City of Hamilton
PUBLIC HEALTH COMMITTEE
AGENDA

Meeting #:	23-009
Date:	September 8, 2023
Time:	9:30 a.m.
Location:	Council Chambers Hamilton City Hall 71 Main Street West

Matt Gauthier, Legislative Coordinator (905) 546-2424 ext. 6437

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1. CEREMONIAL ACTIVITIES

2. APPROVAL OF AGENDA

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

3. DECLARATIONS OF INTEREST

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

   4.1 August 16, 2023

5. COMMUNICATIONS

   5.1 Correspondence from Dr. Kieran M. Moore, Chief Medical Officer of Health of Ontario and Assistant Deputy Minister, Public Health, Ministry of Health, respecting the Provincial Strategy to Strengthen Public Health in Ontario

   Recommendation: Be received.

   5.2 Correspondence from Dr. Charles Gardner, President, Association of Local Public Health Agencies (alPHa), respecting Public Health Funding and Capacity Announcement

   Recommendation: Be received.

5.3 Correspondence from Hon. Sylvia Jones, Deputy Premier and Minister of Health, and Patrick Dicerni, Interim Assistant Deputy Minister, Ministry of Health, respecting 2023-2024 New Base Funding for HIV and/or Hepatitis C Services

Recommendation: Be received and that the Medical Officer of Health, or designate, be authorized and directed to execute all agreements, contracts, extensions, and documents, including submission of budgets and reports, required to give effect to 2023-2024 new base funding to support the delivery of HIV and/or Hepatitis C services.

5.4 Correspondence from Matt Newton-Reid, Board Chair, Middlesex-London Health Unit, respecting the Middlesex-London Health Unit 2024 Budget

Recommendation: Be received.

5.5 Correspondence from Association of Local Public Health Agencies (alPHa), respecting August 2023 InfoBreak

Recommendation: Be received.

5.6 Correspondence from Hon. Sylvia Jones, Deputy Premier and Minister of Health, respecting Ministry of Health - 2023-2024 Funding for Public Health Programs

Recommendation: Be received and that the Medical Officer of Health, or designate, be authorized and directed to execute all agreements, contracts, extensions, and documents, including submission of budgets and reports, required to give effect to the amended City of Hamilton Public Health Funding and Accountability Agreement 2023-2024.

6. DELEGATION REQUESTS

7. DELEGATIONS

8. STAFF PRESENTATIONS

8.1 Child and Youth Mental Health Transformation and Child and Adolescent Services Budget 2023-2024 (BOH23029) (City Wide) (Outstanding Business List Item)

Please refer to Item 14.1 for Private and Confidential Appendix "A" to this report.

Presentation has been uploaded.

8.2 Hamilton Waterpipe By-law (BOH23017(a)) (City Wide)

Presentation has been uploaded.

9. CONSENT ITEMS

Members of the public can contact the Clerk’s Office to acquire the documents considered at this meeting, in an alternate format.

9.1 Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (April – June 2023) (BOH23031) (City Wide)

10. DISCUSSION ITEMS

10.1 Healthy Babies Healthy Children Program Budget 2023-2024 (BOH23028) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

14.1 Confidential Appendix "A" to Item 8.1 - Child and Youth Mental Health Transformation and Child & Adolescent Services Budget 2023-2024 (BOH23029) (City Wide) (Outstanding Business List Item)

Pursuant to Section 9.3, Sub-sections (b) and (d) of the City's Procedural By-law 21-021, as amended, and Section 239(2), Sub-sections (b) and (d) of the *Ontario Municipal Act, 2001*, as amended, as the subject matters pertain to personal matters about an identifiable individual, including City or local board employees and labour relations or employee negotiations.

15. ADJOURNMENT

Members of the public can contact the Clerk’s Office to acquire the documents considered at this meeting, in an alternate format.

PUBLIC HEALTH COMMITTEE
(Formerly the Board of Health)
MINUTES 23-008

9:30 a.m.
Wednesday August 16, 2023
Council Chambers, City Hall, 2nd Floor
71 Main Street West, Hamilton, Ontario

Present: Mayor A. Horwath (Chair)
Councillor M. Wilson (Vice-Chair)
Councillors C. Cassar, B. Clark, J.P. Danko, M. Francis, T. Hwang, T. Jackson, C. Kroetsch, T. McMeekin, N. Nann, E. Pauls, M. Tadeson and A. Wilson

Absent with Regrets: Councillors J. Beattie – Personal and M. Spadafora – Personal

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THE FOLLOWING ITEMS WERE REFERRED TO THE BOARD OF HEALTH FOR CONSIDERATION:

1. Public Health Services Indigenous Health Strategy (BOH23026) (City Wide) (Item 8.1)

(Tadeson/Francis)
That the Public Health Services Indigenous Health Strategy, attached as Appendix "A" to Report BOH23026, be approved.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Absent	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls

Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

2. Public Health Services 2022 Annual Performance and Accountability Report (BOH23024) (City Wide) (Item 9.2)

(A. Wilson/Clark)
That Report BOH23024, respecting Public Health Services 2022 Annual Performance and Accountability Report, be received.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Absent	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Absent	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

3. Mental Health Street Outreach Program and Hamilton Public Library Partnership (BOH23027) (City Wide) (Item 10.1)

(Clark/Cassar)
(a) That the Board of Health authorize and direct the Medical Officer of Health to enter into an amendment of the current Collaboration Agreement between the City of Hamilton Public Health Services' Alcohol Drug and Gambling Services and Mental Health Street Outreach Program (Mental Health Street Outreach Program) and the Hamilton Public Library, satisfactory in form to the City Solicitor, including:

(i) The temporary increase of a 0.4 FTE Social Worker, in the Mental Health Street Outreach Program, to increase service delivery to the Hamilton

Public Library for up to an approximate four-month period to be fully funded by the Hamilton Public Library; and,

(ii) Upon request and written agreement, that the complement in the Mental Health Street Outreach Program may at any time during the term of the Collaboration Agreement have the City provide an additional Social Worker, for up to 14 hours per week at the expense of the Hamilton Public Library.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Absent	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

4. Supervised Consumption Site Evaluation Framework (BOH23025) (City Wide) (Item 10.2)

(Cassar/Clark)

(a) That the Supervised Consumption Site Evaluation Framework, attached as Appendix “A” to Public Health Committee Report BOH23025, ***and with the inclusion of local community engagement***, be approved; and,

(b) That the Public Health Services budgeted complement be increased by 1.0 FTE in order to hire a Program Evaluation Coordinator at anticipated annualized cost of $127,630 to be referred to the 2024 Tax Operating Budget for Council approval.

Result: MAIN Motion *as Amended,* CARRIED by a vote of 12 to 1, as follows:

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
No	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

5. 2023 Public Health Services Organizational Risk Management Plan (BOH23022) (City Wide) (Item 10.3)

(Tadeson/Hwang)
That Appendix “A” to Report BOH23022, the 2023 Public Health Services Organizational Risk Management Matrix and Action Plan, be approved.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

6. Request for Air Monitoring at GFL Environmental Landfill Site in Ward 9 (Added Item 11.1)

(Clark/Francis)
That the Public Health Committee request that the Public Health Staff write a letter to the Ministry of Environment, Conservation and Parks requesting that air monitoring be conducted to verify what is in the odour emanating from the GFL Environmental landfill site in Ward 9 and the results of the monitoring be shared with the surrounding community.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Committee that there were no changes to the agenda.

(Cassar/McMeekin)
That the agenda for the August 16, 2023 Public Health Committee be approved, as presented.

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

Yes	-	Mayor Andrea Horwath

Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Absent	-	Ward 3	Councillor Nrinder Nann
Absent	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) June 12, 2023 (Item 4.1)

(M. Wilson/Tadeson)
That the Minutes of the June 12, 2023 meeting of the Public Health Committee be approved, as presented.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Absent	-	Ward 3	Councillor Nrinder Nann
Absent	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson

Yes - Ward 1 Councillor Maureen Wilson

(d) COMMUNICATIONS (Item 5)

(i) (Francis/A. Wilson)
That the following Communication items be approved, as presented:

(a) Correspondence from Ann-Marie Kungl, Board of Health Chair, Simcoe Muskoka District Health Unit respecting the Simcoe Muskoka District Health Unit 2024 Budget (Item 5.1)

Recommendation: Be received.

(b) Correspondence from David Marshall, Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit respecting the the Haliburton, Kawartha, Pine Ridge District Health Unit 2024 Budget (Item 5.2)

Recommendation: Be received.

(c) Correspondence from Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Public Health Sudbury and Districts respecting Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023 (Item 5.3)

Recommendation: Be endorsed.

(d) Correspondence from Cynthia St. John, President, Association of Ontario Public Health Business Administrators respecting Support for the Recommendations in Dr. Moore's 2022 Annual Report and Calling for Sustained Public Health Funding Levels (Item 5.4)

Recommendation: Be received.

(e) Correspondence from Dr. Vera Etches, Medical Officer of Health, Ottawa Public Health, respecting the State of Ottawa's Health 2023 Report and new Strategic Plan 2023-2027 (Item 5.5)

Recommendation: Be received.

(f) Correspondence from Dr. Charles Gardner, President, Association of Local Public Health Agencies, respecting Public Health Matters - A Business Case for Local Public Health (Item 5.6)

Recommendation: Be received.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(e) STAFF PRESENTATIONS (Item 8)

(i) Public Health Services Indigenous Health Strategy (BOH23026) (City Wide) (Item 8.1)

Dr. Richardson, Medical Officer of Health, Public Health Services and Terry Ramirez, Indigenous Health Strategy Specialist, Public Health Services, addressed the Committee respecting the Public Health Services Indigenous Health Strategy, with the aid of a PowerPoint presentation.

(Francis/ A. Wilson)
That the presentation respecting Report BOH23026, Public Health Services Indigenous Health Strategy, be received.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Absent	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson

Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

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

(f) CONSENT ITEMS (Item 9)

(i) Food Advisory Committee Minutes (Item 9.1)

(Pauls/Jackson)
That the following Food Advisory Committee Minutes be received:

(a) January 14, 2020 (Item 9.1(a))
(b) February 11, 2020 (Item 9.1(b))
(c) March 10, 2020 (Item 9.1(c))
(d) May 11, 2021 (Item 9.1(d))
(e) June 8, 2021 (Item 9.1(e))
(f) August 10, 2021 (Item 9.1(f))
(g) September 14, 2021 (Item 9.1(g))
(h) October 12, 2021 (Item 9.1(h))
(i) November 9, 2021 (Item 9.1(i))
(j) December 14, 2021 (Item 9.1(j))
(k) January 11, 2022 (Item 9.1(k))
(l) June 14, 2022 (Item 9.1(l))
(m) June 6, 2023 (No Quorum Report) (Item 9.1(m))

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Absent	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann

Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(g) DISCUSSION ITEMS (Item 10)

(i) Supervised Consumption Site Evaluation Framework (BOH23025) (City Wide) (Item 10.2)

(Cassar/Clark)

(a) That the Supervised Consumption Site Evaluation Framework, attached as Appendix "A" to Public Health Committee Report BOH23025, be approved; and,

(b) That the Public Health Services budgeted complement be increased by 1.0 FTE in order to hire a Program Evaluation Coordinator at anticipated annualized cost of $127,630 to be referred to the 2024 Tax Operating Budget for Council approval.

(Nann/Clark)

That sub-section (a) to Report BOH23025, respecting Supervised Consumption Site Evaluation Framework, ***be amended***, by adding the words "***and with the inclusion of local community engagement"***, as follows:

(a) That the Supervised Consumption Site Evaluation Framework, attached as Appendix "A" to Public Health Committee Report BOH23025, ***and with the inclusion of local community engagement***, be approved; and,

Result: *AMENDMENT,* CARRIED by a vote of 12 to 1, as follows:

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
No	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora

Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

For further disposition of this matter, please refer to Item 4.

(h) NOTICES OF MOTION (Item 12)

(i) Request for Air Monitoring at GFL Environmental Landfill Site in Ward 9 (Ward 9) (Added Item 12.1)

(Cassar/Francis)
That the Rules of Order be waived to allow for the introduction of a Motion respecting Request for Air Monitoring at GFL Environmental Landfill Site in Ward 9.

Result: Motion CARRIED by a 2/3 majority vote of 13 to 0, as follows:

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Absent	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

For disposition of this matter, please refer to Item 6.

(i) ADJOURNMENT (Item 15)

(Cassar/Hwang)
That, there being no further business, the Public Health Committee be adjourned at 12:03 p.m.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

Respectfully submitted,

Mayor Andrea Horwath
Chair, Public Health Committee

Matt Gauthier
Legislative Coordinator
Office of the City Clerk

Ministry of Health

Office of Chief Medical Officer of Health, Public Health

Box 12
Toronto, ON M7A 1N3

Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique

Boîte à lettres 12
Toronto, ON M7A 1N3

Téléc. :416 325-8412

August 22, 2023

MEMORANDUM

TO: Local Public Health Agency (LPHA) Board Chairs, Medical Officers of Health, Associate Medical Officers of Health, and Chief Executive Officers, Business Administrators

FROM: Dr. Kieran M. Moore, Chief Medical Officer of Health of Ontario and Assistant Deputy Minister, Public Health, Ministry of Health

RE: Provincial Strategy to Strengthen Public Health In Ontario

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Dear Colleagues,

Earlier today, at the 2023 Association of Municipalities of Ontario Conference, the government announced that the province is moving forward with a strategy to strengthen Ontario's public health sector.

I am excited to follow-up with some further details on the key initiatives of this strategy, which are aimed at optimizing capacity, stability and sustainability in the public health sector.

Since the SARS pandemic in 2003, there have been a series of reports that have consistently called for strengthening public health to address critical challenges

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such as a lack of capacity and critical mass, structural governance challenges, misalignment of the public health sector with other health and social services, as well as challenges with the public health workforce, including recruitment, retention and leadership. The COVID-19 pandemic reinforced the critical importance of a robust public health sector while once again highlighting these challenges.

Through the strategy announced today, the public health sector has an opportunity to demonstrate leadership in addressing these challenges. This strategy is grounded in a locally-driven approach, equipped with the provincial supports and resources needed to facilitate change while ensuring that we retain and strengthen front-line jobs and local public health programs and services.

Key initiatives of this strategy include:

1. **Clarifying roles and responsibilities through the Ontario Public Health Standards (OPHS)**
    - Working in close collaboration with the public health sector, the government will initiate a review of the OPHS in order to refine, clarify and strengthen local public health roles and responsibilities, including relationships and alignment across and beyond the broader health care system.
    - As part of this review, the government will seek to support Local Public Health Agencies (LPHAs) by exploring opportunities to shift some roles and responsibilities to a regional or provincial level.
2. **Supporting voluntary mergers among local public health agencies**
    - Mergers among LPHAs have been demonstrated to be an effective solution to long-standing capacity challenges as they have significant potential to increase program delivery resources, including through the pooling of resources, greater ability to recruit and retain staff for specialized roles, and greater ability to manage surge capacity.

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- Beginning this fall, the government will work collaboratively with the public health and municipal sectors, and other stakeholders to develop criteria, parameters and accountability mechanisms to support a coordinated approach to voluntary mergers, informed by lessons learned from previous mergers.
- LPHAs will then have the opportunity to submit proposals to the government based on established guidelines and criteria through current reporting mechanisms (e.g., 2024 Annual Service Plan and Budget Submission).
- Where there is agreement between LPHAs to merge, the government will provide time-limited supports and resources to facilitate the merger process and support business continuity to ensure program and service delivery stability while change is underway. Any savings realized through mergers can be reinvested by the successor LPHAs to further support capacity and program and service delivery.

3. **Providing stable, sustainable funding to LPHAs**
    - Recognizing the urgent need for stability, the government will restore $47M in provincial base funding to LPHAs, effective January 1, 2024. This will restore funding for those impacted LPHAs and municipalities to the level previously provided under the 2020 cost-share formula.
    - The province will also provide all LPHAs with growth base funding of 1% annually over the next 3 years to further support stabilization while collaborative processes are underway to review roles and responsibilities and facilitate mergers.

These initiatives will lay the groundwork for a longer-term approach to sustainable funding, including a review of the ministry's funding methodology for public health, based on a renewed and strengthened sector.

The Office of Chief Medical Officer of Health, Public Health is committed to collaborating with you to implement these initiatives and will be scheduling

…4

meetings in the coming days to facilitate further discussion. If you have any immediate questions, please reach out to Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications Branch, at Colleen.Kiel@Ontario.ca, and Brent Feeney, Director, Accountability and Liaison Branch, at Brent.Feeney@ontario.ca.

As always, thank you for your continued support as we work to strengthen the public health sector in Ontario.

Yours truly,

Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health, Ministry of Health

c:

- Dr. Catherine Zahn, Deputy Minister, Ministry of Health
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Elizabeth Walker, Executive Lead, Ministry of Health
- Colleen Kiel, Director, Ministry of Health
- Brent Feeney, Director, Ministry of Health
- Dr. Barbara Yaffe, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Daniel Warshafshy, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. David McKeown, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Michelle Murti, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Wajid Ahmed, Associate Chief Medical Officer of Health, Ministry of Health
- Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health, Ministry of Health

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006

August 23, 2023

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: Public Health Funding and Capacity Announcement

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health Section, Boards of Health Section, and Affiliate Associations, I am writing to thank you for the commitments you made to local public health as part of your address to the Association of Municipalities of Ontario (AMO) on August 22, 2023.

A healthier population contributes to a stronger economy and reduces demand for costly and scarce health care resources. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. One of our foundational positions is that, regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure the total funding envelope is stable, predictable, protected, and sufficient for the full delivery of all public health programs and services.

alPHa is pleased about the restoration of the $47 million in provincial annual base funding and to hear your message to our public health unit members that they can expect a guaranteed increase of 1% of the base funding in each of the next three years and it is a positive step forward. While this may not be sufficient to completely meet our mandate, we do appreciate knowing what our thresholds will be when planning our budgets during this time. alPHa notes your observation this will afford the opportunity and time to work together to address long-standing challenges in the system.

Thank you for recognition of the value of local public health expertise and for the opportunity to help shape the future of local public health. alPHa is committed to our work that supports the Ontario government's goals to be efficient, effective, and provide value for money.

We appreciated our recent meeting with you and look forward to collaborating with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Charles Gardner,
President

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the CMOH
Brent Feeney, Director, Accountability and Liaison, Office of the CMOH

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

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
www.ontario.ca/health

Ministère de la Santé

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

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

Ontario

174-2023-1154

July 18, 2023

Ms. Andrea Horwath
Mayor of Hamilton
City of Hamilton
110 King Street West, 4th Floor
Hamilton ON L8P 4S6

Dear Ms. Horwath:

I am pleased to advise that the Ministry of Health will provide the City of Hamilton a base funding increase of up to $3,200 for the 2023-24 funding year to support continuity of service delivery. This funding supports Ontario's efforts to prevent Human Immunodeficiency Virus (HIV) transmission and improve access to community-based care and treatment.

The Assistant Deputy Minister of the Hospitals and Capital Division will write to the City of Hamilton shortly concerning the terms and conditions governing this funding.

