

Haldimand-Norfolk
Health and Social Services Advisory Committee

February 27, 2023

9:30 a.m.

Council Chambers

	Pages
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 - January 9, 2023	3
5. Update on Reports	
6. Consent Items	
7. Staff Reports	
7.1 General Manager	
7.2 Social Services and Housing	
7.2.1 CMHC National Housing Co-Investment Funding, HSS-23-008	8
7.3 Public Health	
7.3.1 2023 ISPA Suspensions - HSS-23-003	33
7.3.2 Haldimand-Norfolk Opioids Surveillance System HSS-23-005 - HSS-23-005	38
8. Sub-Committee Reports	
9. Communications	
9.1 January 2023 alpha InfoBreak	41
10. Other Business	
11. Closed Session	

12. Next Meeting

12.1 Monday March 27, 2023

13. Adjournment

Haldimand-Norfolk
Health and Social Services Advisory Committee

January 9, 2023
9:30 a.m.
Council Chambers

Present: Chris Van Paassen, Shelley Ann Bentley, John Metcalfe, Linda Vandendriessche, Alan Duthie

Absent with Regrets: Natalie Stam

Also Present: Christina Lounsbury, Heidy VanDyk, Syed Shah, Stephanie Rice, Chris Parker, Katherine Donovan, Marcia Annamunthodo, Lori Friesen, Dr. Matthew Strauss

1. Welcome and Introductions

Introductions of Committee Members and staff was conducted

2. Disclosure of Pecuniary Interest

3. Additions to Agenda

4. Matters to be Considered

4.1 Election Chair and Vice-Chair

Heidy VanDyk, Acting General Manager of Health and Social Services called for nominations for Committee Chair and Committee Vice Chair.

Committee Member Vandendriessche nominated committee member Bentley for Committee Chair. Committee Member Bentley accepted the nomination.

Committee Member Vandendriessche volunteer to become the Committee Vice Chair. Committee members agreed.

Interest and Nominations were called a second and final time. No other interest or nominations were put forward.

Moved By: Linda Vandendriessche

Seconded By: John Metcalfe

THAT Committee Member Bentley be elected as Chair of the Health and Social Services Advisory Committee for a term ending on December 2026.

Carried.

Moved By: Linda Vandendriessche

Seconded By: Alan Duthie

THAT Committee Member Vandendriessche be elected as Vice Chair of the Health and Social Services Advisory Committee for a term ending on December 2026.

Carried.

4.2 Terms of Reference

H&SS Advisory Committee Members reviewed the Term of Reference and Committee members asked questions about the terms of reference that were answered by the Acting General Manager.

Moved By: Linda Vandendriessche

Seconded By: John Metcalfe

THAT the Terms of Reference be amended to say that in the event members are not able to attend in person a virtual option will be provided for the members to attend virtually via Microsoft Teams.

AND THAT Members of the Committee are to advise in advance if they are unable to attend to ensure that quorum is met.

Carried.

4.3 2023 Health and Social Services Budget Review

4.3.1 Proposed 2023 Haldimand-Norfolk Shared Services Budget, CS-22-211

Moved By: Alan Duthie

Seconded By: Linda Vandendriessche

THAT report CS-22-211 Proposed 2023 Haldimand-Norfolk Shared Services Budget be received for information;

AND THAT the Health and Social Services Advisory Committee endorse the Proposed 2023 Haldimand-Norfolk Shared Services Operating Budget.

Carried.

5. Presentations/Deputations

6. Adoption/Correction of Advisory Committee Meeting Minutes

6.1 Health and Social Services Advisory Committee - September 26, 2022

The Minutes of the Health and Social Services Advisory Committee meeting dated September 26, 2022, having been distributed to all Committee Members and there being no errors reported, they were there upon declared adopted and sign by Chair Bentley

7. Update on Reports

Heidy VanDyk, Acting General Manager, advised that all reports from the September 26, 2022 Advisory Committee Meeting were approved at council as presented.

8. Consent Items

9. Staff Reports

9.1 General Manager

9.2 Public Health

9.2.1 Rabies Prevention Program Update 2021-2022, HSS-22-032

Moved By: Chris Van Paassen

Seconded By: Alan Duthie

THAT Staff Report HSS 22-032, Rabies Prevention Program 2021-2022, be received as information;

AND THAT the Board of Health support the HNHU's Rabies Prevention Program activities which include rabies response investigations and risk assessments, testing, surveillance, and education regarding rabies illness and prevention strategies to mitigate risks.

