City of Hamilton
PUBLIC HEALTH COMMITTEE
AGENDA

Meeting #:	24-006
Date:	July 10, 2024
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 June 3, 2024

5. COMMUNICATIONS

   5.1 Correspondence from Association of Local Public Health Agencies (alPHa), respecting the alPHa Response to the 2024 Ontario Public Health Standards Review Consultation

   Recommendation: Be received.

   5.2 Correspondence from Peterborough Public Health, respecting Wastewater Surveillance

   Recommendation: Be received.

5.3 Correspondence from the Ministry of Health, respecting Additional Base and One-Time Funding for Public Health Programs

Recommendation: Be received and 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 the amended June 21, 2024 Public Health Funding and Accountability Agreement.

6. DELEGATION REQUESTS

7. DELEGATIONS

8. STAFF PRESENTATIONS

9. CONSENT ITEMS

10. DISCUSSION ITEMS

10.1 Future of Levy Funded Dental Health Programs for Adults (BOH24020) (City Wide)

10.2 Alcohol Drug & Gambling Services and Community Mental Health Promotion Program Budget 2024-2025 (BOH24018) (City Wide)

10.3 2024 Public Health Services Organizational Risk Management Plan (BOH24019) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

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 24-005

9:30 a.m.
Monday June 3, 2024
Council Chambers, City Hall, 2nd Floor
71 Main Street West, Hamilton, Ontario

Present:	Mayor A. Horwath (Chair) Councillor M. Wilson (Vice-Chair) Councillors J. Beattie, C. Cassar, J.P. Danko, T. Hwang, T. Jackson, C. Kroetsch, T. McMeekin, N. Nann, E. Pauls, M. Spadafora, M. Tadeson and A. Wilson
Absent with Regrets:	Councillors B. Clark – Personal and M. Francis – City Business

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

1. Update on the Hamilton Opioid Action Plan – June 2024 (BOH24015) (City Wide) (Item 9.1)

(Kroetsch/Pauls)
That Report BOH24015, respecting an Update on the Hamilton Opioid Action Plan – June 2024, be received.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 1	Councillor Maureen Wilson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 8	Councillor John-Paul Danko
Absent	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 11	Councillor Mark Tadeson

Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 13	Councillor Alex Wilson
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 15	Councillor Ted McMeekin

2. Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (January-March 2024) (BOH24016) (City Wide) (Item 9.2)

(Kroetsch/Hwang)
That Report BOH24016, respecting Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (January-March 2024), be received.

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

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

3. Canada’s Pharmacare Plan: Impact on Population Health (BOH24011) (City Wide) (Outstanding Business List) (Item 9.3)

(Hwang/McMeekin)
That Report BOH24011, respecting Canada’s Pharmacare Plan: Impact on Population Health, be received.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 1	Councillor Maureen Wilson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 4	Councillor Tammy Hwang

Absent	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 8	Councillor John-Paul Danko
Absent	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 12	Councillor Craig Cassar
Absent	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 15	Councillor Ted McMeekin

4. Public Health Services 2023 Annual Performance and Accountability Report (BOH24012) (City Wide) (Item 9.4)

(Hwang/Danko)
That Report BOH24012, Public Health Services 2023 Annual Performance and Accountability Report, be received.

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

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

5. Expansion of Subsidy for Air-Conditioning to Low-Income Households (BOH24010(a)) (City Wide) (Item 10.1)

(Kroetsch/Hwang)
That Report BOH24010(a), Expansion of Subsidy for Air-Conditioning to Low-Income Households, be received.

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

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

6. Heat Response Strategy (BOH24010) (City Wide) (Item 10.1(a))

(Kroetsch/Hwang)

(a) That the Heat Response Strategy attached as Appendix “A” to Report BOH24010, with the exception of Action Numbers 6, 7, 9 and 10 be approved, as amended by including the following actions with proposed timelines for implementation:

(i) To expand and align the eligibility of the existing Ontario Works air conditioner subsidy of $350 available to Social Assistance households, to include all low-income households who are most vulnerable to heat because of a severe medical condition, toward the purchase an energy efficient air conditioner; and that this expansion be funded through the Climate Change Reserve #108062 at an upset limit, including contingency, not to exceed $52,500.00;

(e) That staff be directed to undertake an analysis of the expanded air conditioner subsidy program to further inform the work of the city’s extreme heat response and report back to the Public Health Committee by Q4 2024.

Result: Main Motion, *As Amended,* CARRIED by a vote of 13 to 1, as follows:

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 1	Councillor Maureen Wilson

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

7. Child and Adolescent Services Annual 2024-2025 Budget (BOH24013) (City Wide) (Item 10.2)

(Kroetsch/M. Wilson)

(a) That the April 1, 2024, to March 31, 2025, 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 submit a letter to request for increased base funding of $103,931 to cover the budget shortfall and the impact of the continued capped funding along with the 2024-2025 budget to the Ministry of Health;

(c) That if the Ministry of Health does not provide Public Health Services with additional funding to cover the budget shortfall then Council approve funding of $77,948 to allow the continuation of the program with the current staffing complement until December 31, 2024, to be funded first from any Child and Adolescent Services program 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;

(d) That if the Ministry of Health does not provide Public Health Services with additional funding to cover the budget shortfall, then staff be directed to include the annualized estimated cost indexed for inflation of $165,000 for the program pressure resulting from capped Ministry funding and annual cost increases of staff salaries and benefits in the 2025 Tax Operating Budget submission; and,

(e) 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 2024-2025 Child and Adolescent Services Program budget approved in Public Health Committee Report BOH24013.

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

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

8. Healthy Babies Healthy Children Program Budget 2024-2025 (BOH24014) (City Wide) (Item 10.3)

(Cassar/Hwang)

(a) That the April 1, 2024, to March 31, 2025, Healthy Babies Healthy Children program budget be approved;

(b) That the Medical Officer of Health or delegate be authorized and directed to submit a letter to request for increased base funding of $108,323 to cover the budget shortfall and the impact of the continued capped funding along with the 2024-2025 budget to the Ministry of Children, Community and Social Services;

(c) That if the Ministry of Children, Community and Social Services does not provide Public Health Services with additional funding to cover the budget shortfall then Council approve funding of $81,242 to allow the continuation of the Healthy Babies Healthy Children program with the current staffing complement until December 31, 2024, to be funded first from any Healthy Babies Healthy Children program 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;

(d) That if the Ministry of Children, Community and Social Services does not provide Public Health Services with additional funding to cover the budget shortfall of then staff be directed to include the annualized estimated indexed for inflation cost of $210,000 for the program pressure resulting from capped Ministry funding and annual cost increases of staff salaries and benefits in the 2025 Tax Operating Budget submission;

(e) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize, and report on the grant received from the Hamilton Community Foundation for the Nurse Family Partnership program for 2024; and,

(f) 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 the 2024-2025 Healthy Babies Healthy Children Program budget approved in Report BOH24014.

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

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

9. Indigenous and Newcomer Vaccine Ambassador Project (BOH24017) (City Wide) (Added Item 10.4)

(Hwang/Kroetsch)

(a) 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 the Indigenous and Newcomer Vaccine Ambassador Project; and

(b) That Confidential Appendix "A" to Report BOH24017, respecting Indigenous and Newcomer Vaccine Ambassador Project, be received and remain confidential.

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

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

10. Resolution to Declare the City of Hamilton a "No Paid Plasma Zone" (Item 11.1)

(Horwath/M. Wilson)
WHEREAS, the City of Hamilton supports voluntary blood and plasma donation and aims to protect our public collection system, recognizing the importance of blood donation as a public good;

WHEREAS, Canada's tainted blood crisis resulted in the loss of approximately 8,000 lives and the subsequent Royal Krever Commission recommended Canada operate a fully voluntary, non-remunerated blood and plasma donation system;

WHEREAS, within Ontario's healthcare system blood donations are viewed as a public resource;

WHEREAS, the integrity of the of the public, voluntary donor system must be protected;

WHEREAS, in Ontario, the Voluntary Blood Donations Act, stipulates that it is against the law for private companies to pay donors and for donors to receive payment for their blood or plasma;

WHEREAS, paid plasma collection schemes are known to target and exploit the most vulnerable members of communities; and

WHEREAS, this resolution reaffirms the principles of voluntary, non-remunerated blood and plasma donation and aims to protect the integrity of Canada's public blood system and the integrity of blood donors.

THEREFORE, BE IT RESOLVED:

(a) That the City of Hamilton designates itself a "Paid-Plasma Free Zone" and declares that private for-profit blood collection companies are not permitted to operate in the city;

(b) That the City of Hamilton resolves to protect marginalized and vulnerable populations from exploitation resulting from for-profit plasma collection by advertising financial payment for the sale of their blood-plasma; and

(c) That a copy of this resolution be sent to Canadian Blood Services, federal, provincial and territorial Ministers of Health, Grifols pharmaceuticals, and all Ontario Municipalities requesting that they respect the City of Hamilton as a "Paid-Plasma Free Zone" and support only voluntary Blood and plasma collection.

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

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

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 2)

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

5. COMMUNICATIONS

5.3 Correspondence respecting Item 10.1(a) - Sub-section (a)(i) to Report BOH24010, Heat Response Strategy, from the following individuals:

(b) ACORN Hamilton, Canadian Environmental Law Association, Hamilton Community Legal Clinic and Environment Hamilton

Recommendation: Be received and referred to the consideration of Item 10.1(a)

6. DELEGATION REQUESTS

6.1 Delegation Requests respecting Item 11.1, Resolution to Declare the City of Hamilton a “No Paid Plasma Zone”, for today’s meeting, from the following individuals:

(f) Krista Laing, Canadian Union of Public Employees

6.2 Delegation Requests respecting Item 10.1(a) - Sub-section (a)(i) to Report BOH24010, Heat Response Strategy, for today’s meeting, from the following individuals:

(a) Daniel Chin, Hamilton and District Apartment Association

(b) James Kemp

(Cassar/Hwang)
That the agenda for the June 3, 2024, Public Health Committee be approved, as amended.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 1	Councillor Maureen Wilson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 3	Councillor Nrinder Nann

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

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) April 29, 2024 (Item 4.1)

(Kroetsch/Hwang)
That the Minutes of the April 29, 2024, 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	
Yes	-	Ward 1	Councillor Maureen Wilson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 6	Councillor Tom Jackson
Absent	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 8	Councillor John-Paul Danko
Absent	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 13	Councillor Alex Wilson
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 15	Councillor Ted McMeekin

(d) COMMUNICATIONS (Item 5)

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

(a) Correspondence from Angela Diano, Executive Director, ALPHA-1 Canada, respecting Item 11.1, Resolution to declare the City of Hamilton a “No Paid Plasma Zone” (Item 5.1)

Recommendation: Be received and referred to the consideration of Item 11.1.

(b) Correspondence from Christine Duncan-Wilson, Chair, Immunity Canada, respecting Item 11.1, Resolution to declare the City of Hamilton a “No Paid Plasma Zone” (Item 5.2)

Recommendation: Be received and referred to the consideration of Item 11.1.

(c) Correspondence respecting Item 10.1(a) - Sub-section (a)(i) to Report BOH24010, Heat Response Strategy, from the following individuals (Item 5.3):

(a) Joshua Weresch (Item 5.3(a))
(b) ACORN Hamilton, Canadian Environmental Law Association, Hamilton Community Legal Clinic and Environment Hamilton (Added Item 5.3(b))

Recommendation: Be received and referred to the consideration of Item 10.1(a).

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 1	Councillor Maureen Wilson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 6	Councillor Tom Jackson
Absent	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 8	Councillor John-Paul Danko
Absent	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 11	Councillor Mark Tadeson

Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 13	Councillor Alex Wilson
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 15	Councillor Ted McMeekin

(e) DELEGATION REQUESTS (Item 6)

(Hwang/Cassar)
That the following delegation requests, be approved, for today's meeting:

(i) Delegation Requests respecting Item 11.1, Resolution to Declare the City of Hamilton a "No Paid Plasma Zone" (Item 6.1):

(a) Kat Lanteigne, Executive Director, BloodWatch.org (Item 6.1(a))
(b) Christine Duncan-Wilson, Immunity Canada (Item 6.1(b))
(c) Jennifer van Gennip, Network of Rare Blood Disorder Organizations (NRBDO) (Item 6.1(c))
(d) Anthony Marco, Hamilton and District Labour Council (Item 6.1(d))
(e) Donna Hartlen, GBS/CIDP Foundation of Canada (Item 6.1(e))
(f) Krista Laing, Canadian Union of Public Employees (Added Item 6.1(f))

(ii) Delegation Requests respecting Item 10.1(a) - Sub-section (a)(i) to Report BOH24010, Heat Response Strategy, (Item 6.2):

(a) Daniel Chin, Hamilton and District Apartment Association (Added Item 6.2(a))
(b) James Kemp (Added Item 6.2(b))

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

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

Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 15	Councillor Ted McMeekin

(f) DELEGATIONS (Item 7)

(i) Delegations respecting Item 11.1, Resolution to Declare the City of Hamilton a "No Paid Plasma Zone" (Item 7.1)

(1) The following delegates addressed the Committee respecting Item 11.1, Resolution to Declare the City of Hamilton a “No Paid Plasma Zone”:

(a) Kat Lanteigne, Executive Director, BloodWatch.org (Item 7.1(a))
(b) Christine Duncan-Wilson, Immunity Canada (Item 7.1(b))
(c) Jennifer van Gennip, Network of Rare Blood Disorder Organizations (NRBDO) (Item 7.1(c))
(d) Anthony Marco, Hamilton and District Labour Council (Item 7.1(d))
(e) Donna Hartlen, GBS/CIDP Foundation of Canada (Item 7.1(e))
(f) Krista Laing, Canadian Union of Public Employees (Item 7.1(f))

(2) (Kroetsch/Hwang)
That the following delegations respecting Item 11.1, Resolution to Declare the City of Hamilton a “No Paid Plasma Zone”, be received and referred to the consideration of Item 11.1:

(a) Kat Lanteigne, Executive Director, BloodWatch.org (Item 7.1(a))
(b) Christine Duncan-Wilson, Immunity Canada (Item 7.1(b))
(c) Jennifer van Gennip, Network of Rare Blood Disorder Organizations (NRBDO) (Item 7.1(c))
(d) Anthony Marco, Hamilton and District Labour Council (Item 7.1(d))
(e) Donna Hartlen, GBS/CIDP Foundation of Canada (Item 7.1(e))
(f) Krista Laing, Canadian Union of Public Employees (Item 7.1(f))

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 1	Councillor Maureen Wilson

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

For further disposition of this matter, please refer to Item 10.