I wish to thank the City of Hamilton for its continued commitment to improve the health and lives of Ontarians living with and at risk of HIV.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton

ONTARIO TRANSFER PAYMENT AGREEMENT

THE AGREEMENT is effective as of the **1st day of April, 2023**

B E T W E E N :

His Majesty the King in right of Ontario
as represented by the Minister of Health

(the **"Province")**

- and -

The City of Hamilton

(the **"Recipient")**

CONSIDERATION

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

1.0 ENTIRE AGREEMENT

1.1 The agreement, together with:

Schedule "A" - General Terms and Conditions
Schedule "B" - Project Specific Information and Additional Provisions
Schedule "C" - Project
Schedule "D" - Budget
Schedule "E" - Payment Plan
Schedule "F" - Reports, and
any amending agreement entered into as provided for in section 4.1,

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

2.0 CONFLICT OR INCONSISTENCY

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

(a) the Parties will interpret any Additional Provisions in so far as possible, in a way that preserves the intention of the Parties as expressed in Schedule "A"; and

(b) where it is not possible to interpret the Additional Provisions in a way that is consistent with the provisions in Schedule "A", the Additional Provisions will prevail over the provisions in Schedule "A" to the extent of the inconsistency.

3.0 COUNTERPARTS

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

4.0 AMENDING THE AGREEMENT

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

5.0 ACKNOWLEDGEMENT

5.1 The Recipient acknowledges that:

(a) by receiving Funds it may become subject to legislation applicable to organizations that receive funding from the Government of Ontario, including the *Broader Public Sector Accountability Act, 2010* (Ontario), the *Public Sector Salary Disclosure Act, 1996* (Ontario), and the *Auditor General Act* (Ontario);

(b) His Majesty the King in right of Ontario has issued expenses, perquisites, and procurement directives and guidelines pursuant to the *Broader Public Sector Accountability Act, 2010* (Ontario);

(c) the Funds are:

(i) to assist the Recipient to carry out the Project and not to provide goods or services to the Province;

(ii) funding for the purposes of the *Public Sector Salary Disclosure Act, 1996* (Ontario);

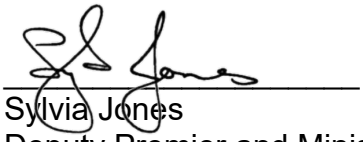
(d) the Province is not responsible for carrying out the Project; and

(e) the Province is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario) and that any information provided to the Province

in connection with the Project or otherwise in connection with the Agreement may be subject to disclosure in accordance with that Act.

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

HIS MAJESTY THE KING IN RIGHT OF ONTARIO
as represented by the Minister of Health



July 18, 2023
Sylvia Jones — Date
Deputy Premier and Minister of Health

_____ _____
Name: Date

Title:

I have authority to bind the Recipient.

_____ _____
Name: Date

Title:

I have authority to bind the Recipient.

A1.0 INTERPRETATION AND DEFINITIONS

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

(a) words in the singular include the plural and vice-versa;

(b) words in one gender include all genders;

(c) the headings do not form part of the Agreement; they are for reference only and will not affect the interpretation of the Agreement;

(d) any reference to dollars or currency will be in Canadian dollars and currency; and

(e) "include", "includes" and "including" denote that the subsequent list is not exhaustive.

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

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

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

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

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

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

"Event of Default" has the meaning ascribed to it in section A13.1.

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

"Funding Year" means:

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

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

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

"Indemnified Parties" means His Majesty the King in right of Ontario, His ministers, agents, appointees, and employees.

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

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

"Notice Period" means the period of time within which the Recipient is required to remedy an Event of Default pursuant to section A13.3(b), and includes any such period or periods of time by which the Province extends that time in accordance with section A13.4.

"Parties" means the Province and the Recipient.

"Party" means either the Province or the Recipient.

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

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

A2.0 REPRESENTATIONS, WARRANTIES, AND COVENANTS

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

(a) it is, and will continue to be, a validly existing legal entity with full power to fulfill its obligations under the Agreement;

(b) it has, and will continue to have, the experience and expertise necessary to carry out the Project;

(c) it is in compliance with, and will continue to comply with, all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules, and by-laws related to any aspect of the Project, the Funds, or both; and

(d) unless otherwise provided for in the Agreement, any information the Recipient provided to the Province in support of its request for funds (including information relating to any eligibility requirements) was true and complete at the time the Recipient provided it and will continue to be

true and complete.

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

(a) the full power and authority to enter into the Agreement; and

(b) taken all necessary actions to authorize the execution of the Agreement.

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

(a) a code of conduct and ethical responsibilities for all persons at all levels of the Recipient's organization;

(b) procedures to enable the Recipient's ongoing effective functioning;

(c) decision-making mechanisms for the Recipient;

(d) procedures to enable the Recipient to manage Funds prudently and effectively;

(e) procedures to enable the Recipient to complete the Project successfully;

(f) procedures to enable the Recipient to identify risks to the completion of the Project and strategies to address the identified risks, all in a timely manner;

(g) procedures to enable the preparation and submission of all Reports required pursuant to Article A7.0; and

(h) procedures to enable the Recipient to address such other matters as the Recipient considers necessary to enable the Recipient to carry out its obligations under the Agreement.

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

A3.0 TERM OF THE AGREEMENT

A3.1 **Term.** The term of the Agreement will commence on the Effective Date and will expire on the Expiry Date unless terminated earlier pursuant to Article A11.0, Article A12.0, or Article A13.0.

A4.0 FUNDS AND CARRYING OUT THE PROJECT

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

(a) provide the Recipient up to the Maximum Funds for the purpose of

carrying out the Project;

(b) provide the Funds to the Recipient in accordance with the payment plan attached to the Agreement as Schedule “E”; and

(c) deposit the Funds into an account designated by the Recipient provided that the account:

(i) resides at a Canadian financial institution; and

(ii) is in the name of the Recipient.

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

(a) the Province is not obligated to provide any Funds to the Recipient until the Recipient provides the certificates of insurance or other proof as the Province may request pursuant to section A10.2;

(b) the Province is not obligated to provide instalments of Funds until it is satisfied with the progress of the Project;

(c) the Province may adjust the amount of Funds it provides to the Recipient in any Funding Year based upon the Province’s assessment of the information the Recipient provides to the Province pursuant to section A7.1; or

(d) if, pursuant to the *Financial Administration Act* (Ontario), the Province does not receive the necessary appropriation from the Ontario Legislature for payment under the Agreement, the Province is not obligated to make any such payment, and, as a consequence, the Province may:

(i) reduce the amount of Funds and, in consultation with the Recipient, change the Project; or

(ii) terminate the Agreement pursuant to section A12.1.

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

(a) carry out the Project in accordance with the Agreement;

(b) use the Funds only for the purpose of carrying out the Project;

(c) spend the Funds only in accordance with the Budget;

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

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

A4.5 **Interest.** If the Recipient earns any interest on the Funds, the Province may:

(a) deduct an amount equal to the interest from any further instalments of Funds; or

(b) demand from the Recipient the payment of an amount equal to the interest.

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

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

A5.1 **Acquisition.** If the Recipient acquires goods, services, or both with the Funds, it will:

(a) do so through a process that promotes the best value for money; and

(b) comply with the *Broader Public Sector Accountability Act, 2010* (Ontario), including any procurement directive issued thereunder, to the extent applicable.

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

A6.0 CONFLICT OF INTEREST

A6.1 **No Conflict of Interest.** The Recipient will carry out the Project and use the Funds without an actual, potential, or perceived conflict of interest.

A6.2 **Conflict of Interest Includes.** For the purposes of Article A6.0, a conflict of interest includes any circumstances where:

(a) the Recipient; or

(b) any person who has the capacity to influence the Recipient's decisions,

has outside commitments, relationships, or financial interests that could, or could be seen to, interfere with the Recipient's objective, unbiased, and impartial judgment relating to the Project, the use of the Funds, or both.

A6.3 **Disclosure to Province.** The Recipient will:

(a) disclose to the Province, without delay, any situation that a reasonable person would interpret as an actual, potential, or perceived conflict of interest; and

(b) comply with any terms and conditions that the Province may prescribe as a result of the disclosure.

A7.0 REPORTS, ACCOUNTING, AND REVIEW

A7.1 **Preparation and Submission.** The Recipient will:

(a) submit to the Province at the address referred to in section A17.1, all Reports in accordance with the timelines and content requirements as provided for in Schedule "F", or in a form as specified by the Province from time to time;

(b) submit to the Province at the address referred to in section A17.1, any other reports as may be requested by the Province in accordance with the timelines and content requirements specified by the Province;

(c) ensure that all Reports and other reports are completed to the satisfaction of the Province; and

(d) ensure that all Reports and other reports are signed on behalf of the Recipient by an authorized signing officer.

A7.2 **Record Maintenance.** The Recipient will keep and maintain:

(a) all financial records (including invoices) relating to the Funds or otherwise to the Project in a manner consistent with generally accepted accounting principles; and

(b) all non-financial documents and records relating to the Funds or otherwise to the Project.

A7.3 **Inspection.** The Province, any authorized representative, or any independent auditor identified by the Province may, at the Province's expense, upon twenty-four hours' Notice to the Recipient and during normal business hours, enter upon the Recipient's premises to review the progress of the Project and the Recipient's allocation and expenditure of the Funds and, for these purposes, the Province, any authorized representative, or any independent auditor

identified by the Province may take one or more of the following actions:

(a) inspect and copy the records and documents referred to in section A7.2;

(b) remove any copies made pursuant to section A7.3(a) from the Recipient's premises; and

(c) conduct an audit or investigation of the Recipient in respect of the expenditure of the Funds, the Project, or both.

A7.4 **Disclosure.** To assist in respect of the rights provided for in section A7.3, the Recipient will disclose any information requested by the Province, any authorized representatives, or any independent auditor identified by the Province, and will do so in the form requested by the Province, any authorized representative, or any independent auditor identified by the Province, as the case may be.

A7.5 **No Control of Records.** No provision of the Agreement will be construed so as to give the Province any control whatsoever over the Recipient's records.

A7.6 **Auditor General.** The Province's rights under Article A7.0 are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act* (Ontario).

A8.0 COMMUNICATIONS REQUIREMENTS

A8.1 **Acknowledge Support.** Unless otherwise directed by the Province, the Recipient will:

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

(b) ensure that the acknowledgement referred to in section A8.1(a) is in a form and manner as directed by the Province.

A8.2 **Publication.** The Recipient will indicate, in any of its Project-related publications, whether written, oral, or visual, that the views expressed in the publication are the views of the Recipient and do not necessarily reflect those of the Province.

A9.0 INDEMNITY

A9.1 **Indemnification.** The Recipient will indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages, and expenses (including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits, or other proceedings, by whomever made, sustained, incurred, brought, or prosecuted, in any way arising out of or in connection with the Project or otherwise in connection with the Agreement, unless solely caused by the negligence or wilful misconduct of the Indemnified

Parties.

A10.0 INSURANCE

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

(a) the Indemnified Parties as additional insureds with respect to liability arising in the course of performance of the Recipient's obligations under, or otherwise in connection with, the Agreement;

(b) a cross-liability clause;

(c) contractual liability coverage; and

(d) a 30-day written notice of cancellation.

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

(a) provide to the Province, either:

(i) certificates of insurance that confirm the insurance coverage as provided for in section A10.1; or

(ii) other proof that confirms the insurance coverage as provided for in section A10.1; and

(b) upon the request of the Province, provide to the Province a copy of any insurance policy.

A11.0 TERMINATION ON NOTICE

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

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

(a) cancel further instalments of Funds;

(b) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient; and

(c) determine the reasonable costs for the Recipient to wind down the Project, and do either or both of the following:

(i) permit the Recipient to offset such costs against the amount the Recipient owes pursuant to section A11.2(b); and
(ii) subject to section A4.1(a), provide Funds to the Recipient to cover such costs.

A12.0 TERMINATION WHERE NO APPROPRIATION

A12.1 **Termination Where No Appropriation.** If, as provided for in section A4.2(d), the Province does not receive the necessary appropriation from the Ontario Legislature for any payment the Province is to make pursuant to the Agreement, the Province may terminate the Agreement immediately without liability, penalty, or costs by giving Notice to the Recipient.

A12.2 **Consequences of Termination Where No Appropriation.** If the Province terminates the Agreement pursuant to section A12.1, the Province may take one or more of the following actions:

(a) cancel further instalments of Funds;

(b) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient; and

(c) determine the reasonable costs for the Recipient to wind down the Project and permit the Recipient to offset such costs against the amount owing pursuant to section A12.2(b).

A12.3 **No Additional Funds.** If, pursuant to section A12.2(c), the Province determines that the costs to wind down the Project exceed the Funds remaining in the possession or under the control of the Recipient, the Province will not provide additional Funds to the Recipient.

A13.0 EVENT OF DEFAULT, CORRECTIVE ACTION, AND TERMINATION FOR DEFAULT

A13.1 **Events of Default.** Each of the following events will constitute an Event of Default:

(a) in the opinion of the Province, the Recipient breaches any representation, warranty, covenant, or other material term of the Agreement, including failing to do any of the following in accordance with the terms and conditions of the Agreement:

(i) carry out the Project;

(ii) use or spend Funds; or

(iii) provide, in accordance with section A7.1, Reports or such other reports as may have been requested pursuant to section A7.1(b);

(b) the Recipient's operations, its financial condition, or its organizational structure, changes such that it no longer meets one or more of the eligibility requirements of the program under which the Province provides the Funds;

(c) the Recipient makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or a creditor makes an application for an order adjudging the Recipient bankrupt, or applies for the appointment of a receiver; or

(d) the Recipient ceases to operate.

A13.2 **Consequences of Events of Default and Corrective Action.** If an Event of Default occurs, the Province may, at any time, take one or more of the following actions:

(a) initiate any action the Province considers necessary in order to facilitate the successful continuation or completion of the Project;

(b) provide the Recipient with an opportunity to remedy the Event of Default;

(c) suspend the payment of Funds for such period as the Province determines appropriate;

(d) reduce the amount of the Funds;

(e) cancel further instalments of Funds;

(f) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient;

(g) demand from the Recipient the payment of an amount equal to any Funds the Recipient used, but did not use in accordance with the Agreement;

(h) demand from the Recipient the payment of an amount equal to any Funds the Province provided to the Recipient; and

(i) terminate the Agreement at any time, including immediately, without liability, penalty or costs to the Province upon giving Notice to the Recipient.

A13.3 **Opportunity to Remedy.** If, in accordance with section A13.2(b), the Province provides the Recipient with an opportunity to remedy the Event of Default, the Province will give Notice to the Recipient of:

(a) the particulars of the Event of Default; and

(b) the Notice Period.

A13.4 **Recipient not Remedying.** If the Province provided the Recipient with an opportunity to remedy the Event of Default pursuant to section A13.2(b), and:

(a) the Recipient does not remedy the Event of Default within the Notice Period;

(b) it becomes apparent to the Province that the Recipient cannot completely remedy the Event of Default within the Notice Period; or

(c) the Recipient is not proceeding to remedy the Event of Default in a way that is satisfactory to the Province,

the Province may extend the Notice Period, or initiate any one or more of the actions provided for in sections A13.2(a), (c), (d), (e), (f), (g), (h), and (i).

A13.5 **When Termination Effective.** Termination under Article will take effect as provided for in the Notice.

A14.0 FUNDS AT THE END OF A FUNDING YEAR

A14.1 **Funds at the End of a Funding Year.** Without limiting any rights of the Province under Article A13.0, if the Recipient has not spent all of the Funds allocated for the Funding Year as provided for in the Budget, the Province may take one or both of the following actions:

(a) demand from the Recipient payment of the unspent Funds; and

(b) adjust the amount of any further instalments of Funds accordingly.

A15.0 FUNDS UPON EXPIRY

A15.1 **Funds Upon Expiry.** The Recipient will, upon expiry of the Agreement, pay to the Province any Funds remaining in its possession or under its control.

A16.0 DEBT DUE AND PAYMENT

A16.1 **Payment of Overpayment.** If at any time the Province provides Funds in excess of the amount to which the Recipient is entitled under the Agreement, the Province may:

(a) deduct an amount equal to the excess Funds from any further instalments of Funds; or

(b) demand that the Recipient pay an amount equal to the excess Funds to the Province.

A16.2 **Debt Due.** If, pursuant to the Agreement:

(a) the Province demands from the Recipient the payment of any Funds or an amount equal to any Funds; or

(b) the Recipient owes any Funds or an amount equal to any Funds to the Province, whether or not the Province has demanded their payment,

such Funds or other amount will be deemed to be a debt due and owing to the Province by the Recipient, and the Recipient will pay the amount to the Province immediately, unless the Province directs otherwise.

A16.3 **Interest Rate.** The Province may charge the Recipient interest on any money owing by the Recipient at the then current interest rate charged by the Province of Ontario on accounts receivable.

A16.4 **Payment of Money to Province.** The Recipient will pay any money owing to the Province by cheque payable to the “Ontario Minister of Finance” and delivered to the Province as provided for in Schedule “B".

A16.5 **Fails to Pay.** Without limiting the application of section 43 of the *Financial Administration Act* (Ontario), if the Recipient fails to pay any amount owing under the Agreement, His Majesty the King in right of Ontario may deduct any unpaid amount from any money payable to the Recipient by His Majesty the King in right of Ontario.

A17.0 NOTICE

A17.1 **Notice in Writing and Addressed.** Notice will be in writing and will be delivered by email, postage-prepaid mail, personal delivery, or fax, and will be addressed to the Province and the Recipient respectively as provided for Schedule “B”, or as either Party later designates to the other by Notice.

A17.2 **Notice Given.** Notice will be deemed to have been given:

(a) in the case of postage-prepaid mail, five Business Days after the Notice is mailed; or

(b) in the case of email, personal delivery, or fax, one Business Day after the Notice is delivered.

A17.3 **Postal Disruption.** Despite section A17.2(a), in the event of a postal disruption:

(a) Notice by postage-prepaid mail will not be deemed to be given; and

(b) the Party giving Notice will give Notice by email, personal delivery, or fax.

A18.0 CONSENT BY PROVINCE AND COMPLIANCE BY RECIPIENT

A18.1 **Consent.** When the Province provides its consent pursuant to the Agreement, it may impose any terms and conditions on such consent and the Recipient will comply with such terms and conditions.

A19.0 SEVERABILITY OF PROVISIONS

A19.1 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of the Agreement will not affect the validity or enforceability of any other provision of the Agreement. Any invalid or unenforceable provision will be deemed to be severed.

A20.0 WAIVER

A20.1 **Waiver Request.** Either Party may, in accordance with the Notice provision set out in Article A17.0, ask the other Party to waive an obligation under the Agreement.

A20.2 **Waiver Applies.** Any waiver a Party grants in response to a request made pursuant to section A20.1 will:

(a) be valid only if the Party granting the waiver provides it in writing; and

(b) apply only to the specific obligation referred to in the waiver.

A21.0 INDEPENDENT PARTIES

A21.1 **Parties Independent.** The Recipient is not an agent, joint venturer, partner, or employee of the Province, and the Recipient will not represent itself in any way that might be taken by a reasonable person to suggest that it is, or take any actions that could establish or imply such a relationship.

A22.0 ASSIGNMENT OF AGREEMENT OR FUNDS

A22.1 **No Assignment.** The Recipient will not, without the prior written consent of the Province, assign any of its rights or obligations under the Agreement.

A22.2 **Agreement Binding.** All rights and obligations contained in the Agreement will extend to and be binding on the Parties' respective heirs, executors, administrators, successors, and permitted assigns.

A23.0 GOVERNING LAW

A23.1 **Governing Law.** The Agreement and the rights, obligations, and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada. Any actions or proceedings arising in connection with the Agreement will be conducted in the courts of Ontario, which will have exclusive jurisdiction over such proceedings.

A24.0 FURTHER ASSURANCES

A24.1 **Agreement into Effect.** The Recipient will provide such further assurances as the Province may request from time to time with respect to any matter to which the Agreement pertains, and will otherwise do or cause to be done all acts or things necessary to implement and carry into effect the terms and conditions of the Agreement to their full extent.