Carried.

9.2.2 HNHU Risk Management Update HSS-23-002

Moved By: Alan Duthie

Seconded By: John Metcalfe

THAT the Information Memo regarding the HNHU Risk Management Update HSS-23-002 be received as information.

Carried.

9.3 Social Services and Housing

9.3.1 New Service Delivery Plan for Ontario Works - HSS-22-031

Moved By: Alan Duthie

Seconded By: Chris Van Paassen

THAT the Information Memo regarding the New Service Delivery Plan for Ontario Works be received as information.

Carried.

10. Sub-Committee Reports

11. Communications

Moved By: Linda Vandendriessche

Seconded By: John Metcalfe

That the following items receive as information:

11.1 2022 aPHa Orientation Manual for Boards of Health

11.2 Governance Toolkit for Ontario Boards of Health.docx

11.3 ALPHA- December 2022 InfoBreak

Carried.

12. Other Business

Acting General Manager Heidy VanDyk introduced Dr. Matt Strauss to the committee members.

Dr. Strauss addressed the committee members and in his statement announced that he has resigned and that his last day as Acting Medical Officer of Health for Haldimand Norfolk is April 1, 2023.

13. Closed Session

14. Next Meeting

14.1 Monday February 27, 2023

15. Adjournment

Moved By: Alan Duthie

Seconded By: John Metcalfe

10:37am

Carried.

Chair

Clerk



Council-In-Committee Meeting – March 21, 2023

Advisory Committee Meeting – February 27, 2023

Subject: CMHC National Housing Co-Investment Funding
Report Number: HSS-23-008
Division: Health and Social Services
Department: Social Services & Housing
Purpose: For Decision

Recommendation(s):

THAT Staff Report HSS-23-008, be received as information;

AND THAT Council accept the National Housing Co-Investment Funding from the Canada Mortgage and Housing Corporation in the amount of \$2,372,314, to be used for the repair of Haldimand Norfolk Housing Corporation social housing units, as outlined in Attachment A;

AND THAT Council authorize the Mayor and Clerk to sign the National Housing Co-Investment Fund Contribution Agreement with the Canada Mortgage and Housing Corporation;

AND THAT the Approved 2023 Levy Supported Operating Budget be amended to include Haldimand County's share of the Canada Mortgage and Housing Corporation funding, including allocations for the Haldimand-Norfolk Housing Corporation, totaling \$1,012,300;

AND THAT the Approved 2023-2032 Capital Plan be amended to include Norfolk County's share of the Haldimand-Norfolk Housing Corporation's 2023-2025 repair and renewal budget, as outlined in Table 1;

AND FURTHER THAT funding for Haldimand-Norfolk Housing Corporation projects be cash flowed upon receipt of a quote, with a final report submitted upon project completion.

Executive Summary:

The Canada Mortgage and Housing Corporation (CMHC) has offered funding to Haldimand and Norfolk Counties for the repair of municipal social housing units that are owned and operated by the Haldimand Norfolk Housing Corporation. This funding is

being made available through the National Housing Co-Investment Fund. The total amount of funding is \$2,372,314, which represents 30% of the total repair costs. A municipal contribution of 70% of the total costs is required and is the amount that has been previously approved for social housing repair through the budget process by both Haldimand and Norfolk Counties. To move forward, Norfolk Council, as Consolidated Municipal Services Manager for housing needs to accept the funding and authorize the Mayor and Clerk to sign the funding contribution agreement with CMHC. Each Council will approve the repair projects and the municipal contribution for each County.

Discussion:

The National Housing Co-Investment Fund includes federal funding for the repair and renewal of municipal social housing stock. For Haldimand and Norfolk Counties, these units are owned and operated by the Haldimand Norfolk Housing Corporation (HNHC). This is a cost share program with CMHC providing 30% and municipalities providing 70% of the funding for the repair costs. The funding agreement includes repair targets for energy efficiency and accessibility. The repairs need to be completed within three years of the funding being allocated.