(ii) Delegations respecting Item 10.1(a) - Sub-section (a)(i) to Report BOH24010, Heat Response Strategy (Item 7.2)

(1) The following delegates addressed the Committee respecting Item 10.1(a) - Sub-section (a)(i) to Report BOH24010, Heat Response Strategy:

(a) Daniel Chin, Hamilton and District Apartment Association (Item 7.2(a))
(b) James Kemp (Item 7.2(b))

(2) (Kroetsch/McMeekin)
That the following delegations respecting Item 10.1(a) - Sub-section (a)(i) to Report BOH24010, Heat Response Strategy, be received and referred to the consideration of Item 10.1(a):

(a) Daniel Chin, Hamilton and District Apartment Association (Item 7.2(a))
(b) James Kemp (Item 7.2(b))

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 1	Councillor Maureen Wilson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 5	Councillor Matt Francis

Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 8	Councillor John-Paul Danko
Absent	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 15	Councillor Ted McMeekin

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

(g) DISCUSSION ITEMS (Item 10)

(i) Heat Response Strategy (BOH24010) (City Wide) (Item 10.1(a))

(Kroetsch/Hwang)

(a) That the Heat Response Strategy attached as Appendix "A" to Report BOH24010, with the exception of Action Numbers 6, 7, 9 and 10 be approved, as amended by including the following actions with proposed timelines for implementation:

(i) To expand and align the eligibility of the existing Ontario Works air conditioner subsidy of $350 available to Social Assistance households, to include all low-income households who are most vulnerable to heat because of a severe medical condition, toward the purchase an energy efficient air conditioner; and that this expansion be funded through the Climate Change Reserve #108062 at an upset limit, including contingency, not to exceed $52,500.00;

(M. Wilson/Cassar)

That Report BOH24010, respecting Heat Response Strategy, ***be amended*** by adding sub-section (e), as follows:

(e) That staff be directed to undertake an analysis of the expanded air conditioner subsidy program to further inform the work of the city's extreme heat response and report back to the Public Health Committee by Q4 2024.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 1	Councillor Maureen Wilson

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

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

(h) MOTIONS (Item 11)

Mayor Horwath relinquished to the Chair to Vice-Chair M. Wilson in order to introduce the following item:

(i) Resolution to declare the City of Hamilton a “No Paid Plasma Zone” (Item 11.1)

For further disposition of this item, please refer to Item 10.

Mayor Horwath assumed the Chair.

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

(i) Amendments to the Outstanding Business List (Item 13.1)

(Hwang/A. Wilson)
That the following amendments to the Public Health Committee’s Outstanding Business List, be approved:

(1) Items Considered Complete and to be Removed (Item 13.1(a)):

(i) Pharmacare Information Report
Added: February 5, 2024 (PHC Report 24-002, Item 1(b))
Addressed as Item 9.3 on today's agenda.

(ii) Heat Response Strategy

Added: April 29, 2024 (PHC Amended Report 24-004, Item 2)
Addressed as Item 10.1 on today's agenda

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

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

(j) PRIVATE AND CONFIDENTIAL (Item 14)

(i) Confidential Appendix "A" to Item 10.4 Indigenous and Newcomer Vaccine Ambassador Project (BOH24017) (City Wide) (Item 14.1)

The Public Health Committee determined that discussion of Confidential Appendix 'A' to Report BOH24017 was not required in Closed Session.

For disposition of this matter, please refer to Item 9.

(i) ADJOURNMENT (Item 15)

(Cassar/Tadeson)
That, there being no further business, the Public Health Committee be adjourned at 12:59 p.m.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 1	Councillor Maureen Wilson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Absent	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 4	Councillor Tammy Hwang

Absent	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 8	Councillor John-Paul Danko
Absent	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 15	Councillor Ted McMeekin

Respectfully submitted,

Mayor Andrea Horwath
Chair, Public Health Committee

Matt Gauthier
Legislative Coordinator
Office of the City Clerk

alPHa
Association of Local PUBLIC HEALTH Agencies

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health
Box 12, Toronto, ON M7A 1N3
Via e-mail: ophs.protocols.moh@ontario.ca

June 20, 2024

Dear Dr. Moore:

Re: Ontario Public Health Standards Review 2024

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Associations, I am writing today to provide our initial feedback on the Draft Ontario Public Health Standards (OPHS) released on May 22, 2024. Given's alPHa's role and mandate, our comments will be at the system level as our members will be providing more detailed comments through your e-survey.

To start with, we and our members are pleased to see some of the needed systemic changes in the draft 2024 OPHS that reflect the best public health practices including:

- An emphasis on Indigenous Health, and Truth and Reconciliation, notably engagement with First Nations and other Indigenous communities:
- Greater emphasis on health equity throughout the standards;
- Emphasis on engagement of priority populations and those with lived experience; and
- An emphasis on primordial prevention in the Comprehensive Health Promotion standard/protocol.

We recognize the great work effort that has gone into updating the draft 2024 OPHS and we note a number of structural changes to the draft document itself. We see that guideline content under the draft 2024 OPHS are to be discontinued or included in existing/new protocols or reference documents. We look forward to future consultation on any revised protocols or new reference documents that are not included in this phase of the OPHS consultation process.

It was stated in the OPHS Review: Consultation Primer that Strengthening Accountability element under the Public Health Accountability Framework is not included in this phase of the OPHS consultation process. It would appear that the draft OPHS Foundational standards did not include the previous 2018 requirement for a BOH Annual Service Plan and a Budget Submission. Many use the Annual Service Plan as an organizing mechanism for program planning over the multitude of standards.

It was said at the recent alPHa conference that further engagement on the Accountability Framework would be coming shortly. It is hoped that all these streams of provincial public health work are coordinated and reviewed from a cumulative impact perspective on local public health agencies (LPHA).

With respect to the draft Population Health Assessment Standard, there are a number of recommendations we have that would improve the clarity and local ability to employ this standard effectively:

- Replace the broad references to "data" and "information" with more specific terms such as "local epidemiology" and "evidence" to better align with the standard's requirements;
- Add in the first requirement that "the Board of Health shall have access to and use local population assessment and surveillance". Without this clarification, LPHAs may not be able access provincial or federal population health surveillance systems, tools and products where available.
- Consider the reinstatement of the 2018 PHAS Protocol requirement that "the board of health shall produce information products to communicate population health assessment and surveillance results". This is needed to be able to meet the requirements embedded throughout many draft program standards and needs to be stated explicitly.

The draft Health Equity standard has been greatly expanded with new elements included such as "the social and structural determinants of health", much greater clarity on the engagement and relationship building with Indigenous Communities and Organizations, and the inclusion of a "Health in All Policies" approach in the development and promotion of health public policies. Many of our members already employ a "Health in All Policies" approach and this inclusion to the Draft 2024 OPHS is timely. It would be of great assistance that staff training and resources are made available by the province so that each LPHA does not have to search or create their own. Common language, approaches and policies would assist greatly in consistency and application in this foundational standard.

It is noted that the Draft Relationship with Indigenous Communities Protocol is still under development as the Ministry is still in the process of receiving feedback from all partners. The draft protocol is a thoughtful approach to developing and maintaining relationships with Indigenous Communities and Organizations while respecting their self-determination of which type of engagement and/or partnership they wish to have with the public health unit. Our members look forward to receiving more information in the forthcoming Relationship with Indigenous Communities Toolkit. Building staff knowledge and skills for these complex and critical activities will take time and funding to be able to do well. Additionally, Indigenous communities and representatives will also require new capacity funding to be able to engage to the degree they deem desirable.

Emergency Management now being a stand-alone standard makes sense given the last several years' experience and learnings with the COVID-19 pandemic. It has been greatly expanded in both the Program Outcomes and its Requirements from the 2018 standard under the Foundational Standards. It is more explicit in the Board of Health's (BOH) responsibilities in order to be fully prepared for future public health emergencies while working in coordination and collaboration with health sector and community partners, including municipal governments.

It is understood that local public health may not be able to control or manage an emergency, however need to be prepared and able to effectively respond including the mitigation of population health impacts. Now that the draft Emergency Management is outside of the Foundational Standards, it should be explicitly stated that it includes the Relationship with Indigenous Communities Protocol.

Understanding that "primordial prevention" refers to avoiding the development of health risk factors in the first place while primary prevention is about treating risk factors to prevent disease, makes the choice of this framing in the draft 2024 Comprehensive Health Promotion Standard very fitting. It would

be important to emphasize prevention at various life stages so consideration should be given to adding "primary" and "secondary" prevention with the focus on primordial prevention within the OPHS. Although many areas of health promotion strategies are listed in the first program outcome for the draft Comprehensive Health Promotion Standard, oral health is not listed even though it is expressly part of the requirements. We would ask that oral health is explicitly included in the first Program Outcome.

It truly is a comprehensive health promotion standard that incorporates the full range of public health activities to develop and implement such strategies. It is both flexible for its process design which is dependent on community needs while being quite broad in how it should be done through community partners engagement. It would be beneficial to add a direct reference to the role of public health in schools recognizing that schools are not mandated to work with public health. It needs to be recognized that collaboration, coordination and partnerships are a two-way activity.

Provincial coordination and alignment are critical between provincial ministries (i.e. Ministry of Health, Ministry of Education, Ministry of Children, Community and Social Services) in order to achieve population health objectives through systems level efficiencies and opportunities. The performance indicators for this draft Standard will need to mirror its breadth and what public health is actually accountable for as opposed to only being able to influence.

It is appreciated that new flexibility with respect to providing, in collaboration with community partners, visual health support services but not requiring the delivery of visual health support services, is provided in the draft 2024 OPHS. That said, it has been suggested by many that any reference to vision service navigation should be removed and re-leveled as there are more appropriate associations and provincial ministries that could provide this service more appropriately.

With respect to the draft 2024 Immunization Standard, there are a couple of requirements that bear high-level comments. Understand that the Immunization of School Pupils Act states that the reporting of immunization information is to the Medical Officer of Health, rather than the Board of Health. However, it is still the BOH who is the accountable body (as noted in the Consultation Primer for Specific Organizations) to ensure that all the standards are complied with so we would ask that this requirement is made consistent with your stated approach. Further, the Board of Health, and by extension all its staff including the Medical Officer of Health, must comply with all provincial legislation and regulations, therefore it is somewhat puzzling why the MOH's compliance with the Immunization of School Pupils Act, is identified on its own.

Our remarks on the new requirement for the BOH to utilize vaccine program delivery information systems designated by the ministry is framed in the context of the forthcoming Public Health Digital Platform. We understand that the vision for this platform is to be a combination of interconnected digital products and infrastructure to streamline public health operations. Given this direction, we have the following information management system recommendations:

- All centralized data and information systems must meet provincial and local needs which will require a broad, deep and on-ongoing engagement process by the province with LPHAs, health care providers and their representative associations
- There needs to be a centralized immunization information system that all health care providers, including public health, use and that the two current distribution channels for vaccines need to be part of this centralized immunization information system
- A successful centralized immunization information systems will require full implementation funding with on-going training, resources and support

- There needs to be full discussions on data-sharing governance and data-ownership principles in order to develop a consensus-informed agreement between parties
- There needs to be centralized and integrated data-sharing, including provincial data sharing agreements such as between the Ministries of Health and Education

The draft 2024 Substance Use Prevention and Harm Reduction Standard does provide more clarity on the BOH's responsibilities with respect to the development and implementation of a comprehensive substance use strategy to reduce harms in the population served. However, it needs be emphasized that the BOH cannot be solely responsible for providing increased access to services and supports that reduce harms associated with substance use in the Program Outcomes. Substance use services are primarily provided by the health care system which public health can influence but cannot direct. This will need to be read in concert with the new standard requirement calls for the "coordination of initiatives, programs, services, and policies with community, regional, and provincial partners to build on community assets, enhance access to and effectiveness of program and services, and promote regional harmonization".

These new requirements are particularly resource intensive and will require additional supports and human resources such as each LPHA to have a dedicated Drug Strategy Coordinator. Further there will need to be a dedicated funding model to support the remuneration and meaningful inclusion of those with lived experience into the planning, implementation and evaluation of a comprehensive substance use strategy.

The enhanced use of risk-based assessment to inform public health activities is welcome. Members would like this expanded to include inspection frequencies for recreational water (spas/pools/etc.) and low-risk food safety inspections. It is also suggested that beach water sampling could be removed as a public health responsibility given the risk analysis related to the burden of disease.
There are a number of new requirements in the draft 2024 OPHS to regional harmonization, provincial coordination and strengthening collective action. A key question that arises is whether this coordination and regional harmonization be driven by the province or will it be driven by each BOH dependent on its population health assessment and surveillance data? Prior to the draft 2024 OPHS being finalized, it would be prudent to consider this together in better detail to make sure that there is agreed-upon alignment with respect to both local and provincial expectations.

An overall observation is that the draft 2024 Ontario Public Health Standards are much more intensive and action-oriented than the previous 2018 OPHS. They are likely to take more effort and resources from our members' staff to achieve. The few 2018 OPHS activities that have been removed do not balance with the greater work intensity and workload observed in the draft 2024 OPHS. The draft 2024 OPHS directs BOH to "engage", "co-design", "collaborate" and work in partnership rather than the common direction to "consult" or "inform" in the 2018 OPHS.

Although this is the preferred mode of public health work, it will take additional staff time and focus not only develop, but maintain, respectful working relationships with health sector partners, community partners, Indigenous communities and municipal officials to achieve the program outcomes while delivering successfully on the new draft requirements. We would ask that this more active, mandated OPHS work is fully considered in the upcoming public health funding review as well as annual budgetary processes.

In closing, we recognize that having extensive public health standards is unusual in Canada and the public we both serve benefits from having a strong foundation for the collective practice of public health

in Ontario. Thank you for the opportunity to work together to strengthen Ontario's public health system.

Yours sincerely,

Trudy Sachowski
alPHa Chair

COPY: Deborah Richardson, Deputy Minister, Ministry of Health
Elizabeth Walker, Executive Lead, Office of the CMOH, Public Health

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.

Peterborough Public Health

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June 20, 2024

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Hon. Andrea Khanjin
Minister of the Environment, Conservation and Parks
Government of Ontario
minister.mecp@ontario.ca

Dear Honourable Ministers,

On Wednesday, June 12, 2024, the Board of Health for Peterborough Public Health approved a motion to request continued provincial coordination and support of wastewater surveillance across broad communities including the Peterborough Public Health region.

On May 30, 2024, PPH learned that the Provincial government will discontinue funding for wastewater surveillance throughout the province, including the local partnership with Trent University as of July 31st (early end to their current contract) despite continued relevance and importance of this information to residents of our region. The public health field has come to understand the broad utility of wastewater surveillance, not only for COVID-19 but for other infectious disease threats. In recent months it has proven useful for RSV, Influenza, MPox, and Polio.

COVID-19 continues to kill and have a greater severity than other respiratory viruses. In our small region there have been 188 deaths due to COVID-19 through the pandemic including 12 confirmed deaths in 2024 (396 in Ontario) and in 2023 there were 35 deaths (2,063 in Ontario). By comparison, there has been one confirmed outbreak-related death from influenza to-date in 2024.

