

Haldimand-Norfolk
Health and Social Services Advisory Committee

July 25, 2022

9:30 a.m.

Council Chambers

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1. Disclosure of Pecuniary Interest	
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10. Other Business
11. Closed Session
12. Next Meeting
13. Adjournment

**Haldimand-Norfolk
Health and Social Services Advisory Committee**

**June 27, 2022
9:30 a.m.
Council Chambers**

Present: Kim Huffman, Chris Van Paassen, Ryan Taylor,
Stewart Patterson, Tony Dalimonte, Bernie Corbett

Also Present: Christina Lounsbury, Heidi VanDyk, Syed Shah,
Stephanie Rice, Lori Friesen, Alexis Wynveen, Dr.
Matthew Strauss, Jaimie Hagen

-
- 1. Disclosure of Pecuniary Interest**
 - 2. Additions to Agenda**
 - 3. Presentations/Deputations**
 - 4. Adoption/Correction of Advisory Committee Meeting Minutes**
 - 4.1 Health and Social Services Advisory Committee - May 30, 2022**

Moved By: Chris Van Paassen

Seconded By: Bernie Corbett

The Minutes of the Health and Social Services Advisory Committee meeting dated May 30, 2022, having been distributed to all Committee Members and there being no errors reported, they were there upon declared adopted and sign by Chair Dalimonte.

Carried.

5. Update on Reports

Heidy VanDyk-Ellis, Acting General Manager, advised that all reports from the May 30, 2022 Advisory Committee Meeting were approved at council as presented.

6. Consent Items

7. Staff Reports

7.1 General Manager

7.2 Public Health

7.2.1 Acting Medical Officer of Health Update

Acting Medical Officer of Health Dr. Matt Strauss spoke to his written update about how COVID-19 pandemic being over.

Monkeypox has made a one appearance in Haldimand-Norfolk. Two hundred cases have been identified in Canada and of which thirty-three of these are in Ontario.

Dr. Strauss has provide an update that our Health Unit is preparing strategies to manage monkeypox.

Moved By: Ryan Taylor

Seconded By: Chris Van Paassen

Carried.

7.2.2 Immunization of School Pupils Act Update (ISPA)- HSS-22-020

Moved By: Ryan Taylor

Seconded By: Chris Van Paassen

THAT the Information Memo regarding the current situation report on local compliance with the Immunization of School Pupils Act be received as information.

Carried.

7.3 Social Services and Housing

7.3.1 Canada Ontario Community Housing Initiative (COCHI) and Ontario Priorities Housing Initiative (OPHI) Funding Allocation, 2022-2023, HSS-22-027

Moved By: Bernie Corbett
Seconded By: Ryan Taylor

THAT Staff Report HSS 22-027, Canada Ontario Community Housing Initiative (COCHI) and Ontario Priorities Housing Initiative (OPHI) Funding Allocation, 2022-2023, be received as information;

AND THAT Council accept the COCHI funding in the amount of \$396,139 and the OPHI funding in the amount of \$538,800;

AND THAT Council authorize the Mayor and Clerk to sign the required transfer payment agreement with the Ministry of Municipal Affairs and Housing;

AND THAT Council approve the per program funding allocations as outlined in this staff report;

AND FURTHER THAT the COCHI and OPHI Investment Plan containing the per program allocations be submitted to the Ministry of Municipal Affairs and Housing.

Carried.

7.3.2 Haldimand Norfolk Housing Corporation Regeneration Master Plan – Disposal of Property Request, HSS-22-028

Moved By: Bernie Corbett
Seconded By: Ryan Taylor

THAT Council receive staff report HSS-22-028, Haldimand Norfolk Housing Corporation Regeneration Master Plan – Disposal of Property Request, as information;

Carried.

Moved By: Bernie Corbett
Seconded By: Ryan Taylor

AND THAT Norfolk Council, as Consolidated Municipal Services Manager (CMSM), approve the Haldimand Norfolk Housing Corporation's report "Haldimand Disposal of Singles and Semi's Strategy", as is appended to this staff report;

AND THAT once Service Manager consent is received, the Acting General Manager of Health & Social Services provide the required communication to the Ministry of Municipal Affairs and Housing;

AND FURTHER THAT Haldimand County and the Haldimand Norfolk Housing Corporation are notified once Service Manager consent and Ministerial notification is completed for the sale of the subject properties.

Carried.

7.4 Quality, Planning, Accountability, and Performance

8. Sub-Committee Reports

9. Communications

9.1 Toronto Board of Health Response to COVID-19 - April 2022 Update

10. Other Business

11. Closed Session

12. Next Meeting

12.1 Monday July 25, 2022

13. Adjournment



Board of Health Meeting – September 06, 2022

Advisory Committee Meeting – July 25, 2022

Subject: 2021-2022 Healthy Babies Healthy Children Annual Reconciliation Report
Report Number: CS-22-067
Division: Corporate Services
Department: Financial Management and Planning
Purpose: For Decision

Recommendation(s):

THAT Report CS-22-067 2021-2022 Healthy Babies Healthy Children Annual Reconciliation Report be received as information;

AND THAT the certification, together with the 2021-2022 Transfer Payment Annual Reconciliation, be received and approved.