A25.0 JOINT AND SEVERAL LIABILITY

A25.1 **Joint and Several Liability.** Where the Recipient is comprised of more than one entity, all such entities will be jointly and severally liable to the Province for the fulfillment of the obligations of the Recipient under the Agreement.

A26.0 RIGHTS AND REMEDIES CUMULATIVE

A26.1 **Rights and Remedies Cumulative.** The rights and remedies of the Province under the Agreement are cumulative and are in addition to, and not in substitution for, any of its rights and remedies provided by law or in equity.

A27.0 FAILURE TO COMPLY WITH OTHER AGREEMENTS

A27.1 **Other Agreements.** If the Recipient:

(a) has failed to comply with any term, condition, or obligation under any other agreement with His Majesty the King in right of Ontario or one of His agencies (a "**Failure**");

(b) has been provided with notice of such Failure in accordance with the requirements of such other agreement;

(c) has, if applicable, failed to rectify such Failure in accordance with the requirements of such other agreement; and

(d) such Failure is continuing,

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

A28.0 SURVIVAL

A28.1 **Survival.** The following Articles and sections, and all applicable cross-referenced sections and schedules, will continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement: Article 1.0, Article 3.0, Article A1.0 and any other applicable definitions, section A2.1(a), sections A4.2(d), A4.5, section A5.2, section A7.1 (to the extent that the Recipient has not provided the Reports or other reports as may have been requested to the satisfaction of the Province), sections A7.2, A7.3, A7.4, A7.5, A7.6, Article A8.0, Article A9.0, section A11.2, sections A12.2, A12.3, sections A13.1, A13.2(d), (e), (f), (g) and (h), Article A15.0, Article A16.0, Article A17.0, Article A19.0, section A22.2, Article A23.0, Article A25.0, Article A26.0, Article A27.0 and Article A28.0.

SCHEDULE "B"
PROJECT SPECIFIC INFORMATION AND ADDITIONAL PROVISIONS

Maximum Funds	$ 66,276
Expiry Date	N/A
Amount for the purposes of section A5.2 (Disposal) of Schedule "A"	$ 0
Insurance	$ 2,000,000
Contact information for the purposes of Notice to the Province	**Position:** Ms. Joanne Lush, Manager AIDS and Hepatitis C Programs **Address:** Provincial Programs Branch 9th Floor, 56 Wellesley Street West Toronto ON M5S 2S3 **Fax:** N/A **Email:** Joanne.Lush@ontario.ca
Contact information for the purposes of Notice to the Recipient	**Position:** Dr. Elizabeth Richardson Medical Officer of Health **Address:** City of Hamilton 110 King Street West, 4th Floor Hamilton ON L8P 4S6 **Fax:** N/A **Email:** elizabeth.richardson@hamilton.ca
Contact information for the senior financial person in the Recipient organization (e.g., CFO, CAO) – to respond as required to requests from the Province related to the Agreement	**Position:** Mr. Bradley Felker Acting Business Administrator, Public Health Services **Address:** City of Hamilton 110 King Street West, 4th Floor Hamilton ON L8P 4S6 **Fax:** N/A **Email:** Bradley.Felker@hamilton.ca

Additional Provisions:
None

AIDS Bureau Funding Program: Anonymous HIV Testing		
Service Name	**Program Output**	**Description**
Anonymous HIV Testing	Total # of HIV tests conducted	HIV tests conducted (onsite & outreach testing)
Anonymous HIV Testing	Total # of PrEP referrals made	Linkage to PrEP for those who test negative but remain at high risk for HIV
Anonymous HIV Testing	Total # of HIV care referrals made	Linkage to HIV care/treatment for those diagnosed with HIV
Anonymous HIV Testing	Total # of other referrals made	Linkage to other health, community, and social services to improve health outcomes for those diagnosed with HIV

2023-24 Budget Summary – AIDS Bureau Funding

Anonymous HIV Testing	63,076
Base Funding Increase	3,200
Total AIDS Bureau Funding for 2023-24	**66,276**

SCHEDULE "E"
PAYMENT PLAN

The Province shall provide the Funds in equal amounts on a semi-monthly basis

Payment dates are the 15th and the last day of the month. If the payment date falls on a holiday, the business banking date before the holiday will apply.

Payment for funding in the current fiscal year is made in equal semi-monthly payments starting mid-April of the funding year.

Adjustments to the payment schedule may be made upon request. Ministry approval for this amendment may be provided by the Manager, AIDS and Hepatitis C Programs.

SCHEDULE "F"
REPORTS

For Recipients That Receive More than $25,000 in Base Funding

Name of Report	Reporting Period	Due Date
1A. Schedule C1: Key Funded Activities; and Schedule C2: Narrative	Proposed plan for the upcoming fiscal year. On an annual basis in each subsequent year.	February 15, or a date as directed by the Ministry
1B. Schedule D: Budget	Proposed budget for the upcoming fiscal year. On an annual basis in each subsequent year.	February 15, or a date as directed by the Ministry
2. Financial Projections Report in every Funding Year	As directed by the Ministry	October 15, or a date as directed by the Ministry
3. Annual Reconciliation Report in every Funding Year (Settlement Form)	For the entire Funding Year	June 30, or a date as directed by the Ministry
4. Audited Financial Statement in every Funding Year	For the entire Funding Year	June 30, or a date as directed by the Ministry
5. Semi-annual Activity Reports in every Funding Year. (Ontario Community HIV/AIDS Reporting Tool - OCHART)	Program activity report submitted on two six-month periods; including a narrative summary report 1. H1: covering the period from April 1 - September 30. 2. H2: covering the period from October 1- March 31.	 H1 is due October 31, or a date as directed by the Ministry H2 is due April 30, or a date as directed by the Ministry

Report Details:

1. Schedules A1, A2, and 1B: Program Plan and Budget

The Recipient shall prepare and submit schedules A1: Key Funded Activities, A2: Narrative and Schedule B: Budget reports as directed by the Province.

The Recipient shall:

(a) provide a report on the proposed funded activities, and corresponding budget to complete the Program, including details requested by the Province;

(b) shall ensure that the program report is signed on behalf of the Recipient by such number of signing officers as the Province may require.

2. Financial Projections Reports

The Recipient shall submit the financial projections reports using a reporting system and containing the details as directed by the Province.

3. Annual Reconciliation Report (ARR)

The Recipient shall:

(a) prepare the annual reconciliation report using a reporting system as directed by the Province;

(b) include details as directed by the Province;

(c) shall ensure that the annual reconciliation report is signed on behalf of the Recipient by an authorized signing officer; and

(d) provide the annual reconciliation report to the Province as set out in the agreement at the address outlined in the instructions.

4. Audited Financial Statements

The Recipient shall prepare the audited financial statement in accordance with Canadian generally accepted accounting principles and attested to by a licensed public accountant.

5. Semi-Annual Activity Report: Ontario Community HIV/AIDS Reporting Tool (OCHART)

The Recipient shall:

(a) provide a report on program activity data and a summary narrative report about whether and how the Recipient completed the Program, including details requested by the Province; and

(b) shall ensure that the report is approved on behalf of the Recipient by such number of signing officers as the Province may require.

Ministry of Health

Assistant Deputy Minister's Office
Hospitals and Capital Division

4th Floor, 438 University Avenue
Toronto ON M7A 1N3

Ministère de la Santé

Bureau du sous-ministre adjoint
Division des hôpitaux et des immobilisations

438, avenue Universitaire, 4e étage
Toronto ON M7A 1N3

Ontario

174-2023-1154

July 20, 2023

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

Dear Dr. Richardson:

Re: Ministry of Health (the "ministry") Agreement with the City of Hamilton effective the 1st day of April, 2023 (the "Agreement")

This letter is further to the recent letter from the Honourable Sylvia Jones, Deputy Premier and Minister of Health, in which she informed City of Hamilton of a base funding increase of up to $3,200 to support continuity of service delivery, which brings the total maximum AIDS Bureau funding available under this Agreement up to $66,276 for funding year 2023-24.

This new 2023-24 funding is conditional upon receiving the necessary appropriation from the Ontario Legislature.

I am therefore pleased to provide you with your transfer payment agreement (the "Agreement").

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

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

Please review your Agreement and accompanying Schedules carefully, and make corrections to your organization's contact information, if needed, in Schedule B. **Sign and date** the Agreement and submit a scanned copy to AIDSHEPCPrograms@ontario.ca **within ten (10) business days.**

…/2

Dr. Elizabeth Richardson

Should you require any further information or clarification, please contact Maria Hatzipantelis, Senior Program Consultant, by email at Maria.Hatzipantelis@ontario.ca.

Sincerely,

Patrick Dicerni
Interim Assistant Deputy Minister

Attachments

c: Ms. Andrea Horwath, Mayor of Hamilton, City of Hamilton
Mr. Rayomond Dinshaw, Acting Director, Fiscal Oversight and Performance Branch, Ministry of Health
Mr. Jim Yuill, Director, Financial Management Branch, Ministry of Health
Ms. Kristin Taylor, Director, Provincial Programs Branch, Ministry of Health
Ms. Joanne Lush, Manager, AIDS and Hepatitis C Programs, Provincial Programs Branch, Ministry of Health

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

August 2, 2023

Attention:
The Honourable, Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health of Ontario
City of London Council
County of Middlesex Council
Teresa Armstrong, Member of Provincial Parliament for London Fanshawe
Terence Kernaghan, Member of Provincial Parliament for London North Centre
Peggy Sattler, Member of Provincial Parliament for London West
Rob Flack, Member of Provincial Parliament for Elgin-Middlesex-London
Monte McNaughton, Member of Provincial Parliament for Lambton-Kent-Middlesex

RE: Middlesex-London Health Unit 2024 Budget

Dear Premier, Honourable Ministers, Members of Provincial Parliament, City of London Council, and County of Middlesex Council,

The Middlesex-London Health Unit (MLHU) is grateful to the provincial government for its continued commitment to keeping the health and safety of Ontarians a top priority, with steadfast financial support for the Health Unit throughout the pandemic. Public health provides a critical foundation for the broader public healthcare system, during pandemics and beyond, through the provision of efficient and effective interventions that keep Ontarians out of emergency departments and hospital beds. Within its mission to protect and promote the health of people in Middlesex-London, the team at the MLHU helps to prevent the spread of infectious diseases, prevent illnesses associated with environmental exposures, promote healthy growth and development for babies, children, and youth (including mental health), prevent injuries and chronic diseases, and ensure system readiness for public health emergencies. Investing in public health is therefore a critical long-term, sustainable approach to building a strong healthcare system.

The MLHU Board of Health wants to ensure the province was aware of the significant funding shortfall facing the MLHU in 2024. The MLHU anticipates funding reductions in 2024 with the end of the School Focused Nurses Initiative and COVID-19 Extraordinary Expense Funding. The proposed shift of Mitigation Funding to municipal partners introduces pressures beyond the funding increases required to keep pace with inflation, currently forecasted at 3.9% for 2024. Further, the rapidly increasing population creates greater need; between 2016 and 2021 the population of Middlesex-London grew by 10%.

Without adequate funding, it is anticipated that it will not be possible for the MLHU to execute substantial components of the Ontario Public Health Standards in 2024. One recent example is the MLHU Strathroy Dental clinic, recently opened in June 2023, with capital funds from the Ontario Seniors' Dental Care Program to support low-income seniors and low-income children 17 and under. This is a vital program in Middlesex County and has a large waitlist of clients interested in seeking dental care. To date, operational funding has not been provided for this clinic, adding to the list of significant financial pressures facing the MLHU in 2024.

The MLHU shares the concerns of its public health colleagues from across Ontario regarding our collective ability to meet the *Ontario Public Health Standards*, the legislative guideposts to ensure the health of Ontarians, set out by the Ministry of Health. We ask that the Ministry return the funding to the previous 75:25 Provincial/Municipal allocation, provide an increase to base funding sufficient to reflect ongoing accountability for managing COVID-19 as a Disease of Public Health Significance, and increase funding to address inflationary pressures. Sufficient and stable funding for public health is required to maintain the public health services that are essential to the health of our communities, now and into the future.

Sincerely,

Matt Newton-Reid
Board Chair
Middlesex-London Health Unit

Emily Williams, BScN, RN, MBA, CHE
Secretary and Treasurer
Middlesex-London Health Unit

Dr. Alex Summers MD, MPH, CCFP, FRCPC
Medical Officer of Health
Middlesex-London Health Unit

CC: All Ontario Boards of Health
Middlesex-London Board of Health Members
David Jansseune, Assistant Director, Finance, Middlesex-London Health Unit

PLEASE ROUTE TO:
All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

August 25, 2023

August 2023 InfoBreak

This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence, and events. Visit us at alphaweb.org.

Leader to Leader - A Message from alPHa's President - August 2023

As we reach the end of August, I hope that all have had the opportunity for some enjoyment and restoration, despite the environmental challenges that we have experienced around the world including in Ontario. The forest fires (and the resultant smoke exposure), tornadoes, heat events and flooding that have impacted across the country have sadly taken the lives of individuals and endangered entire communities. We face a challenging future with climate change impacts being more evident. This is yet another reason to have a strong local public health system.

and annual 1 per cent increases to base funding for local public health units in each of the next three years. In my letter of acknowledgement to the Minister, I indicated that while this may not be sufficient to completely meet our mandate, alPHa appreciates knowing what our thresholds will be when planning our budgets. I also noted the opportunity to work together with the province to address long-standing challenges in the system. The alPHa Board has been engaging with the province with messaging calling for ongoing, stable and sufficient funding, including during a meeting of the alPHa Executive with Minister Jones on July 26th. We understand that with this funding announcement comes the opportunity for the local public health community to identify changes that can be put in place to increase our capacity, effectiveness and efficiency. The alPHa Board will carefully consider the roles that alPHa may play in response to this opportunity.

The timing of this allows the alPHa Board to reflect on its implications for the renewal of alPHa's strategic plan, a work in progress through the remainder of 2023. It is also an opportunity that we need to reflect on in our engagements such as with the Office of the Chief Medical Officer of Health, Public Health Ontario (PHO), Ontario Health, AMO and the Ontario Medical Association (OMA). In keeping with this, the alPHa Executive, as well as a number of other local public health leaders, attended the AMO Conference, raising the profile of local public health among the attendants and supporting Dr. Robert Kyle, Commissioner and Medical Officer of Health for Durham Region in his address *Transforming Health In Ontario*. We also continue engaging with PHO in the development of their own renewed strategic plan.

In follow up to our excellent alPHa Conference in June, as alPHa President, I am proud to be the signatory for the letters in support for the resolutions approved by the membership. They cover a wide range of public health topics of fundamental importance and reflect the insights and the dedication of local public health leadership across the province.

broader health care system, we also prepare for the surge in respiratory viruses that will come later in the year. Thus, the response to daily population health needs continues while we also anticipate and prepare for the needs to come. In all of this, I am always grateful for the dedication and quality of leadership in local public health throughout the province, also of the alPHa Board and Executive, and the excellent work of our alPHa staff.

Charles Gardner
alPHa President

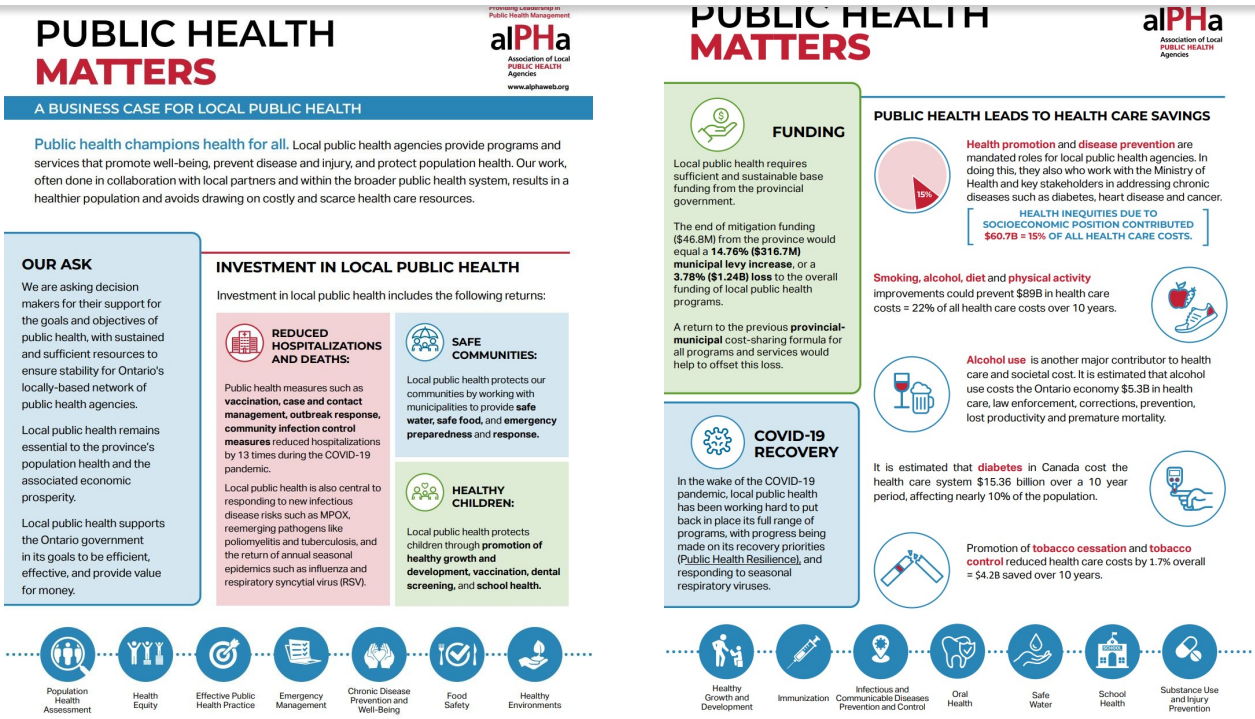
Public Health Funding and Capacity Announcement

As noted above in the President's message, alPHa wrote to the Minister of Health, Hon. Sylvia Jones, regarding the Public Health Funding and Capacity Announcement made at the Association of Municipalities of Ontario Conference on Tuesday, August 22. A link to alPHa's submission can be found here and a link to the Minister's remarks is available here.

alPHa representatives, including those from the Boards of Health Section, the Council of Ontario Medical Officers of Health Section, Affiliate organizations and alPHa staff, continue to work hard on your behalf to advocate for a strong, effective, and efficient local public health system in Ontario. Recent activities include actively participating on key tables, correspondence on important public health issues, recent meetings with the Premier and the Minister of Health, and ongoing dialogue and meetings with the Chief Medical Officer of Health and his staff.

alPHa is anticipating further dialogue and as updates are available, we will connect back with the membership.

Thank you to the alPHa members who attended the AMO Conference and helped to profile the *Public Health Matters* infographic - A Business Case for Local Public Health



alPHa would like to thank the many members who attended the AMO Conference, particularly from the Boards of Health Section. Thank you for highlighting key public health issues, the importance of local public health, and for using key alPHa resources, including this infographic, in your discussions and delegations with Ministers.

To view the infographic, click here.

Save the date for the alPHa 2023 Fall Symposium, Section Meetings, and Workshops

Mark your calendars for November 22-24, as we prepare to host a remarkable event that will amplify the critical role, value, and benefit of Ontario's local public health system.

Join us for online plenary sessions with public health leaders in the morning, followed by BOH Section and COMOH Section meetings in the afternoon.

Attendees are invited, at no additional cost, to participate in workshops called: *Climate Change and Public Health, How to Use a Human Rights Based Framework in the Workplace, and the Importance of Risk Communication in a Changing World*.

This gathering provides a unique opportunity to connect with public health leaders from all corners of the province. Together, we will delve into shared obstacles and strengthen the future of public health. Expect to gain access to invaluable tools and

For further details, check out our flyer and stay tuned for updates!