The provincial decision to discontinue funding for wastewater surveillance comes at the same time that the province is also shutting down the Case and Contact Management (CCM) surveillance tool provincially, which will mean that we will lose easy access to individual case count data for COVID-19, another local surveillance indicator of risk. Therefore, the importance and relevance of wastewater surveillance data is even greater.

Locally, wastewater surveillance has been an exemplary collaboration with Trent University and has been led by Professor Christopher Kyle. The Trent University partnership has been nationally and globally innovative, leading important research work that had not only local implications for the COVID-19 pandemic, but has resulted in internationally relevant research output with a peer reviewed publication in Canada's national journal and additional research outputs anticipated.

For the community of the Peterborough Public Health region since the Omicron wave of COVID-19 in 2021, individual-level testing has not been feasible and accessible. For this reason, wastewater has been the primary indicator of community transmission of COVID-19 and other respiratory viruses and informs the Peterborough

Public Health COVID-19 Risk Index, the most visited page on the Peterborough Public Health website (4,952 distinct views). Beyond individual-level use, we have been informed that many community organizations and institutions rely on the Risk Index to establish guidance for respiratory virus precautions.

The provincial decision to cut funding early to this program, and not renew funding on an annual basis comes as a surprise to the public health community, who believed that wastewater surveillance would be an established function on a long-term basis. Although there does appear to be some possibility of funding that may continue federally for certain large urban sites (e.g., Toronto, Ottawa), Peterborough and rural sites do not appear to be in the scope of the forthcoming federal program. There was no duplication of work, and the federal program will be far more narrow than the previous provincial program.

Termination of this program will be a great loss of local infrastructure and capacity to support wastewater surveillance, in particular with the introduction of new infectious disease threats and preparedness for pandemics into the future. The tracking of mpox and polio were recent examples of its use in detecting emerging infectious diseases, and with ongoing H5N1 transmission in the United States, there is an immediate possibility of needing wastewater surveillance for detection of H5N1.

This will continue to be the case on an ongoing basis, and one of, if not the most, important mechanisms of public health surveillance, particularly in a cost-effective, non-intrusive community snapshot manner.

Your support of continued wastewater surveillance as an early warning system would benefit all local residents and maintain world class status in disease surveillance.

Sincerely,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

cc: Professor Christopher Kyle, Trent University
Local MPPs
Hon. Mike Holland, Minister of Health, Health Canada
Ontario Boards of 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
Boîte à lettres 12
Toronto, ON M7A 1N3

Téléc. : 416 325-8412

June 21, 2024

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

Dear Dr. Richardson:

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

This letter is further to the March 28, 2024 administrative funding letter, in which your organization was informed that the Ministry of Health (the "ministry") will provide the Board of Health with up to $627,650 in additional base funding for the 2023-24 funding year and up to $1,882,950 in additional base funding for the 2024-25 funding year to support the provision of public health programs and services in your community.

These approvals support the government's commitment towards Strengthening Public Health, including restoring provincial base funding to the level previously provided under the 2020 cost-share formula, effective January 1, 2024 ($2,215,800), and providing 1% growth funding for the 2024 calendar year ($294,800).

As these base funding adjustments were not reflected in your Schedules at the time of the March 28, 2024 letter, I am now pleased to provide you with new Schedules to the Agreement.

The new Schedules bring the total maximum funding available under the Agreement for the 2024 funding year to up to $34,075,300 in base 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 3.3 of the Agreement, shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

…/2

Dr. Elizabeth Richardson

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.

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
Maryam Jalalipour, Business Administrator, 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
Brent Feeney, Director, Accountability and Liaison Branch, MOH

New Schedules to the
Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

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

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2024

Issued June 2024

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)		
Programs / Sources of Funding	**Grant Details**	**2024 Grant ($)**
Mandatory Programs (Cost-Shared)	Per the March 28, 2024 Funding Letter, the 2024 Grant includes an annualized increase of $2,510,600.	29,773,300
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
Ontario Seniors Dental Care Program (100%)	Funding to support comprehensive dental care to eligible low-income seniors.	4,134,000
Total Maximum Base Funds		**34,075,300**

NOTES:

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

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.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

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.

<u>Naloxone Kit Distribution and Training</u>
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:

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

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 free, routine dental services for low-income seniors who are 65 years of age or older. It 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 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.

Program Enrolment

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

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

Program Delivery

The OSDCP is delivered through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***Base Funding***

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).
    - 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.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

- *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.

<u>Other Requirements</u>

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.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

Revenue

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

Community Partners

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding ***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:	July 10, 2024
SUBJECT/REPORT NO:	Future of Levy Funded Dental Health Programs for Adults (BOH24020) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Pat Armstrong (905) 546-2424 Ext. 2424
SUBMITTED BY: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services

RECOMMENDATION

(a) That staff be directed to work with Public Works, Fleet Services to dispose of the levy funded Dental Health Bus and to transfer any net revenue from sale to the Hamilton Public Health, Dental Health Bus Program, Department ID 678116;

(b) That Council approves opening a Capital Project for the capital investment of up to $188,600 for the addition of one dental operatory to the existing downtown dental clinic funded from the forecasted surplus in the 2024 Tax operating budget in the 100% levy funded Dental Health Bus Program;

(c) That staff be directed to re-align the annualized estimated cost savings of $73,000 from the Dental Health Bus program budget to the Dental Operatory budget for the following additional costs; and,

- $28,000 – dental operating supplies and transportation costs for clients
- $45,000 - Salary and wage cost 0.6 FTE dental receptionist

(d) Subject to approval of Recommendation (c) to Report BOH24020, that the staff complement be increased in the Public Health Services Dental Program by 0.2 FTE to convert the 0.4 FTE bus driver to 0.6 FTE dental receptionist.

EXECUTIVE SUMMARY

Across Canada there is recognition of gaps in oral health care coverage among different populations. Locally, one in three Hamilton adults who do not visit the dentist identify cost as the main barrier (Board of Health Report BOH18001). From a public health perspective, oral health impacts overall health and has the potential to exacerbate existing health disparities, as those with fewer resources are disproportionately impacted. Oral health has been linked to the social determinants of health across the lifespan including factors such as employability, education, physical and mental health, and wellbeing. Population health data shows that poor oral health is common in Hamilton.

In August 2023, earlier than anticipated, it was determined there were structural deficits that made the Dental Health Bus unfit to drive.[1] Since August 2023, interim adjustments have been made to maintain 65% of Dental Health Bus service at the downtown dental clinic. This adjustment is displacing restorative and preventive services and increasing pressures in other programs.

In addition to local program challenges, recent federal policy decisions related to dental care coverage require a review of local policy decisions related to dental programming provided by Public Health Services. The purpose of this report is to provide details regarding the current and evolving state of dental care coverage that Hamilton residents can access and propose service delivery options for 100% levy funded Public Health Services Dental programs including the Dental Health Bus and Adult Dental program in the City of Hamilton.

In Ontario, there is a patchwork of publicly funded plans that provide varying levels of dental coverage for those that are eligible. These programs include:

- The Ontario Disability Support Program;
- Healthy Smiles Ontario, for children in low-income families, including those on Ontario Disability Support Program and the Assistance for Children with Severe Disabilities Program;
- The Ontario Seniors Dental Care Program for those 65 years and older;
- Ontario Works; and,
- Ontario Works, Special Supports Program.

In 2022, the federal government proposed the Canadian Dental Care Plan. By the end of 2025, the full Canadian Dental Care Plan is expected to be rolled out to all eligible Canadians. Appendix “A” to Public Health Committee Report BOH24020 describes eligibility criteria, funding source and degree of dental care coverage under each of the publicly funded programs.

[1] City of Hamilton Board of Health Communication Update. (2023-08-31) Dental Bus Update.

The City of Hamilton, Public Health Services provides several oral health programs targeted for different at-risk populations including children, adults, and seniors (Appendix "A" to Public Health Committee Report BOH24020). Dental services for children and seniors are mandated and funded through the Ontario Public Health Standards. In addition to provincially mandated oral health programs, the City of Hamilton Public Health Services offers two 100% municipally funded dental programs. The Adult Dental program is accessed through an application process and operates at the downtown dental Clinic at 110 King Street West and provides a dental home for eligible adults. In addition, the Dental Health Bus program provides emergency dental services for residents of Hamilton who have no other form of dental insurance and cannot afford dental care in the community. High demand and wait time for services persists across all age categories and are dominated by demands from adult and senior populations.

After careful analysis, expansion at the current downtown site, maximizing space at the newly renovated Upper James site and use of the Seniors Dental Health Bus are being recommended as the most feasible and cost-effective solutions to continue to meet the needs while the Canadian Dental Care Program is being implemented. This report details proposed changes to 100% levy funded oral health services which are summarized in Table 1 below.

Table 1: Proposed Changes to maintain oral health services for adults with no oral health coverage.

Location	Public Health Services downtown clinic	Adult Dental Bus	Upper James Clinic	Senior Oral Health Bus	East End Clinic
Historical	restorative, preventive and emergency services	Emergency services	Non-Applicable	Non-Applicable	Non-Applicable
Interim	Additional restorative, and emergency services	Non-Applicable	Non-Applicable	Preventive and emergency services	Preventative
Proposed	restorative, preventive and emergency services	Non-Applicable	Restorative, preventive and emergency services	Restorative, and emergency services **Dominic Agostino Site**	Non-Applicable

The proposed solution utilizes existing and new office space through the addition of one new operatory, operating three days per week and utilizes two unused dental operatory days at the newly renovated Upper James clinic. The Seniors Dental Health Bus will be utilized one day per month at the Dominic Agostino Riverdale Community Centre. The proposed plan provides comparable service delivery levels, considers proximity of services, and increases capacity and efficiencies in service provision across all program areas.

The proposed service delivery plan requires a 0.2 FTE increase to Public Health Services Dental Program complement and a conversion of 0.4 FTE bus driver to 0.6 FTE dental receptionist position, funded from the forecasted surplus in the Tax operating budget in the 100% levy funded Dental Health Bus Program.

With the full launch of the Canadian Dental Care Plan by the end of 2025, the program will report back through the 2025 and possibly 2026 budget process to determine the future of the levy dental programs in the City of Hamilton.

Alternatives for Consideration – See Page 10

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The City of Hamilton Public Health Services Levy Dental programs have an overall budget of $967,434. The Dental Health Bus 2024 budget is $428,126 while the Adult Dental program is $539,308. In consultation with Public Works, Corporate Facilities and Energy Management the estimated cost for an additional operatory at the downtown dental clinic is up to $188,600.

With the current 2024 vacancy of 0.6 FTE dentist $114,677 and 0.4 FTE bus driver $25,035 as well as unused vehicle related expenses of $31,000 and vehicle insurance cost savings of $16,966, there is an overall savings of approximately $187,678. This leaves a pressure of $913 this will be offset by proceeds of sale of the dental bus as noted in Recommendation (b) to Public Health Committee Report BOH24020.

In 2025, with the completion of the additional operatory and without bus costs, there is projected operational savings of approximately $73,000 ($47,965 vehicle related expenses and $25,035 for 0.4 FTE Dental bus driver). These savings will be used for the following: $28,000 transportation costs for clients as well as operating supplies and $45,000 for the 0.6 FTE Receptionist as noted in Recommendation (c) to Public Health Committee Report BOH24020.

Staffing: The proposed service delivery plan requires a 0.2 FTE increase to Public Health Services Dental Program complement and a conversion of 0.4 FTE bus driver to 0.6 FTE dental receptionist position, funded from the forecasted surplus in the 2024 Tax operating budget in the 100% levy funded Dental Health Bus Program.

Program	Dental Health Bus	Adult Dental program	Total Levy
2024 budget	$428,126	$539,307	$967,433
2024 FTE	2.8 FTE	4.1 FTE	6.9 FTE
2025 budget	$443,715	$560,445	$1,004,160
2025 FTE	3.0 FTE	4.1 FTE	7.1 FTE

Legal: Not Applicable.

HISTORICAL BACKGROUND

The City of Hamilton has two 100% municipally funded Public Health Services Dental programs. The Dental Health Bus provides emergency dental services for residents of Hamilton who have no other form of dental insurance and cannot afford dental care in the community. When operational, the Dental Health Bus parked at five different locations each week throughout the City of Hamilton:

1. Norman Pinky Lewis - 192 Wentworth Street North;
2. Neighbour to Neighbour Centre - 28 Athens Street;
3. Kiwanis Boys and Girls Club - 45 Ellis Avenue;
4. Dominic Agostino Riverdale Community Centre - 150 Violet Avenue; and,
5. Central Memorial- 93 West Avenue South.

The Adult Dental program is accessed through an application process and operates at the downtown dental Clinic on the 3rd floor of the Robert Thomson Building, 110 King Street West. Those who are eligible for the program are residents of Hamilton, do not have dental insurance coverage and meet the financial criteria of 2022 Low Income Measure (adjusted after tax dollars and household size). The Adult Dental program offers emergency, restorative and preventive treatment based on client need and provides a dental home for clients to improve and maintain good oral health.

A complete list of Dental Support programs can be found in Eligibility, Funding and Coverage Details in Appendix “A” to Public Health Committee Report BOH24020.

In August 2023, earlier than anticipated, Fleet Services determined that the Dental Health Bus was no longer fit to drive due to structural deficiencies. As an interim measure Public Health Services Dental Programs rearranged scheduling to support bus clients to access these services at the Robert Thomson Building downtown dental clinic. The interim structure is providing 65% coverage (or 12 fewer appointments per week) of

the Dental Bus service. To reduce barriers, bus tickets are provided to clients who would have otherwise accessed the Dental Health Bus so they can travel to the downtown dental clinic site.

Beginning in September 2023, the program explored temporary alternatives to maintain services while longer term planning was occurring. After exploring several options over a five-month time frame, no feasible solution was identified. Staff transitioned to focus efforts on planning options for a longer-term solution.

The new federal Canada Dental Care Plan is rolling out to Canadians. This program will be accessed through an application process for Canadians who do not have access to private dental coverage and have filed taxes. As of June 2024, seniors over 65 years of age, children and youth under 18 years of age, and those who receive the Ontario Disability Support Program will be eligible while the population between 18 years of age to 64 years of age will become eligible by the end of 2025.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The levy programs are not part of the Ontario Public Health Standards. The Municipal Act allows municipalities to establish procedural requirements for the programs and services provided to residents by the municipality. The Dental Health Bus and low-income Adult Dental program are discretionary programs funded 100% by the levy.

Public Health Services is mandated to provide all components of the Ontario Senior' Dental Care Program and Healthy Smiles Ontario in the dental clinics.