The original funding offer was for a maximum of \$4,130,000, which equates to \$10,000 per unit for each of the units within the total Haldimand Norfolk Housing Corporation portfolio. Staff from Norfolk County, Haldimand County and the Housing Corporation met multiple times to review this offer and determine the appropriate level of funding to recommend that Council accept, given the level of municipal contribution required and the three year time frame to complete the work. Based on the level of funding that has already been committed to repair and renewal of Housing Corporation units by each County through the municipal budget process, it was determined that the maximum amount of funding that could be accepted from CMHC is \$2,372,314 for the repair of 238 housing units (\$10,000 per unit). The Housing Corporation has developed a list of the repair projects to be completed, included as Appendix A of this staff report.

As next steps, Norfolk Council, as Consolidated Municipal Services Manager for housing, needs to accept the funding and authorize the Mayor and Clerk to sign the contribution agreement with CMHC (included as Attached B). Haldimand Council and Norfolk Council will each need to approve the list of repair projects for their respective Counties and allocate the municipal contribution from the funds that has been set aside through the budget process.

Staff are grateful to the Federal Government and CMHC for this funding opportunity.

Financial Services Comments:

Norfolk County

The Approved 2023 Levy Supported Operating Budget includes \$507,800 in new funding for the HNHC's repair and renewal strategy. Combined with the annual capital allocation flowed to HNHC (\$375,000), project funding totals \$882,800. Per report CS-22-105, additional project funding of \$125,000 per year to 2027 will be included in future

proposed budgets for Council’s consideration, after which proposed budgets will include a four percent inflationary increase per year.

If approved, the 2023-2032 Capital Plan will be amended to include Norfolk’s share of HNHC projects identified for repair. For the years 2023-2025, this includes amounts of \$2,393,000 (2023), \$1,008,000 (2024) and \$1,133,000 (2025). Note that Appendix A includes base project costing without items such as contingency, project management and taxes.

Table 1 summarizes the HNHC projects for Norfolk County, net against identified funding sources.

Table 1: 2023-2025 HNHC Repair & Renewal Summary

	2023 (\$)	2024 (\$)	2025 (\$)	2023-2025 (\$)
Total Expenditures	2,393,000	1,008,000	1,133,000	4,534,000
<i>Revenues</i>				
Social Housing Reserve	508,000	633,000	758,000	1,899,000
Net Levy	375,000	375,000	375,000	1,125,000
Ontario Priorities Housing Initiative Funding	250,000	0	0	250,000
CMHC Funding ¹	1,360,000	0	0	1,360,000
Total Revenues	2,393,000	1,008,000	1,133,000	4,534,000

¹CMHC allows funding to be used throughout the three-year program lifecycle, rather than requiring a set percentage each year.

It should be noted that the levy funded cost share between both counties will be affected based on the total identifiable expenditures from HNHC projects. This, along with other identifiable benefits to each county, factor into the share of unidentifiable costs realized at the end of each calendar year.

Haldimand County

Interdepartmental Implications:

Norfolk County

Haldimand County

Haldimand staff have reviewed the report and concur with the Norfolk recommendations. A separate report to approve the Haldimand specific projects and municipal funding allocations is being presented at the Haldimand County 2023 Tax Supported Operating Budget deliberations, scheduled for March 2, 2023. This report outlines the 102 social housing units in Haldimand that are planned for repair from 2023-2025 utilizing a combination of funding from Haldimand County, OPHI, and CMHC. The CMHC allocation to Haldimand County is approximately \$1,012,000 for 2023, and Haldimand’s share of the municipal contribution relative to these proposed repair projects totals \$2,262,000 for the years 2023 through 2025 inclusively. This grant opportunity is an excellent way to leverage previously planned municipal contributions

for the benefit of social housing regeneration, which in recent years, has been a priority for Haldimand County.

Consultation(s):

Corporate Services and Finance Staff from both Haldimand and Norfolk Counties were included throughout this process.

The Haldimand Norfolk Housing Corporation participated in discussions with County Staff and CMHC about this funding opportunity and have developed the plan to utilize these funds.

County Staff and the Housing Corporation met with representatives of CMHC to determine the final funding offer.

Strategic Plan Linkage:

This report aligns with the strategic priorities of “Vibrant Communities” and “Quality Infrastructure”.

Explanation: Accepting the CMHC funding for the repair of Housing Corporation stock helps to address repair needs, ensure safe and affordable housing options and keep the units in the social housing program.

