 years of age and older, be updated to harmonize with the financial eligibility criteria adopted by Special Supports (Report HSC21026), which is the Statistics Canada Low Income Measure; and,
- (b) That the financial eligibility application and approval process for Municipal Dental Clinic Services for adults 18 years of age and older, be integrated with the new online portal intake process for low income programs within the Healthy and Safe Communities Department (Report HSC20039) when it is implemented for Special Supports.

EXECUTIVE SUMMARY

Public Health Services offers basic dental care to low income adults in the City of Hamilton through the Municipal Dental Services Program. Public Health Services' low-income adult Municipal Dental Clinic Services is a discretionary program funded 100% by the levy. Ontario Works provides financial support to low income adults to access emergency dental treatment. To determine eligibility for low income services through

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**SUBJECT: Harmonization of Income Eligibility for Dental Clients (BOH22008)
(City Wide) - Page 2 of 5**

this program, the Public Health Services' Dental Clinic uses the 2008 Low Income Cut-Offs (LICO) and Ontario Works Special Supports has adopted the Low-Income Measure (LIM). There is an opportunity to bring income eligibility metrics for the Public Health Services' Municipal Dental Clinic into alignment with Ontario Works Special Supports and other low-income programs. Healthy and Safe Communities recently brought a report forward (Report HSC21026) to adopt the Low-Income Measure for determination of financial eligibility for low income services provided within the Healthy and Safe Communities Department. The report highlights that "LIM is updated annually with Hamilton specific data and adjusted for different family sizes. LIM is one of the most common measures of low-income used by policy experts and considered more up-to-date than other low-income measures".

Special Supports will be implementing an online low-income benefit application and benefit management system as approved by Council (HSC20039). With a harmonized financial eligibility criterion, there is an opportunity for Public Health Services' Municipal Dental Clinic services to use the same system to streamline the eligibility approval process and improve the coordination of case management for clients.

Other dental programs are offered at Public Health Services' Dental Clinic, including the Ontario Senior' Dental Care Program and Healthy Smiles Ontario. Eligibility for these programs is provincially mandated.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: It is anticipated that the current clinic complement will have the capacity to accommodate the estimated additional 48 low-income adults per year.

There are several factors that determine cost for dental care including: (1) the number of appointments per individual; (2) type of care, and (3) length of wait time for service. The pro-rated dentist and dental assistant cost for 2022 is \$29,233 and with staff vacancies it is anticipated the program can manage within budget. The program will use 2022 to monitor the impact and cost. If there is inadequate in year savings to offset these additional costs a report will be brought back to the Board of Health with funding recommendations. Any additional costs required to provide this service in 2023, will be included in the 2023 Tax Operating Budget for Council deliberation and approved through the 2023 Budget process.

**SUBJECT: Harmonization of Income Eligibility for Dental Clients (BOH22008)
(City Wide) - Page 3 of 5**

Staffing: It is anticipated the Public Health Services' Dental Service will be able to accommodate 48 additional clients within the current complement. Should additional staff be required, funding recommendations will be made through the 2023 Tax Operating Budget.

Legal: Not Applicable.

HISTORICAL BACKGROUND

Different income metrics are currently used by Public Health Services' Municipal Dental Clinic and Ontario Works Special Supports to determine eligibility. Healthy and Safe Communities recently brought a report forward (Report HSC21026) to adopt the Low-Income Measure for determination of financial eligibility for low income services provided within the Healthy and Safe Communities Department. To date, Public Health Services uses the 2008 Low Income Cut-Offs (LICO) to determine eligibility for dental services.

The report titled Harmonizing Eligibility Requirements for Subsidy Programs (Report HSC2106) was approved by Council in September 2021, allowing each of the subsidy programs to move to the common Low-Income Measure (LIM) income cut-off approach for determining the financial aspect of eligibility criteria. Ontario Works Special Supports are currently in the process of streamlining the application and approval process for low income programs and are developing/implementing an online portal for clients to apply to multiple low-income programs using one application process.

While Ontario Works Special Supports program offers funding for emergency dental treatment, Public Health Services' Municipal Dental Clinic includes basic dental care beyond emergency services only. Both programs have a one-year eligibility.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The *Municipal Act* allows municipalities to establish procedural requirements for the programs and services provided to residents by the municipality. Public Health Services' low-income adult Municipal Dental Clinic Services is a discretionary program funded 100% by the levy.