RELEVANT CONSULTATION

- The program consulted with facilities and recreation to support an interim solution for alternate sites to park the bus to temporarily continue service while longer term planning was underway. At all sites many barriers were identified making it difficult to find a suitable temporary location to leave the bus inside or outside. Barriers include costs, access to water and power to the bus, grey water disposal, walkability, transit access, as well as adequate parking space and safety to protect the asset;

- The program explored opportunities to co-locate in community partner locations to offer service. These options were space and cost prohibitive compared with the current recommendation;

- Facilities were consulted on the cost and feasibility of adding additional dental operatory space at the Robert Thomson building downtown Public Health dental Clinic to accommodate bus clients. This option is included as part of the recommendation;

- The program consulted with Fleet Services for annual review of vehicle and operating safety and mechanisms for disposal/sale of bus parts; and,

- Finance was consulted regarding costs, feasibility of staffing, budget and financing the capital costs to an existing clinic space.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Oral health is linked to overall health and is an important health matter for many adults in the community. In addition, many adults face barriers to accessing dental care due to cost and gaps in oral health care coverage. Locally, one in three Hamilton adults who do not visit the dentist identify cost as the main barrier (Board of Health Report BOH18001). From a public health perspective, oral health impacts overall health and has the potential to exacerbate existing health disparities, as those with fewer resources are disproportionately impacted. Oral health has been linked to the social determinants of health across the lifespan including factors such as employability, education, physical and mental health, and wellbeing. Population health data shows that poor oral health is common in Hamilton.

Local program challenges because of the decommissioning of the dental health bus, as well as recent federal policy decisions related to dental care coverage, is prompting a review of local policy decisions related to dental programming provided by Public Health Services.

The new federal Canada Dental Care Plan is being rolled out and will be provided by oral health care providers in the community. The impacts on the City of Hamilton's municipally funded programs will not be fully realized until the Canada Dental Care Plan is fully operational at the end of 2025.

The City of Hamilton has two 100% municipally funded Public Health Services dental programs. The goal of the programs has been to reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for adults. Both Public Health Services programs have been in existence for many years and address the gap in dental services mostly for those 18 years and older who are residents of Hamilton, who cannot afford dental care in the community and who do not have any form of dental coverage. High demand and wait time for services persist across all age categories and are dominated by demands from adult and senior populations.

The two operatory Dental Health Bus travelled to five different sites per week throughout the City of Hamilton. There are no booked appointments on the bus. Clients arrive, are triaged, and are scheduled based on urgency. Four of the five sites where the bus parked were in lower East Hamilton and one mountain location at Neighbour to Neighbour. Historically, the busiest sites have been Norman Pinky Lewis Recreation Centre and Neighbour to Neighbour. The demand for services on the Dental Health Bus

is consistently high sometimes leading to people being turned away only to return the next day. When fully operational, the average number of clients serviced annually is 1,796 and the average number of clients turned away annually is 502.

While the temporary adjustments to the program have prioritized emergency dental services, the change is displacing restorative and preventive services and increasing wait times up to 12 months. The plan proposed in this report will allow the program to return to the full suite of restorative and preventive services.

Feedback from clients who access emergency dental services indicates they are more likely to access a walk-in model of care versus appointment based. This is consistent with research on oral health care and vulnerable populations. Staff have indicated that this is particularly important for clients who are unhoused and/or experience a substance use disorder.

The recommendations in this report accommodate all dental programs and streamline service delivery to three existing sites including the Seniors Bus, Upper James Clinic, and the Robert Thomson Building downtown dental Clinic. For former Dental Health Bus clients, utilizing existing office space to add one new operatory at the downtown dental Clinic operating three days per week and using two unused dental operatory days at the newly renovated Upper James Clinic as well as utilizing the Seniors Dental Bus will allow the dental program to return to comparable service delivery levels as when the bus was operational.

A Statistics Canada 2009 report states that one kilometre is typically referred to as “walking distance” while five kilometres is referred to as a reasonable distance to travel to access services (Board of Health Report BOH19026(a)). In consideration of this information, four of the five original sites fall within zero to five kilometres of proposed service delivery sites (Table 2 - Historical Bus Service Delivery Sites, Ranked by Number of Clients serviced). Many clients accessing bus services are from the downtown core or lower east Hamilton and identify the downtown Clinic site as easy to access due to proximity to core and bus services. The Dominic Agostino Riverdale Community Centre is outside of the five-kilometre range and requires a 50-minute bus commute to reach the proposed downtown site. The program is planning to arrange to park the Seniors Dental Health bus at the Dominic Agostino Riverdale site once per month to accommodate needs in that location. The Upper James Clinic is within walking distance of our second busiest site. Bus tickets, parking vouchers and taxi vouchers are always available to clients at clinic sites to reimburse travel expenses.

Table 2: Historical Bus Service Delivery Sites, ranked by number of Clients Served

Rank	1	2	3	4	5	6
Location	Norman Pinky Lewis- 192 Wentworth Street North	Neighbour to Neighbour Centre- 28 Athens Street	Kiwanis Boys and Girls Club- 45 Ellis Avenue	Dominic Agostino Riverdale Community Centre- 150 Violet Avenue	Central Memorial- 93 West Avenue South	**Location**
Distance from proposed service delivery location	2.7 Kms*	0.5 Kms**	4.8 Kms*	10.6 Kms*	3.1 Kms*	
Location	Norman Pinky Lewis- 192 Wentworth Street North	Neighbour to Neighbour Centre- 28 Athens Street	Kiwanis Boys and Girls Club- 45 Ellis Avenue	Dominic Agostino Riverdale Community Centre- 150 Violet Avenue	Central Memorial- 93 West Avenue South	

*Robert Thomson Building Clinic, 110 King Street West and
**Upper James Clinic 891 Upper James Street

At this time, replacement of the Dental Health Bus would cost approximately $1.5M. While the bus provides access to service at different locations across the city there are always additional costs and challenges including weather, vehicle maintenance, fuel, service, and repairs compared to a fixed clinic site. Given the cost to replace the bus and the potential impact of the Canadian Dental Care Plan on the future of the adult levy programs, this option is not being recommended at this time.

To dispose of the bus in coordination with Fleet Services and Procurement, the Dental Health Bus would be sent to auction. The anticipated amount received for the bus sale would not be substantial. To be financially and environmentally conscious the dental equipment on the bus would be removed and some of the equipment would be repurposed in the new dental operatory at the downtown dental Clinic with the remaining going through the Policy #16 Procurement process.

Within the current context, the need and demand for dental services in the City of Hamilton remains high and disproportionately impact the city's most vulnerable

populations. With the full launch of the Canadian Dental Care Plan in 2025, the program will reassess the barriers to care for adults and report back to the Public Health Committee to determine the future of the levy dental programs in the City of Hamilton through the 2025 and possibly 2026 budget process. Should a future decision be made to discontinue the adult levy funded program, the additional operatory, proposed in this report, will continue to significantly benefit other dental services offered through Public Health Services dental programs. For example, it could improve operational efficiencies, such as a reduction in down time between clients and an increase in client seen per day.

ALTERNATIVES FOR CONSIDERATION

If Recommendations (b) and (c) to Report Public Health BOH2040 are not approved, there would be a $188,600.00 savings to the levy. Public Health Services would discontinue service delivery for clients at the downtown dental Clinic previously services by the Adult Dental Health Bus. The reduction of 0.6 FTE dentist and subsequent three days of service would decrease service to 20-25 adults per week and 1,100 adults per year. Without these services there is no longer a need for the 0.6 FTE receptionist position, or transportation and operating supplies.

Recommendation (d) to Public Health Committee Report BOH24020 is based on the approval of recommendations (b) and (c) to Public Health Committee Report BOH24020 and becomes null.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH24020	City of Hamilton Dental Support Programs
Appendix “B” to Report BOH24020	Canadian Dental Care Plan interactions with Ontario’s Dental Coverage FAQ Document, April 19, 2024

Appendix A: City of Hamilton Dental Support Programs

Dental Support Program	Program Coverage	Eligibility Criteria	Funding
Ontario Disability Support Program	Limited dental treatment at participating dental offices in the community.	Individuals receiving Ontario Disability Support Program benefits and their spouse 18 years and older.	Provincial
Healthy Smiles Ontario (Healthy Smiles Ontario)	Dental treatment at a limited number of participating dental offices in the community or through Public Health Services dental clinics. Public Health Services Clinics: 110 King St W Robert Thomson Building 247 Centennial Pkwy 891 Upper James	Children and youth 17 years old and under from low-income households. Household income making <$26, 551/year with one child. Increases approximately $2,010 per additional child. Alternate eligibility based on clinical emergency/essential need and financial hardship. Dependents ages 17 & under of those receiving Ontario Works & Ontario Disability Support Program benefits.	Provincial & municipal
Ontario Seniors Dental Care Program (OSDCP)	Dental treatment at Public Health Services clinics (110 King St W & 891 Upper James), Senior's bus & 2 Community Health Centre's. Denturist and Specialist services (Service Level Agreements (SLA) w/ Public Health Services)	Seniors 65 years old and above making <$22,200/year for a single person, or <$37,100/year for a couple.	Provincial
Ontario Works (OW)	Limited benefits for emergency dental treatment at participating dental offices in the	Ontario Works and Ontario Disability Support Program (dependent adults 18+) participants	Provincial funded

	community and pre-authorized dentures.		
Ontario Works, Special Supports Program	Essential health-related benefits including pre-authorized limited emergency dental treatments and dentures in accordance with fee schedules.	Hamilton residents ages 18-64 who meet low-income threshold and eligibility criteria (may vary depending on specific circumstances and needs).	Municipal
Public Health Services Adult Dental Program	Provides dental home and continuity of care to clients to improve & maintain good oral health. Comprehensive, emergency, restorative, and preventive treatment based on client need. 110 King St. W	Hamilton residents without dental insurance and meet 2022 Low Income Measure (LIM). Application process.	Municipal
Dental Health Bus (not currently operational)	Walk-in, same day emergency dental services. 5 different City of Hamilton locations when operational.	Hamilton residents without dental insurance who cannot afford to access dental care in the community.	Municipal
*Canada Dental Care Plan (partially implemented, full launch 2025)	Dental insurance coverage with significant co-pays for those earning $70,000-$89,999/year. Many services require pre-authorization.	Canadians who make <$90,000/year	Federal

*The Canada Dental Care Plan will pay for dental services first before Ontario's programs. Those with Canada Dental Care Plan coverage may still be billed for dental services as Canada Dental Care Plan coverage may be less that what providers charge. Healthy Smiles Ontario and Ontario Disability Support Program's dental coverage can be used to supplement Canada Dental Care Plan coverage. This means that Healthy Smiles Ontario and Ontario Disability Support Program will coordinate benefits for clients who are eligible for both the Canada Dental Care Plan and either Healthy Smiles Ontario or Ontario Disability Support Program, up to the maximums in Ontario's fee schedules. There is no coordination of benefits for seniors, they can either

use Canada Dental Care Plan or the Ontario Senior Dental Care Program. As this new program continues to unfold, eligible Ontarians are encouraged to consult with dental providers on the full cost of services in advance of any treatment (Appendix 2: Canadian Dental Care Plan interactions with Ontario's Dental Coverage FAQ Document, April 19, 2024.

Canadian Dental Care Plan interactions with Ontario's Dental Coverage
FAQ Document
April 19, 2024

SUMMARY

The federal government is implementing the Canadian Dental Care Plan (CDCP), which is intended to help Canadians with incomes under $90,000 who file taxes with the cost of dental services.

Dental coverage is also provided under the following Ontario programs:

- Healthy Smiles Ontario (HSO), for children in low-income families, (including those on the Ontario Disability Support Program (ODSP), Ontario Works and the Assistance for Children with Severe Disabilities Program (ACSD)).
- The Ontario Seniors Dental Care Program (OSDCP).
- The Ontario Disability Support Program (ODSP)
- Ontario Works

The CDCP will provide coverage for dental services to seniors beginning May 1, 2024. Other groups, such as children and those eligible for the Disability Tax Credit are expected to be able to apply for the CDCP in June 2024, with full implementation occurring in 2025.

Attached to this FAQ document is a fact sheet about the Canadian Dental Care Plan (CDCP) and how benefits will be coordinated with Ontario's dental programs, on an interim basis.

GUIDANCE DOCUMENTS

- Canadian Dental Care Plan - Canada.ca
    - English - Stakeholder kit - Google Drive

LEGISLATION/REGULATION

- *Dental Care Measures Act* S.C. **2023, c. 26, s. 508**

Frequently Asked Questions

Q. What is the Canadian Dental Care Plan (CDCP) and how do Ontarians apply?

The CDCP is intended to help Canadians with incomes under $90,000 who file taxes with the cost of dental services. Clients of HSO and OSDCP who have questions about the CDCP or would like to apply should be directed to this website: https://www.canada.ca/en/services/benefits/dental/dental-care-plan/apply.html

Alternatively, clients can direct their questions or apply for the CDCP by phone at 1-833-537-4342.

Clients should check the federal government's website or call them directly to get information about when they may be eligible.

Q. Can a client still apply for the CDCP if they are currently enrolled in an Ontario dental program?

Yes. Eligibility for the CDCP does not prevent eligible ODSP, Ontario Works, Healthy Smiles Ontario (HSO) or Ontario Senior's Dental Program (OSDCP) clients from enrolling in and continuing to receive coverage under these programs.

Clients enrolled in the OSDCP will have the ability to choose either OSDCP or CDCP coverage at the point of service, as benefits cannot be coordinated between the two programs. If OSDCP clients select CDCP coverage, they should consult with their care provider, in advance about any out-of-pocket expenses.

If a client opts for OSDCP coverage, they must present their OSDCP dental card to the OSDCP provider at the PHU before receiving care. Clients enrolled in both OSDCP and CDCP can choose their program coverage each time they access services, and neither CDCP nor OSDCP enrollment cards will be revoked. For continuity of care purposes, we encourage clients to continue seeing one general dentist provider.

Under the OSDCP, PHUs may enter into partnership contracts on a salaried basis 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 schedule of services on behalf of the PHU. The intent is for PHUs to enter into partnership contracts with providers working on a "salaried" basis, not a fee-for-service basis that involves claims-based billing practices for services provided. A fee-for-service approach is not in scope for the OSDCP. Since the OSDCP does not permit claims-

based billing for eligible clients per existing policy guidelines, PHU's SLAs are to continue to operate on a status quo basis (i.e., salary-based billing).

Q. Are HSO and OSDCP recipients required to apply for the CDCP?

HSO and OSDCP recipients are not currently required to apply for the CDCP, however applying to it is encouraged. The services covered through the CDCP may be different than those covered through Ontario's programs. Coverage of any additional services could be of benefit to recipients.

Q. Will the CDCP cover 100% of dental costs? Is the CDCP entirely free?

No. The amount that will be covered by the CDCP will vary depending on the service a person needs but will not cover all costs.

For HSO clients, dentists may use the coverage provided through HSO to supplement costs not covered by the CDCP. Service providers are not allowed to ask HSO clients to pay any out-of-pocket expenses.

Clients enrolled in the OSDCP will have the ability to choose either OSDCP or CDCP coverage, as benefits cannot be coordinated between the two programs. If OSDCP clients choose to access the CDCP with a participating provider, they should consult with their care provider, in advance about any out-of-pocket expenses.

Q. How will recipients of dental benefits under OSDCP and HSO be impacted?

At this time, Ontario will continue to provide eligible recipients with access to dental benefits through existing programs, and clients will still be eligible for dental services under those programs, including HSO and OSDCP.