Executive Summary:

Annual funding is provided for the Healthy Babies Healthy Children Program from the Ministry of Children, Community and Social Services (MCCSS). As a final step of the Transfer Payment Business Cycle, it is a requirement that a year-end reconciliation is completed. This year-end reconciliation compares the ministry's approved funding with the recipient's year-end audited actual information to identify if funding is due to or owed by the ministry, and is required to be signed by the Board of Health for submission.

For 2021-2022 operations \$186,146 is owed to MCCSS, this underspend of ministry funding is the result of program operations being impacted by the pandemic. These funds have been set up as a liability to recovered by the ministry, and will not result in a financial impact to the Counties.

Discussion:

Healthy Babies Healthy Children Program

The Healthy Babies Healthy Children (HBHC) Program provides services during the prenatal period and to families with children from birth up to their transition to school using targeting program approaches with a universal screening opportunity at time of

birth. The program intends to optimize newborn/child healthy growth and development, reducing health inequalities for families receiving services.

HBHC runs on a fiscal basis, and this reconciliation is related to the fiscal year ending March 31, 2022.

Annual Reconciliation Reporting Requirement

As mentioned in the executive summary, the Ministry’s transfer payment business cycle requires that the annual reconciliation report be completed for the HBHC program. This year-end reconciliation compares the ministry’s approved funding with the recipient’s year-end audited actual information to identify if funding is due to or owed by the ministry, and is required to be signed by the Board of Health for submission.

This reconciliation process has been completed in the past; however, the requirement for the Board of Health’s approval is new for the 2021-2022 fiscal year.

The funding allocation provided by MCCSS for 2021-2022 is 100% funding, up to a cap of \$892,061. The level of funding received from MCCSS has remained unchanged over the last number of years while operating expenditures continue to rise, and as such has resulted in the program to be operating at an expense level over the cap. Within the 2021-2022 HBHC budget, Haldimand and Norfolk Counties were budgeted to fund \$50,900, which resulted in total estimated net expenditures for the program of \$943,000 (rounded).

As with many program areas, COVID-19 had a material impact on the operations within the HBHC Program in 2021-2022. This resulted in eligible expenditures being lower than the approved funding allocation, as demonstrated in Table 1 below.

Table 1: HBHC Approved Funding compared to Eligible Expenses, 2021-2022

Cost/Revenue Item	Amount (\$)
Approved Ministry Funding	892,061
Eligible Expenditures	705,915
Funding Owing to MCCSS	\$186,146

Table 1 demonstrates that a total of \$186,146 is owing to MCCSS based on lower program expenditures compared to the capped funding.

- The main drivers of the underspending in the 2021-2022 fiscal year include:
1. Lower Salaries and Benefits – Staffing vacancies, partially driven by staff temporarily redeployed to COVID-19 within the HNHU.
 2. Lower Travel & Communication – Largely due to modified programming offered during the pandemic.

3. Lower Allocation of Central Administration – Operations from QPAP and HNHU Admin were focused on pandemic related response, which resulted in lower attributable costs to the HBHC program.

As part of this annual reconciliation report, the following certification is required:

“I hereby certify that, to the best of my knowledge, the financial data in the Transfer Payment Annual Reconciliation to which this certification is attached, is true, correct, agrees with the books and records of the organization and has been prepared in accordance with the Technical Instructions and ministry financial policies provided by the Ministry of Community and Social Services and the Ministry of Children and Youth Services.”

There are a number of ways in which staff ensure the certification is met during the preparation of reporting:

1. The financial information is prepared by Financial Management and Planning staff, which is compiled from information in the County’s financial system. As part of compiling the information, a review is completed of the technical instructions and ministry financial policies, as well as transactions posted to the HBHC program. After information is pulled into the format required by the Ministry, the final information presented in the report is tied back to the County’s financial system to ensure the data is complete and accurate.
2. The financial information is then reviewed by a Supervisor or Manager within the Financial Management and Planning area to ensure accuracy, and is checked back to the source to ensure alignment with the County’s financial records.
3. The report is subsequently provided to the Treasurer for a high level review, where oddities or unexpected results are discussed, and for signing off. After final approval is received by the Treasurer, the report is then submitted to the ministry.
4. Annually, the County completes Audited Financial Statements, which also provides assurance of the County’s financial records.

As such, staff believe the certification from the Ministry has been met.

Financial Services Comments:

Norfolk County

The Approved 2021 and 2022 Levy Supported Operating Budgets include the budget allocations for the eligible expenditures reported within the 2021-2022 HBHC Annual Reconciliation Report. Operations for the fiscal year were within the overall operating budgets for the County.

The funds owing to the Ministry have been set up as a liability on the Audited Financial Statements, and as such, no future financial implication is anticipated to occur due to the amount owing to MCSS.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

Interdepartmental Implications:

Norfolk County

Haldimand County

No additional comments.

Consultation(s):

Michael Vansickle, Senior Financial Analyst – Health and Social Services; Syed Shah, Acting Director, Public Health

Strategic Plan Linkage:

This report aligns with the strategic priority to “Build Solid Foundations”.

Explanation:

By reviewing and approving the annual operating results for the Healthy Babies Healthy Children Program the Board is assuring oversight and accountability for the County’s finances.