Climate change is having serious impacts on health and health systems in Ontario. This summer alone, we've witnessed the severe consequences of climate change with wildfires, heat domes, and flooding sweeping across the country. Many health authorities are taking actions to prepare for climate change through health assessments, early warning systems, training and education of staff and public education and outreach.

In response to this critical issue, alPHa is taking a proactive approach. We're excited to announce a special Climate Change Workshop at our upcoming 2023 Fall Symposium on November 22nd. We sincerely hope you will join us for this vital event.

We're continually striving to enhance our Climate Change resource page. This page currently houses essential liaison reports and key resources. However, we believe that, together, we can make it even more comprehensive and valuable. We are asking members to contribute to this collective effort. If you have any climate change and health adaptation resources that you believe would be beneficial, please share them with us at gordon@alphaweb.org. Your input will help ensure that our resources remain up-to-date and relevant.

Lights, camera, action!

an opportunity to showcase recent videos from public health units from across the province.

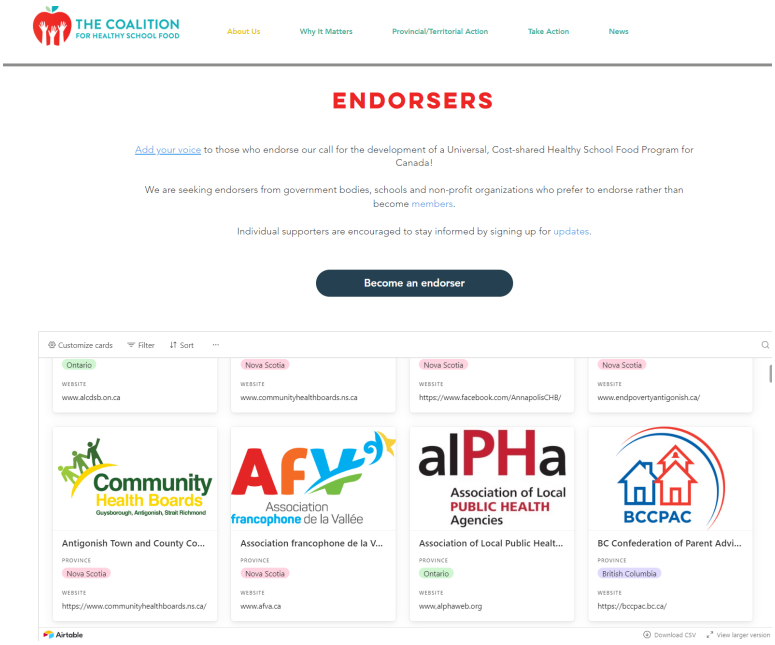
Has your PHU posted a short public health video on your website or YouTube that you'd like to share with Symposium attendees? The Symposium is an excellent opportunity to showcase and share your communications work on key public health issues!

Here's how to submit:

- Send the title and link to your PHU's video(s) to info@alphaweb.org
- Send only the URL(s) and do not send any video files.
- YouTube videos are preferred.
- Clips can be live-action or animated.
- Video(s) should be short and can be no longer than five minutes in length.
- Clips should be recently recorded (2023)/stand the test of time from when the videos were recorded.
- Variety is welcomed as we'd like to cover a broad range of public health topics.
- Videos must be from your PHU and not from another organization.
- Maximum of three (3) videos can be submitted.

The deadline to submit information on your video clip is 4 p.m. on Friday, November 10th. We look forward to receiving your submissions!

Update on Resolution A23-06, Advocating for a National School Food Program in Canada



alPHa is pleased to announce that the process of endorsing the work on the Coalition for Healthy School Food has been completed. This was directed by the membership

endorser. We join other health units, networks, school districts, community health boards, schools, government agencies, cities, and indigenous and nonprofit organizations who have endorsed the Coalition.

Affiliates update

Affiliates

Association of Local Public Health Agencies

ODPH Ontario Dietitians in Public Health
Diététistes en santé publique de l'Ontario

Ontario Dietitians in Public Health (ODPH)

ODPH's Food Insecurity Workgroup prepared a written submission for the Federal Government's Pre-Budget Consultation. The submission, with recommendations focused on the Canada Child Benefit, can be found here.

BrokerLink Insurance: How to Save on Insurance

BrokerLink Insurance

In partnership with alPHa, BrokerLink is proud to offer exclusive discounts on personal home and auto insurance to members. If you're trying to save money in different areas of your budget, it's a good idea to look over your insurance policies. Check out BrokerLink's tips on how to save money on your insurance here.

A resource page is available on alPHa's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library. Resources available on the alPHa website include:

- Orientation Manual for Boards of Health (Revised Feb. 2023)
- Review of Board of Health Liability, 2018, (PowerPoint presentation, Feb. 24, 2023)
- Legal Matters: Updates for Boards of Health (Video, June 8, 2021)
- Obligations of a Board of Health under the Municipal Act, 2001 (Revised 2021)
- Governance Toolkit (Revised 2022)
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview (for Provincial Appointees to BOH)
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit
- Map: Boards of Health Types
- NCCHPP Report: Profile of Ontario's Public Health System (2021)
- The Municipal Role of Public Health(2022 U of T Report)
- Boards of Health and Ontario Not-for-Profit Corporations Act

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Calling all Ontario Boards of Health: Level up your expertise with our NEW training courses designed just for you!

Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

BOH Governance training course
Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

Social Determinants of Health training course
Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Reserve your spot for in-person or virtual training now! Visit our website to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

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alPHa Correspondence

Through policy analysis, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available here. These documents are publicly available and can be shared widely.

- alPHa Letter - Public Health Funding Announcement
- alPHa Letter - A23-06 - National School Food
- alPHa Letter - A23-05 - Food Affordability
- alPHa Letter - A23-04- Underhousing
- alPHa Letter - A23-03- Indoor Air Quality
- alPHa Letter - A23-02 - Nicotine Strategy
- alPHa Letter - Vaccine Expansion in Pharmacies
- alPHa Letter - Minister/alPHa Leadership Meeting

Public Health Ontario

COVID-19 and Respiratory Virus Reports

- COVID-19 Wastewater Surveillance in Ontario
- SARS-CoV-2 Genomic Surveillance in Ontario
- Respiratory Virus Overview in Ontario

Additional Resources – New

- Environmental Scan: Heat Alert and Response Systems (HARS)
- Rapid Review: Interventions to Mitigate Heat-related Harms among Vulnerable Populations
- Median influenza immunization coverage estimates among hospital and long-term care staff, 2022-23 influenza season, Ontario
- Updated Stimulant Harms Snapshot
- IPAC Construction, Renovation, Maintenance and Design form
- Interactive Opioid Tool Update

Events

Interested in PHO's upcoming events? Checkout their Events page to stay up-to-date with all PHO events.

Missed an event? Check out their Presentations page for full recordings of their events.

Upcoming DLSPH Events and Webinars

Dalla Lana School of Public Health

- Full Moon Ceremony: Blue Moon (Aug. 30)

RRFSS Update - Important RRFSS Membership information for 2024

The 2024 cost options for RRFSS 2024 membership are now available! And for the first time we are able to offer $ savings with an early bird cost freeze for 2024 members — this means a freeze at 2023 costs for both ISR data collection contracts and RRFSS Coordination costs (currently set at $7,000 annually).

Health units have told us that budget challenges are the #1 barrier to joining RRFSS. That is why RRFSS will be offering this "early bird" membership cost for 2024 membership at 2023 cost levels!

To get early bird cost savings, RRFSS Letters of Intent to participate in 2024 RRFSS must be submitted by Sept 15, 2023 using the 2023 cost options. Please note this deadline only applies for Letters of Intent, payments are flexible and can be arranged for a preferred time frame later in 2023 or in 2024.

After Sept 15, 2023, costs will increase and the 2024 cost options (5 per cent increase) will come into effect.

For further information please contact, Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

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News Releases

The most up to date news releases from the Government of Ontario can be accessed here.

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|480 University Ave. Suite 300 Toronto, Ont. M5G 1V2|

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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
www.ontario.ca/health

Ministère de la Santé

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

777, rue Bay, 5e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
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Ontario

August 22, 2023

e-Approve-72-2023-537

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

Dear Mayor Andrea Horwath:

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 $333,500 in additional base funding and up to $34,400 in one-time funding for the 2023-24 funding year to support the provision of public health programs and services in your community.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division will write to the City of Hamilton, Public Health Services shortly with further details concerning this 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,

Sylvia Jones
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 and Assistant Deputy Minister
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

Ministry of Health

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

Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique
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Ontario

eApprove-72-2023-537

August 22, 2023

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. Elizabeth 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 Sylvia Jones, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health will provide the Board of Health with up to $333,500 in additional base funding and up to $34,400 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 2023-24 funding year to up to $34,976,400 ($31,564,700 in base funding and $3,411,700 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.

.../2

Dr. Elizabeth Richardson

Please review the new Schedules carefully. Should you require any further information and/or clarification, please contact Brent Feeney, Director, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health Division, at 416-671-3615 or by email at Brent.Feeney@ontario.ca.

Yours truly,

Elizabeth Walker
Executive Lead

Attachments

c: Mayor Andrea Horwath, Chair, Board of Health, City of Hamilton, Public Health Services
David Trevisani, Manager, Finance and Administration, City of Hamilton, Public Health Services
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister, MOH
Rayomond Dinshaw, Director (A), Fiscal Oversight and Performance Branch, MOH
Jim Yuill, Director, Financial Management Branch, MOH
Brent Feeney, Director, Accountability and Liaison Branch, MOH
Heather Schramm, Director (A), Health Promotion & Prevention Policy & Programs

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 2023

Issued August 2023

Schedule A
Grants and Budget

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

DETAILED BUDGET - MAXIMUM BASE FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIODS OF JANUARY 1ST TO DECEMBER 31ST AND APRIL 1ST TO MARCH 31ST)			
Programs / Sources of Funding	**Grant Details**	**2023 Grant ($)**	**2023-24 Grant ($)**
Mandatory Programs (Cost-Shared)	• The 2023 Grant includes a pro-rated increase of $202,500 for the period of April 1, 2023 to December 31, 2023 • Per the Funding Letter, the 2023-34 Grant includes an annualized increase of $270,000 for the period of April 1, 2023 to March 31, 2024	27,195,200	27,262,700
MOH / AMOH Compensation Initiative (100%)	Cash flow will be adjusted to reflect the actual status of Medical Officer of Health (MOH) and Associate MOH positions, based on an annual application process.	168,000	168,000
Ontario Seniors Dental Care Program (100%)	• The 2023 Grant includes a pro-rated increase of $47,625 for the period of April 1, 2023 to December 31, 2023 • Per the Funding Letter, the 2023-34 Grant includes an annualized increase of $63,500 for the period of April 1, 2023 to March 31, 2024	4,118,125	4,134,000
Total Maximum Base Funds		**31,481,325**	**31,564,700**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIOD OF APRIL 1, 2023 TO MARCH 31, 2024, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2023-24 Grant ($)**
Cost-Sharing Mitigation (100%) (For the period of January 1, 2023 to December 31, 2023)			2,215,800
Mandatory Programs: Needle Syringe Program (100%)			20,800
Mandatory Programs: Public Health Inspector Practicum Program (100%)			10,000
Mandatory Programs: Smoke-Free Ontario Enforcement Tablet Upgrades (100%)			3,600
Ontario Seniors Dental Care Program Capital: Public Health Services Seniors Dental Clinic (100%)			586,500
School-Focused Nurses Initiative (100%) (For the period of April 1, 2023 to June 30, 2023)	# of FTEs	23	575,000
Total Maximum One-Time Funds			**3,411,700**

Total Maximum Base and One-Time Funds[1]	**34,976,400**

2022-23 CARRY OVER ONE-TIME FUNDS[2] (CARRY OVER FOR THE PERIOD OF APRIL 1, 2023 to MARCH 31, 2024)		
Projects / Initiatives	**2022-23 Grant ($)**	**2023-24 Approved Carry Over ($)**
Ontario Seniors Dental Care Program Capital: Public Health Services Seniors Dental Clinic (100%)	157,700	135,700
Total Maximum Carry Over One-Time Funds	**157,700**	**135,700**

NOTES:

(1) Cash flow will be adjusted when the Province provides a new Schedule "A".

(2) Carry over of one-time funds is approved according to the criteria outlined in the provincial correspondence dated March 17, 2023.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

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

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

<u>Local Opioid Response</u>

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.

Type of Funding	***Base Funding***

- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province.

Naloxone Kit Distribution and Training

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

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

- 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:

Type of Funding	***Base Funding***

- 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.
    - 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.

<u>Opioid Overdose Early Warning and Surveillance</u>

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 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.
    - 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

Type of Funding	***Base Funding***

Appointments, Reporting, and Compensation, including requirements related to minimum salaries to be eligible for funding under this Initiative.

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 underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2023-24, with consideration being given to the implementation challenges following the COVID-19 response.

<u>Program Enrolment</u>

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.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

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.

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).

Type of Funding	***Base Funding***

- Overhead costs associated with the Program's clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.

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

Operational expenses that are not eligible under this Program include:

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

Type of Funding	***Base Funding***

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.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

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

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 cost-sharing change for mandatory programs.

Mandatory Programs: Needle Syringe Program (100%)

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

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

One-time funding must be used to hire at least 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.

Mandatory Programs: Smoke-Free Ontario Enforcement Tablet Upgrades (100%)

One-time funding must be used for the purchase of Smoke-Free Ontario Enforcement Tablets to support the Tobacco Inspection System software for mobile units. Eligible costs may include costs for peripheral devices (e.g., car chargers, batteries, mouse, keyboard, mobile printers, etc.) and applicable taxes.

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.

Type of Funding	***One-Time Funding***

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.

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 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;

Type of Funding	***One-Time Funding***

- 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.

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 in the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Other***

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.

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. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
6. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

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

"Q1" means the period commencing on January 1st and ending on the following March 31st
"Q2" means the period commencing on April 1st and ending on the following June 30th
"Q3" means the period commencing on July 1st and ending on the following September 30th
"Q4" means the period commencing on 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.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application 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.

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.

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	September 8, 2023
SUBJECT/REPORT NO:	Child and Youth Mental Health Transformation and Child and Adolescent Services Budget 2023-2024 (BOH23029) (City Wide) **(Outstanding Business List Item)**
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Lynn Foye (905) 546-2424 Ext. 3697 Jennifer Vickers-Manzin (905) 546-2424 Ext. 4888
SUBMITTED BY: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services

Discussion of Confidential Appendix "A" to Report BOH23029 in closed session is subject to the following requirement(s) of the City of Hamilton's Procedural By-law and the *Ontario Municipal Act, 2001*:

- Personal matters about an identifiable individual, including City or local board employees; and,
- Labour relations or employee negotiations

RATIONALE FOR CONFIDENTIALITY

Confidential Appendix "A" to Report BOH23029 is being considered in Closed Session as it contains information regarding an identifiable individual, labour relations, or employee negotiations.

RATIONALE FOR MAINTAINING CONFIDENTIALITY

Confidential Appendix "A" to Report BOH23029 is recommended to remain confidential until approved by Council.

RECOMMENDATION (CLOSED SESSION)

Refer to Confidential Appendix “A” to Report BOH23029.

RECOMMENDATION (OPEN SESSION)

(a) That the 2023-2024 Child and Adolescent Services Program budget funded by the Ministry of Health be approved;

(b) That the Medical Officer of Health, or delegate, be authorized and directed to execute all agreements, contracts, extensions and documents, including submission of budgets and reports required to give effect to all the 2023-2024 Child and Adolescent Services Program budget approved in Report BOH23029;

(c) That the Medical Officer of Health be authorized and directed to enter into a 24-month secondment agreement with Lynwood Charlton Centre with the option to renew for an additional 24 months, in a form satisfactory to the City Solicitor;

(d) That the direction to staff within Confidential Appendix “A” to Report BOH23029 be approved and remain confidential until approved by Council; and,

(e) That Item 2021-G, respecting the challenges, referrals and waiting lists for child and adolescent counselling services within the City's network of Children's and Adolescent Mental Health Services, be removed from the Public Health Committee Outstanding Business List.

EXECUTIVE SUMMARY

This report has a dual purpose. Firstly, to outline Child and Adolescent Services annual program and budget for consideration and approval by the Public Health Committee. Secondly, to inform the Public Health Committee on the challenges, referrals and waiting lists for child and adolescent counselling services within the City's network of Children's and Adolescent Mental Health Services. An accompanying presentation to this report is aimed at supporting the information about the child and adolescent mental health system in Hamilton.

Within Public Health Services, Child and Adolescent Services delivers outpatient mental health services for children and youth from birth to 18 years of age experiencing social, emotional and/or behavioural problems, and their families. Child and Adolescent Services programs are 100% funded by the Ministry of Health.

The Ministry of Health has communicated a 5% increase to the Child and Adolescent Services 2023-2024 operating base budget. This increase will enable the program to maintain clinical staff and increase administrative staff by 0.2 FTE.

The COVID-19 pandemic resulted in an increased need for child and youth mental health services, higher client acuity and more complex social and health care service coordination needs. There has been an acute shift in child and youth mental health service delivery and system wide workforce challenges. These factors exacerbated pre-existing challenges in access, prolonged service duration, and created longer wait times. These challenges are experienced across all service providers in Hamilton and extend across the province of Ontario.

To ensure Child and Adolescent Services is enhancing access for those most vulnerable, brief services quick access program and specialized services for children from birth to six years of age have been expanded in high priority neighbourhoods. Children and youth presenting with significant challenges are supported through specialized assessment and consultation with a psychological associate. A partnership with Lynwood Charlton Centre to second the Child and Adolescent Services Psychologist enables more children and youth in our community to access this service.

In 2020, the Ministry of Health launched the Roadmap to Wellness, a provincial initiative to build on the Moving on Mental Health strategy. The initiative aims to improve access to high quality mental health services, enhance existing services in priority areas, implement innovative solutions to fill gaps in care and to create a responsive and integrated system. Child and Adolescent Services programs fall within the Roadmap to Wellness initiative.

To support transformation, the Ministry of Health designates Lead Agencies responsible for leading and facilitating system reform. The Lead Agency is responsible for building on local and provincial priorities while advancing quality of care and optimization of services for children and youth mental health. In Hamilton, Lynwood Charlton Centre is designated as the lead agency.

Lynwood Charlton Centre works alongside eight Child and Youth Mental Health Core Service Providers to address local priorities and work to improve: service access and coordination, wait times, data collection and information dissemination, youth and family engagement, and early and infant mental health. In addition to local planning, recent provincial initiatives such as One Stop Talk, are being implemented to address wait times, ease access, and improve quality of service through a more connected system.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The Ministry of Health 2023-2024 funding will enable Child and Adolescent Services to maintain permanent clinical therapist staffing. $89,057 from the 5% base increase will be used to offset cost of living, step increases.

This Ministry of Health 2023-2024 funding will also enable Child and Adolescent Services to increase administrative support by 0.2 FTE Program Secretary ($25,944).

Table 1: Ministry of Health Funding, Children and Youth Mental Health Services

Year	Annual Budget	FTE
2021-2022	$2,300,018	18.00
2022-2023	$2,300,018	18.00
2023-2024	$2,415,019	18.20

Staffing: Additional staffing recommendations are outlined Appendix “A” to Report BOH23029.

Legal: Child and Adolescent Services is contracted with the Ministry of Health to provide programs and services to children and youth, aged birth to 18 years old.

HISTORICAL BACKGROUND

The need to strengthen the mental health system for children, youth and families has a long history in the Province.