Conclusion:

A funding opportunity has been presented by CMHC for the repair of Haldimand Norfolk Housing Corporation units. This funding, through a cost share model, will assist with the repair of 238 social housing units across Haldimand and Norfolk Counties.

Attachment(s):

- Attachment A: Haldimand Norfolk Housing Corporation Repair Plan
- Attachment B: CMHC National Housing Co-Investment Fund Contribution Agreement

Approval:

Approved By:
Al Meneses
Norfolk County CAO

Prepared By:
Heidy Van Dyk
General Manager, Corporate Services

HNHC Repair and Renewal Project List
 CMHC National Housing Co-Investment Fund

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
	109 King St E	Hagersville	Haldimand	Repair damage and waterproof concrete			\$ 8,189
	109 King St E	Hagersville	Haldimand	Replace wood siding		\$ 5,606	
4	109 King St E	Hagersville	Haldimand	Replace all building windows with upgraded, energy efficient units. Recommend	\$ 74,743	\$ -	
	109 King St E	Hagersville	Haldimand	Replace solid wood balcony/patio doors	\$ 22,423		
	109 King St E	Hagersville	Haldimand	Thermographic scanning and preventative maintenance	\$ 3,737		
	109 King St E	Hagersville	Haldimand	Replace fire alarm system components	\$ 10,236		
	109 King St E	Hagersville	Haldimand	Replace exit and emergency lighting	\$ 6,229		
74	109 King St E	Hagersville	Haldimand	Insulate Accessible Distribution Pipes		\$ 125	\$ -
75	109 King St E	Hagersville	Haldimand	Domestic Water Fixture and Toilet Retrofit	\$ -	\$ 10,128	\$ -
73	109 King St E	Hagersville	Haldimand	Address Infiltration Levels through Envelope Sealing Measures – Exterior Doors	\$ 1,943	\$ -	\$ -
84	109 King St E	Hagersville	Haldimand	The paths of travel are compliance to AODA 413/12 section 20.23 in terms of spa	\$ -	\$ -	\$ 24,914
	109 King St E	Hagersville	Haldimand	Replace wood planter walls	\$ 7,474		
85	109 King St E	Hagersville	Haldimand	Install a Central Heating Control System	\$ -	\$ 24,292	\$ -
76	109 King St E	Hagersville	Haldimand	The floor area in front of the appliance doors does not conform	\$ -	\$ -	\$ 3,737
72	109 King St E	Hagersville	Haldimand	Outdoor Lighting Retrofit	\$ -	\$ 6,229	\$ -
81	109 King St E	Hagersville	Haldimand	Suite Lighting Retrofit	\$ -	\$ 11,746	\$ -
83	109 King St E	Hagersville	Haldimand	Common Area Lighting Retrofit	\$ -	\$ 6,179	\$ -
70	109 King St E	Hagersville	Haldimand	Upgrade to Energy Star Rated Appliances on Turnover	\$ -	\$ -	\$ 28,029
71	109 King St E	Hagersville	Haldimand	Tenant Engagement Strategy		\$ -	\$ -
78	109 King St E	Hagersville	Haldimand	The washrooms viewed are considered partially accessible. Installed automatic d	\$ -		\$ 3,737
					\$ 126,785	\$ 64,305	\$ 68,606

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
	400 Queen St E	Dunnville	Haldimand	Type 3 ACM abatement		\$ 60,000	
166	400 Queen St E	Dunnville	Haldimand	Replace all building windows with upgraded, energy efficient units. Qty: 52 wind	\$ 162,149	\$ -	\$ -
	400 Queen St E	Dunnville	Haldimand	Replace solid wood balcony/patio doors	\$ 42,977		
	400 Queen St E	Dunnville	Haldimand	Replace dimpled rubber tread finish on stairs and refinish railings	\$ 6,229		
	400 Queen St E	Dunnville	Haldimand	Replace acoustic ceiling tiles	\$ 4,360		
	400 Queen St E	Dunnville	Haldimand	Replacement of Control system is due to obsolescence by 2027 along with access control			\$ 15,000
	400 Queen St E	Dunnville	Haldimand	Thermographic scanning and preventative maintenance	\$ 11,211		
	400 Queen St E	Dunnville	Haldimand	Replace fire alarm system components	\$ 12,283		