ODSCP and HSO clients who are **not** eligible for the CDCP will continue to receive coverage as usual.

Recipients of the OSDCP can choose whether to access dental benefits through that program or through the CDCP. Since the CDCP does not cover the full cost of dental services, if seniors choose to access coverage under the CDCP, dentists may bill them for the remaining fee and they should consult with their care provider, in advance about any out-of-pocket expenses.

For HSO clients who **are** eligible for the CDCP and seek treatment from a participating fee-for-service provider, since the CDCP may not cover 100% of dental services, Ontario's program can be used to supplement the dentist's bill up to the maximum amounts under Ontario's service schedules until further direction is provided.

For example:

- a dentist charges $100 for a service that is covered by both the CDCP and HSO

- the CDCP covers a maximum of $80, and the provincial schedule covers a maximum of $35,
- then the provincial program could be used to supplement the CDCP coverage by $20.

Scenario #1:

2 units of scaling (11112)
– customary fee in Ontario $140.00, CDCP reimburses $134.00, HSO/ODSP reimburses $76.02
– provider can bill up to $6.00 to HSO/ODSP (not including any potential co-payments)
– total reimbursed by CDCP+ HSO/ODSP = $140.00

Scenario #2:

0.5 units of polishing (11107)
– customary fee in Ontario $29.00, CDCP reimburses $8.75, HSO/ODSP reimburses $12.67
– provider can bill up to $12.67 to HSO/ODSP (not including any potential co-payments)
– total reimbursed by CDCP + HSO/ODSP = $21.42, provider cannot bill the remaining $7.58 to HSO/ODSP patient.

Where Public Health Units are available, all HSO clients (even those with private insurance or access to the CDCP) can receive treatment without a balance owed for services covered under HSO's Schedule of Services and Fees.

Q. What if a client's dentist is not participating in the CDCP? What if a client's dentist is participating in the CDCP but not Ontario's programs?

If the client's dentist is not participating in the CDCP, the dentist may use the coverage provided through Ontario's dental programs (i.e., OSDCP and HSO).

Clients may also find a dentist enrolled in the CDCP by referring to the CDCP Provider Search tool.

If the client's dentist is participating in the CDCP but not Ontario's programs, the dentist will use the coverage provided through the CDCP. As the CDCP may not fully cover the cost depending on the service a person needs, clients should consult with their care provider, in advance about any out-of-pocket expenses.

Q. What happens to the Canada Dental Benefit?

If you are a parent or guardian of a child under the age of 12 and do not have access to dental insurance, you may already be eligible for the Canada Dental Benefit. This benefit is available until June 30, 2024.

Clients of HSO who have questions about the CDCP or would like to apply should be directed to this website: https://www.canada.ca/en/services/benefits/dental/dental-care-plan/apply.html

Alternatively, clients can direct their questions or apply for the CDCP by phone at 1-833-537-4342.

Clients should check the federal government's website or call them directly to get information about when they may be eligible.

Q. Can I still apply for the Canada Dental Care Plan if I am currently enrolled in an Ontario dental program (i.e., HSO, OSDCP)?

Yes, you can still apply for the CDCP. Eligibility for the CDCP does not prevent eligible ODSP, Ontario Works, Healthy Smiles Ontario (HSO) or Ontario Senior's Dental Program (OSDCP) clients from continuing to receive coverage under these programs.

Clients enrolled in the OSDCP will have the ability to choose either OSDCP or CDCP coverage, as benefits cannot be coordinated between the two programs. If OSDCP clients select CDCP coverage, they may face balance or extra billing, which is not permitted under OSDCP. Since OSDCP services are exclusively administered through Public Health Units, OSDCP coverage does not extend to cover any out-of-pocket expenses incurred by clients opting for CDCP services.

Q. Will enrollment in the Canadian Dental Care Plan (CDCP) impact my eligibility to an existing Ontario dental program (HSO or OSDCP)?

At this time, access to or enrollment in the Canadian Dental Care Plan will not be considered when determining eligibility of Ontario's dental programs (including HSO and OSDCP). Clients may qualify for the CDCP and may still be eligible for Ontario's programs (including HSO and OSDCP) provided the client meets the eligibility criteria.

Eligible clients may continue to use their current enrolment cards to access their respective program. For more information about the eligibility criteria of the Canada Dental Care Plan, please visit: Do you qualify - Canada.ca.

Until further direction is provided, Ontario will continue to provide eligible recipients with access to dental benefits through existing programs, including the HSO and OSDCP.

Q. Would auto enrolment of children into HSO for OW/ODSP clients continue?

Yes, children of OW and ODSP clients will continue be auto enrolled into HSO and be provided with access to dental benefits until further direction is provided.

Q. I am not a Canadian resident and do not qualify for the Canadian Dental Care Program, can I still access Ontario's dental program (HSO or OSDCP)?

At this time, Ontario will continue to provide eligible HSO and OSDCP recipients with access to dental coverage through our existing programs.

For additional eligibility requirements for each program, please visit:

- Services covered by Healthy Smiles Ontario | ontario.ca
- Dental care for low-income seniors | ontario.ca

Q. I don't have a Social Insurance Number, or I did not file my taxes last year; am I still be eligible for Ontario's dental programs?

Clients may be eligible to access dental benefits through existing programs, including the HSO and OSDCP, by applying via the guarantor process.

For more information on the guarantor process for Ontario's programs, please visit:

- ODSCP: Dental care for low-income seniors | ontario.ca
- HSO: Teeth cleaning, check-ups and dental treatment for kids | ontario.ca

Q. Can patients with both CDCP and HSO cards present them at the point of service?

Yes, patients who are enrolled in both the CDCP and HSO can present both cards at the point of service. Where both cards are used, services will be billed to the CDCP first, followed by HSO to coordinate benefits between the programs.

Q. What expenses will be covered if I present both cards? Will HSO reimburse clients directly for out-of-pocket expenses?

There should be no out-of-pocket expenses for HSO clients. Benefits will be coordinated between the two programs up to the maximums under the service schedules. Ontario programs will not cover or reimburse any out-of-pocket expenses (or extra/balanced bills) passed onto clients. For this reason, clients should consult with their care provider, in advance about any out-of-pocket expenses.

Q. Can PHU clinics treat CDCP clients and bill the federal plan directly?

Any PHU clinics that wish to participate in the CDCP should direct their questions to this website: https://www.canada.ca/en/services/benefits/dental/dental-care-plan/providers.html

More Information

Contact: If you have questions about this communication, please contact:

For Healthy Smiles Ontario: healthysmiles@ontario.ca

For Ontario Seniors Dental Care Program: seniorsdental@ontario.ca

Interactions du Régime canadien de soins dentaires avec les programmes de soins dentaires de l'Ontario
Foire aux questions
19 avril 2024

RÉSUMÉ

Le gouvernement fédéral met en œuvre le Régime canadien de soins dentaires (RCSD) qui a pour but d'aider les Canadiennes et les Canadiens dont le revenu est inférieur à 90 000 $ et qui produisent des déclarations de revenus à payer leurs services de soins dentaires.

Une couverture des soins dentaires est également offerte dans le cadre des programmes ontariens suivants :

- Beaux sourires Ontario (BSO) pour les enfants des familles à faible revenu (y compris celles qui bénéficient de l'aide du Programme ontarien de soutien aux personnes handicapées (POSPH), du programme Ontario au travail ou du Programme d'aide à l'égard d'enfants qui ont un handicap grave (AEHG).
- Le Programme ontarien de soins dentaires pour les aînés (POSDA).
- Le Programme ontarien de soutien aux personnes handicapées (POSPH)
- Le programme Ontario au travail

Le RCSD offrira une couverture des services de soins dentaires aux aînés à compter du 1er mai 2024. Les personnes des autres groupes, comme les enfants et les personnes admissibles au crédit d'impôt pour personnes handicapées, devraient pouvoir présenter une demande d'aide du RCSD en juin 2024 et la mise en œuvre sera complète en 2025.

Une fiche d'information sur le Régime canadien de soins dentaires (RCSD) et sur la façon dont les prestations seront coordonnées sur une base provisoire avec les programmes de soins dentaires de l'Ontario est jointe à la présente foire aux questions.

DOCUMENTS D'ORIENTATION

- Régime canadien de soins dentaires – Canada.ca
    - Anglais – Trousse pour les intervenants – Google Drive

LÉGISLATION/RÉGLEMENTATION

- *Loi sur les mesures de soins dentaires*, L.C. **2023, ch. 26, art. 508**

Foire aux questions

Q. Qu'est-ce que le Régime canadien de soins dentaires (RCSD) et comment les Ontariennes et Ontariens peuvent-ils présenter une demande?

Le RCSD a pour but d'aider les Canadiennes et les Canadiens dont le revenu est inférieur à 90 000 $ et qui produisent des déclarations de revenus à payer leurs services de soins dentaires. Les clients de BSO et du POSDA qui ont des questions sur le RCSD ou qui souhaitent présenter une demande doivent être dirigés vers le site Web suivant :
https://www.canada.ca/fr/services/prestations/dentaire/regime-soins-dentaires/demande.html

Les clients peuvent également poser leurs questions ou faire une demande d'aide du RCSD par téléphone au 1 833 537-4342.

Les clients doivent consulter le site Web du gouvernement fédéral ou l'appeler directement pour savoir quand ils pourraient devenir admissibles.

R. Un client peut-il quand même demander l'aide du RCSD s'il est inscrit actuellement à un programme de soins dentaires de l'Ontario?

Oui. L'admissibilité au RCSD n'empêche pas les clients admissibles du POSPH, du programme Ontario au travail, du programme Beaux sourires Ontario (BSO) ou du Programme ontarien de soins dentaires pour les aînés (POSDA) de s'inscrire et de continuer à recevoir des prestations dans le cadre de ces programmes.

Les clients inscrits au POSDA auront la possibilité de choisir la couverture du POSDA ou celle du RCSD au point de service, car les prestations des deux programmes ne peuvent pas être coordonnées. Si les clients du POSDA choisissent la couverture du RCSD, ils devraient consulter leur fournisseur de soins à l'avance au sujet des frais remboursables.

Si un client opte pour la couverture du POSDA, il doit présenter sa carte de soins dentaires du POSDA au fournisseur du POSDA du BSP avant de recevoir des soins. Les clients inscrits à la fois au POSDA et au RCSD peuvent choisir leur couverture de programme chaque fois qu'ils accèdent aux services, et ni les cartes d'inscription au

RCSD ni celles du POSDA ne seront révoquées. Dans le but d'assurer la continuité des soins, nous encourageons les clients à continuer de consulter un dentiste généraliste unique.

Dans le cadre du POSDA, les BSP peuvent signer des contrats de partenariat sur une base salariale avec d'autres entités/organisations ou fournisseurs/spécialistes selon les besoins (p. ex., pour résoudre des problèmes d'accès potentiels) pour fournir des services aux clients inscrits conformément au barème des services du POSDA au nom du BSP. Les BSP doivent signer des contrats de partenariat avec des fournisseurs qui travaillent à titre de « salariés », et non selon le régime de la rémunération des services qui comporte des pratiques de facturation fondées sur les demandes de remboursement du coût des services fournis. L'approche du régime de la rémunération des services n'est pas incluse dans le champ d'application du POSDA. Étant donné que le POSDA n'autorise pas la facturation fondée sur les demandes de remboursement pour les clients admissibles d'après les lignes directrices de la politique existantes, les ANS du BSP doivent continuer de s'appliquer sur la base du statu quo (c'est-à-dire que la facturation doit être fondée sur le salaire).

Q. Les bénéficiaires de BSO et du POSDA doivent-ils faire une demande d'aide du RCSD?

Les bénéficiaires de BSO et du POSDA ne sont pas tenus actuellement de faire une demande d'aide du RCSD, mais ils sont encouragés à le faire. Les services couverts par le RCSD peuvent différer de ceux qui sont couverts par les programmes de l'Ontario. La couverture de services supplémentaires pourrait être utile aux bénéficiaires.

Q. Le RCSD remboursera-t-il 100 % du coût des soins dentaires? Le RCSD est-il entièrement gratuit?

Non. Le montant qui sera remboursé par le RCSD variera en fonction du service dont la personne a besoin, mais ce régime ne remboursera pas tous les frais.

Pour les clients de BSO, les dentistes peuvent utiliser la couverture offerte par BSO pour rembourser des frais non couverts par le RCSD. Les fournisseurs de services ne sont pas autorisés à demander aux clients de BSO de payer des frais remboursables.

Les clients inscrits au POSDA auront la possibilité de choisir la couverture du POSDA ou celle du RCSD, car les prestations des deux programmes ne peuvent pas être coordonnées. Si les clients du POSDA choisissent d'accéder au RCSD auprès d'un fournisseur participant, ils devraient consulter leur fournisseur de soins à l'avance au sujet des frais remboursables.

Q. Quel sera l'incidence sur les bénéficiaires de prestations dentaires du POSDA et de BSO?

Pour le moment, l'Ontario continuera d'offrir aux bénéficiaires admissibles un accès aux prestations dentaires dans le cadre des programmes existants et les clients continueront d'avoir droit à des services dentaires dans le cadre de ces programmes, y compris BSO et le POSDA.

Les clients du POSDA et de BSO qui ne sont **pas** admissibles au RCSD continueront de bénéficier de la couverture habituelle.

Les bénéficiaires du POSDA peuvent choisir d'accéder aux prestations dentaires dans le cadre de ce programme ou du RCSD. Étant donné que le RCSD ne rembourse pas la totalité du coût des services dentaires, si les aînés choisissent d'accéder à la couverture du RCSD, les dentistes peuvent leur facturer le reste des frais et ils devraient consulter leur fournisseur de soins à l'avance au sujet des frais remboursables.

Pour les clients de BSO qui **sont** admissibles au RCSD et se font soigner par un fournisseur participant rémunéré selon le principe de la rémunération des services, étant donné que le RCSD peut ne pas rembourser 100 % du coût des services dentaires, le programme de l'Ontario peut être utilisé pour compléter le paiement de la facture du dentiste jusqu'à concurrence des montants maximaux indiqués les barèmes des services de l'Ontario jusqu'à ce que de plus amples directives soient fournies.

Par exemple :

- un dentiste facture 100 $ pour un service couvert à la fois par le RCSD et par BSO;
- le RCSD rembourse un maximum de 80 $ et le barème provincial rembourse un maximum de 35 $;
- alors le programme provincial pourrait être utilisé pour compléter la couverture du RCSD à hauteur de 20 $.