Other dental programs are offered at Public Health Services' Dental Clinic, including the Ontario Senior' Dental Care Program and Healthy Smiles Ontario. Eligibility for these programs is provincially mandated.

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RELEVANT CONSULTATION

For this report the following were consulted: (1) Erica Brimley, Human Service Manager of Ontario Works, Healthy and Safe Communities Department; (2) Terry Quinn, Special Projects, Healthy and Safe Communities Department; and (3) Finance & Administration.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

To determine eligibility for low income services, the Public Health Services' Municipal Dental Clinic uses the 2008 Low Income Cut-Offs (LICO) and Ontario Works Special Supports has adopted the Low-Income Measure (LIM). There is an opportunity to bring income eligibility metrics for the Public Health Services' Municipal Dental Clinic into alignment with Ontario Works Special Supports and other low-income programs. Public Health Services' Municipal Dental Clinic can adopt the Low-Income Measure (LIM) as its financial criteria and merge the eligibility process with the online portal. All low-income adult clients would use the portal to apply for low income programs. Low income adults eligible for Public Health Services' Municipal Dental Clinic services would then be referred directly to the Public Health Services' Municipal Dental Clinic through the portal.

An analysis of Public Health Services' Municipal Dental Clinic data from 2018 to 2021 (up to quarter (Q2)) was completed to assess the impact of using the Low-Income Measure (LIM) instead of the 2008 Low Income Cut-Offs (LICO) to determine eligibility of low-income adult clients. The comparative analysis found that using the Low-Income Measure (LIM) to determine Dental Clinic eligibility would translate to approximately 48 additional clients per year. These 48 low-income adults were previously denied eligibility using the 2008 Low Income Cut-Offs (LICO) but would now be eligible using the Low-Income Measure (LIM) as the eligibility metric. This would increase the percentage of low-income adult clients seen at the Public Health Services' Municipal Dental Clinic by 1%. The program will monitor wait times for low income adult dental clients to ensure the demand for service does not exceed capacity.

Adopting a clear and consistent financial threshold for individuals to qualify for low income benefits including Public Health Services' Municipal Dental Clinic services will streamline the eligibility process, enable individuals to apply online through the online application process, improve communication between low income dental programs and ensure that clients are able to access appropriate dental services without having to apply through different processes. Clients who apply for dental services will be automatically reviewed for eligibility and transferred to the appropriate service.

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ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



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

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 13, 2022
SUBJECT/REPORT NO:	Public Health Services Organization Update (BOH22011) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Carolyn Hureau (905) 546-2424 Ext. 6004
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize and report on the approved capital funding from the Ministry of Health to support improvements to the Ontario Seniors Dental Care Program.
- (b) That the Board of Health authorize and direct the Medical Officer of Health to increase the Public Health Services complement by 12.2 FTE in order to operationalize the improvements to the Ontario Seniors Dental Care Program.

EXECUTIVE SUMMARY

The purpose of this report is to provide an organizational update with respect to Public Health Services' transition from the COVID-19 emergency response to a more sustainable state. Updates regarding priority work, Ministry of Health approved funding, and recruitment efforts are provided herein.

Hamilton passed the peak of COVID-19 cases on April 15, 2022. As a community, Hamilton is learning how to live more safely with the virus and manage COVID-19 over the long-term. Public Health Services is also transitioning. Over the past month, Public Health Services has made significant progress in transitioning from a very long emergency response to the initial period of recovery. This started with the demobilization of staff from the COVID-19 response to their home programs on April 27, 2022 in alignment with the end of *O. Reg 116/200 Work Deployment Measures for Boards of Health* that allowed for redeployment of public health staff. Staff have

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engaged in extensive organizational and scenario-based planning in order to move Public Health Services to a more stable, sustainable and flexible state that enables Public Health Services to continue to be responsive to emerging community needs, while resuming usual programming. During this initial recovery period, staff are collectively focused on:

- Adapting and evolving the COVID-19 response;
- Reopening Public Health Services programs and services that have been on-hold; and,
- Ramping-up programs and services to address the deficits of care and service backlogs within the community.