Conclusion:

Approval of this report will ensure the last step in the Transfer Payment Business Cycle is complete for the HBHC program year 2021-2022. Overall, \$186,146 is owed to MCCSS, a result of program operations being impacted by the pandemic. These funds have been set up as a liability to recovered by the ministry, and will not result in a financial impact to the Counties.

Attachment(s):

- Attachment 1: Transfer Payment Annual Reconciliation

Approval:

Approved By:
Shelley Darlington
General Manager, Corporate Services

Reviewed By:
Heidy VanDyk
Acting General Manager, Health and Social Services

Reviewed By:
Kathy Laplante
Treasurer and Director, Financial Management and Planning

Prepared By:
Kathryn Fanning
Manager, Strategic Financial Planning and Reporting

**MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES
TRANSFER PAYMENT ANNUAL RECONCILIATION**

Service Provider / Delivery Agent: **Norfolk**
For The Fiscal Year Ended: **March 31, 2022**
Contract Category: **MCCSS Budget Package 2021-22**
Service Contract Number: **1-1651584306**

CERTIFICATION BY TRANSFER PAYMENT RECIPIENT

I hereby certify that, to the best of my knowledge, the financial data in the Transfer Payment Annual Reconciliation to which this certification is attached, is true, correct, agrees with the books and records of the organization and has been prepared in accordance with the Technical Instructions and ministry financial policies provided by the Ministry of Community and Social Services and the Ministry of Children and Youth Services.

Signature of Service Provider / Delivery Agent Authority

Kathy Laplante

Name of Service Provider/Delivery Agent Authority

Treasurer

Title of Service Provider/Delivery Agent Authority

7/31/2022

Date (dd/mm/yy)

VERIFICATION BY THE BOARD OF DIRECTORS

The above certification, together with the Transfer Payment Annual Reconciliation, was received and approved by:

the Board of Directors on the _____ day of _____, _____.

Chairperson of the Board of Directors:

Signature

Name of Chairperson or Designate

Title

Audited Financial Statement Reconciliation

Organization Name: Norfolk

LINE		
400	<u>TOTAL GROSS REVENUES PER AUDITED FINANCIAL STATEMENTS</u>	<u>\$ 705,915</u>
401	LESS: Other Revenue (excluding MCCSS) (i.e. funding from other sources not related to ministry services)	<u>\$ -</u>
402	Adjustments for Revenues from Ministry(ies) Funding calculation	
403	Less: Non Retainable Revenues	
404	Specify (e.g. Expenditure Recoveries)	<u>\$ -</u>
405	Specify (e.g. Offsetting Revenues) - CEWS Revenue	<u>\$ -</u>
406	Specify (e.g. Specific Operating Donations)	<u>\$ -</u>
407	Specify (e.g. Inter-Agency Chargebacks)	<u>\$ -</u>
408	Less: Amortization of Deferred Revenue	<u>\$ -</u>
409	Less: Other (specify) <u>MCCSS Grant Base Funding received (not part of Generic Contract)</u>	<u>\$ -</u>
410	Less: Other (specify) _____	<u>\$ -</u>
	Subtotal	<u>\$ -</u>
411	Add: One-Time Capital Expenditures Approved & not included in Revenue	
412	Add: Other (specify) _____	<u>\$ -</u>
413	Add: Other (specify) _____	<u>\$ -</u>
414		<u>Subtotal \$ -</u>
415	Total Revenue Reported (Line 400 - Line 401 - Line 404 to Line 410 + Line 414)	<u>\$ 705,915</u>
420	Total Approved Ministry Funding	<u>\$ 892,061</u>
	<i>(Lines 415 and 420 should equal)</i>	
430	Variance	<u>\$ (186,146)</u>
440	<u>TOTAL GROSS EXPENDITURES PER AUDITED FINANCIAL STATEMENTS</u>	<u>\$ 705,915</u>
441	LESS: Other Expenditures (excluding MCCSS) (i.e. expenditures from other services not related to ministry services)	<u>\$ -</u>
442	Adjustments for Inadmissible Expenditures related to Ministry Funded Programs	
443	Less: Accruals (Payables greater than 30 day i.e. Vacation/Sick Accrual)	<u>\$ -</u>
444	Less: Appropriations	<u>\$ -</u>
445	Less: Amortization on Capital Assets	<u>\$ -</u>
446	Less: Donations to Individuals or Organizations	<u>\$ -</u>
447	Less: Fundraising Costs	<u>\$ -</u>
448	Less: Loans to Clients or Staff	<u>\$ -</u>
449	Less: Retainer Fees	<u>\$ -</u>
450	Less: Provisions for Bad Debt	<u>\$ -</u>
451	Less: In Kind	<u>\$ -</u>
452	Less: Other (specify) <u>Expenditures for MCCSS Grant Base Funding (not part of Generic Contract)</u>	<u>\$ -</u>
453	Less: Other (specify) _____	<u>\$ -</u>
	Subtotal	<u>\$ -</u>
	LESS: Other Adjustments	