Scénario nº 1 :

2 unités de détartrage (11112)
– les frais habituels sont de 140,00 $ en Ontario, le RCSD rembourse 134,00 $, BSO/le POSPH rembourse 76,02 $
– le fournisseur peut facturer jusqu'à 6,00 $ à BSO/au POSPH (à l'exclusion de toute quote-part éventuelle)
– total remboursé par le RCSD + BSO/POSPH = 140,00 $

Scénario nº 2 :

0,5 unité de polissage (11107)
– les frais habituels sont de 29,00 $ en Ontario, le RCSD rembourse 8,75 $, BSO/le POSPH rembourse 12,67 $
– le fournisseur peut facturer jusqu'à 12,67 $ à BSO/au POSPH (à l'exclusion de toute quote-part éventuelle)

– total remboursé par le RCSD + BSO/POSPH = 21,42 $: le fournisseur ne peut pas facturer les 7,58 $ restants au patient de BSO/du POSPH.

Là où des bureaux de santé publique sont disponibles, tous les clients de BSO (même ceux qui ont une assurance privée ou qui ont accès au RCSD) peuvent recevoir un traitement sans avoir de solde dû pour les services couverts par le barème des services et des frais de BSO.

Q. Que se passe-t-il si le dentiste d'un client ne participe pas au RCSD? Que se passe-t-il si le dentiste d'un client participe au RCSD mais pas aux programmes de l'Ontario?

Si le dentiste du client ne participe pas au RCSD, il peut utiliser la couverture offerte par les programmes de soins dentaires de l'Ontario (c.-à-d. le POSDA et BSO).

Les clients peuvent également trouver un dentiste inscrit au RCSD en utilisant l'outil Recherche de fournisseur du RCSD.

Si le dentiste du client participe au RCSD mais pas aux programmes de l'Ontario, il utilisera la couverture offerte par le RCSD. Comme le RCSD peut ne pas rembourser la totalité du coût du service dont une personne a besoin, les clients devraient consulter leur fournisseur de soins à l'avance au sujet des frais remboursables.

Q. Que devient la Prestation dentaire canadienne?

Si vous êtes le parent ou le tuteur d'un enfant de moins de 12 ans et que vous n'avez pas accès à une assurance dentaire, vous êtes peut-être déjà admissible à la Prestation dentaire canadienne. Cette prestation est offerte jusqu'au 30 juin 2024.

Les clients de BSO qui ont des questions sur le RCSD ou qui souhaitent présenter une demande doivent être dirigés vers le site Web suivant : https://www.canada.ca/fr/services/prestations/dentaire/regime-soins-dentaires/demande.html

Les clients peuvent également poser leurs questions ou faire une demande d'aide du RCSD par téléphone au 1 833 537-4342.

Les clients doivent consulter le site Web du gouvernement fédéral ou l'appeler directement pour savoir quand ils pourraient devenir admissibles.

Q. Puis-je présenter quand même une demande d'aide du Régime canadien de soins dentaires si je suis inscrit(e) actuellement à un programme de soins dentaires de l'Ontario (c.-à-d. BSO, le POSDA)?

Oui, vous pouvez quand même présenter une demande d'aide du RCSD. L'admissibilité au RCSD n'empêche pas les clients admissibles du POSPH, du programme Ontario au travail, de Beaux sourires Ontario (BSO) ou du Programme ontarien de soins dentaires pour les aînés (POSDA) de continuer à bénéficier de la couverture de ces programmes.

Les clients inscrits au POSDA auront la possibilité de choisir la couverture du POSDA ou du RCSD car les prestations des deux programmes ne peuvent pas être coordonnées. Si les clients du POSDA choisissent la couverture du RCSD, ils peuvent être confrontés à un solde ou à la facturation de frais supplémentaires, ce qui n'est pas autorisé par le POSDA. Étant donné que les services du POSDA sont administrés exclusivement par les bureaux de santé publique, la couverture du POSDA ne s'applique pas aux frais remboursables engagés par les clients qui choisissent les services du RCSD.

Q. L'inscription au Régime canadien de soins dentaires (RCSD) aura-t-elle une incidence sur mon admissibilité à un programme de soins dentaires de l'Ontario existant (BSO ou POSDA)?

Pour le moment, l'accès ou l'inscription au Régime canadien de soins dentaires ne sera pas pris en compte pour déterminer l'admissibilité aux programmes de soins dentaires de l'Ontario (y compris BSO et le POSDA). Les clients peuvent être admissibles au RCSD et demeurer admissibles aux programmes de l'Ontario (y compris BSO et le POSDA) à condition qu'ils satisfassent aux critères d'admissibilité.

Les clients admissibles peuvent continuer à utiliser leurs cartes d'inscription actuelles pour accéder à leur programme. Pour de plus amples informations sur les critères d'admissibilité du Régime canadien de soins dentaires, visitez la page : Êtes-vous admissible – Canada.ca.

Jusqu'à ce que de plus amples directives soient fournies, l'Ontario continuera de fournir aux bénéficiaires admissibles un accès aux prestations dentaires dans le cadre des programmes existants, y compris BSO et le POSDA.

Q. L'inscription automatique des enfants à BSO pour les clients d'OT/du POSPH se poursuivra-t-elle?

Oui, les enfants des clients d'OT et du POSPH continueront d'être inscrits automatiquement à BSO et auront accès aux prestations dentaires jusqu'à ce que de plus amples directives soient fournies.

Q. Je ne suis pas un résident du Canada et je ne suis pas admissible au Régime canadien de soins dentaires. Puis-je quand même accéder aux prestations des programmes de soins dentaires de l'Ontario (BSO ou POSDA)?

Pour le moment, l'Ontario continuera de fournir aux bénéficiaires admissibles de BSO et du POSDA un accès à des prestations dentaires dans le cadre de nos programmes existants.

Pour connaître les autres conditions d'admissibilité pour chaque programme, veuillez visiter :

- Services couverts par Beaux sourires Ontario | ontario.ca
- Soins dentaires pour aînés à faible revenu | ontario.ca

Q. Je n'ai pas de numéro d'assurance sociale ou je n'ai pas produit de déclaration de revenus l'année dernière. Suis-je quand même admissible aux programmes de soins dentaires de l'Ontario?

Les clients peuvent avoir accès aux prestations dentaires dans le cadre des programmes existants, y compris BSO et le POSDA, en faisant une demande avec l'aide d'un répondant.

Pour de plus amples informations sur la façon de faire une demande de prestations des programmes de l'Ontario avec l'aide d'un répondant, veuillez visiter :

- POSDA : Soins dentaires pour aînés à faible revenu | ontario.ca
- BSO : Examen, nettoyage et traitement des dents pour les enfants | ontario.ca

Q. Les patients titulaires de cartes du RCSD et de BSO peuvent-ils les présenter au point de service?

Oui, les patients inscrits à la fois au RCSD et à BSO peuvent présenter les deux cartes au point de service. Lorsque les deux cartes sont utilisées, les services sont d'abord facturés au RCSD, puis à BSO pour coordonner les prestations des deux programmes.

Q. Quelles frais seront remboursés si je présente les deux cartes? Le programme BSO remboursera-t-il directement aux clients leurs frais remboursables?

Il ne devrait y avoir aucuns frais remboursables pour les clients de BSO. Les prestations seront coordonnées entre les deux programmes jusqu'à concurrence des montants maximaux prévus par les barèmes de services. Les programmes de l'Ontario ne couvriront ni ne rembourseront les frais remboursables (ou les factures de frais supplémentaires/soldes) dont le paiement incombe aux clients. Pour cette raison, les clients devraient consulter leur fournisseur de soins à l'avance au sujet des frais remboursables.

Q. Les cliniques des BSP peuvent-elles soigner les clients du RCSD et facturer directement le régime fédéral?

Toutes les cliniques des BSP qui souhaitent participer au RCSD doivent adresser leurs questions au site Web suivant : https://www.canada.ca/fr/services/prestations/dentaire/regime-soins-dentaires/fournisseurs.html

Pour de plus amples informations

Personne-ressource : Si vous avez des questions concernant la présente communication, veuillez communiquer avec :

Pour le programme Beaux sourires Ontario : healthysmiles@ontario.ca

Pour le Programme ontarien de soins dentaires pour les aînés : seniorsdental@ontario.ca

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Epidemiology and Wellness Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	July 10, 2024
SUBJECT/REPORT NO:	Alcohol Drug & Gambling Services and Community Mental Health Promotion Program Budget 2024-2025 (BOH24018) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Susan Boyd (905) 546-2424 Ext. 2888
SUBMITTED BY: **SIGNATURE:**	Julie Prieto Director, Epidemiology and Wellness Division Public Health Services

RECOMMENDATION

(a) That the 2024-2025 Alcohol Drug & Gambling Services and Community Mental Health Promotion Program budgets, funded by Ontario Health, be approved;

(b) That the 2024-2025 Alcohol Drug & Gambling Services' Choices and Changes program budget, funded by the Ministry of Children, Community and Social Services, be approved;

(c) That the 2024-2025 Alcohol Drug & Gambling Services' Other Funding Grants budget, be approved; and,

(d) That the Medical Officer of Health, or delegate, be authorized and directed to execute all agreements, contracts, extensions, one-time funding opportunities extending existing services, and documents, including submission of budgets and reports required to give effect to the Alcohol Drug & Gambling Services and Community Mental Health Promotion Program budget.

EXECUTIVE SUMMARY

Alcohol Drug & Gambling Services and Community Mental Health Promotion are two programs within Public Health Services that provide important services to individuals experiencing mental health concerns, addictions issues, or homelessness. The programs work collaboratively with individuals to improve their well-being and address

other social determinants of health, while building capacity within the Hamilton community.

Both Alcohol Drug & Gambling Services and the Community Mental Health Promotion program have multiple funding components supporting the delivery of services. The programs are managed together and share some staffing positions across programs to effectively provide service. The purpose of this report is to approve the funding for the budgets named in this report.

The financial data provided in this report are reasonably accurate and complete. It is important to acknowledge that our financial systems are offline down due to the ongoing Cybersecurity incident impacting the City of Hamilton. As such, minor adjustments may occur once the system is restored, and we can review the final reports.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: There is no increase to base budget for the Alcohol Drug & Gambling Services and the Community Mental Health Promotion Program budgets funded by Ontario Health. There is no increase to base budget for the Alcohol Drug & Gambling Services Choices and Changes Program funded through the Ministry of Children Community and Social Services. Details of funding changes are outlined in Table 1 below:

Table 1: Budgets to be Approved - Funding Changes to Annual Budget and FTE

Funding Source	Annual Budget 2024 / 2025 [1]	Annual Budget 2023 / 2024 [2]	FTE 2024 / 2025	FTE 2023 / 2024	Change in FTE
Ontario Health West Alcohol Drug & Gambling Services: Substance Use	$866,491	$866,491	6.65	6.65	0

Funding Source	Annual Budget 2024 / 2025 [1]	Annual Budget 2023 / 2024 [2]	FTE 2024 / 2025	FTE 2023 / 2024	Change in FTE
Ontario Health West Alcohol Drug & Gambling Services: Problem Gambling	$330,891	$330,891	2.1	2.1	0
Ontario Health West Community Mental Health Promotion Program	$735, 275[3]	$735,275[3]	4.4	4.4	0
Choices and Changes Ministry of Children, Community and Social Services	$135, 402	$135,402	1.15	1.15	0
Other Funding Grants	$495,679 [4]	$488,689 [4]	4.44	4.44	0
Total FTE			18.7	18.7	0

[1] The financial data provided in this chart is reasonably accurate and complete. It is important to acknowledge that our financial systems are offline down due to the ongoing Cybersecurity incident impacting the City of Hamilton. As such, minor adjustments may occur once the system is restored, and we can review the final reports.
[2] 2023-2024 budget year include the full 5% base budget increase awarded last year by Ontario Health West amounts included in previous report only included 2% base budget increase confirmed at the time of the report.
[3] Includes external contract workers: Housing Help Centre; Mission Services; YMCA; Social Work FTE budgeted in Other Funding Grants is embedded in this program.
[4] Revenue for Other Funding Grants: Cost Recovery revenues for the Centre for Addiction and Mental Health - Back on Track Remedial Measures; Hamilton Family, Health Team $1,200/month; Hamilton Health

Sciences actuals for staffing; and 1.0 FTE Social Work Hamilton Public Library

Staffing: Staffing changes are outlined in Table 1 above. There are no significant changes to overall staffing expected within this fiscal year. Any changes in staffing FTE when financial data access is returned will be managed through adjustment of part-time staffing hours, as needed.

Legal: Not Applicable.

HISTORICAL BACKGROUND

Alcohol, Drug & Gambling Services Program:
Alcohol Drug & Gambling Services receives multiple funding components to support program delivery. Funding components include: (1) Ontario Health funding; (2) Ministry of Children, Community and Social Services funding; (3) revenue from Hamilton Child and Families Support program; and (4) the Other Funding Grants programs budget revenue (see Table 1). Many of these funding components allow Alcohol Drug & Gambling Services to offer collaborative service delivery with other community agencies, targeting specific service needs.

The Ontario Health Alcohol Drug & Gambling Services funding supports service delivery including assessment, outpatient counselling, and referrals for individuals 21 years and older, who are experiencing a substance use issue, or 12 years and older, for individuals experiencing a problem gambling issue. City of Hamilton Levy funding is assisting to maintain a 0.6 FTE to support wait time management within the program.

The Choices and Changes program, funded by Ministry of Children, Community and Social Services and offsetting revenues from the Hamilton Child and Families Support Program (formerly Children's Aid Society), and Alcohol Drug & Gambling Services Other Funding Grants budget, helps to ease waiting times to addiction services for individuals involved in child welfare. Alcohol Drug & Gambling Services provides services onsite at both Child Welfare sites to address the needs of parents whose substance use is impacting parenting. A pilot program, provided at the Hamilton Family and Child and Families Support Program, involving offering education sessions to family members will continue into the 2024-2025 budget year and will be implemented at Catholic Children's Aid Society.

The Other Funding Grants program budget includes the following programs: Centre for Addiction and Mental Health, Back on Track Remedial Measures program which provides assessment, treatment and education groups for individuals convicted of driving while impaired; Hamilton Family Health Team partnership providing addiction consultation within primary care; Hamilton Health Sciences initiative to provide addiction

services to individuals receiving care in hospital and follow-up into the community, and an initiative with Hamilton Public Library to provide direct service to individuals coming to the library experiencing social and health issues who would benefit from brief intervention and community connection.

Community Mental Health Promotion Program:
Ontario Health Community Mental Health Promotion program funding supports service delivery of intensive case management services for individuals experiencing severe and persistent mental illness issues and assertive outreach services for individuals experiencing homelessness. Health Canada Substance Use and Addition Program funding, is supporting a Harm Reduction Outreach Project, providing harm reduction services to individuals who are experiencing homelessness, income insecurity and benefit from receiving services from an outreach model.