In 2014, the Ministry of Children and Youth Services began the process of designating lead agencies in each community service area. Lead agencies were charged with the task of ensuring core, community-based child and youth mental health services are available in their service area and collaborating with other community partners to ensure alignment of core services within the broader community. In Hamilton, Lynwood Charlton Centre was designated as the lead agency.

In 2015, Ministry of Children and Youth Services released a document that outlined the minimum expectations of service providers regarding the delivery of services. The guidance provided framework for local planning between 2016-2019, inclusive of:

- Engaging stakeholders in the development of the Core Service Delivery and Community Mental Health Plan in Hamilton; and

- Identification of six local priority areas to improve the model of community-based service delivery in the Hamilton service area.

In 2019, funding of children and youth mental health services transferred from Ministry of Children and Youth Services to Ministry of Health. In 2020, Ministry of Health launched the Roadmap to Wellness, a Provincial initiative to build on the Moving on Mental Health strategy. The initiative aims to improve access to high quality mental health services, enhance existing services in priority areas, implement innovative solutions to fill gaps in care and create a responsive and integrated system that builds awareness and capacity about mental health issues within communities. Child and Adolescent Services programs fall within the Roadmap to Wellness initiative.

In 2021, to inform local Child and Youth Mental Health sector response and recovery from the pandemic, Lynwood conducted a stakeholder review. The review recommended efforts focus on:

- The development of a short-term pandemic recovery plan;
- Establishment of a community wide strategic body to develop and advise Hamilton region child and youth mental health;
- Development of citywide outcome measures inclusive of the social determinants of health; and,
- Further sector wide review to better understand and realize organizational capacity building to address COVID-19 impacts on the breadth and depth of community infant, child and youth mental health needs.

In 2022, the Child and Youth Service System Committee, a multi-sectoral planning table, reconvened to review and update terms of reference and draft an action plan. This work was paused as Core Service Providers focused on recovery efforts to address high volume and acuity, staff wellness and long waitlists. This committee has since been disbanded in favour of pursuing a multi-sectorial committee focused on child and youth wellbeing. Lynwood will be forming a new committee in the coming months examining the impact of social determinants of health on child and youth wellbeing.

In Hamilton, Lynwood works alongside eight Child and Youth Mental Health Core Service Providers to address local priorities and improve: service access and coordination, wait times, data and information, youth and family engagement and, early and infant mental health. Child and Adolescent Services is one of the eight Core Service Providers. Child and Adolescent Services' services are delivered through a variety of programs to children, youth and their families. Clinical services range from brief, single session therapy to time-limited individual psychotherapy and family-oriented caregiver sessions.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Provincially funded child and youth mental health services are provided to children and youth under 18 years of age under the authority of the *Child, Youth and Family Services Act*. Services and supports that address a range of social, emotional, behavioural, psychological and/or psychiatric problems are provided to children and youth who are at risk of, or who have developed, mental health problems, illnesses, or disorders.

RELEVANT CONSULTATION

Finance and Administration has been consulted regarding the preparation of the budget.

Human Resources has been consulted regarding complement changes.

Legal Services has been consulted and provided direction regarding entering into a new Secondment Agreement with Lynwood Charlton Centre. Legal Services prepared the previous Secondment Agreement with Thrive Child and Youth Trauma Services (BOH21005), which the proposed Secondment Agreement will replace.

Consultations have taken place with members of Lynwood Charlton Centre in relation to Recommendation (c) and to prepare for joint presentation, and included the following:

- Lisa Whitaker, Executive Director Lynwood Charlton Centre, Child and Youth Mental Health Lead Agency; and,
- Michelle Hayes, Director of System Planning, Lynwood Charlton Centre

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Each year Child and Adolescent Services provides high quality, evidence-based mental health treatment services to approximately 750 new children, youth, and their families in addition to those carried in from the previous year. The number of families served by Child and Adolescent Services each year is variable and dependent on several factors such as: the number of families referred; the length of time each family requires services; and staffing levels and the length of wait for services. Many of these clients are vulnerable children or youth dealing with serious emotional and/or behavioural problems as well as complex social problems such as the lack of sufficient housing and the experience of homelessness and poverty. The combination of a greater demand for service and higher acuity of children and youth seeking service has greatly increased the average wait times across the sector and at Child and Adolescent Services.

Child and Adolescent Services are delivered through a variety of programs to children, youth and their families. For example, clinical services range from brief, single session therapy to time-limited individual psychotherapy and family-oriented caregiver sessions. Play-based therapy programs for infants up to six years of age and their caregivers, and

activity and skills-based groups for children, youth and adolescents are also offered in clinic and community settings. The Brief Services Quick Access clinic acts as a front door to most service while providing timely and therapeutic interventions. In 2022, to support early intervention, we worked closely with internal Public Health Services programs to increase access and intervention in the early years. As a result, we have increased the number of visits among clients from birth to six years of age by 67% from 2020 to 2022. Based on 2023 projections, we expect a 175% increase in visits among children from birth to six years of age when compared to 2020.

More intensive services offered through Child and Adolescent Services' Counselling and Therapy program may include specialized assessment with a psychological associate to provide psychological screening, testing and appropriate treatment recommendations. Psychological services are an invaluable component of community-based mental health treatment. Continued partnership made possible through a Secondment Agreement with Lynwood Charlton Centre will enable Public Health Services' Psychological Associate to continue to provide psychological screening, testing and appropriate treatment recommendations to client families two days per week at Lynwood Charlton Centre. This service supports front line clinicians to offer treatment tailored to the unique needs of the client family, improving treatment participation and outcomes. Lynwood Charlton Centre assumes full salary and benefits costs for 0.4 FTE Psychological Associate as well as the costs of related expenses including testing materials, technology assets and staff expenses incurred in relation to the provision of services while at Lynwood Charlton Centre. Child and Adolescent Services program budget covers the cost of 0.6 FTE Psychological Associate as part of the permanent complement. The Secondment agreement supports a collaborative and connected service continuum model, improved consistency and quality of care and, reduced duplication for children, youth, and their families who often require more specialized and intensive services to successfully engage in and, complete treatment.

In addition to clinical services Child and Adolescent Services staff work closely with internal and external partners to ensure client families are connected to essential social care supports.

Child and Youth Mental Health partners have implemented continuous quality improvement processes and programs to respond to the impacts of the pandemic at the local level. Under the leadership of the Lead Agency, Core Service Providers have worked across the education, health and social services sector to develop and implement system wide strategies to monitor and respond to local challenges, improve access and manage wait times for all children, youth, and their families. Core Service Providers' establish and implement action plans to address priority areas across the continuum of services. Services span from brief and time-limited treatment to specialized assessment and consultation to in-patient and residential programs. Some examples include prioritizing the needs of racialized youth seeking mental health

services by allocating community funding to implement YouThrive, a collaborative program designed to meet the unique needs of Black, Indigenous and/or Children of Colour. A community partnership pilot was also implemented during the pandemic to deliver low barrier mental health services at the Good Shepherd Family Centre. This pilot resulted in improved access and reduced wait times for children and families experiencing homelessness.

Challenges in wait times and access to services are not unique to the Hamilton community. In recognition of the need for change, the Ministry has recently announced a 5% base funding increase for Core Service Providers and further investments to enhance services in priority areas. More specifically, the Province has announced the implementation of One Stop Talk. This brief services program will enhance access to virtual single session counselling for all children and youth in Ontario through a virtual model of care. Additionally, the Province has recently announced the transition of funding and responsibility for Child and Youth Mental Health access and triage from contact agencies to Lead Agencies effective January 1, 2024. These changes will bring opportunities to reduce wait times, ease access and improve quality of service through a more connected system. It will enable opportunities to implement local solutions to fill gaps and mitigate risks to vulnerable infants, children, youth and their families.
The full impact of increased funding and transformation at the local level is not yet known. At the time of this report children, youth and their families referred to Child and Adolescent Services brief services are seen within eight days from the date of referral. Wait times for time-limited counselling and therapy averages between 4-6 months. There are currently 109 children and youth waiting for services with the longest wait time totalling 109 days. We anticipate wait time pressures will continue as transformation activities are underway and, as we develop a better understanding of the ongoing needs of Hamilton's children, youth, and their families as the completion of system planning and implementation continues through 2023 and 2024.

We will monitor the impact of this budget allocation on service delivery with a focused priority to mitigate potential negative impact to children and youth and staff.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

APPENDICES AND SCHEDULES ATTACHED

Confidential Appendix "A" to Report BOH23029

Additional Staffing Recommendation Implications and Rationale for Report BOH23029

Hamilton

CHILD & YOUTH MENTAL HEALTH TRANSFORMATION

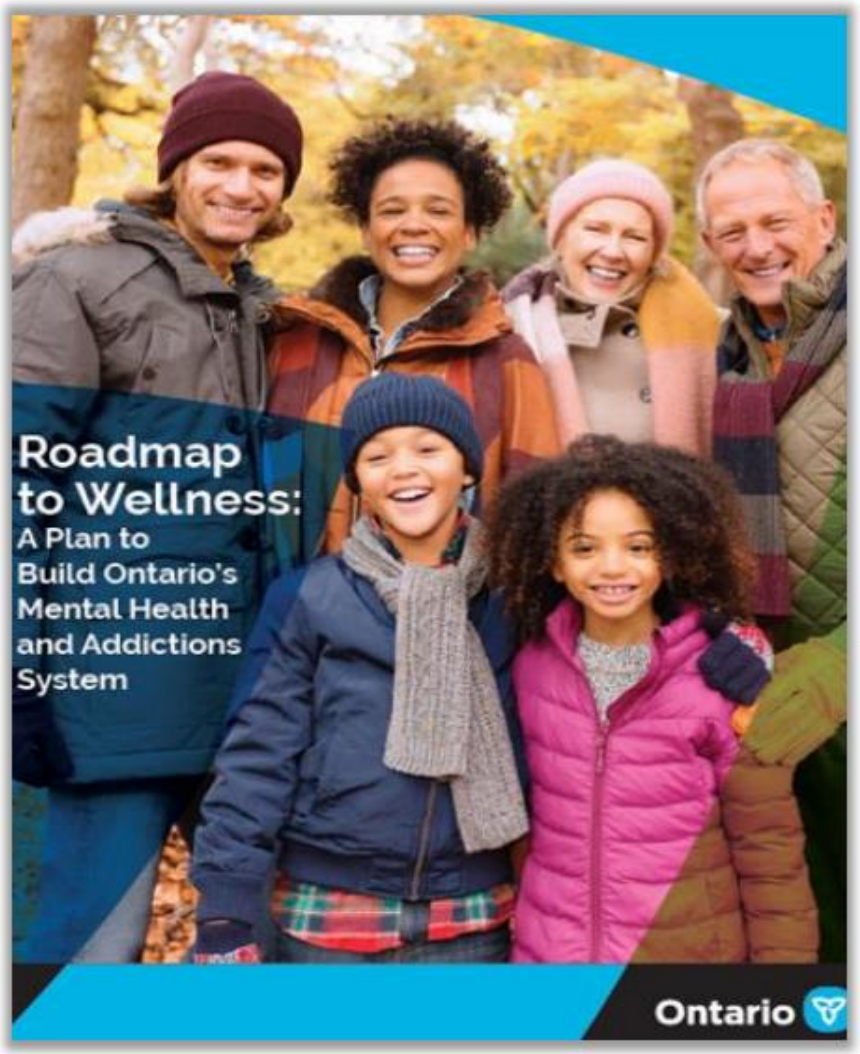
AND

CHILD & ADOLESCENT SERVICES BUDGET 2023-2024

September 8, 2023

Public Health Services
Healthy Families Division

Context: Roadmap to Wellness



Prevalence of Child & Youth Mental Health Problems

- Approximately 18% -22% of children and youth aged 4-17 years in Ontario meet criteria for a mental disorder. (1)
- Between 2017-2020, 12% of Hamiltonians aged 12-19 years reported that they had a mood or anxiety disorder.(2)
- Among students in grades 9-12 years in Hamilton in 2019, 13% reported seriously contemplating suicide in the past year. (3)
- After accidents, suicide is the leading cause of death for people aged 15-24 years and in 2018, suicide was the leading cause of death for children aged 10-14 years. (4)
- In 2018, over 30% of Hamilton children were vulnerable in at least one of the five key domains as assessed by the Early Development Index. (5)
- Among children and youth with a parent-identified mental disorder, only 26% (4 to 11 years) and 34% (12 to 17 years) had contact with a mental health care provider.(1)

References:
(1) Ontario Child Health Study Team, 2019; (2) Canadian Community Health Survey, 2020; (3) Ontario Student Drug Use and Health Survey, 2019; (4) Statistics Canada, 2020; (5) Ontario Ministry of Education, 2018

Need for Change

- Access to services
- Lack of integration between services
- Insufficient data
- Evidence-informed decision-making
- Evolving societal landscape
- Inequity of funding across the province

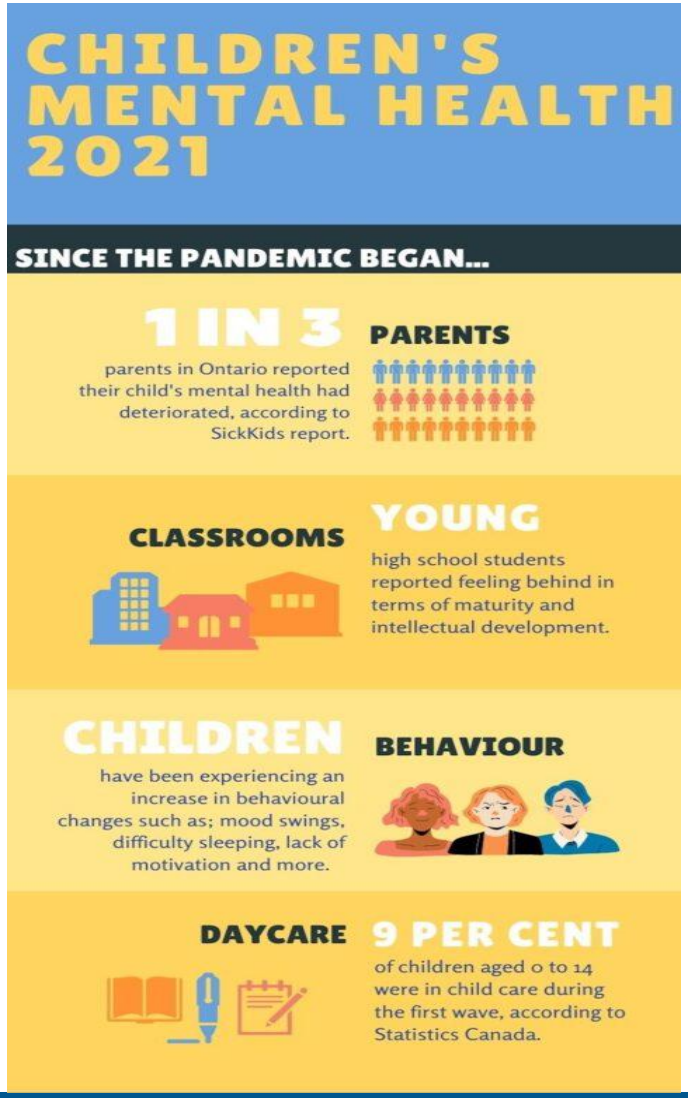
The 'traditional' service system

Aligning and integrating the service system

Hamilton's Child & Youth Mental Health Lead Agency Update

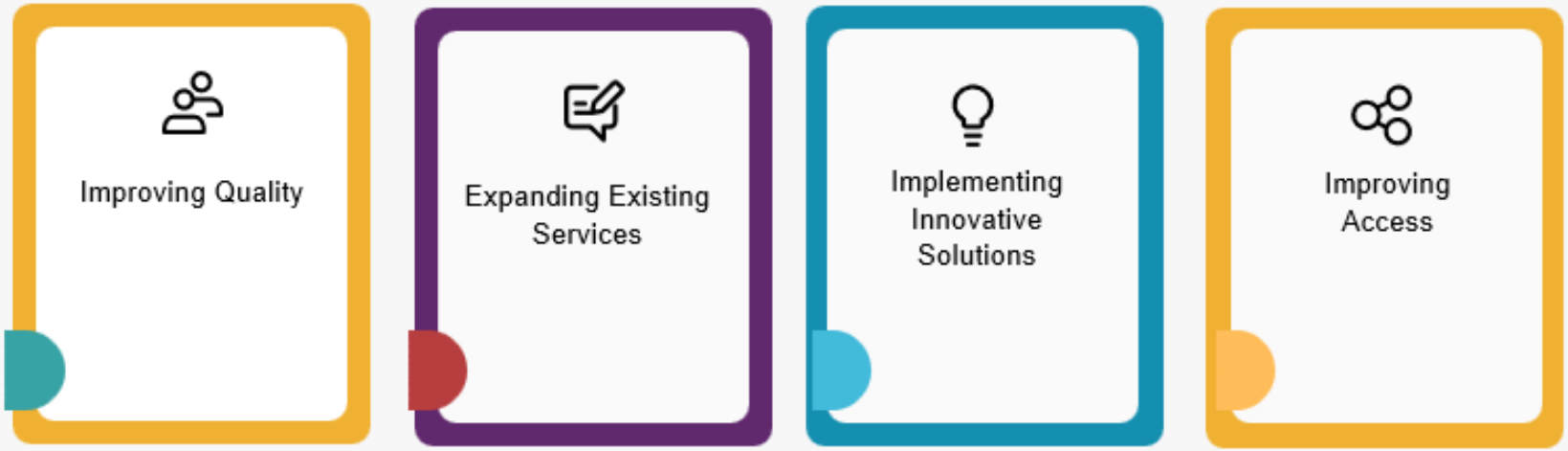
LYNWOOD CHARLTON CENTRE

Post Pandemic Child & Youth Mental Health



ROADMAP TO WELLNESS: A Plan to Build Ontario's Mental Health & Addictions System

The Policy Framework has four pillars:



The provision of core CYMH services is informed by evidence to support service quality. Evidence-informed practices combine the best available research with the experience and judgement of clinicians, children, youth and families to deliver measurable benefits.