To date, Public Health Services' ability to fully implement this work has been impacted by several factors. First, many staff remained redeployed to the COVID-19 emergency response through the first four months of 2022 due to the Omicron variant. Second, staff recruitment and retention continue to be challenging despite the implementation of mitigation strategies. There are not enough qualified individuals to fill all of the needed roles across the public health system. This is in addition to the challenges of a long emergency response and the possibility of renewed attention to changes to the public health system after the provincial election.

Recently, Public Health Services received a funding letter from the Ministry of Health outlining the provincial subsidies approved to date (see June 2022 Board of Health correspondence from the Ministry of Health regarding City of Hamilton Funding for Public Health Programs). This included a 1% funding increase for base programs as well as investments in the Ontario Seniors Dental Care Program (OSDCP). A portion of the one-time requests for COVID-19 General and COVID-19 Vaccine Programs were also approved. These approval levels for COVID-19 related work were consistent with the approach by the Province in 2021, with the intent for further adjustments through the quarterly reporting process. The one-time funding requests related to recovery and the Annual Service Plan & Budget base funding shortfall were not approved. Staff conducted further analyses regarding the current implementation status of Public Health Services' 2022 business plan and financial position at this point in the year. Given the challenges in reopening programs and recruitment, it is anticipated that Public Health Services will be able to offset recovery costs through the redirection of base funding. The Ministry of Health has indicated that they agree with the approach of directing resources to priority needs.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The funding letter from the Ministry of Health included a 1% funding increase for base programs (\$267,300), which for the current year, will

be prorated from April 1, 2022 to December 31, 2022 (\$200,475). The approved funding also included investments in the Ontario Seniors Dental Care Program. This consisted of \$1.1M in capital investment:

1. \$744,200 to build a dedicated Public Health Services Seniors' Dental Clinic with two operatories at an existing City of Hamilton or community partner building location (from April 1, 2022 to March 31, 2024);
2. \$325,300 for dental clinic furniture and equipment to support OSDCP capital project requests; and,
3. \$27,279 for additional IT equipment and software licenses required for the Seniors Dental Health Bus. The launch of the previously approved Seniors Dental Health Bus has been delayed due to challenges with IT components and systems. IT has identified the need for additional equipment and software licenses to address these issues. Without these, there would be further delays, and in turn a longer wait list for eligible seniors to access dental services.

The investment in OSDCP also included a base funding increase of \$1.82M to the 100% funded program to address operational costs associated with the capital projects and the expected increased number of clients eligible for the program due to the income threshold being raised under the Ontario Public Health Standards. It should be noted that this funding will be prorated for the current year (April 1, 2022 to December 31, 2022) totalling \$1.37M.

A portion of the COVID-19 General (non-vaccine) and the COVID-19 Vaccine one-time funding requests were also approved; \$4,602,800 and \$8,668,800, respectively. Staff anticipate the total COVID-19 costs for 2022, to be over and above the levels approved by the Province, particularly for the Vaccine Program. The Province indicated, however, that these were preliminary approvals and that public health units would be eligible for reimbursement of all extraordinary COVID-19 related costs over and above the Annual Service Plan & Budget subsidized expenditures in 2022. Although this has not been confirmed in writing, it is the same process that was followed in 2021 and is consistent with historical provincial decision-making for similar issues other than COVID-19.

As outlined in Report BOH22003(a), staff submitted a one-time funding request for \$9.0M to address the deficits of care in the community and the backlog of services that have resulted from many programs being partially or fully on-hold for over two years due to the COVID-19

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pandemic. This request was not approved. The Province indicated that there was considerable variability in the Annual Service Plan & Budget submissions across public health units making it difficult to determine a policy direction and funding level. Instead, public health units have been instructed to cover recovery costs through the redirection of base funds. Over the past two years, a portion of base funding was redirected to the COVID-19 emergency response as significant staff resources were redeployed to this work. As of April 27, 2022, all staff were demobilized from the COVID-19 emergency response in alignment with the end of *O. Reg 116/200* under the *Reopening Ontario Act*. As such, any underspending within base programs can now be more appropriately directed to recovery. Public Health Services anticipates the ability to offset recovery costs using base funding as financial analysis for quarter one (Q1) showed considerable underspending in base programs due to ongoing recruitment and retention challenges. In addition, provincial staff indicated that opportunities to apply for extraordinary recovery funds may be forthcoming following the provincial election.