400 Queen St E	Dunnville	Haldimand	Replace exit and emergency lighting	\$	7,474			
157 400 Queen St E	Dunnville	Haldimand	Insulate Accessible Distribution Pipes	\$	-	\$	311	\$ -
158 400 Queen St E	Dunnville	Haldimand	Domestic Water Fixture and Toilet Retrofit	\$	-	\$	14,631	\$ -
160 400 Queen St E	Dunnville	Haldimand	Replace Existing DHW Heaters with High-Efficiency Condensing Boilers	\$	-	\$	18,686	\$ -
162 400 Queen St E	Dunnville	Haldimand	Adjust Thermostatic Valve & Lower Supply DHW Temperature	\$	-	\$	-	
400 Queen St E	Dunnville	Haldimand	Repair/replace sections of the concrete walkways/pad as needed				\$	9,343
165 400 Queen St E	Dunnville	Haldimand	Replace make-up air unit with condensing boiler and Air Handler/fan coil &VFD	\$	-	\$	87,201	\$ -
170 400 Queen St E	Dunnville	Haldimand	Install a Central Heating Control System	\$	-	\$	37,247	
171 400 Queen St E	Dunnville	Haldimand	Replace existing in-suite thermostats with programmable units	\$	-	\$	7,163	\$ -
153 400 Queen St E	Dunnville	Haldimand	Suite Lighting Retrofit	\$	-	\$	18,722	\$ -
156 400 Queen St E	Dunnville	Haldimand	Outdoor Lighting Retrofit	\$	-	\$	2,803	\$ -
169 400 Queen St E	Dunnville	Haldimand	Common Area Lighting Retrofit	\$	-	\$	5,606	\$ -
152 400 Queen St E	Dunnville	Haldimand	Upgrade to Energy Star Rated Appliances on Turnover	\$	-	\$	-	\$ 43,600
154 400 Queen St E	Dunnville	Haldimand	Tenant Engagement Strategy			\$	-	\$ -
				\$	246,683	\$	252,370	\$ 67,943

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
175	440 Queen St E	Dunnville	Haldimand	Replace all building windows with upgraded, energy efficient units. Recommend	\$ 72,252		\$ -
	440 Queen St E	Dunnville	Haldimand	Replace aluminum soffits and fascia during roof replacement			\$ 6,142
	440 Queen St E	Dunnville	Haldimand	Replace radiant heaters			\$ 34,959
	440 Queen St E	Dunnville	Haldimand	Replacement of Control system is due to obsolescence by 2027 along with access control			\$ 16,000
234	440 Queen St E	Dunnville	Haldimand	Replace fire alarm system components	\$ 7,677	\$ -	\$ -
226	440 Queen St E	Dunnville	Haldimand	Adjust Thermostatic Valve & Lower Supply DHW Temperature	\$ -	\$ -	\$ -
230	440 Queen St E	Dunnville	Haldimand	Domestic Water Fixture and Toilet Retrofit	\$ -	\$ 7,007	\$ -
	440 Queen St E	Dunnville	Haldimand	Replace stove			\$ 9,500
	440 Queen St E	Dunnville	Haldimand	Replace chain-link fencing		\$ 4,360	
224	440 Queen St E	Dunnville	Haldimand	Upgrade to Energy Star Rated Appliances on Turnover - Fridges	\$ -	\$ -	\$ 20,554
235	440 Queen St E	Dunnville	Haldimand	Replace existing in-suite thermostats with programmable units	\$ -	\$ 3,426	\$ -
227	440 Queen St E	Dunnville	Haldimand	Common Area Lighting Retrofit	\$ -	\$ 7,563	\$ -
232	440 Queen St E	Dunnville	Haldimand	Suite Lighting Retrofit	\$ -	\$ 8,143	\$ -
236	440 Queen St E	Dunnville	Haldimand	Outdoor Lighting Retrofit	\$ -	\$ 9,966	\$ -
225	440 Queen St E	Dunnville	Haldimand	Tenant Engagement Strategy	\$ -	\$ -	\$ -
					\$ 79,929	\$ 40,465	\$ 87,155