City of Hamilton Levy funding is assisting to maintain 0.65 FTE to provide addiction and mental health counselling support to individuals experiencing housing and income insecurity.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

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

RELEVANT CONSULTATION

Finance and Administration was consulted regarding the preparation of the budget.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Through the budgets requiring approval in this Public Health Committee report, Ontario Health, Ministry of Children, Community and Social Services, and Other Funding Grants programs, specialized services are provided for individuals residing in Hamilton experiencing mental health, addiction, and homelessness issues. Similar services are not provided in the Hamilton area and there is an ongoing need to provide these services, therefore, budget approval and reporting authorization to maintain funding is recommended.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

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

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	July 10, 2024
SUBJECT/REPORT NO:	2024 Public Health Services Organizational Risk Management Plan (BOH24019) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Shilpee Rana (905) 546-2424 Ext. 3641 Konrad Lisnyj (905) 546-2424 Ext. 5452
SUBMITTED BY: **SIGNATURE:**	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

RECOMMENDATION

That the 2024 Public Health Services Organizational Risk Management Plan, attached as Appendix “A” to Public Health Committee Report BOH24019, be approved.

EXECUTIVE SUMMARY

The purpose of this report is to provide the Public Health Committee with information on risk management activities across Public Health Services, with the aim of seeking approval for the 2024 Public Health Services Organizational Risk Management Plan. As part of the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (‘Ontario Public Health Standards’), boards of health are required to develop an organizational risk management framework, create and monitor action plans to mitigate risks, and submit an annual risk management report to the Ministry of Health as part of the third quarter Standards Activity Report.

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

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

Public Health Services addresses risks to the public’s health by delivering effective public health programs and services that are informed by population health assessment,

evidence, and ongoing surveillance and monitoring strategies. The contents of this plan relate to organizational risks.

The Public Health Leadership Team conducted a comprehensive review of the existing risks from the previous year and identified potential new risks to inform the 2024 Public Health Services Organizational Risk Management Plan (Appendix "A" to Public Health Committee Report BOH24019). The plan includes a total of 27 risks; 24 risks were carried over from 2023 and four risks are new. Of these risks, six are classified as high risks, as they have the highest likelihood of occurring and the greatest potential impact on public health objectives. Action plans for mitigating and monitoring the high risks have been proactively developed and will be implemented by staff in 2024. The Public Health Leadership Team will continue to routinely review and update the action plans as needed.

Alternatives for Consideration – See Page 4

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The risk assessment outlines financial risks/concerns. These concerns inform the Annual Service Plan and Budget planning process, ensuring that our financial resources are allocated in a way that effectively mitigates these risks. This report does not ask for new financial investments.

Staffing: The risk assessment outlines staffing risks/concerns. These concerns inform the Annual Service Plan and Budget process; this report does not ask for new staffing.

Legal: Board of Health approval and subsequent submission to the Ministry of Health of the 2024 Public Health Services Organizational Risk Management Plan will ensure compliance with the Ontario Public Health Standards. It also supports the Board of Health in practicing good governance and due diligence by mitigating potential organizational risks.

HISTORICAL BACKGROUND

Since 2018, as part of the Ontario Public Health Standards, boards of health must implement a formal risk management framework to identify, assess, and address organizational risks. To demonstrate compliance with this requirement, boards of health must submit an annual risk management report detailing high risks to the Ministry of Health as part of the third quarter Standards Activity Report.

The Public Health Leadership Team reviews and updates the Public Health Services Organizational Risk Management Plan annually, covering 14 categories of risk. This plan is based on the Risk Management Strategy and Process Toolkit, which was

developed by the Ontario Internal Audit Division (Appendix "B" to Public Health Committee Report BOH24019). Action plans are developed to mitigate high risks with the greatest likelihood of occurring and the greatest potential impact on operations, which are regularly monitored and updated.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Developing a risk management plan and submitting an annual risk management report to the Ministry of Health is a requirement of the Organizational Requirements within the Ontario Public Health Standards. The Board of Health is held accountable to these requirements through the Ministry of Health-Board of Health Accountability Agreement.

RELEVANT CONSULTATION

Staff consulted with Finance and Administration and Public Health Services' Human Resources Business Partner to develop the 2024 Public Health Services Organizational Risk Management Plan, who are supportive of the staff recommendation.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The Public Health Services Organizational Risk Management Plan focuses on organizational risk and supports the Board of Health in identifying and mitigating issues that place Public Health Services at risk of not meeting established business objectives. To inform the 2024 Public Health Services Organizational Risk Management Plan, the Public Health Leadership Team reassessed risks from the 2023 plan (Public Health Committee Report BOH23022) and identified new risks. A total of 23 risks were carried over from 2023, and four new risks were added.

The six most significant organizational risks in the 2024 plan are listed below:

- **Operational / Service Delivery Risks**
    1. (2.1) The Board of Health may not be able to fully address increased demand and expectations of public health's role in the community due to the integration of COVID-19 work into existing business operations and other issues arising from a lack of capacity; and,
    2. (2.2) The impact and duration of direct disruptions to program and service delivery from the cybersecurity incident, which has hindered access to critical documents, applications, and communication and connectivity infrastructure.

- **Information / Knowledge Risks**
    3. (5.1) The Board of Health faces a potential risk of ineffective records and information management throughout its lifecycle.

- **Technology Risks**
  4. (8.1) The Board of Health remains at risk of a network outage, threats to network security and hard files, and loss of access to critical applications impacting service delivery.

- **Governance / Organizational Risks**
  5. (9.1) The Board of Health may be at risk of incomplete risk management due to the delay in fully implementing the risk management framework in Public Health Services' program and project planning due to the cybersecurity incident.

- **Privacy Risks**
  6. (10.1) The Board of Health faces potential risks such as privacy breaches, unauthorized external access to Public Health Services' information, and non-compliance with privacy legislation (i.e., the Personal Health Information Protection Act and the Municipal Freedom of Information and Protection of Privacy Act).

Action plans were developed for all six high-risk items listed above, as they have the highest likelihood of occurring and the greatest potential impact on operations (Appendix “A” to Public Health Committee Report BOH24019).

ALTERNATIVES FOR CONSIDERATION

The Board of Health could choose to amend the 2024 Public Health Services Organizational Risk Management Plan.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH24019	2024 Public Health Services Organizational Risk Management Plan
Appendix “B” to Report BOH24019	Risk Management Strategy and Process Toolkit

2024 Public Health Services Organizational Risk Management Plan

The chart below shows the current ratings for 2024 risks categorized by low, medium, and high.

IMPACT \ LIKELIHOOD	1	2	3	4	5
5		8.3 Information space limitations in key technology applications	8.1 Network outage		2.2 Impact and duration of direct disruptions to program and service delivery due to the cybersecurity incident
4		6.1 outdated organizational policies and procedures 13.1 Health inequities 14.4 Change to Provincial policies and the Ontario Public Health Standards	10.1 Privacy breaches	5.1 ineffective management of records and information throughout its lifecycle 9.1 Incomplete risk management implementation	2.1 Lack of capacity to meet growing demand

LIKELIHOOD

IMPACT	1	2	3	4	5
3	12.1 Theft of assets or physical harm in facilities 1.3 Financial fraud or corruption		3.1 Precarious staffing 4.1 Environmental emergency 8.2 Use of dated software/technology or ones reaching end of life 8.5 Non-compliance with provincial legislation as it relates to privacy, security, records, and information management 9.2 Elected officials' balancing responsibilities 9.3 Impact of changing priorities with changes in local positions and Board of Health governance structure		

LIKELIHOOD

IMPACT	1	2	3	4	5
2		1.4 Unfinished capital projects due to the inability to spend Provincial funding within required timeframe 7.1 Non-compliance with varied program obligations imposed by statues and regulations	1.1 Uncertainty related to the impact of programs and services due to budget pressures 1.2 Financial forecasting gaps 11.2 Negative image due to reduced access to services 11.3 Negative image due to limits in data sharing	6.2 Unmet strategic goals due to competing priorities between the City of Hamilton and the Ministry of Health 8.4 Insufficient capacity to improve existing and implement new information technologies and processes	
1					

2024 Public Health Services Organizational Risk Management Plan

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

2. Operational / Service Delivery Risks	
ID #	**2.1**
RISK IDENTIFICATION	
Risk Exposure	The Board of Health may not be able to fully address increased demand and expectations of public health's role in the community due to the integration of COVID-19 work into existing business operations and other issues arising from a lack of capacity.
Description of Risk	- Adapting to the evolution of Public Health Services' role post-pandemic, as it relates to immunizations, emergency response, and communications, may be challenging as Provincial COVID-19 funding ended in December 2023. - There are competing Council-directed priorities at the local level that reflect the multi-faceted needs and interests of the community, which may impact Public Health Services' ability to deliver planned core public health programs and services. - Some recruitment and retention challenges remain that are resulting in limited resources available to meet the growing demands of public health programs and services in the community.
Cause/Source of Risk	- The new Provincial funding levels are less than increases in wages, benefits, and inflation, alongside rising costs associated with population growth and increased service demand, resulting in budget pressures. - The Ministry of Health has also discontinued Provincial COVID-19 funding at the end of December 2023 and directed that this work be integrated into existing programs, services, and business processes and funded by the existing cost-shared base budget. - Public Health Services is responsible for addressing its population's health needs in accordance with the Ministry of Health's Ontario Public Health Standards and the City of Hamilton's Strategic Plan using its finite resources. There is an increase in the number of corporate requests, beyond what is captured in the Annual Service Plan and Budget, that Public Health Services receives from its Council and Senior Leadership Team, which limits Public Health Services' ability to address service demands and advance priorities.

Cause/Source of Risk	- The recent approval of a new Public Health Standing Committee by the City of Hamilton's Council introduces changes to the governance structure of Public Health Services for the first time since 2006 by including community representatives. This new structure may impact the decisions made and the decision-making process surrounding public health matters.
RISK ASSESSMENT	
Current Controls/ Mitigation Strategies (What Are We Doing?)	1. Continue to identify Public Health Services' priorities and related action areas by balancing core public health functions and mandates, local population health needs, Council priorities, and Provincial direction. 2. Identify and communicate Public Health Services' priorities and action areas to adapt and improve existing programs and services to address population health needs. 3. Regularly review program and financial performance data to ensure effective delivery of services in an efficient and fiscally responsible manner.
Rating Scale 1 (Low) - 5 (High) (Likelihood x Impact)	**L5, I4**
RISK REDUCTION	
Action Plan (What Else Can We Do?) Only for High Risks	1. Continue to identify Public Health Services' priorities and related action areas by balancing core public health functions and mandates, local population health needs, Council priorities, and Provincial direction. 2. Continue to strategically allocate resources with the least impact on service levels and staff. 3. Strengthen program efficiency, while preserving essential services to improve population health outcomes for equity-deserving populations. This includes adapting programs for ongoing COVID-19 work, piloting Public Health Services Centres that integrate public health services in high-needs neighbourhoods, and engaging with communities and partners on public health needs. 4. Realign core supports to best practices and evolving public health role. 5. Continue participating in Provincial discussions on the roles and responsibilities of public health at the local level. 6. Continue to regularly review program and financial performance data to demonstrate accountability and ensure effective delivery of services in an efficient and fiscally responsible manner. 7. Continue to raise key issues and participate in corporate discussions related to recruitment and retention. Participate in corporate recruitment and retention improvements.

Action Plan (What Else Can We Do?) Only for High Risks	8. Request Human Resources to analyze staff demographics to inform the development of targeted retention strategies for different workforces. 9. Work with Human Resources to implement short-term continuous quality improvement activities to support recruitment (e.g., periodic positing to have a staffed candidate pool) and increase job satisfaction.
Person(s) Responsible	1. Public Health Leadership Team (PHLT) 2. PHLT, Finance & Administration (F&A) 3-5. PHLT 6. PHLT, F&A 7-9. PHLT, Public Health Services' Human Resources Business Partner
Estimated Residual Risk Once Action Plan is Fully Implemented (Likelihood x Impact)	**L3, I3**

ID #	**2.2**
RISK IDENTIFICATION	
Risk Exposure	The impact and duration of direct disruptions to program and service delivery from the cybersecurity incident, which has hindered access to critical documents, applications, and communication and connectivity infrastructure.
Description of Risk	- Uncertainty surrounding the recovery of data or files and access to networks. - Inability to access core business planning and reporting documents. - Inability to retrieve policies, procedures, records, medical directives, and other critical documents from shared network drives. - Service disruptions due to the inability to use communication and connectivity infrastructure, such as phone lines, Wi-Fi, fax machines, and other City network applications.
Cause/Source of Risk	- Ongoing recovery efforts resulting from the cybersecurity incident. - Continued challenges with communication and connectivity infrastructure due to the cybersecurity incident.

RISK ASSESSMENT	
Current Controls/ Mitigation Strategies (What Are We Doing?)	1. Maintain open and transparent communication with staff, partners, and service users to keep them informed about the cybersecurity incident and ongoing recovery efforts. 2. Implement alternative work arrangements, such as remote work and temporary relocation, to minimize the impact of service disruptions. 3. Provide training and raise staff awareness about cybersecurity best practices to mitigate the risk of future incidents. 4. Maintain detailed documentation of the cybersecurity incident, including impact assessments and recovery efforts.
Rating Scale 1 (Low) - 5 (High) (Likelihood x Impact)	**L5, I5**
RISK REDUCTION	
Action Plan (What Else Can We Do?) Only for High Risks	1. Prioritize and restore critical applications needed for service delivery in collaboration with Corporate IT. 2. Collaborate with Corporate IT to identify and restore the most impacted programs and services, ensuring compliance with legislative and regulatory requirements. 3. Implement backup and recovery plans for quick restoration of critical data and systems. 4. Identify and implement secure workarounds that prioritize privacy and comply with Records and Information Management policies. 5. Conduct a comprehensive analysis of the cybersecurity incident's impact on Public Health Services. 6. Based on the analysis, develop action plans to mitigate and minimize the impact of risks arising from future cybersecurity incidents. 7. Develop recovery plans within Public Health Services for post-access restoration, including supporting programs to ensure smooth transitions from interim to normal state operations post-cybersecurity incident. 8. Allocate resources to support Corporate IT's restoration and recovery efforts. 9. Identify and maintain accessible backups of 'critical documents'. 10. Enhance program business continuity plans to address network outages and IT dependencies, including contingency strategies, annual reviews, and key information and privacy policies for leaders during disruptions.

Action Plan (What Else Can We Do?) Only for High Risks	11. Collaborate with Corporate IT and cybersecurity experts to assess vulnerabilities, strengthen defenses, and develop robust incident response plans. 12. Maintain detailed documentation of the cybersecurity incident, including impact assessments and recovery efforts, to aid in future planning, reporting, and risk management plans.
Person(s) Responsible	1. Public Health Leadership Team (PHLT), Epidemiology & Wellness (EW) Division Director, Data Management (DM) Program Manager, Corporate IT 2. Corporate IT, DM Program Manager 3. Corporate IT 4. DM Program Manager 5-6. Emergency Response Coordinator, DM Program Manager, Planning & Competency Development (P&CD) Program Manager 7. DM Program Manager 8. Corporate IT, DM Program Manager 9. EW Division Director, DM Program Manager 10. Emergency Response Coordinator, EW Division Director, DM Program Manager 11-12. Corporate IT, DM Program Manager
Estimated Residual Risk Once Action Plan is Fully Implemented (Likelihood x Impact)	**L2, I3**

5. Information / Knowledge Risks	
ID #	**5.1**
RISK IDENTIFICATION	
Risk Exposure	The Board of Health faces a potential risk of ineffective records and information management throughout its lifecycle.
Description of Risk	Public Health Services' varied information management practices and the lack of a formal record management platform may lead to information loss, privacy breaches, and non-compliance with record management obligations, including privacy and security requirements.