455	Less: Expenditure Recoveries/ Offsetting Revenues	\$	-
456	Less: Other (specify) _____	\$	-
457	Less: Other (specify) _____	\$	-
	Subtotal	\$	-
460	ADD: Adjustments for Admissible Expenditures, attach prior approval documentation		
461	Add: One-Time Capital Expenditures Approved & Capitalized	\$	-
462	Add: Other (specify) _____	\$	-
463	Add: Other (specify) _____	\$	-
	Subtotal	\$	-
470	Total Surplus/(Deficit) reported in Audited Financial Statements	\$	-
475	Total Ministry (MCCSS) Eligible Expenditures reported in the Audited Financial Statements	\$	705,915
480	Total Eligible Expenditure	\$	705,915
490	Variance	\$	-
	<p>Agency explanation: Due to COVID-19 operating impacts, the HBHC program was underspent in the 21/22 operating year. The underspend from the Ministry allocation was set up as an amount owing in the Financial Statements, and this amount owing has been listed as a current liability on the statements. Our Audited Financial Statement are from January 1 to December 31 2021. The surplus of \$186,146 for the Heathy Families component was incurred during the period of January 1 2022 to March 31 2022. This surplus will be reflected in our Audited Financial statements for January 1 to December 31, 2022.</p>		
491	Retained Earning	\$	-
492	Total Assets	\$	-
493	Total Debt	\$	-
494	Operating Cash Flow	\$	-
495	Current Assets	\$	-
496	Current Liabilities	\$	186,146
497	Total Revenue	\$	-
498	Total Expenditures (Before Extraordinary)	\$	-
499	Total Extraordinary	\$	-

Council Meeting – September 13, 2022

Advisory Committee Meeting – July 25, 2022

Subject: 10 Year Housing and Homelessness Plan- Year 7: 2021
Report Number: HSS-22-029
Division: Health and Social Services
Department: Social Services & Housing
Purpose: For Decision

Recommendation(s):

THAT Staff Report HSS 22-029 10-Year Housing and Homelessness Plan Year 7, be received as information;

AND THAT staff be directed to forward the 10-Year Housing and Homelessness Plan – Year 7 Report to the Ministry of Municipal Affairs and Housing in accordance with the *Housing Services Act, 2011*;

AND FURTHER THAT staff be directed to post the 10-Year Housing and Homelessness Plan – Year 7 Report on the appropriate link of the Health and Social Services Division website.

Executive Summary:

In accordance with the *Housing Service Act, 2011*, Consolidated Municipal Service Managers are required to have a 10-Year Housing and Homelessness Plan, and are further required to provide annual updates to the Ministry of Municipal Affairs and Housing (MMAH). The purpose of this report is to present the Year 7 plan update and to request that Council provide direction to staff to submit this update to MMAH.

Discussion:

The *Housing Services Act, 2011 (Act)* is Provincial legislation that governs the provision of social housing within Ontario. The *Act* has the primary purpose of ensuring the provision of community based planning and delivery of housing and homelessness services. The legislation identifies that it is a matter of provincial interest that there be a system of housing and homelessness services that works within the framework of 12 identified functions. The *Act* also identifies that each Service Manager shall have a plan to address housing and homelessness.

Housing Vision: Communities in Haldimand and Norfolk Counties are complete, inclusive and interconnected communities which have safe, adequate and appropriate housing and support services for all residents to live with dignity.

Housing Goals:

1. To encourage a broad range of dwelling types and tenures which meet the needs of current and future residents of Haldimand and Norfolk Counties.
2. To ensure there is an adequate and appropriate supply of rental housing for households with low incomes and priority population groups.
3. To ensure there are sufficient options for housing with supports to facilitate aging in place and for people who require supports to live with dignity and as independently as possible.
4. Ensure a person-centred housing, homelessness and support system is in place where all housing and homelessness service providers are working in collaboration so that everyone who needs help is able to access it in a timely manner and functional zero end to homelessness is achieved.

Each goal has corresponding actions. Staff have moved forward with actions wherever possible or where Ministry or program changes are required. Staff are working with several housing providers on new and ongoing projects in both Haldimand and Norfolk to increase affordable housing in our communities. Staff are also working toward lunch and learn events for community members and partners to engage and provide updates on our progress and future goals.

Financial Services Comments:

Norfolk County

There are no direct financial implications within the report as presented. The 10-year housing and homelessness plan goals are worked towards and achieved based on programs and funding identified within the annual Council approved budget.

The Approved 2022 Levy Supported Operating Budget includes \$9,495,300 for Housing Services, funded by the MMAH (\$5,729,200), Norfolk (\$2,735,600) and Haldimand (\$1,030,500) counties. MMAH programs remain 100% funded. Administration costs are shared between the province and municipalities based on the annual maximum funding allocation from programs made available to offset these expenditures.

Haldimand County

Haldimand Finance staff have reviewed this report and agree with the information provided by Norfolk Financial Services.

Interdepartmental Implications:

Norfolk County

Haldimand County

Haldimand staff had reached out to Social Services and Housing (Norfolk) staff regarding Goal 2, noting that there is a substantive increase in the waitlist year over year. Norfolk has confirmed that the percentage increase is related to COVID, income and rent increases all while social assistance has been frozen since 2018. Additionally, there has been an increase in applications for rent geared to income, making it more challenging to afford available housing.