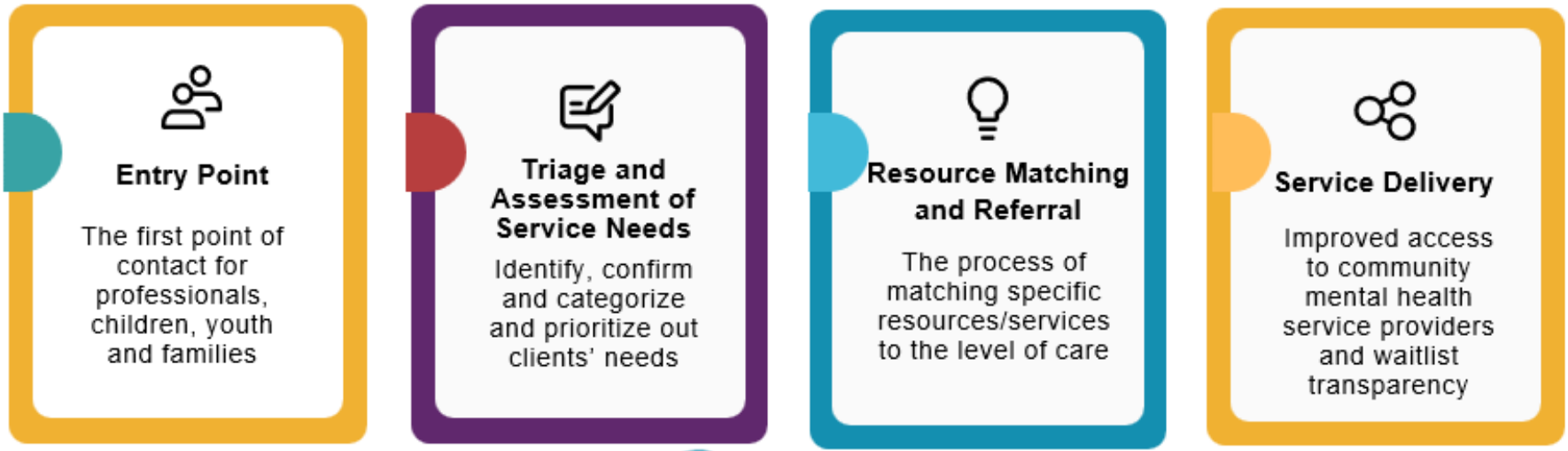
Lynwood Charlton centre

*CYMH = Child & Youth Mental Health

ACCESS & REFERRAL TO SERVICES WITHIN HAMILTON

Lead Agency Mission:

"supporting children, youth and families to achieve better mental health"



Lynwood Charlton centre

Core Service Providers

One Call, All Access for Child & Youth Mental Health

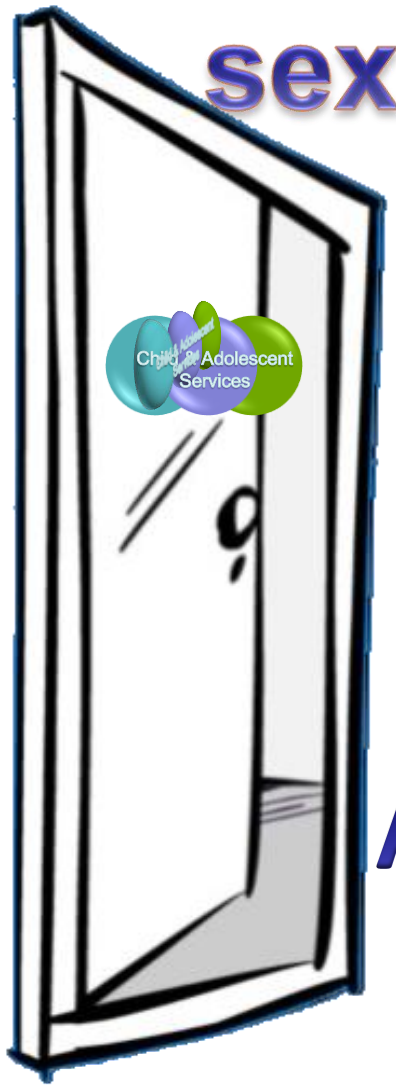
Putting Children and Families First in 2023-2024

5% BASE FUNDING INCREASE FOR COMMUNITY-BASED CHILD AND YOUTH MENTAL HEALTH PROVIDERS

- Secure 5% in new funding for community child and youth mental health agencies in the provincial budget. This funding will help begin to provide stability for child and youth mental health providers to minimize service disruptions and retain their qualified staff. As important as this new funding is, we know much work remains.

- We remain committed to raising the voices of children, youth, and families and to continue pushing for investments that improve quality, address inequities, and ensure timely access to care.

Our Sensational Services



neglect

suicidal thoughts

sexual abuse

trauma

poverty

anxiety

What brings people to our door?

gender identity

violence

abuse

ANGER

self-harm

Family separation

sexuality

family conflict

depression

bullying

ADHD

social isolation

school

fire-setting

sexualized behaviour

Our Services: Integrated Health and Social Care

#1
Brief and Time Limited Counselling & Therapy

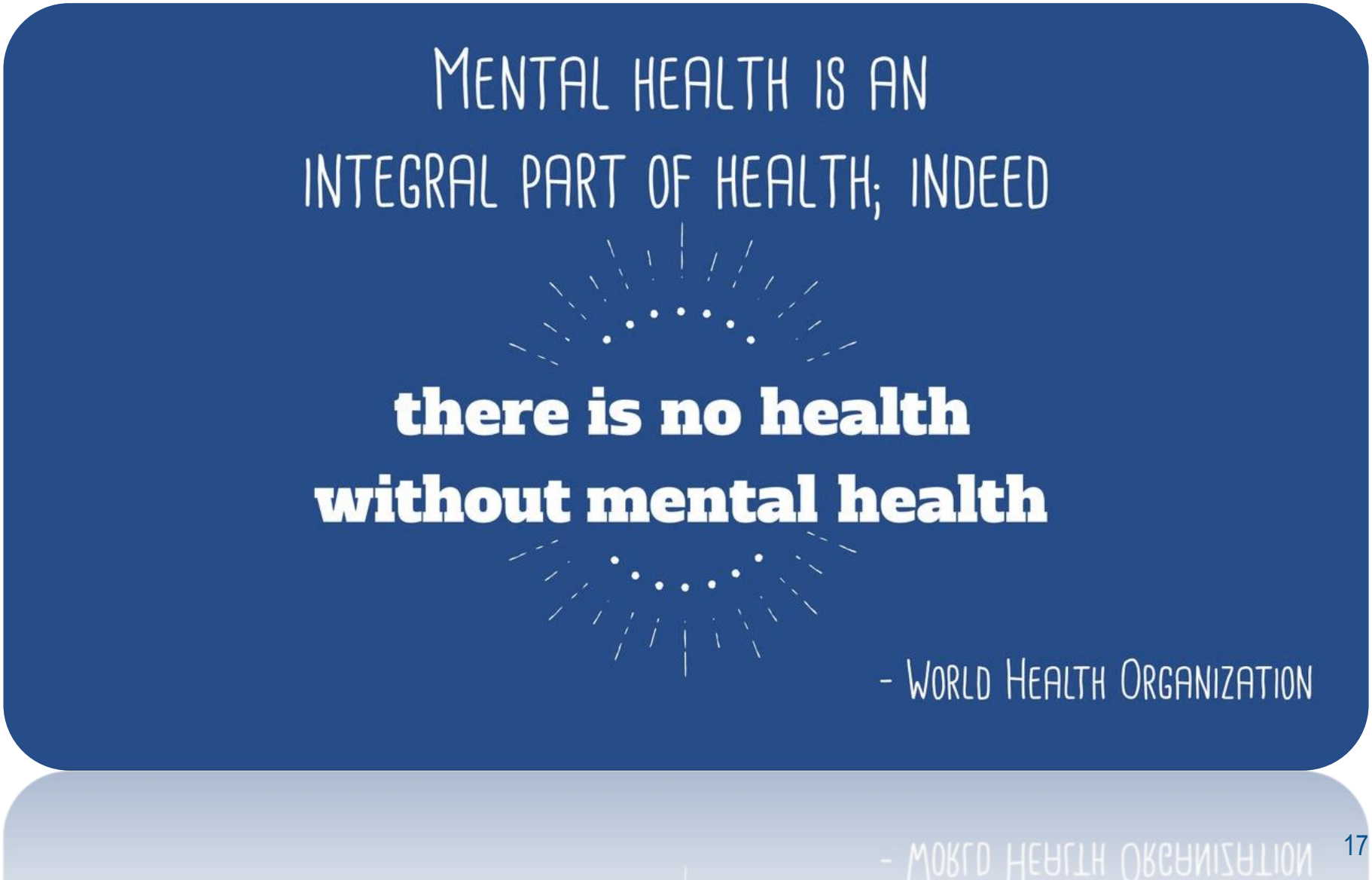
#2
Case Management and Service Coordination

#3
Specialized Assessment & Consultation

What our Clients Say

What our Clients Say

What our Clients Say


MENTAL HEALTH IS AN
INTEGRAL PART OF HEALTH; INDEED
there is no health
without mental health
- WORLD HEALTH ORGANIZATION

QUESTIONS

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Environments Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	September 8, 2023
SUBJECT/REPORT NO:	Hamilton Waterpipe By-law (BOH23017(a)) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Heidi McGuire (905) 546-2424 Ext. 6170
SUBMITTED BY: **SIGNATURE:**	Kevin McDonald Director, Healthy Environments Division Public Health Services

RECOMMENDATION

That the By-law to regulate waterpipe smoking in public places and workplaces in the City of Hamilton, attached as Appendix "A" to Report BOH23017(a), which has been prepared in a form satisfactory to the City Solicitor, be enacted.

EXECUTIVE SUMMARY

This report is further to the February 21, 2020 Board of Health and February 26, 2020 Council requests that Hamilton Public Health Services report back to the Board of Health with recommendations for implementation of a by-law to regulate the smoking of non-tobacco combustible substances in public places and work places by June 2020. An update was provided to the Public Health Committee on May 1, 2023 (Report BOH23017).

The Provincial government enacted the *Smoke-Free Ontario Act, 2017* to prohibit the smoking of tobacco and cannabis and the use of vapour products in enclosed public places and workplaces and in prescribed outdoor recreation spaces. The *Smoke-Free Ontario Act, 2017* permits non-tobacco or herbal waterpipe smoking but prohibits tobacco waterpipe smoking. Hamilton's Prohibiting Smoking within City Parks and Recreation Properties By-law (By-law No.11-080) came into effect on May 31, 2012 and was subsequently amended on July 12, 2019. The By-laws expand on the *Smoke-Free Ontario Act, 2017* by prohibiting the smoking or vaping of tobacco, cannabis, or any other substance in public parks and recreation areas.

The proposed Hamilton Waterpipe By-law would generally prohibit waterpipe smoking where vaping or smoking is prohibited under the *Smoke-Free Ontario Act,* 2017 and By-law No. 11-080. Public Health Ontario's recent evidence brief on the health impacts of waterpipe smoking found that all waterpipe smoke contains harmful toxins and chemicals and is associated with multiple adverse health outcomes including respiratory diseases, lung cancer, heart disease, and dental disease, similar to impacts of smoking tobacco.

An evidence-informed approach was followed to draft the proposed Waterpipe By-law in Hamilton, which included an environmental scan of municipal by-laws in Ontario, literature review, consultation with other health units that have implemented a similar by-law, review of charges and enforcement at Hamilton waterpipe establishments, and consultation with current waterpipe establishment owners.

Alternatives for Consideration – See Page 8

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Not Applicable.

Staffing: Not Applicable.

Legal: Although initial enforcement efforts will take an educational approach, it is possible that in the future, challenges and charges could result. Experience with other legislation indicates that if there is adequate enforcement accompanied by an education campaign that compliance with the by-law will be high and charges will be minimized.

In Ontario, municipalities are granted authority under the *Municipal Act, 2001* to enact by-laws respecting the health, safety and well-being of individuals within its jurisdiction. By-laws prohibiting waterpipe smoking in enclosed public places and workplaces have been challenged in court in Toronto, Peel Region and Vancouver, but have all been upheld.[1,2,3] This sets a precedent that municipalities have the authority to pass such by-laws and reinforces the validity of such by-laws.

HISTORICAL BACKGROUND

On October 17, 2018, the Provincial government enacted the *Smoke Free Ontario Act, 2017* to protect workers and the public from second-hand smoke and vapour. The *Smoke Free Ontario Act, 2017* prohibits tobacco and cannabis smoking, and the use of

[1] 2386240 Ontario Inc. v. Mississauga (City), 2019 ONCA 413.
[2] 232169 Ontario Inc. (Farouz Sheesha Café) v. Toronto (City).
[3] 2017 ONCA 484; Vancouver (City) v. Abdiannia, 2015 BCSC 1058.

vapour products in prescribed places such as enclosed public places, workplaces, restaurants and bars (including within nine metres of patios), as well as prescribed outdoor recreation spaces. Smoking of waterpipes that contain tobacco is prohibited in enclosed public spaces and outdoor spaces under the *Smoke Free Ontario Act, 2017*; however non-tobacco or herbal waterpipe smoking is permitted, due to a gap in the provincial regulatory framework.

While Hamilton City Council partially closed the gap in 2012 through the introduction of Hamilton's Prohibiting Smoking Within Parks and Recreation Properties By-law, banning the use of non-tobacco products (including waterpipes) on outdoor municipal recreation property, such activity continues to be permitted in indoor public spaces. Enforcement challenges remain for these indoor premises. Ontario Ministry of Health protocol requires Enforcement Officers to obtain shisha samples at waterpipe establishments for laboratory testing to determine if it contains nicotine (tobacco) before laying charges, which takes a considerable amount of time and is expensive to complete.

In the city of Hamilton, there are approximately nine waterpipe establishments operating at present. Most shisha samples tested since 2018 from Hamilton waterpipe establishments were found to contain nicotine, which is an indicator for tobacco in the product (>80%). Public Health Services laid its first charges against a waterpipe establishment in August 2018 under the *Smoke Free Ontario Act, 2017* resulting in convictions for a total fine of $3,000. Warnings and charges by Public Health Services, Municipal Law Enforcement, and Hamilton Police Services have continued since that time at premises found to permit illegal smoking.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

In Ontario, single tier municipalities are granted authority under section 10(2) of the *Municipal Act, 2001* to enact by-laws respecting the health, safety and well-being of individuals within their jurisdiction. Section 115 of the *Municipal Act, 2001* further permits municipalities to prohibit or regulate the smoking of tobacco or cannabis in public places and workplaces.

By-laws prohibiting waterpipe smoking in enclosed public places and workplaces have been challenged in court in Toronto, Peel Region, Durham Region, and Vancouver but were upheld. This sets a precedent that municipalities have the authority to pass such by-laws to protect the health of residents and reinforces the validity of the by-laws. The courts also found that the by-laws did not violate the Canadian Charter of Rights and Freedoms.

RELEVANT CONSULTATION

- Corporate Services, Legal Services Division;
- Planning and Economic Development, Licensing and By-law Services;

- Hamilton Police Services, Vice & Human Trafficking;
- Other Ontario municipalities that have implemented waterpipe by-laws; and,
- Waterpipe establishment owners in Hamilton.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Waterpipe

A waterpipe (or hookah) is a device used to smoke moist tobacco and/or non-tobacco herbal products. The substance that is smoked in a waterpipe is often referred to as shisha. The ingredients in shisha vary and may include dried plants, herbs, tobacco leaves, preservatives and flavourings mixed with molasses or honey.[4] A waterpipe uses charcoal to heat shisha to produce smoke, which is drawn into water, cooled, and inhaled by an individual using a hose and a mouthpiece.[5]

Health and Safety Concerns

Waterpipes filled with tobacco and/or herbal shisha contain harmful toxins and chemicals, including particulate matter, polycyclic aromatic hydrocarbons, carbon monoxide, and heavy metals.[4] With the exception of nicotine, all toxicants measured in herbal smoke equal or exceed those found in tobacco waterpipe smoke.[4,5] Waterpipe smoking has been linked to the same diseases as cigarette smoking, with multiple harmful health outcomes including lung cancer, heart disease, negative respiratory effects (including reduced lung function), dental disease, and negative pregnancy outcomes.[4,6] A waterpipe session takes between 20 to 80 minutes, putting others at risk due to the high levels of toxic compounds in second-hand smoke, irrespective of whether tobacco is contained within the waterpipe.[4] Multiple studies have demonstrated hazardous occupational exposures in hookah bars,[7,8,9,10,11] with higher levels of

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[4] Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2021). Evidence brief: health impacts of waterpipe smoking and exposure. Toronto, ON: Queen's Printer for Ontario.

[5] Non-Smokers Rights Association. (2012). Waterpipe smoking in Canada: New trend, old tradition. Ottawa, ON: Non-Smokers Rights Association.

[6] Waiziry R, Jawad M, Ballout RA, et al. (2017). The effects of waterpipe tobacco smoking on health outcomes: an updated systematic review and meta-analysis. International Journal of Epidemiology, 46(1), 32-43. doi: 10.1093/ije/dyw021.

[7] Cobb CO, Vansickel AR, Blank MD, Jentink K, Travers MJ, & Eissenberg T. (2013). Indoor air quality in Virginia waterpipe cafes. Tobacco Control, 22(5), 338-43. doi: 10.1136/tobaccocontrol-2011-050350.

[8] Misek R &, Patte C. (2014). Carbon monoxide toxicity after lighting coals at a hookah bar. Journal of Medical Toxicology,10, 295–298. doi: 10.1007/s13181-013-0368-x.

[9] Torrey CM, Moon KA, Williams DAL, Green T, Cohen JE, Navas-Acien A, & Breysse PN. (2015). Waterpipe cafes in Baltimore, Maryland: Carbon monoxide, particulate matter, and nicotine exposure. Journal of Exposure Science and Environmental Epidemiology, 25(4), 405-410. doi: 10.1038/jes.2014.19.

nicotine, carbon monoxide, tar and heavy metals compared with cigarettes[7,12] and indoor levels of Particulate Matter 2.5 fine air pollutant particles, carbon monoxide and air nicotine that are hazardous to human health.[13] Waterpipe smokers often share a hose/mouthpiece in a communal environment, putting users at risk of contracting viruses and respiratory infections such as meningitis, tuberculosis, hepatitis, herpes, influenza, COVID-19, and oral diseases.[4]

Jurisdictional Scan

Approximately 35 communities in Ontario have created by-laws to prohibit or control the use of (tobacco and non-tobacco/herbal) waterpipe smoking within indoor and/or outdoor settings including Barrie, Durham Region, Halton Region, Niagara Region, Orillia, Ottawa, Peel Region, Peterborough, and Toronto. In addition, five provinces in Canada regulate waterpipe smoking in public spaces: Quebec, Alberta, Nova Scotia, New Brunswick, and Prince Edward Island. Many jurisdictions across Canada, the United States, and the Middle East - where traditional use of waterpipes historically occurred such as Egypt, United Arab Emirates, Turkey, Syria, and Kuwait - have passed laws prohibiting waterpipe smoking in public places and workplaces.

Prevalence and Usage

Although prevalence of waterpipe smoking is low compared with other forms of tobacco use, there is a concern with prevalence among youth, leading to future addiction. Past year use for waterpipe smoking in 2019 was approximately 10% for Grade 12 Ontario students, with use decreasing by age.[14] Studies link hookah tobacco smoking to subsequent cigarette smoking.[15] Peel Region Public Health identified that 72% of waterpipe establishment patrons were between ages 18 and 24 and Niagara Region

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[10] Zeidan RK, Rachidi S, Awada S, et al. (2014). Carbon monoxide and respiratory symptoms in young adult passive smokers: A pilot study comparing waterpipe to cigarette. International Journal of Occupational Medicine Environmental Health, 27, 571–82. doi:10.2478/s13382-014-0246-z

[11] Zhou S, Behrooz L, Weitzman M, et al. (2017). Secondhand hookah smoke: An occupational hazard for hookah bar employees. Tobacco Control, 26, 40-45.

[12] Shihadeh A, Schubert J, Klaiany J, et al. (2015). Toxicant content, physical properties and biological activity of waterpipe tobacco smoke and its tobacco-free alternatives. Tobacco Control, 24(Suppl 1), i22-i30.

[13] Zhang B, Haji F, Kaufman P, Muir S, & Ferrence R. (2015). 'Enter at your own risk': A multimethod study of air quality and biological measures in Canadian waterpipe cafes. Tobacco Control, 24(Suppl 2), 175-181.

[14] Boak A, Elton-Marshall T, Mann RE, & Hamilton HA. (2020). Drug use among Ontario students, 1977-2019: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS). Toronto (ON): Centre for Addiction and Mental Health.

[15] Yu Z, Wang M, Fu J. (2023). Association between waterpipe use and susceptibility to cigarette smoking among adolescents and young adults who never smoked: A systematic review and meta-analysis. Tobacco Induced Disease, 21, 29.