The one-time funding request for \$2.39M to address the Annual Service Plan & Budget base funding shortfall was also not approved. As described in Report BOH22003, there had been no increases to base Annual Service Plan & Budget funding since 2018. The purpose of this request was to cover both the cost of inflation (i.e., wages, benefits and operating costs) for the base programs and the costs associated with new and expanded programs that had been introduced over the same time period under the Ontario Public Health Standards. Such an increase would have brought the provincial subsidy closer to its previous commitment of 75% cost-sharing.

Staffing: An increase of 12.2 FTE to the PHS staffing complement is required to operationalize the improvements to the OSDCP noted above. This consists of:

- 1.0 FTE Supervisor;
- 1.8 FTE Clinical Dentist;
- 3.4 FTE Dental Assistant;
- 1.0 FTE Dental Clinic Coordinator;
- 1.0 FTE Dental Lab Assistant;
- 2.0 FTE Receptionist; and,
- 2.0 FTE Registered Dental Hygienist.

Legal: Boards of Health are accountable for meeting all requirements included in the Ontario Public Health Standards pursuant to the *Health Protection and Promotion Act*.

Regarding the OSDCP, all partnerships between the Board of Health and Community Health Centres will be governed by a Service Level Agreement that outlines performance expectations, funding, reporting requirements, and accountability mechanisms.

HISTORICAL BACKGROUND

As the local COVID-19 situation continues to stabilize and trend in a positive direction, staff continue to focus on the emerging transition period between what has been a very long state of emergency response and the initial period of recovery as a community and an organization.

The plan for programs and services in 2022 was outlined in the Annual Service Plan & Budget submitted to the Ministry of Health on March 1, 2022 (Report BOH22003). Public Health Services outlined the following three key priorities for 2022:

1. Staff wellness;
2. Continued COVID-19 response; and,
3. Recovery and addressing the deficits of care.

A status update for each of these priorities is provided in the Analysis and Rationale for Recommendation section below.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Boards of Health are legislated to deliver the programs and services outlined in the Ontario Public Health Standards pursuant to the *Health Protection and Promotion Act*.

RELEVANT CONSULTATION

Public Health Services' Finance & Administrative has been consulted and provided the financial information for this report.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Staff wellness is one of Public Health Services' key priorities for 2022. The negative impacts of the prolonged COVID-19 emergency response on healthcare and public health workers have been profound. An increasing number of staff have experienced high levels of stress, burnout, and mental health challenges. Evidence from previous major emergencies suggests that these mental health impacts can last up to three years post-emergency. Therefore, it is critical that wellness efforts be maintained and resourced long after the emergency response.

To date, several initiatives have been implemented as part of a comprehensive strategy to protect and improve the mental health and well-being of Public Health Services staff. Recognizing the importance of effective leadership in supporting wellness and building resilience among staff and teams, a series of virtual Leadership Forums were held for leaders. A variety of topics were covered such as recognizing the signs of burnout and distress, practicing self-care, leading during uncertain times and engaging in meaningful wellness discussions. From May 2 - 8, 2022, all of Public Health Services celebrated the 71st annual Canadian Mental Health Association's (CMHA) Mental Health Week. This included several webinars facilitated by Homewood Health, yoga classes, qigong, mindful breathing sessions and energizers. In addition, St. Joseph's Healthcare Hamilton will be facilitating Coping & Resilience Support Sessions for staff. The purpose of these sessions is to create a safe and supportive space for staff to connect with their peers and validate their experiences to support healing and recovery.

Another key priority for Public Health Services in 2022 is continuing to carry out critical functions related to COVID-19 disease control (i.e., case and contact management, outbreak management, infection prevention and control, and surveillance) and the COVID-19 vaccine program. The local COVID-19 situation continues to stabilize and trend in a positive direction. As a community we have been continuing to learn how to live more safely with the virus and how to manage COVID-19 in the mid to long-term. In parallel, the role of Public Health Services in responding to COVID-19 is also transitioning from emergency response to the ongoing management of the virus. This involves integrating COVID-19 work into the existing Infectious Disease and Vaccine Programs.

Both the Infectious Disease Program and the Vaccine Program have engaged in a significant amount of planning to identify the staffing complement needed to continue meeting Provincial requirements related to COVID-19 and to respond to potential future COVID-19 situations. Extra resources will be required through 2022 at minimum to expand these programs to include COVID-19 work while also resuming full service-levels in non-COVID-19 Infectious Disease Program and Vaccine Program work and addressing the service backlogs and deficits of care in these areas. As mentioned above, the Province has provided preliminary COVID-19 funding approval and indicated that public health units will be eligible for reimbursement of all extraordinary COVID-19 related costs over and above the Annual Service Plan & Budget subsidized expenditures in 2022. These programs are currently completing recruitment to fill key leadership and frontline positions to support the COVID-19 work going forward.