The information contained in this report, including a growing waitlist further supports Haldimand County Council's desire to implement an affordable and social housing strategy.

Consultation(s):

The Acting Director of Social Services and Housing consulted with the Supervisor, Building, to complete the table in the attached document.

Strategic Plan Linkage:

This report aligns with the 2019-2022 Council Strategic Priorities "Foster Vibrant, Creative Communities".

Explanation:

In accordance with the *Housing Service Act*, 2011, Consolidated Municipal Service Managers are required to have a 10-Year Housing and Homelessness Plan, and are further required to provide annual updates to the Ministry of Municipal Affairs and Housing.

The goals and actions outlined in the plan are meant to provide a framework for staff to use in decision making in addressing housing needs in our communities.

Conclusion:

Attachment(s):

- Housing and Homeless Plan Reporting on Progress- Year 7: 2021

Approval:

Reviewed and Approved By:
Heidy VanDyk
Acting General Manager, Health and
Social Services
For more information, call:
519-426-6170 ext. 3120

Prepared By:
Stephanie Rice
Acting Director, Social Services and Housing
For more information, call:
519-426-6170 ext. 3122



HALDIMAND AND NORFOLK 10-YEAR HOUSING AND HOMELESSNESS PLAN

**Year 7 Report
2021**

Health and Social Services Division Social Services and Housing Department 12 Gilbertson Drive
PO Box 570
Simcoe ON N3Y 4N5

Telephone: 519-426-6170

Fax: 519-426-9974

Website: www.hnhss.ca

Providing Services to Haldimand and Norfolk Counties

Reporting on Progress

Measuring and reporting on progress is important to ensure the Plan remains relevant and efforts are focused on the greatest need in Haldimand and Norfolk. The following reporting template for progress on the updated Housing and Homelessness Plan includes targets for each of the key directions and indicators to measure progress.

Housing Goals	Outcomes and Targets	Measures	Annual Progress																									
<p>Goal 1: To encourage a broad range of dwelling types and tenures which meet the needs of current and future residents of Haldimand and Norfolk Counties.</p>	<ul style="list-style-type: none"> • Increase of 15%¹⁵ in new dwellings which are appropriate for smaller households • Rental vacancy rate of 3% in both Haldimand and Norfolk Counties • Increase in secondary suites • Decrease of 10% in the proportion of homes requiring major repairs • Increase in housing developments which meet Passive House, LEED, or other environmental sustainability standards 	<ul style="list-style-type: none"> • Residential building permits by dwelling type • Residential building permits by tenure (i.e. ownership and rental) • Purpose-built rental housing vacancy rates • Building permits for secondary suites • Proportion of dwellings requiring major repairs updated every five years based on Statistics Canada Census data • Residential building permits for dwellings with environmental sustainability features which go beyond the requirements of the Ontario Building Code 	<table border="1"> <thead> <tr> <th data-bbox="1739 534 1908 625">2021 Building Type</th> <th data-bbox="1919 534 2432 625">Dwelling Units Created</th> </tr> </thead> <tbody> <tr> <td data-bbox="1739 625 1908 670">SFD</td> <td data-bbox="1919 625 2432 670">223</td> </tr> <tr> <td data-bbox="1739 670 1908 716">SFD ACC</td> <td data-bbox="1919 670 2432 716">6</td> </tr> <tr> <td data-bbox="1739 716 1908 761">SFD ADD</td> <td data-bbox="1919 716 2432 761">1</td> </tr> <tr> <td data-bbox="1739 761 1908 807">SFD ALT</td> <td data-bbox="1919 761 2432 807">3</td> </tr> <tr> <td data-bbox="1739 807 1908 852">VCHNEW</td> <td data-bbox="1919 807 2432 852">10</td> </tr> <tr> <td data-bbox="1739 852 1908 898">VCHALT</td> <td data-bbox="1919 852 2432 898">1</td> </tr> <tr> <td data-bbox="1739 898 1908 943">MRES</td> <td data-bbox="1919 898 2432 943">86</td> </tr> <tr> <td data-bbox="1739 943 1908 989">MRES ACC</td> <td data-bbox="1919 943 2432 989">0</td> </tr> <tr> <td data-bbox="1739 989 1908 1034">MRES ALT</td> <td data-bbox="1919 989 2432 1034">9</td> </tr> <tr> <td data-bbox="1739 1034 1908 1079">COM ALT</td> <td data-bbox="1919 1034 2432 1079">5</td> </tr> <tr> <td data-bbox="1739 1079 1908 1101">Total</td> <td data-bbox="1919 1079 2432 1101">344</td> </tr> </tbody> </table>	2021 Building Type	Dwelling Units Created	SFD	223	SFD ACC	6	SFD ADD	1	SFD ALT	3	VCHNEW	10	VCHALT	1	MRES	86	MRES ACC	0	MRES ALT	9	COM ALT	5	Total	344	
2021 Building Type	Dwelling Units Created																											
SFD	223																											
SFD ACC	6																											
SFD ADD	1																											
SFD ALT	3																											
VCHNEW	10																											
VCHALT	1																											
MRES	86																											
MRES ACC	0																											
MRES ALT	9																											
COM ALT	5																											
Total	344																											
<p>Goal 2: To ensure there is an adequate and appropriate supply of rental housing for</p>	<ul style="list-style-type: none"> • Increase in the supply of rental housing which is affordable to households with low incomes 	<ul style="list-style-type: none"> • Number of affordable housing units built based on planning applications and funding applications 	<p>51 units of supportive housing added in Norfolk, pending occupancy. 15/51 units currently open</p> <p>9 units of supportive housing added in Haldimand, pending occupancy</p>																									