Cause/Source of Risk	There is an absence of robust records management policies, training, systems, and governance to support Public Health Services' ability to effectively meet the records and information management requirements
RISK ASSESSMENT	
Current Controls/ Mitigation Strategies (What Are We Doing?)	1. Re-established Public Health Services' internal Privacy, Security and Information Management (PSIM) Committee. 2. Completed a review of existing privacy and records and information management policies. 3. Developed new privacy and records and information management policies.
Rating Scale 1 (Low) - 5 (High) (Likelihood x Impact)	**L4, I4**
RISK REDUCTION	
Action Plan (What Else Can We Do?) Only for High Risks	1. Identify and address gaps in records and information management policies, including the development of necessary policy documents. 2. Provide staff training on privacy and records and information management policies across Public Health Services, including Corporate IT staff authorized to access Public Health Services' records. 3. Identify and address any governance gaps in records and information management. 4. Data Management Program Manager to participate as a Corporate Enterprise Data Management Steering Committee member.
Person(s) Responsible	1-3. Epidemiology & Wellness (EW) Division Director, Data Management (DM) Program Manager 4. DM Program Manager
Estimated Residual Risk Once Action Plan is Fully Implemented (Likelihood x Impact)	**L3, I3**

8. Technology Risks	
ID #	**8.1**
RISK IDENTIFICATION	
Risk Exposure	The Board of Health remains at risk of a network outage, threats to network security and hard files, and loss of access to critical applications impacting service delivery.
Description of Risk	The recent cybersecurity incident caused network outages, phone and fax line disruptions, and loss of access to critical applications, which significantly impacted Public Health Services' ability to work effectively and/or carry out some of its work.
Cause/Source of Risk	- Technology error or external disaster. - Risk of outage at the local and/or provincial levels. - Introduction of new technologies, increased mobile technology use, and exposure to network or cybersecurity threats.
RISK ASSESSMENT	
Current Controls/ Mitigation Strategies (What Are We Doing?)	1. Implement the City's Cybersecurity Incident Response Plan. 2. Implement Public Health Services' business continuity plans. 3. Apply corporate-led security hardening measures. 4. Use interim alternative business processes. 5. Plan for the transition from mitigation to recovery in collaboration with Corporate IT and Public Health Services program areas.
Rating Scale 1 (Low) - 5 (High) (Likelihood x Impact)	**L3, I5**
RISK REDUCTION	
Action Plan (What Else Can We Do?) Only for High Risks	1. Activate Public Health Services' emergency management structure to navigate the immediate and long-term impacts of any network outages. 2. Develop protocols and communications to enable teams to work in an offline environment and/or remotely. 3. Coordinate the implementation of appropriate measures to reduce security breaches and network issues. 4. Coordinate the implementation of other Corporate-led security hardening measures to reduce security breaches and network issues.

Action Plan (What Else Can We Do?) Only for High Risks	5. Collaborate with Corporate IT to support mitigation and recovery for Public Health Services programs to resume normal business operations with improvements where needed. 6. The Data Management Program to support Public Health Services programs with mitigation and recovery measures as required to resume normal business operations with necessary improvements. 7. The Data Management Program to respond and collaborate with Corporate IT on all information needs, application testing, and assessing any data loss and/or functionality as part of the Emergency Operations Centre response. 8. Ensure business requirements and privacy impact assessments are completed for all software used by Public Health Services, collaborating with IT to ensure effective implementation. 9. Work with Corporate IT to ensure compliance with corporate policies, including in-house solutions. 10. Complete required cybersecurity trainings. 11. Continue to participate in provincial programs to mitigate risks to applications.
Person(s) Responsible	1. Medical Officer of Health 2. Public Health Leadership Team 3-8. Data Management (DM) Program Manager 9. Corporate IT, DM Program Manager 10-11. DM Program Manager
Estimated Residual Risk Once Action Plan is Fully Implemented (Likelihood x Impact)	**L3, I5**

9. Governance / Organizational Risks	
ID #	**9.1**
RISK IDENTIFICATION	
Risk Exposure	The Board of Health may be at risk of incomplete risk management due to the delay in fully implementing the risk management framework in Public Health Services' program and project planning due to the cybersecurity incident.

Description of Risk	Effective risk management and mitigation plans require understanding risk management principles. This has not been shared at the program level since before 2020; this gap may lead to unprepared responses to emergencies, such as cybersecurity incidents.
Cause/Source of Risk	- Limited documented mechanisms are in place to prioritize work across Public Health Services based on risk assessment. - Delay in implementing the previously developed 2024 Public Health Services Organizational Risk Management Plan due to the cybersecurity incident.
RISK ASSESSMENT	
Current Controls/ Mitigation Strategies (What Are We Doing?)	1. Continue to use the Public Health Services Risk Management Framework to identify and assess organizational risks. 2. Incorporate risk assessment into program and project planning processes.
Rating Scale 1 (Low) - 5 (High) (Likelihood x Impact)	**L4, I4**
RISK REDUCTION	
Action Plan (What Else Can We Do?) Only for High Risks	1. Continue to use the Public Health Services Risk Management Framework to identify and assess organizational risks. 2. Re-establish risk management practices at the program and project levels.
Person(s) Responsible	1. Public Health Leadership Team (PHLT) 2. PHLT, All Public Health Services' Program Managers

Estimated Residual Risk Once Action Plan is Fully Implemented (Likelihood x Impact)	**L3, I3**

10. Privacy Risks	
ID #	**10.1**
RISK IDENTIFICATION	
Risk Exposure	The Board of Health faces potential risks such as privacy breaches, unauthorized external access to Public Health Services' information, and non-compliance with privacy legislation (i.e., the Personal Health Information Protection Act and the Municipal Freedom of Information and Protection of Privacy Act).
Description of Risk	- Privacy breaches may occur due to staff or technology errors. Public Health Services may lack sufficient policies, procedures, security, and management mechanisms to ensure compliance with privacy policies and legislation. - External cybersecurity threats targeting health care and municipalities are increasing, and may result in unauthorized access to sensitive data and the loss of organizational records.
Cause/Source of Risk	Use of outdated technology (e.g., faxing), the introduction of new technologies, unrecognized third-party vendor outsourcing for security requirements, lack of Public Health Services policies for the acquisition and use of non-standard applications, increased mobile technology use, and required organizational process changes due to Information and Privacy Commissioner of Ontario decisions and orders.

RISK ASSESSMENT	
Current Controls/ Mitigation Strategies (What Are We Doing?)	1. A review of existing privacy and records and information management policies was completed. 2. Developing new or updated privacy and records and information management policies are in progress. 3. Updating and revising a privacy training e-module. 4. Ongoing monitoring of incidents and breaches, with process, policy, and procedure adjustments as needed. 5. Sharing a summary of privacy, security, and records and information management concerns with Corporate IT Services. 6. Enhancing the protection of technology assets by implementing corporate-led security hardening measures.
Rating Scale 1 (Low) - 5 (High) (Likelihood x Impact)	**L3, I4**
RISK REDUCTION	
Action Plan (What Else Can We Do?) Only for High Risks	1. Increase staff awareness of and competence in applying privacy policies with updated e-modules and tailored training for Public Health Services and relevant Corporate IT staff. 2. Transition the e-module to the Corporate Learning Management System, which all Public Health Services staff must complete annually. Note that Public Health Services' policy requires annual privacy training. 3. Engage Corporate IT to address concerns of the Privacy, Security and Information Management (PSIM) Committee. 4. Engage a consultant to evaluate Office 365 and its ability to meet Public Health Services' privacy, security, records and information management, and business requirements, as well as to develop an implementation plan. 5. Continue to educate, prohibit, and restrict Public Health Services staff's use of any corporate enterprise software solutions that Public Health Services has not yet approved for use.
Person(s) Responsible	1-5. Epidemiology & Wellness Division Director, Data Management Program Manager

Estimated Residual Risk Once Action Plan is Fully Implemented (Likelihood x Impact)	**L3, I4**

Ontario

RISK MANAGEMENT STRATEGY & PROCESS TOOLKIT

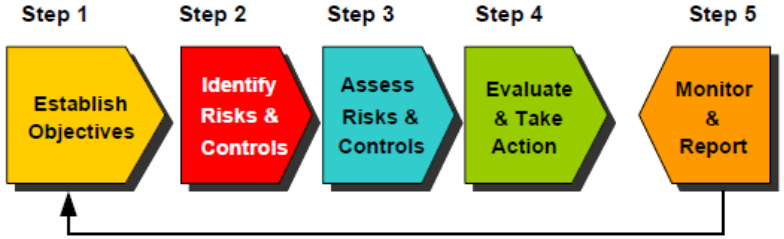
Step 1: Establish objectives

- Risks must be assessed and prioritized in relation to an objective
- Objectives can be at any level; operational, program, initiative, unit, branch, health system
- Each objective can be general or can include specific goals, key milestones, deliverables and commitments

Risk
The future event that may impact the achievement of established objectives. Risks can be positive or negative.

Control / Mitigation Strategy
Controls / mitigation strategies reduce negative risks or increase opportunities.

The risk management process



Consequences
- Identify the specific consequences of each risk
- Consider financial, non-financial, performance, etc.

Vulnerability
- Identify exposure to risk
- Vulnerability may vary with each situation and change over time

Cause/Source of Risk
- Understand the cause/source of each risk
- Use a fish-bone diagram

Step 2: Identify risks & controls

Identify risks - What could go wrong?
- Consider each category of risk
- Obtain available evidence
- Brainstorm with colleagues and/or stakeholders
- Examine trends and consider past risk events
- Obtain information from similar organizations or projects
- Increase awareness of new initiatives/ agendas and regulations

Identify existing controls – What do you already have in place?
- Preventive controls
- Detective controls
- Recovery / Corrective controls

14 categories of risk

RISK	Description
Financial	Uncertainty around obtaining, committing, using, losing economic resources; or not meeting overall financial budgets/commitments.
Operational or Service Delivery	Uncertainty regarding the activities performed in carrying out the entity's strategies or how the entity delivers services.
People / Human Resources	Uncertainty as to the capacity of the entity to attract, develop and retain the talent needed to meet the objectives.
Environmental	Uncertainty usually due to external risks facing an organization including air, water, earth, forests. . An example of an environmental, ecological risk would be the possible occurrence of a natural disaster and its impact on an organization's operations.
Information / Knowledge	Uncertainty regarding access to, or use of, inaccurate, incomplete, obsolete, irrelevant or untimely information; unreliable information systems; inaccurate or misleading reporting.
Strategic / Policy	Uncertainty around strategies and policies achieving required results; or that old and/or new policies, directives, guidelines, legislation, processes, systems, and procedures fail to recognize and adapt to changes.
Legal / Compliance	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts, MOUs and the risk of litigation.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements; availability of technological resources.
Governance / Organizational	Uncertainty about maintenance or development of appropriate accountability and control mechanisms such as organizational structures and systems processes; systemic issues, culture and values, organizational capacity, commitment, and learning and management systems, etc.
Privacy	Uncertainty with regards to exposure of personal information or data; fraud or identity theft; unauthorized data.
Stakeholder / Public Perception	Uncertainty around managing the expectations of the public, other governments, Ministries, or other stakeholders and the media to prevent disruption or criticism of the service and a negative public image.
Security	Uncertainty relating to breaches in physical or logical access to data and locations (offices, warehouses, labs, etc).
Equity	Uncertainty that policies, programs, or services will have a disproportionate impact on the population.
Political	Uncertainty that events may arise from or impact the Minister's Office/Ministry, e.g. a change in government, political priorities or policy direction.

Ontario

RISK MANAGEMENT STRATEGY & PROCESS TOOLKIT

Step 3: Assess Risks & Controls

Assess inherent risks

- *Inherent likelihood* – Without any mitigation, how likely is this risk?
- *Inherent impact* – Without any mitigation, how big will be the impact of the risk on your objective?

Assess controls

- Evaluate possible preventive, detective, or corrective mitigation strategies.

Reassess residual risks

- Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- *Residual likelihood* – With mitigation strategies in place, how likely is this risk?
- *Residual impact* – With mitigation strategies in place, how big an impact will this risk have on your objective?

Key Risk Indicators (KRI)

- Leading Indicators - Early or leading indicators that measure sources or causes to help prevent risk occurrences
- Lagging Indicators - Detection and performance indicators that help monitor risks as they occur.

Risk Tolerance

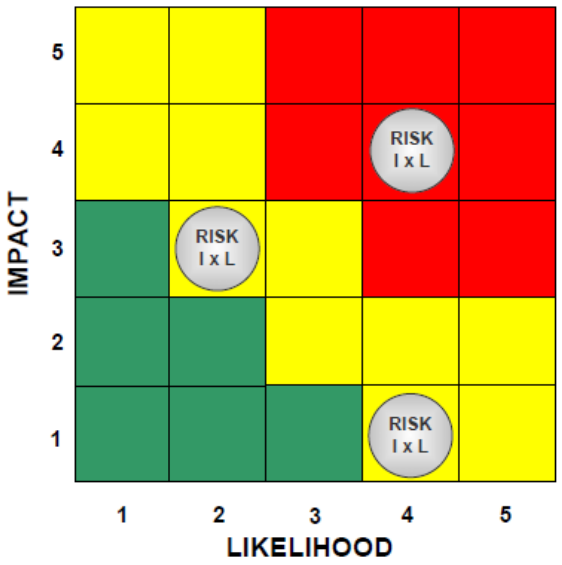
- The amount of risk that the area being assessed can manage

Risk Appetite

- The amount of risk that the area being assessed is willing to manage

The tolerance and risk appetite values may differ e.g. Staff can afford to lose email capabilities for five hours (risk tolerance) but only be willing to lose email capabilities for one hour (risk appetite).

RISK PRIORITIZATION MATRIX



Step 4: Evaluate & Take Action

- Identify risk owners.
- Identify control owners.
- Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels?
- Do you need to implement further mitigation strategies?
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.

Step 5: Monitor & Report

- Have processes in place to review risk levels and risk mitigation strategies as appropriate.
- Monitor and update by asking:
  - Have risks changed? How?
  - Are there new risks? Assess them
  - Do you need to report or escalate risks? To whom? When? How?
- Develop and monitor risk indicators

Definitions

VALUE	LIKELIHOOD	IMPACT	PROXIMITY	*SCALE*
1	Unlikely to occur	Negligible Impact	More than 36 months	*Very Low*
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	*Low*
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	*Medium*
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	*High*
5	Is almost certain to occur	Threatens the success of the project	Now	*Very High*