Supporting recovery from COVID-19 and addressing the deficits of care is also a key priority for Public Health Services in 2022. The deployment of significant Public Health Services resources to the COVID-19 response over the past two years has meant less ability to focus on other important public health issues, impacting service delivery in many program areas and resulting in service backlogs and deficits of care in our community. In addition, many health and social issues have worsened throughout the

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pandemic, with marginalized populations being disproportionately impacted. The deficits of care and recovery needs across the province were well-articulated in the Association of Local Public Health Agencies' (aLPHa) report titled, "Public Health Resilience in Ontario"¹. This report demonstrates the need for additional investments in public health in order to clear the service backlog, resume routine programs and services, and maintain an effective pandemic response. Public Health Services has assessed the deficits of care and service backlogs locally and identified priority areas for recovery (Report BOH22003(a)). These are very aligned with those outlined in the aLPHa report and include school immunizations, school dental screenings, mental health and well-being (infants, children, youth and adults), supports for parents and caregivers, and health equity.

One substantial area for catch-up in Hamilton is routine immunizations for students (e.g., Hepatitis B, Human Papillomavirus (HPV), Meningococcal, etc.) and *Immunization of School Pupils Act* (ISPA) screenings. This program was on hold for a two-year period starting in March 2020 due to staff redeployment to the COVID-19 emergency response. Catch-up clinics reopened on March 29, 2022 at Limeridge Mall and are operating five days per week. These catch-up clinics are open to three different cohorts of students; those currently in Grade 7 and 8 as well as those who did not receive their immunizations in 2020 or 2021. To date, a total of 4,506 doses have been administered to 1,815 clients. In June 2022, these catch-up clinics will also be open to students in Grade 12 who are overdue for vaccinations as this population will be graduating shortly. Public Health Services will continue to run these catch-up clinics over the summer months.

Many of the programs responsible for other recovery and catch-up work are still in the recruitment, onboarding, and ramping up stage. There are several factors contributing to this. First, the need to continue the COVID-19 emergency response through the first four months of 2022 due to the Omicron variant. Hamilton passed the peak of COVID-19 cases on April 15, 2022 and the peak of hospitalizations on May 2, 2022. Thus, significant resources and efforts were required during this time. On April 27, 2022, all redeployed staff were demobilized from the COVID-19 response as per the end of *O.Reg 116/200* under the *Reopening Act Ontario*. Second, Public Health Services continues to experience challenges with recruitment and retention. As is the case with other sectors, the experience over the past two years has caused many individuals to reflect on and re-evaluate their careers and future aspirations. Some individuals have opted to change positions and others have chosen to change careers and professions altogether. This situation is not unique to Hamilton; health human resources continue to be strained across the province and beyond. Currently, there are unprecedented labour shortages as a result of both increased competition across all settings and an

¹ January 2022: Association of Local Public Health Agencies. Public Health Resilience in Ontario: Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective COVID-19 Response.

increasing number of staff facing burnout and mental health challenges as a result of the prolonged emergency response.

Revised timelines for the initiation of recovery and catch-up in these priority areas is outlined in Appendix “A” to Report BOH22011. The majority of these initiatives will commence in quarter three (Q3). Dental school screenings will begin in October 2022, shortly after the start of the new school year.

Public Health Services is in the process of returning to a regular performance monitoring and management cycle for all programs. This may take some time as significant data gaps exist particularly among population health data sources. This situation is not unique to Hamilton. Due to the pandemic, the collection of population-level data for many provincial and national data sources was put on-hold. The Epidemiology & Evaluation Program within Public Health Services is currently looking into this further and identifying potential solutions. In terms of monitoring program data, staff will focus on identifying measures for recovery initiatives first. These measures will be used to monitor the achievement of targets and intended outcomes. Status updates regarding implementation will be provided to Board of Health at a future meeting.