Housing Goals	Outcomes and Targets	Measures	Annual Progress
households with low incomes and priority population groups.	<ul style="list-style-type: none"> Decrease of 50% in the number of applicants on the waiting list for subsidized housing¹⁶ Decrease of 20% in the number and proportion of households with low incomes spending 50% or more of their income on housing costs 	<ul style="list-style-type: none"> Number of applicants on the waiting list for subsidized housing Number and proportion of households with low incomes spending 50% or more of their income on housing costs (to be updated every five years based on the Statistics Canada Census) Number of rent supplement units 	<p>457</p> <p>Census data is not available</p> <p>51</p>
<p>Goal 3:</p> <p>To ensure there are sufficient options for housing with supports to facilitate aging in place and for people who require supports to live with dignity and as independently as possible.</p>	<ul style="list-style-type: none"> Increase in the supply of housing with supports, particularly for people with mental health issues and/or substance abuse issues and developmental disabilities Increase of 20% in the supply of accessible units for frail seniors and persons with physical disabilities Increase of 50% in the number of households who were at risk of homelessness who achieved housing stability 	<ul style="list-style-type: none"> Number of supportive housing units built based on planning applications and funding applications Number of accessible built based on residential building permits Number of successful interventions in eviction prevention (Based on HPS/Coordinated Access data) Number of households receiving housing allowances 	<p>9 under construction- to be ready 2022</p> <p>3</p> <p>702</p> <p>183 (32 ongoing, 151 received for 1 year)</p>
<p>Goal 4:</p> <p>Ensure a person-centred housing, homelessness and support system is in place where all housing and homelessness service</p>	<ul style="list-style-type: none"> Coordinated access system with participation of all housing and homelessness service providers Quality prioritization list Comprehensive inventory of housing and homelessness services 	<ul style="list-style-type: none"> Number of housing and support service providers participating in the coordinated access system Prioritization list which is updated monthly (at a minimum) and includes data on housing and support needs 	<p>We expect to be able to report on this next year once the BNL is fully up and running.</p> <p>The BNL was officially launched January 1, 2022. The Implementation Plan has been submitted and ongoing work continues to operationalize and collect data for the BNL. Data will be available starting April 1, 2023.</p>

Housing Goals	Outcomes and Targets	Measures	Annual Progress
<p>providers are working in collaboration so that everyone who needs help is able to access it in a timely manner and functional zero end to homelessness is achieved.</p>	<ul style="list-style-type: none"> No one is discharged into homelessness from an institutional setting, such as a hospital or correctional facility Increase of 50% in the number of people/households who move from homelessness to permanent/long-term housing Decrease of 50% in the number of households who return to homelessness from permanent housing 	<ul style="list-style-type: none"> Number of people/households who are chronically homeless who move to permanent/long-term housing 	<p>Data will be available when BNL data is available. Currently in last fiscal year 55 households supported in moving from unsheltered or emergency shelter to long term housing, however chronicity of those supported not available.</p>
<p>Identify Goals for 2022</p>	<ul style="list-style-type: none"> Centralized Intake / HHP Branding Corporate training/lunch and learn 		<p>Have not been actioned to date Have not been actioned to date; plans to do so in Fall 2022</p>

GOAL 1 ACRONYM DEFINITIONS

- SFD - Single Family Dwelling
- SFD ACC – Single Family Dwelling Accessory Building
- SFD ADD – Single Family Dwelling Addition
- AFD ALT – Single Family Dwelling Alteration
- VCHNEW – Vacation Home New
- VCHALT – Vacation Home Alteration
- MRES – Multi-Residential
- MRES ACC – Multi-Residential Accessory Building
- MRES ALT – Multi-Residential Alteration
- COM ALT – Commercial Alteration
- BNL – By Name List

Dear Members,

As the 2022-2023 Chair for the Boards of Health Section of the Association of Local public Health Agencies (alPHa), I would like to introduce myself. I am Carmen McGregor, a second term Municipal Councillor with Chatham-Kent and a member of the Board of the Chatham-Kent Public Health Unit. I have represented the South Western Region PHUs at the alPHa Board since 2015 and I am a Past-President of alPHa. If interested, my bio can be found on the [alPHa website](#).

I would also like to share with you that our alPHa Board of Directors and Executive will continue to work on behalf of members on the key strategic initiatives to contribute to public health policy and to effectively liaise with our partners and stakeholders. Through alPHa's strong, unified public health leadership voice, the 2022-2023 alPHa Board will advocate to remind Ontario's decision makers of local public health's enduring value.

Should you wish to contact me I can be reached through Loretta Ryan, our Executive Director, at Loretta@alphaweb.org. I look forward to representing you over the next year.