Public Health found that waterpipe use was highest among those aged 17 to 24 years.[16,17]

In 2022, Niagara Region community members reported most commonly using waterpipes at waterpipe establishments (68.7%), at home (59.6%), or at someone else's home (55.6%).[16] Primary reasons to visit waterpipe establishments were identified: to socialize (34.5%), for food and drink (26.7%), and to smoke (21.6%).[16] Thirty one per cent of Niagara Region survey respondents used waterpipes for cultural reasons.[16] There was no reportable difference in terms of waterpipe use among youth by ethnicity according to the Youth Smoking Survey.[18]

Consultation with Waterpipe Establishment Owners

Public Health Services designed and executed an engagement plan specific to waterpipe establishment owners and operators to determine sources of revenue, expected impacts on businesses and opinions on proposed waterpipe restrictions. A survey was distributed to all known Hamilton waterpipe establishments (n=10) in the following ways: direct mail, phone calls including voicemail messages, and hand-delivery to establishments. Only two establishments provided feedback by completing and submitting the survey regarding the proposed by-law. Both businesses that completed and submitted the survey have operated for more than three years; serve food, drinks and hookah/shisha to customers; and permit hookah smoking indoors anywhere in the establishment. Protection for employees from the harmful effects of waterpipe smoke was not identified at either location. Suggestions to lessen the impact of a waterpipe by-law were not received from either establishment. With the low participation/response rate to the survey, differences between the two establishments cannot be shared without ethical impacts.

In comparing survey results to Niagara Region, which recently enacted a waterpipe by-law, revenue from waterpipe sales ranged from three to 15%, while two of the five establishments did not expect a prohibition to have a significant impact on their business.[16] A common concern among businesses is that smoke-free regulations can cause financial loss. However, studies conducted on the economic impacts of smoke-free environments demonstrate that the hospitality industry has not been impacted financially by smoke-free regulations.[19,20,21] The goal is to protect people, including workers and vulnerable populations, from second-hand smoke exposure.

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[16] Smith J & de Villa E. (2016). Prohibiting waterpipe smoking in specified public areas: Regional report. Mississauga, ON: Peel Regional Council.
[17] Grewal, K. (2022). Waterpipe smoking by-law. Niagara, ON: Niagara Region Council.
[18] Chaiton, M & Luk, R. (2014). Waterpipe use in Ontario. Toronto, ON: Ontario Tobacco Research Unit.
[19] Scollo M, Lal A, Hyland A, et al. (2003). Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. Tobacco Control, 12,13-20.

Recommended By-law

The proposed by-law, if enacted, will prohibit the use of waterpipes in and on:

- Enclosed public places;
- Enclosed workplaces;
- Outdoor patios; and,
- City-owned outdoor sports and recreation areas.

In addition to making it an offence for anyone to use a waterpipe in the above places, the by-law also makes it an offence for a person in charge of one of the places listed above to allow any person to use a waterpipe in the area. The proposed by-law generally applies to any enclosed public places and workplaces, including public transportation vehicles. Although the majority of premises covered by the by-law are likely to be hookah restaurants and cafes, this by-law ensures there are no regulatory gaps and that use of waterpipes is generally prohibited in the same public places and workplaces where smoking of tobacco is prohibited. The recommended approach is intended to align City by-laws with those in comparator municipalities in Ontario and to be compatible with provincial legislation.

Education and Enforcement

Comprehensive education is fundamental to ensuring successful implementation. Tobacco Enforcement Officers will use a phased in progressive enforcement approach when addressing non-compliance; this may include education, warnings, tickets and summons. There will be a four-month education phase when the by-law comes into effect. During this time, Tobacco Enforcement Officers will work with establishments to ensure they are aware of the by-law and provide consultation to assist them in bringing their establishments into compliance. After the education phase has ended, there will be a warning phase, followed by an enforcement phase where charges will be considered for continued non-compliance. Public Health Services may consult with Licensing and By-law Services should establishments hold a City of Hamilton business license as an additional level of enforcement action. Continued violations of City of Hamilton by-laws may affect the status of a business license. There are no specific signage requirements under the Hamilton Waterpipe Smoking By-law.

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[20] Melberg HO, Lund KE. (2012). Do smoke-free laws affect revenues in pubs and restaurants? European Journal of Health Economics, 13(1), 93-9. doi: 10.1007/s10198-010-0287-6.

[21] International Agency for Research on Cancer. Evaluating the effectiveness of smoke-free policies. IARC handbooks of cancer prevention: tobacco control. Vol. 13. Lyon, France: World Health Organization, International Agency for Research on Cancer; 2009. Available from: http://www.iarc.fr/en/publications/pdfs-online/prev/handbook13/handbook13.pdf.

ALTERNATIVES FOR CONSIDERATION

Considering the health concerns for children and employees due to second-hand smoke, difficulty with enforcement, equity concerns for young, lower-income employees, and previous experience with similar alternatives when prohibiting indoor smoking, Public Health Services recommends moving forward with restricting waterpipe use at all locations within the *Smoke Free Ontario Act, 2017*.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH23017(a)	Draft By-law to Regulate Waterpipe Smoking in Public Places and Workplaces in the City of Hamilton

Authority: Item ,
Report
CM:
Ward: City Wide

Bill No.

CITY OF HAMILTON

BY-LAW NO.

To Regulate Waterpipe Smoking in Public Places and Workplaces in the City of Hamilton

WHEREAS waterpipe smoking has been associated with various disease and poor health outcomes, including lung cancer, negative pregnancy outcomes, poor oral health, dental disease, respiratory illness and impaired lung function linked to tobacco waterpipe formulations, and carbon monoxide exposure and reduced lung capacity linked to non-tobacco formulations;

AND WHEREAS waterpipe smoking, in general, negatively affects indoor air quality for indicators including carbon monoxide and particulate matter, which are closely related to potential impacts on human health;

AND WHEREAS, subsection 10 (2) of the *Municipal Act, 2001*, S.O. 2001, c. 25, (the "*Municipal Act, 2001*") provides that single-tier municipalities have the authority to pass by-laws respecting the health, safety and well-being of persons;

AND WHEREAS, section 115 of the *Municipal Act, 2001* provides that a municipality may prohibit or regulate the smoking of tobacco or cannabis in public places and workplaces;

AND WHEREAS it is desirable for the health, safety and well-being of the inhabitants of the City of Hamilton to prohibit the use of waterpipes in enclosed public places, enclosed workplaces and other specified areas within the City of Hamilton to protect individuals from conditions hazardous to human health;

NOW THEREFORE the Council of the City of Hamilton enacts as follows:

DEFINITIONS

"**Authorized Staff**" or **"Authorized Person"** means a municipal law enforcement officer, a public health inspector, a tobacco enforcement officer or any staff of the City whose duties include those provided for or assigned under the By-law, and shall include the Director of Licensing and By-law Services, Director of Environmental Health (and their designate) and the Medical Officer of Health (and their designate) and shall also include a police officer;

"**City**" means the City of Hamilton;

"**Employee**" means an individual who performs any work for, or supplies any service to, an Operator, or an individual who receives any instruction or training in the activity, business, work, trade, occupation or profession of an Operator;

"**Enclosed Public Place(s)**" means the inside of any place, building or structure, or vehicle or conveyance or a part of any of them;

a) that is covered by a roof; and
b) to which the public is ordinarily invited or permitted access, either expressly or by implication, whether or not a fee is charged for entry;

"**Enclosed Workplace(s)**" means the inside of any place, building or structure or vehicle or conveyance or a part of any of them;

a) that is covered by a roof; and
b) that Employees work in or frequent during the course of their employment whether or not they are acting in the course of their employment at the time;

"**Highway**" means a highway as defined in the *Highway Traffic Act,* R.S.O. 1990, c. H.8;

"**Medical Officer of Health**" means the Medical Officer of Health for the City, duly appointed to such position by the City, and their designate(s);

"**Operator**" means the Person, governing body or agency which alone or with others operates, manages, runs, controls, governs or directs activity carried on, or directs an Employee within an Enclosed Public Place, Enclosed Workplace, Recreational Property, Patio or other area specified by this By-law and includes the Person who is actually in charge thereof;

"**Patio**" means an outdoor area where the public is ordinarily invited or permitted access, either expressly or by implication, whether or not a fee is charged for entry or that is worked in or frequented by employees during the course of their employment, whether or not they are acting in the course of their employment at the time, and where food or drink may be served or sold or offered for consumption, or the area is part of or operated in conjunction with an area where food or drink may be served, sold or offered;

"**Person**" includes an individual or corporation;

"**Police Officer**" includes an officer of the Hamilton Police Service;

"Property Owner" includes:

(a) the registered owner(s) on title of the property;
(b) the Person, for the time being, managing or receiving the rent of the land or premises in connection with which the words are used, whether on the Person's own account or as agent or trustee of any other Person, or who would receive the rent it the land and premises were let; and

(c) the lessee or occupant of the property;

"Recreational Property" means a park or place owned or operated by the City for recreational purposes including without limiting the generality of the foregoing a leash-free dog park, pool, recreation center, playground, skate-board park, beach, arena, stadium, sports or playing field;

"**Roof**" means a physical barrier of any size, whether temporary or permanent, that covers an area or place or any part of an area or place and that is capable of excluding rain or impeding airflow, or both;

"**School**" means the lands or premises included in the definition of school under the *Education Act*, R.S.O 1990, c. E.2 or the building or the grounds surrounding the building of a private school as defined in the *Education Act*, where the private school is the sole occupant of the premises;

"**Smoke(s) or Smoking**" includes the use or carrying of any lighted or heated Waterpipe or any other equipment used to inhale, exhale, burn or heat any Smoking Product;

"**Smoking Product**" means tobacco, a tobacco-like product, a non-tobacco product or any combination thereof with a purpose of being burned or heated to produce vapours, gases, or smoke, which are inhaled, and shall include but is not limited to non-tobacco herbal shisha, and other plant material or oils intended for inhalation; and

"**Waterpipe**" means any smoking equipment used to burn or heat a Smoking Product, with which the vapour or smoke may be passed through a water basin before inhalation.

REQUIREMENTS AND PROHIBITIONS

1. No Person shall Smoke a Waterpipe in or on:

   a) an Enclosed Public Place;
   b) Enclosed Workplace;
   c) a Patio;
   d) Recreational Property; or
   e) a School.

2. No Operator or Property Owner shall cause or permit a Person to smoke a Waterpipe in or on:

   a) an Enclosed Public Place;
   b) Enclosed Workplace;
   c) a Patio;
   d) Recreational Property; or
   e) a School.

3. No Property Owner shall cause or permit use of a building or other structure on their property that contains an Enclosed Public Place or an Enclosed Workplace in contravention of this By-law.

4. No Operator and no Employee working at a Patio, Enclosed Public Place operating as a bar or restaurant, or Recreational Property shall cause or permit any Waterpipe or component of a Waterpipe to be displayed.

5. Every Operator shall:

   a) give notice to any individual or Employee Smoking a Waterpipe in the Enclosed Public Place, Enclosed Workplace, or Patio that Smoking is prohibited there;
   b) ensure that no Waterpipe or similar equipment remain in the Enclosed Public Place, Enclosed Workplace, or Patio; and
   c) ensure that a Person who refuses to comply with a notice pursuant to subsection (a) does not remain in the Enclosed Public Place, Enclosed Workplace, or Patio.

6. The prohibitions in this By-law shall apply whether or not a notice is posted that Waterpipe Smoking is prohibited.

7. No Person shall hinder or obstruct, or attempt to hinder or obstruct, an Authorized Person who is exercising a power or performing a duty under this By-law.

EXEMPTIONS

8. This By-law does not apply to a Highway including a pedestrian sidewalk adjacent to a Highway, but does apply to public transportation vehicles, taxicabs, and Enclosed Public Places or Enclosed Workplaces on a Highway.

9. This By-law does not apply to the portion of a premises actually being used as a dwelling.

ADMINISTRATION AND ENFORCEMENT

10. The Medical Officer of Health is responsible for administration of this By-law. The Medical Officer of Health and Director of Licensing and By-law Services are responsible for enforcement of this By-law. The Medical Officer of Health and Director of Licensing and By-law Services may each appoint delegates or assign duties to City staff under this By-law.

11. City staff who carry out any action under this By-law are deemed to be Authorized Staff for the purposes of this By-law, in the absence of evidence to the contrary.

12. Authorized Staff may, at any reasonable time, enter and inspect land including all buildings, structures or parts thereof that are subject to this By-law for the purposes of determining compliance with this By-law or an Order thereunder. Despite the foregoing, any inspection of a room or place actually being used as a dwelling shall only be done in accordance with the requirements of the *Municipal Act, 2001*.

13. For the purposes of an inspection under section 12, Authorized Staff may,

    a) require the production for inspection of documents or things relevant to the inspection;
    b) inspect and remove documents or things relevant to the inspection for the purposes of making copies or extracts;
    c) require information from any Person concerning a matter related to the inspection; and
    d) alone or in conjunction with a Person possessing special or expert knowledge, make examinations or take tests, samples or photographs necessary for the purposes of the inspection.

14. Where an Authorized Person is satisfied that a contravention of this By-law has occurred, the Authorized Person may make an order, in accordance with section 444 (1) of the *Municipal Act, 2001* (as amended or replaced) requiring the Person who contravened the By-law or who caused or permitted the contravention or owner or occupier of the land on which the contravention occurred to discontinue the contravening activity. An Order under this section shall set out the reasonable particulars of the contravention adequate to identify the contravention, the location of the land on which the contravention occurred, and the date by which there must be compliance with the order.

OFFENCES AND PENALTIES

15. Every Person, other than a corporation, who contravenes any provision of this By-law and every director or officer of a corporation who knowingly concurs in such contravention by a corporation is guilty of an offence and is liable, upon conviction, to a fine for each offence not exceeding:

    (a) on a first offence under this by-law, ten thousand dollars ($10,000); and
    (b) on a subsequent offence under this by-law, twenty-five thousand dollars ($25,000).

16. Every corporation that contravenes any provision of this By-law is guilty of an offence and is liable, upon conviction, to a fine for each offence not exceeding:

    (a) on a first offence under this by-law, fifty thousand dollars ($50,000); and
    (b) on a subsequent offence under this By-law, one hundred thousand dollars ($100,000).

17. If any Person is in contravention of any provision of this By-law and the contravention has not been corrected, the contravention of the provision shall be deemed to be a continuing offence for each day or part of a day that the contravention remains uncorrected. In the case of a continuing offence, for each day or part of a day that the offence continues, the maximum fine shall not exceed $10,000 but the total of all fines for each included offence shall not be limited to $100,000.

18. For the purposes of this By-law, subsequent offence means an offence which occurs after the date of conviction for an earlier offence under this By-law.

19. The fine amounts in this By-law are exclusive of costs, are created pursuant to the Municipal Act, 2001, S.O. 2001, c. 25 and are recoverable under the *Provincial Offences Act,* R.S.O., 1990, c. P.33.

20. The court in which the conviction has been entered and any court of competent jurisdiction thereafter, may make an order prohibiting the continuation or repetition of the offence by the Person convicted and such order shall be in addition to any other penalty imposed on the Person convicted.

MOST RESTRICTIVE PROVISION PREVAILS

21. In the event of differing requirements between any provision of this By-law and any applicable Act or regulation, the provision that is the most restrictive prevails.

SEVERABILITY

22. Should any section of this By-law be declared by a Court of competent jurisdiction to be ultra vires or illegal for any reason, the remaining parts shall nevertheless remain valid and binding, and shall be read as if the offending section or part had been struck out.

SHORT TITLE

23. This By-law may be referred to as the Hamilton Waterpipe By-law.

EFFECTIVE DATE

24. The provisions of this By-law shall become effective on the date approved by City Council.

PASSED this _____ ____ , _____

A. Horwath	J. Pilon
Mayor	Acting City Clerk

Hamilton

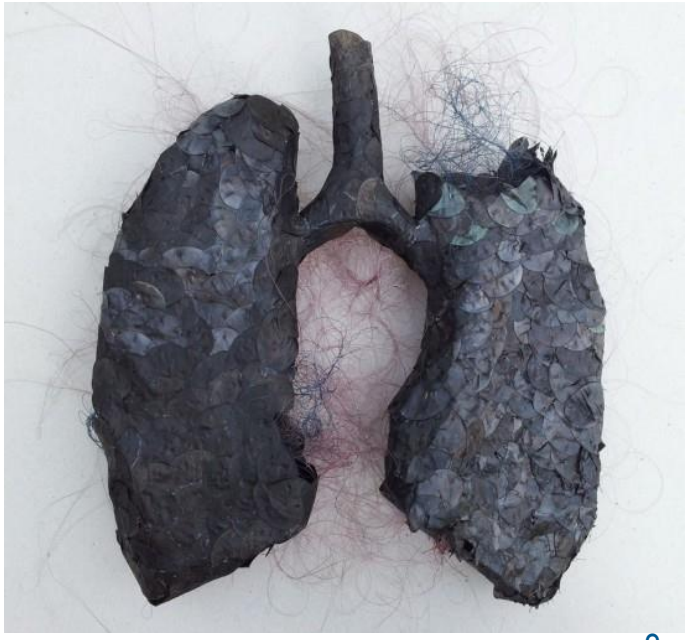
HAMILTON WATERPIPE BY-LAW

September 8, 2023

Waterpipes

Protect Health and Safety

- Tobacco and/or herbal shisha contain harmful toxins and chemicals.
- Toxicants in herbal smoke equal or exceed those found in tobacco smoke.
- Waterpipe smoking is linked to the same diseases as cigarette smoking.
- Hazardous occupational exposures in waterpipe establishments cited.
- Risk of contracting viruses and respiratory infections from sharing hoses.



Prevent Youth from Becoming Addicted

- **Use by youth, leading to future addiction**
- **Studies link hookah tobacco smoking to subsequent cigarette smoking**
- **72% of waterpipe establishment patrons were between ages 18 and 24 years [Peel]**
- **Waterpipe use was highest among those aged 17 to 24 years [Niagara]**

Close a Regulatory Gap

Smoke-Free Ontario Act, 2017

- Prohibits tobacco and cannabis smoking, and the use of vapour products in prescribed places such as enclosed public places & workplaces, outdoor recreation spaces, etc.
- Includes prohibition on smoking of waterpipes that contain tobacco in prescribed locations
- Non-tobacco/herbal waterpipe smoking is permitted

Hamilton's Prohibiting Smoking Within Parks and Recreation Properties By-law #11-080

- Prohibits smoking of tobacco, cannabis, non-tobacco products (including shisha) on outdoor municipal recreation property

Enforcement challenges

Provincial mandate for shisha samples at waterpipe establishments

Reduce Time and Cost

- Nine waterpipe establishments
- Sampling and testing time and cost
- Court time and cost

Alignment & Consistency

By-laws to prohibit or regulate the use of (tobacco and non-tobacco/herbal) waterpipe smoking within indoor and/or outdoor settings exist in:

- Other larger communities in Ontario - Barrie, Durham Region, Halton Region, Niagara Region, Ottawa, Peel Region, and Toronto and others.
- Five provinces in Canada: Quebec, Alberta, Nova Scotia, New Brunswick and Prince Edward Island.
- Many jurisdictions in Canada, the United States, and the Middle East.

By-law Consultation

Hamilton waterpipe establishment owners survey (2023)

- Distributed to all known establishments (n=10) via direct mail, phone calls including voicemail messages, and in-person delivery
- Two establishments completed the survey.

Niagara Region survey (2022)

- Revenue from waterpipe sales ranged from three to 15%
- Two of the five establishments did not expect a prohibition to have a significant impact on their business.

Proposed By-law

The proposed by-law, if enacted, will prohibit the use of waterpipes in and on:

- Enclosed public places;
- Enclosed workplaces;
- Outdoor patios; and,
- City-owned outdoor sports and recreation areas.

The recommended approach is intended to align the by-law with those in comparator/neighbouring municipalities in Ontario and to be compatible with provincial legislation.