As noted above, the Province approved a funding increase for the OSDCP. Ensuring low-income seniors have access to dental care is incredibly important public health work to support health equity. Oral health is linked to overall health and well-being and is an important matter for many seniors in the community. As people age, their oral health may become worse due to medication, medical conditions as well as mobility limitations that make good oral hygiene difficult to maintain. In addition, seniors may face barriers to accessing dental care due to cost, limited physical and cognitive abilities and transportation. The goal of the OSDCP is to reduce unnecessary trips to the hospital emergency room, prevent chronic disease and improve quality of life for seniors.

Through the pandemic there was an increased demand for service among OSDCP clients, resulting in longer wait times. The recent OSDCP investment will enable Public Health Services to service more clients by building and staffing a two-operatory seniors’ dental clinic with a dedicated instrument reprocessing/sterilization area at an existing City of Hamilton or community partner building location. The aim is that this additional clinic will enable Public Health Services to clear the extensive wait list of OSDCP clients currently waiting for dental services. It is anticipated that this new clinic will be able to service over 3,300 OSDCP clients.

A portion of the funding will also be used to purchase portable dental equipment to provide preventive dental services for seniors who face challenges in leaving their residence to seek care. This equipment along with relevant staffing will be provided to Centre de Santé Communautaire Hamilton/Niagara and Hamilton Urban Core Community Health Centre to enable them to provide preventive dental services for OSDCP clients at seniors’ buildings/residences in their communities. It is estimated that

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close to 600 seniors will have increased access to preventive dental services through this initiative.

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

Appendix “A” to Report BOH22011

Timeline to Initiate Recovery & Catch-Up by
Priority Area

Timeline to Initiate Recovery & Catch-Up by Priority Area

Program	Description	Anticipated Implementation Start Date
Chronic Disease Prevention	Review the Chronic Disease Prevention Program (on-hold since March 2020) to assess the needs within the Hamilton community and to adapt the program to meet those needs. This will include a health equity component that incorporates and builds on lessons learned through the pandemic.	September 2022
Mental Health & Substance Misuse	Review of mental health and addictions initiatives to ensure they meet the current needs of the community, especially those who experiencing the most significant health impacts and inequities.	August 2022
Epidemiology & Evaluation	Ramp-up support for population health assessment related to health equity and other public health priorities	September 2022
Health Equity	Develop and implement a health equity strategy that incorporates and builds on lessons learned through the pandemic.	August 2022
Healthy Growth and Development	Ramp-up infant and early years mental health initiatives to help address the disproportionate impact the pandemic has had on toddlers and young children resulting from extremely limited opportunities for social interaction and social/emotional development	September 2022
	Ramp-up supports for parents and caregivers (particularly for those with children aged 3.8 years to 6 years) including opportunities for screening, interventions and developmental support referrals	July 2022
Dental Program	Catch-up on dental screenings in schools – approximately, 23,000 in need of screening (on-hold since March 2020). To identify those who were not screened in JK or SK screen all grade one students at all schools. At high and medium intensity schools screen grade 8 students to ensure those who were not screened in grade 7 are identified before going to high school.	October 2022
	Catch-up on Healthy Smiles Ontario preventive services – approximately 278 children on the waitlist (on-hold since March 2020)	June 2022

Program	Description	Anticipated Implementation Start Date
School Program	Ramp-up mental health and wellbeing supports in schools and school communities experiencing the most significant health impacts and inequities	July 2022



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

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 13, 2022
SUBJECT/REPORT NO:	Alcohol, Drug, & Gambling Services and Mental Health Outreach Program Budget 2022-2023 (BOH22012) (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 2022-2023 Alcohol, Drug, & Gambling Services and Community Mental Health Promotion program budgets, funded by Ontario Health, be approved, including:
 - (i) the net 0.6 FTE reduction for Alcohol, Drug & Gambling Services;
 - (ii) the 0.65 FTE reduction for the Community Mental Health Promotion program budgets;
- (b) That the 2022-2023 Alcohol, Drug, & Gambling Services Program's Choices and Changes budget, funded by the Ministry of Children, Community and Social Services be approved;
- (c) That the 2022-2023 Alcohol, Drug, & Gambling Services Program's Other Funding Grants budget be approved, including a 2.09 FTE increase; and
- (d) 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 all the

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SUBJECT: Alcohol, Drug, & Gambling Services and Mental Health Outreach Program Budget 2022-2023 (BOH22012) (City Wide) - Page 2 of 5

2022-2023 Alcohol, Drug & Gambling Services and Mental Health Street Outreach Program budgets approved in Report BOH22012.