Sincerely,

Carmen McGregor
Chair
Boards of Health Section

Loretta Ryan, CAE, RPP
Executive Director

Association of Local Public Health Agencies (alPHa)

480 University Avenue, Suite 300

Toronto, ON M5G 1V2

Tel: 416-595-0006 ext. 222

Cell: 647-325-9594

loretta@alphaweb.org

www.alphaweb.org





Head Office:

247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:

Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

July 15, 2022

Hon. Sylvia Jones
Deputy Premier and Minister of Health
3rd Floor, 180 Broadway Ave.
Orangeville, ON L9W 1K3

Dear Minister Jones:

Re: Letter of Support – Addressing Substance Use Harms

On June 8, 2022, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered a staff report related to addressing substance use related harms including a letter from Simcoe-Muskoka District Health Unit endorsing a set of recommendations for the province of Ontario and provincial Ministry of Health to help address the escalating opioid crisis province-wide.

Motion (#25R-2022) was passed which included endorsement of the Kingston, Frontenac, Lennox & Addington (KFLA) Drug Strategy Advisory Committee's online petition to reduce the harms to those who use illicit drugs. In addition the motion included a call on the federal government to decriminalize the possession of all illicit drugs for personal use as an evidence-informed approach that acknowledges that substance use is a health issue and not one of morality, will power or criminal justice and, further that the federal government support the immediate scale up of prevention, harm reduction, and treatment services.

The motion also included the following:

That the Timiskaming Board of Health endorse the letter from Simcoe-Muskoka District Health Unit (SMDHU) to the Ontario Minister of Health ([Appendix A](#)) in response to the Opioid Crisis province-wide (recommendations 1 – 7), and that this be communicated in writing to the Ontario Minister of Health.

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration for expanding these provisions to all public health unit regions.

Sincerely,

Carman Kidd, Board of Health Chair

Enclosure

C: Michael A. Tibollo, Associate Minister of Mental Health and Addiction
Hon. John Vanthof, MPP, Timiskaming-Cochrane
Association of Local Public Health Agencies
Kerry Schubert-Mackey and Tyler Twarowski Co-Chairs, Timiskaming Drug and Alcohol
Strategy

March 16, 2022

The Honourable Christine Elliott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Elliott:

Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been 245 opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

☐ **Barrie:**
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

☐ **Collingwood:**
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

☐ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

☐ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

☐ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

☐ **Midland:**
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

☐ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health
Ontario Boards of Health
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Mayors and Municipal Councils in Simcoe Muskoka



July 19, 2022

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

Future of Public Health Letter

alpha has sent correspondence to the new Minister of Health, Hon. Sylvia Jones, [alpha Letter - The Future of Public Health](#). The July 18, 2022, letter provides several documents (including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alpha's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response.

2022 alpha Conference, AGM proceedings and Resolutions



Thank you again to all of the alpha members who participated in the 2022 alpha Conference, AGM, and Pre-Conference Workshop. The proceedings are now [posted](#) (log-in required).

The gift card winners for the conference are being announced. Congratulations to Jim Neil from KFL&A who won the door prize and Dr. Larry Oehm from SMDHU who won the prize for filling out the post-conference survey.

Leader to Leader – A Message from the alPHA President - July 2022



alPHA's 2022-2023 Board and the alPHA Executive have indeed 'hit the ground running' since taking office in mid-June.

On behalf of the alPHA membership, your alPHA Board has sent congratulations to the Hon. Sylvia Jones upon her appointment and new mandate as Ontario's Deputy Premier and Minister of Health. Most importantly, alPHA has respectfully advised Minister Jones there is ample time for careful review and full consultation to inform recommendations that will reinforce Ontario's locally based public health system, strengthen its contributions to the effectiveness of health care, and ensure better health outcomes for all Ontarians, in both ordinary and extraordinary times. This was accompanied by supporting documents that outline who we are, what we do and why it matters; our positions and recommendations related to system foundations, requirements for resourcing and renewal; and a compendium of the recommendations.

As the unified voice of Ontario's local public health leadership, alPHA is pleased to share these materials and recommendations with Minister Jones at this pivotal time for the Province of Ontario and to welcome opportunities to meet with her and her staff.

Wishing you a safe, refreshing, and rejuvenating summer!

Trudy

Trudy Sachowski

'A leader is one who knows the way, goes the way and shows the way.'

alPHA Correspondence



Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

[alPHA Letter - President & CEO, PHO](#)

July 18, 2022 letter from the alPHA ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

[alPHA Letter - Resolution A22-5 - Harm Reduction](#)

July 18, 2022 letter to the Minister of Health that introduces alPHA Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

[alPHA Letter - Resolution A22-4 - Opioids](#)

July 18, 2022 alPHA letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

[alPHA Letter - Resolution A22-3 - Cooling Towers](#)

July 18, 2022 alPHA letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

[alPHA Letter - Resolution A22-1 - Racism & Health](#)

July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

[alPHA Letter - The Future of Public Health](#)

July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHA's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the [welcome letter](#) sent to the new Minister on June 27, 2022.

[alPHA Letter - 2022 Resolutions](#)

July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference



Next month, alPHA President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called 'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local

COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon.” The moderator for the session is Monika Turner, Director of Policy, AMO.