Authority & Validity

Authority under section 10(2) of the *Municipal Act, 2001*

By-laws prohibiting waterpipe smoking in enclosed public places and workplaces have been challenged in court in Toronto, Peel Region, Durham Region, and Vancouver, but were upheld.

Financial & Staffing

Financial

No additional funding is required. Funding for by-law education and enforcement will come from the existing budget.

Staffing

Existing program staff will conduct enforcement and education for the proposed by-law.

Hamilton

QUESTIONS?

INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	September 8, 2023
SUBJECT/REPORT NO:	Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (April-June 2023) (BOH23031) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Grace Thaxton-Patterson (905) 546-2424 Ext. 1735 Rachel Goodland (905) 546-2424 Ext. 4149
SUBMITTED BY: **SIGNATURE:**	Julie Prieto, Director, Epidemiology and Wellness Division Public Health Services

COUNCIL DIRECTION

This report is in follow-up to direction provided via a motion at the February 13, 2023 Board of Health Meeting:

> "That City staff be directed to provide quarterly reports on overdoses tracked by [Emergency Medical Systems] and all deaths related to toxic drugs to the Board of Health beginning in Q2 2023."

INFORMATION

The purpose of this report is to provide an overview of the opioid-related impacts in Hamilton from April 1, 2023 to June 30, 2023 (Q2).

Summary

Hamilton experienced a higher number of opioid-related paramedic calls in Q2 2023 which continues the trend observed in Q1 2023. The burden of opioid-related paramedic calls and suspect drug-related deaths remains concentrated in Wards 2 and 3. The distribution of opioid-related paramedic calls and suspect drug-related deaths across different age groups, genders, and locations has generally remained stable when compared to the same quarter in 2022 and 2021.

Through the analysis of mortality data, the number of suspect drug-related deaths has decreased for the second consecutive quarter. Reports from community partners

indicate that toxic and unpredictable drugs continue to circulate in the local drug supply. Further details on the results from this quarter is explained below.

Opioid-Related Paramedic Calls

Opioid-related paramedic calls are defined as calls for which the responding paramedic notes a suspected opioid poisoning.[1] There were 257 opioid-related paramedic calls in Q2 2023; which corresponds to more than 19 opioid-related paramedic calls per week or 2.8 opioid-related paramedic calls per day. The number of opioid-related paramedic calls in this quarter was higher than previous years, and similar to Q1 2023 (see Table 1 below). The count of opioid-related paramedic calls in June (n=98) 2023 exceeded the count of 96 calls in March 2023. These two months have been the highest number of monthly opioid-related paramedic calls recorded since September 2021 (n=103). This continued trend highlights the increasing number of overdoses that are occurring in our community.[2]

When examining the age and gender distribution of the paramedic calls, almost two out of three (64%, n=164) opioid-related paramedic calls in Q2 2023 involved people aged 25 to 44 years and more than three out of four (78%, n=198) involved males. This has been a consistent distribution observed in the local data over time. While the distribution of calls may fluctuate quarterly, in each year since 2019, 66% to 71% of opioid-related calls have occurred among people aged 25 to 44 years, and 73% to 78% have occurred among males.

Table 1: Q2 counts of opioid-related paramedic calls in Hamilton, 2021-2023

Time Period	Current (Q2 2023)	Q2 2022	Q2 2021
Hamilton (All)	257	176	235

Source: Hamilton Paramedic Services

While opioid-related paramedic calls are made from all areas of Hamilton, the majority of the paramedic calls are concentrated in Wards 2 and 3. In Q2 2023, over half of all opioid-related paramedic calls came from Ward 2 (55%, n=138) and 22% (n=56) from Ward 3. The Wards with the next highest percentages of total opioid-related paramedic calls were Ward 4 (6%, n=15) and Ward 5 (5%, n=12).

[1] City of Hamilton (Healthy and Safe Communities-Public Health Services) Hamilton Opioid Information System. 2023. Available from: https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system

[2] City of Hamilton (Healthy and Safe Communities-Public Health Services) Opioid Situation Report (April to June). 2023.

Suspect Drug-Related Deaths

Suspect drug-related deaths are deaths where the investigating coroner's preliminary investigation indicates potential drug involvement.[3] Deaths in Hamilton are defined by the location of incident, and do not necessarily describe all deaths among Hamilton residents. Suspect-drug related deaths are not opioid-specific and include deaths that could be related to other drugs. Data are preliminary and subject to change and counts for the most recent two to three months are often underestimated.

Preliminary data indicate that 41 suspect drug-related deaths occurred in Hamilton in Q2 2023; this is an average of 3.2 deaths per week. The number of suspect drug-related deaths is lower than in the previous quarter (see Table 2 below). Q2 2023 also represents the lowest number of suspect drug-related deaths in this period since 2018 (n=37). Similarly, counts of suspect drug-related deaths in Ontario overall during Q2 have also decreased for two consecutive years.

Table 2: Q2 counts of suspect drug-related deaths in Hamilton and Ontario, 2021-2023

Time Period	Current (Q2 2023)	Q2 2022	Q2 2021
Hamilton (All)	41	44	57
Ontario	830	861	985

Source: Office of the Chief Coroner

Most suspect drug-related deaths in Hamilton in Q2 2023 involved males (68%, n= 28). This has been a consistent distribution observed in the local data over time. While the distribution of deaths may fluctuate quarterly, this does not necessarily indicate a changing trend. From 2019 to 2022, yearly percentages of suspect drug-related deaths in Hamilton which occurred among males ranged from 73% to 75%.

Over half of suspect drug-related deaths in Hamilton in Q2 2023 occurred among those aged 30 to 49 years (59%, n=24), which is comparable to Ontario in 2023 (54%, n=441) and to the same period in previous years in Hamilton.

Over the past three years, the highest percentage of suspect drug-related deaths in Hamilton have consistently occurred in forward sortation area L8L. The boundaries of this forward sortation area predominantly overlap with Ward 3, and to a lesser extent with Ward 2. Just under one in six (15%, n=6) incidents of suspect drug-related deaths in Q2 2023 in Hamilton occurred in forward sortation area L8L. Over this period, there were also 6 (15%) suspect drug-related deaths in forward sortation area L8M, a forward sortation area in Ward 3.

[3] Office of the Chief Coroner for Ontario (OCC), Death Investigation System, received July 14, 2023.

From April to June 2023 in Hamilton, 76% (n=31) of incidents leading to suspect drug-related death occurred in private residences. From 2019 to 2022, the yearly percentage of incidents occurring in private residences ranged from 72% to 73%.

Community Reports & Alerts

Public Health Services shares a weekly Opioid Situation Report to healthcare providers, social service staff, and community members through the established early-warning email system. Members are able complete a short survey to provide real-time, anecdotal information to contribute to the “Latest from the Frontline” section of the report. The information received from members between April to June 2023 is summarized below.

Between April to June 2023, there were local reports of drug poisonings with unusual symptoms or presentation, and in some cases with extended sedation. There were also reports of drug poisonings requiring many doses of naloxone to reverse. Community members indicated that the current illicit drug supply is very potent and may be contaminated and laced with substances like phencyclidine and benzodiazepines (benzos). One respondent also shared concerns that the community is not educated on drug poisoning symptoms or how to respond, and that many people do not carry naloxone.

In April 2023, there were continued reports of “Yellow Down” circulating locally which was attributed to at least one other drug poisoning. This particular formulation was first highlighted to the community in February 2023 via a Drug Alert and continues to indicate that the local illicit drug supply remains toxic and unpredictable.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	September 8, 2023
SUBJECT/REPORT NO:	Healthy Babies Healthy Child Program Budget 2023-2024 (BOH23028) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Bonnie King (905) 546-2424 Ext. 1587
SUBMITTED BY: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services

RECOMMENDATION

(a) That the 2023-2024 Healthy Babies Healthy Children program budget be approved;

(b) That Council approve funding of $205,194 to allow the continuation of the program with the current Public Health Nurse complement until March 31, 2024, to be funded first from any Public Health Division surplus, then from any Healthy and Safe Communities Departmental Surplus and lastly from any Corporate Surplus or any source deemed appropriate by the General Manager of Corporate Services;

(c) That staff be directed to refer the annualized estimated cost for the program pressure resulting from capped Ministry funding and annual cost increases of staff salaries and benefits to the 2024 Tax Operating Budget; and,

(d) That the Medical Officer of Health or delegate be authorized and directed to execute all agreements, contracts, extensions and documents, including submission of budgets and reports required to give effect to all the 2023-2024 Healthy Babies Health Children Program budget approved in Report BOH23028.

EXECUTIVE SUMMARY

The Healthy Babies Healthy Children program is a mandatory program under the Ontario Public Health, Healthy Growth and Development Standard for all Boards of

Health. While mostly funded by the Ministry of Children, Community and Social Services, financial support is also provided to the program through the Hamilton Community Foundation and the City of Hamilton (levy). As the Province has indicated that their funding for 2023-2024 will be capped, program pressures will continue. To maintain within those provincial funding levels, the number of front-line staff (Public Health Nurses) who deliver the program would need to be reduced and would result in significant wait times and reduced service delivery levels

Healthy Babies Healthy Children provides home visiting interventions to vulnerable families at risk of poor health and developmental outcomes, largely due to adverse childhood experiences and toxic stress during pregnancy and in the early years. Long term health outcomes associated with adverse childhood experiences include injury, poor mental health, poor health during pregnancy/postpartum, infectious disease, chronic disease (e.g. heart disease, cancer and stroke), risk taking behaviour (e.g. alcohol, drugs, and opiate misuse) and lack of opportunity (education, employment, income and life expectancy).[1,2] Through the Healthy Babies Healthy Children program, Public Health Nurses support parents and caregivers to strengthen protective factors needed for healthy child development and resiliency. Home visiting Public Health Nurses are highly trained and use a variety of evidence-based nursing interventions that support healthy pregnancy and birth outcomes and build parental knowledge and confidence that strengthen the quality of interactions and relationships between parents and children. These interventions buffer the impact of adverse childhood events which otherwise can be long lasting and multigenerational. Public Health Nurses leverage family strengths and facilitate connections between families and a wide variety of community supports.

According to the World Health Organization, investments in early childhood development produces far-reaching benefits to governments, business, communities, parents/caregivers, and most of all, to babies and young children. Investing in early childhood development is cost effective, as every dollar spent on early childhood development interventions, like home visiting, can generate a return on investment as high as $13.[3] Research demonstrates that the period from pregnancy to age three is a critical period of brain development. For healthy brain development to occur children need a safe, secure, and nurturing environment; access to healthy nutrition; and ongoing stimulation of their physical, cognitive, social, and emotional development. This

[1] National Centre for Injury Prevention and Control- Adverse Childhood Experiences Prevention Strategy (September 2020)
[2] Preventing Childhood Toxic Stress: Partnering with Families and communities to promote relational health Andrew Garner, MD, PhD, FAAP,a,b Michael Yogman, MD, FAAP
[3] World Health Org- Nurturing Care for Early Childhood Development- Framework for Helping Children Survive and Thrive to Transform health and Human Potential (ISBN 978-92-4-151406-4)

is a critical window of opportunity to lay the foundation for health and wellbeing whose benefits last a lifetime and can impact future generations.[3]

Alternatives for Consideration – See Page 7

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Healthy Babies Healthy Children is mostly funded by the Ministry of Children, Community and Social Services. Despite yearly advocacy efforts, base funding for staffing and program costs have remained the same since 2015, resulting in reduced staffing and reduced capacity to service high risk families over the years. Healthy Babies Healthy Children receives additional funding from other sources that recognize and value the positive and longstanding impacts that home visiting has on expectant parents and their infants and young children (see Table 1 below).

The preliminary budget (April 1, 2023 to March 31, 2024) was submitted to the Ministry of Children, Community and Social Services including a pressure of $205,194. A letter accompanied the submission requesting increased funding to cover the budget shortfall, including the impact of continued capped funding. The Ministry of Children, Community and Social Services has responded to the preliminary budget submission with a letter stating “The ministry is continuing efforts to improve the quality and sustainability of the Healthy Babies Healthy Children program to adapt to a changing community context. The budget concerns outlined in your letter provide us with insights that will assist in this process. For 2023-24 the City of Hamilton will need to identify additional offsetting revenue from other sources in the amount of $205,194 or we can adjust your budget submission to remove that amount which will balance the budget submission within the allocation.”

Table 1

Budget	April 1, 2022 to March 31, 2023	April 1, 2023 to March 31, 2024	Status
Staffing & Operating Costs	$4,073,527	$4,334,446	$230,919 increase
Ministry of Children, Community and Social	$3,533,913	$3,533,913	No change to funding

Services Funding			
Levy- Cost allocations[4]	$339,785	$347,524	Approved through 2023 budget process
Levy- Staffing	$199,830	$217,816	Approved through 2023 budget process
Hamilton Community Foundation	$30,000	$30,000	Supports the Nurse Family Partnership program (licensing, professional fees, clinical lead role, community events and incentives.)
2023/2024 Pressure	$0	**($205,194)**	Due to increases in staffing costs and program costs.

Staffing: Recommendations will maintain current Public Health Nurse FTE and preserve service delivery.

Legal: Public Health Services is mandated to provide all components of the Healthy Babies Healthy Children Program. A Service agreement is signed between the Province and the City of Hamilton Public Health Services annually that includes budget approvals and program targets.

HISTORICAL BACKGROUND

Adverse childhood experiences are preventable, potentially traumatic events that occur in childhood such as physical/emotional neglect, witnessing or experiencing violence, or loss of a parent. Adverse childhood experiences include negative aspects of a child's environment which may impact their sense of safety, security and relationship stability such as poor parental mental health, substance misuse, intimate partner violence, separation from parent due to separation/divorce and incarceration,[5] and/or chronic hardships such as poverty, housing insecurity, racism, and social isolation.[6] In Hamilton, approximately 43% of families screened at birth every year have at least one adverse childhood experiences-like risk factor with an average of 100 families having four or

[4] Cost allocations have never been funded by MCCSS
[5] National Centre for Injury Prevention and Control- Adverse Childhood Experiences Prevention Strategy (September 2020)
[6] Preventing Childhood Toxic Stress: Partnering with Families and communities to promote relational health Andrew Garner, MD, PhD, FAAP,a,b Michael Yogman, MD, FAAP

more which is indicative of higher risk for poor health outcomes.[7] While stress and adversity are a normal part of human development, frequent and/or persistent exposure during childhood in the absence of protective factors can result in toxic stress which harms the nervous, endocrine and immune systems and can alter the physical structure of DNA (known as Epigenetics). Changes that occur in a child's brain from toxic stress can affect attention, impulsive behaviour, decision-making, learning, emotion and response to stress.[6,8] Long term health outcomes associated with adverse childhood experiences include injury, poor mental health, poor health during pregnancy/postpartum, infectious disease, chronic disease (e.g. heart disease, cancer and stroke), risk taking behaviour (e.g. alcohol, drugs, and opiate misuse) and lack of opportunity (education, employment, income and life expectancy.)[6,8]

While the negative impacts of adverse childhood experiences are well known, research has shown that when certain protective factors are present, children build resilience which can diminish the consequences of exposure. Protective factors include:

- Development of safe, stable, nurturing relationships with parents/caregivers also known as "early relational health". These buffer the negative impacts of adversity and toxic stress and are the primary way to build resiliency in children;[6]
- Opportunities for positive social interactions/social connections;[6]
- Basic needs of nutrition, shelter, safety, and access to primary care;[6]
- Parent employment/education;[6]
- Parental support, positive social networks and healthy relationships;[6] and,
- Parent/child interactions that are positive and fun.[6]

Healthy Babies Healthy Children is well positioned to support parents and caregivers to strengthen protective factors needed for healthy child development and resiliency. Home visiting Public Health Nurses are highly trained and use a variety of evidence-based nursing interventions that support healthy pregnancy and birth outcomes, build parental knowledge and confidence, and strengthen the quality of interactions and relationships between parents and children.

The following are examples of how Healthy Babies Healthy Children partners with the community to increase opportunities for screening/early identification of children and families at risk and to facilitate access to community-based supports and services:

1. The time between conception and birth provides the foundation of a child's well-being. Identifying families with risk during pregnancy is particularly important. Healthy Babies Healthy Children has built strong collaborative partnerships with health professionals and community service providers to offer Healthy Babies

[7] What You Need to Know About Aces. InfoGraphic_Final (City of Hamilton, Public Health Services)
[8] National Centre for Injury Prevention and Control- Adverse Childhood Experiences Prevention Strategy (September 2020)

Healthy Children screening for the individuals with whom they have contact. In 2022, 900 pregnant individuals were screened with 57% receiving home visiting support;

2. At the end of 2022, the Healthy Babies Healthy Children program was recognized as the first point of contact in a new community pathway designed to make it easy for families to access support for early mental health concerns. Families referred to Healthy Babies Healthy Children are offered screening for early social and emotional development, assessment to identify family strengths and risks, and access to supports including home visiting and/or referrals to a wide range of services that promote social and emotional development (mental health) and family well-being; and,

3. Healthy Babies Healthy Children has partnered with a variety of city programs including Ontario Works, Child Care Subsidy, Recreation, and Housing to pilot and evaluate a service delivery model of “Coordinated Supports for Families” which facilitates wrap-around access to City services for one-parent families receiving Healthy Babies Healthy Children and Ontario Works income support. Cost barriers are reduced for families by providing free recreation passes, free bus passes and help with childcare fee subsidy applications. The evaluation of the pilot demonstrated many positive client outcomes, including: increased families’ connections to programs and services; positive changes to social and mental health of parents; improvements in child development; and, high levels of satisfaction with the program. The program was provided within existing resources.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

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

In 2022, the City of Hamilton sent a letter to the Ministry of Children, Community and Social Services requesting “the Ministry of Children, Community and Social Services review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.” A follow up letter was also submitted with the draft 2023/2024 budget submission.

In 2022, the City of Hamilton sent a letter to the Ministry of Children, Community and Social Services requesting “the Ministry of Children, Community and Social Services review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.” A follow up letter was also submitted with the draft 2023/2024 budget submission.

In February 2023, the Association of Local Public Health Agencies flagged the issue of underfunding of the Healthy Babies Healthy Children program in their 2023 pre-budget submission regarding public health programs and services. The Association of Local Public Health Agencies requested that the province effectively meet the requirements of the Healthy Babies Healthy Children program for 2023 by providing an estimated $12.5M in total additional funding, representing an average increase of 13.8% across health units.

RELEVANT CONSULTATION

Finance and Administration was consulted in preparation of the budget and supports the recommendations in this report.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The Healthy Babies Healthy Children program pressure cannot be mitigated without negatively impacting direct service staff. At a time (post-pandemic) when the need for Healthy Babies Healthy Children is greater than ever, reducing front line Public Health Nurses will result in families having to wait much longer for an initial assessment and referral to home visiting intervention will be triaged to the highest risk families. Approximately 50 high risk children and their families may not receive home visiting services.

ALTERNATIVES FOR CONSIDERATION

The alternative to Recommendation (b) would be that Council not approve the 2023-2024 funding pressure of $205,194 to allow for the continuation of the program with the current Public Health Nurse complement until March 31, 2024. This alternative will impact service delivery levels. Temporary contract positions will be terminated to stay within the budget cap. Families referred to Healthy Babies Healthy Children will be subject to longer wait times for an initial assessment, and those at highest risk will be prioritized for home visiting services.

As an alternative to Recommendation (c), Council may choose not to refer the annualized estimated cost for the program pressure to the 2024 Tax Operating Budget. This alternative will impact service delivery levels. Staffing levels will decrease to stay

within the budget cap. Wait times for an initial assessment will continue to increase and fewer families will be prioritized for home visiting services.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.