EXECUTIVE SUMMARY

The Alcohol, Drug, & Gambling Services Program (ADGS) and its Community Mental Health Promotion program (CMHP) 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 CMHP 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: Decreases in complement are to stay within budget caps. Increases are related to additional revenue from community investment. Details of the funding changes are outlined in Table 1 below:

Table 1: Funding Changes to Annual Budget and FTE

Funding Source	Annual Budget 2022/2023	Annual Budget 2021/2022	FTE 2022/2023	FTE 2021/2022	Change in FTE
Ontario Health West ADGS Substance Use	\$825,191	\$825,191	6.7	7.2	(-0.5)
Ontario Health West ADGS Problem Gambling	\$315,090	\$315,090	2.2	2.3	(-0.1)

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SUBJECT: Alcohol, Drug, & Gambling Services and Mental Health Outreach Program Budget 2022-2023 (BOH22012) (City Wide) - Page 3 of 5

Funding Source	Annual Budget 2022/2023	Annual Budget 2021/2022	FTE 2022/2023	FTE 2021/2022	Change in FTE
Ontario Health West Community Mental Health Promotion Program	\$700,675 ¹	\$700,675 ¹	4.25	4.9	(-0.65)
Choices and Changes Ministry of Children, Community and Social Services	\$126,150	\$126,060	1.15	1.15	0.0
Other Funding Grants	\$521,947 ²	\$290,900	4.54	2.45	+2.09
Total FTE			18.84	18.0	+0.84

1. Includes external contract workers: Housing Help Centre; Mission Services; new Social Work FTE budgeted in Other Funding Grants will be embedded in this program
2. Revenue for Other Funding Grants: Cost Recovery revenues for the Centre for Addiction and Mental Health (CAMH) Back on Track Remedial Measures, decreasing by 0.4 FTE; Hamilton Family Health Team \$1,200/month; Hamilton Health Sciences actuals for staffing increasing by 1.5 FTE to 2.5 FTE; and new 1.0 FTE Social Work Hamilton Public Library (see Report BOH22009)

Staffing: Staffing changes are outlined in Table 1 above.

Legal: Not Applicable.

HISTORICAL BACKGROUND

ADGS receives multiple funding components to support program delivery. Funding components include: (1) Ontario Health funding; (2) Ministry of Children, Community and Social Services (MCCSS) funding; (3) revenue from Children’s Aid Society; and (4) the Other Funding Grants programs budget revenue (see Table 1). Many of these funding components allow ADGS to offer collaborative service delivery with other community agencies, targeting specific service needs.

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The Ontario Health ADGS funding supports service delivery including assessment, outpatient counselling, and referrals for individuals 21 years and older, who are experiencing a substance use issue, or 12 years and older, for individuals experiencing a problem gambling issue.

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 Other Funding Grants program budget includes the following programs: CAMH 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 consultation within primary care; Hamilton Health Sciences initiative which will be increasing by 1.5 FTE funding from Hamilton Health Sciences to provide addiction services to individuals receiving care in hospital, and a new initiative with Hamilton Public Library to provide direct service to individuals coming to the library experiencing social and health issues who would benefit from brief intervention and community connection.

Community Mental Health Promotion Program:

The Ontario Health CMHP 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 Ontario Health 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 was consulted regarding the preparation of the budget.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Through Ontario Health, the 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

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services, therefore, budget approval and reporting authorization to maintain funding is recommended. The loss of FTE in the Ontario Health budget will have an impact on direct service delivery in the program area of addictions and homelessness. It is essential to continue to support direct service to individuals within our mandates. Staffing and connections between programs and new opportunities is being adjusted to ensure this is a priority.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

CITY OF HAMILTON

MOTION

Board of Health : June 13, 2022

MOVED BY COUNCILLOR E. PAULS

SECONDED BY COUNCILLOR

Nomination to the Central West Board of Health representative on the Association of Local Public Health Agencies (aLPHa) Board of Health Section Executive Committee and the Board of Directors for the 2022-2024 Term

That Councillor M. Wilson be nominated as the Central West Board of Health representative on Association of Local Public Health Agencies (aLPHa) Board of Health Section Executive Committee and the Board of Directors for the June 2022 to June 2024 term, contingent upon their re-election in the upcoming Municipal election.