Are you an ALPHA member planning on going to the AMO conference, working on briefings for Board of Health members who are attending, or participating as a municipal councillor in a delegation to a Minister? Many ALPHA members are using the following ALPHA resources to help prepare their key messages on local public health:

- ALPHA Resolution: Public Health Restructuring/Modernization & COVID-19 :[A22-2 PH Restructuring.pdf \(ymaws.com\)](#)
- ALPHA's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response*. [report](#) and [executive summary](#)
- [Pre-Budget Consultations](#)
- [ALPHA 2022 Elections Primer](#)
- ALPHA's [submissions on PH Modernization](#), including the [Statement of Principles](#)
- ["What is Public Health?"](#)

Boards of Health: Shared Resources



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

Resources available on the ALPHA website include:

- [Orientation Manual for Board of Health \(To be revised Fall 2022\)](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)
- [Governance Toolkit \(To be revised Fall 2022\)](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)

Public Health Ontario



Public Health Ontario (PHO) has recently announced an open call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, Locally Driven Collaborative Projects (LDCP) funding will be used to fund two to three projects (up to \$125,000 per project) that fit within one of the three following priority areas:

- Public health innovations
- Public health programs impacted by the pandemic
- Understanding pandemic impacts on mental health

For full application instructions, examples of project ideas and evaluation criteria, please see the [Call for Proposals](#).

Public Health Ontario Resources

New Routine Monkeypox Epidemiological Report

PHO's new [Monkeypox in Ontario](#) report outlines up-to-date information on:

- confirmed and probable/suspected case counts
- case counts broken down by public health unit, gender, and age
- reported symptoms

The report is published twice per week on Tuesdays and Fridays on PHO's [monkeypox webpage](#).

New Weekly COVID-19 Epidemiology Summary

Starting June 16, PHO transitioned to weekly COVID-19 surveillance reporting and released a new, comprehensive weekly epidemiological summary: [COVID-19 in Ontario](#) with the aim of providing an overview of key trends in COVID-19. This report is published weekly on Thursdays on PHO's [data and surveillance webpage](#).

Variants of Concern

- [SARS-CoV-2 Omicron Variant Sub-Lineages BA.4 and BA.5: Evidence and Risk Assessment](#)
- [SARS-CoV-2 Omicron Variant BA.2 and Sublineages of BA.2: Evidence and Risk Assessment](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario, June 17, 2022](#)

[Response and Recovery](#)

- [Focus On: Response and Recovery from Public Health Emergencies: Assessment Activities](#)

Upcoming Events

July 20: [PHO Webinar: Catch-Up of Routine and School Based Immunization](#)

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- July 27-28, 2022 [10th UCG Edition on Diabetes and Endocrinology Conference](#)

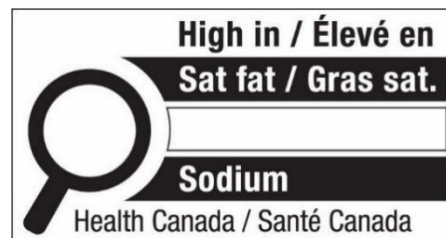
COVID-19 Update

As part of the response to COVID-19, aPHa continues to represent the public health system and work with key stakeholders. "NOTE: In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on [the Ministry of Health website](#) and through the [Public Health Ontario's COVID-19 data tool](#)."

- [Visit the Ministry of Health's page on guidance for the health sector](#)
- [View the Ministry's website on the status of COVID-19 cases](#)
- [Go to Public Health Ontario's COVID-19 website](#)
- [Visit the Public Health Agency of Canada's COVID-19 website](#)

[aPHa's recent COVID-19 related submissions can be found here](#)

Update on Canada's Healthy Eating Strategy



On June 30, 2022, Health Canada [announced](#) new nutrition labelling regulations for packaged foods. By January 2026, a new symbol featuring a magnifying glass will appear on the front of most packaged foods that contain more than 15% of the recommended daily intake of saturated fat, sugars and/or sodium and will complement the Nutrition Facts table displayed on the back. Front-of-package nutrition labelling is a key part of Health Canada's [Healthy Eating Strategy](#), which aims to improve the food environment in Canada, make it easier for Canadians to make informed food choices, and lower the risk of diet-related chronic diseases. aPHa has communicated its support for the Strategy, with a focus on the pledge to restrict marketing of unhealthy food and beverages to children as per aPHa Resolutions [A08-13](#) and [A09-1](#). aPHa's latest letter (March 4, 2022) on the subject can be viewed [here](#).

RRFSS for summer 2022



Data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data.

There is still opportunity to collect 2022 RRFSS data and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca. To read more, click [here](#).

It is TRAVAX Renewal Time!



It is renewal time for Travax (Travel Health Information Website) subscription licenses for alPha members who have existing subscriptions, and it is also an opportunity for Public Health Units to sign up and take advantage of the special rate for alPha members. For more information, members can visit www.shoreland.com. To obtain the alPha member discount, please contact Maggie Liefert, Shoreland, Inc. at 703-399-5424.

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#)

Association of Local Public Health Agencies

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
416-595-0006 | www.alphaweb.org | info@alphaweb.org