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
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503 Main St E	Dunnville	Haldimand	Waterproof concrete balcony decks				\$	27,637
503 Main St E	Dunnville	Haldimand	Replace wood siding with aluminum longboard				\$	30,267
238 503 Main St E	Dunnville	Haldimand	Replace all building windows with upgraded, energy efficient units. Recommend	\$ 249,144	\$ -		\$	-
503 Main St E	Dunnville	Haldimand	Replace aluminum glazed entry doors Qty: 4 doors Unit Cost: \$7,500/door Total Cost: \$30,000				\$	37,372
503 Main St E	Dunnville	Haldimand	Replace automated mechanical door operator at main entrance				\$	9,308
503 Main St E	Dunnville	Haldimand	Replacement of Control system is due to obsolescence by 2027 along with access control				\$	17,000
316 503 Main St E	Dunnville	Haldimand	Replace fire alarm system components	\$ 16,500	\$ -		\$	-
305 503 Main St E	Dunnville	Haldimand	Upgrade to Energy Star Rated Appliances on Turnover	\$ -	\$ -		\$	71,255
309 503 Main St E	Dunnville	Haldimand	Domestic Water Fixture and Toilet Retrofit	\$ -	\$ 29,131		\$	-
307 503 Main St E	Dunnville	Haldimand	Address Infiltration Levels through Envelope Sealing Measures – Exterior and Ba	\$ 3,563	\$ -		\$	-
306 503 Main St E	Dunnville	Haldimand	Replace existing in-suite thermostats with programmable units	\$ -	\$ 13,703		\$	-
319 503 Main St E	Dunnville	Haldimand	Install a Central Heating Control System	\$ -	\$ 71,255		\$	-
503 Main St E	Dunnville	Haldimand	The common area kitchen is not accessible. Kitchen renovations are required to include all accessible considerations in CSA B651 – 7.4.4.				\$	7,474
310 503 Main St E	Dunnville	Haldimand	Suite Lighting Retrofit	\$ -	\$ 23,073		\$	-
311 503 Main St E	Dunnville	Haldimand	Common Area Lighting Retrofit	\$ -	\$ 6,298		\$	-
314 503 Main St E	Dunnville	Haldimand	Outdoor Lighting Retrofit	\$ -	\$ 28,029		\$	-
308 503 Main St E	Dunnville	Haldimand	Update VFD Schedule for Makeup Air Unit		\$ -		\$	-
312 503 Main St E	Dunnville	Haldimand	Tenant Engagement Strategy	\$ -			\$	-
313 503 Main St E	Dunnville	Haldimand	The observed washrooms are considered not accessible. It is recommended that	\$ -	\$ -		\$	3,737
				\$ 269,207	\$ 171,489		\$	204,050

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
68	Selkirk St	Caledonia	Haldimand	Replace steel railing and concrete accessible ramp			\$ 60,000
68	Selkirk St	Caledonia	Haldimand	Type 3 ACM abatement		\$ 60,000	
68	Selkirk St	Caledonia	Haldimand	Waterproof concrete balcony decks			\$ 11,771
				Replace all building windows with upgraded, energy efficient units. Recommend using at minimum double-glazed, vinyl framed units with argon and low-e coatings.	\$ 202,430		
				Upgraded to triple glazed higher efficiency windows is forecast to cost 30% more.			
68	Selkirk St	Caledonia	Haldimand	Replace solid wood balcony/patio doors	\$ 30,000		
68	Selkirk St	Caledonia	Haldimand	Replace aluminum soffits and fascia, including eavestroughs and downspouts	\$ 50,000		
68	Selkirk St	Caledonia	Haldimand	Replace low slope shingled roof with steel roof to help resolve premature deterioration due to low slope.			\$ 105,000

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
516	11 Arthur St	Simcoe	Norfolk	Replace all building windows with upgraded, energy efficient units. Recommend	\$ 124,572	\$ -	\$ -
	11 Arthur St	Simcoe	Norfolk	Repair and repaint interior common area walls, includes ceilings		\$ 14,942	
	11 Arthur St	Simcoe	Norfolk	Replacement of Control system is due to obsolescence by 2027 along with access control		\$ 14,885	
	11 Arthur St	Simcoe	Norfolk	Replace fire alarm system components		\$ 15,354	
588	11 Arthur St	Simcoe	Norfolk	Domestic Water Fixture and Toilet Retrofit		\$ 18,966	\$ -
597	11 Arthur St	Simcoe	Norfolk	Adjust Thermostatic Valve & Lower Supply DHW Temperature		\$ -	\$ -
584	11 Arthur St	Simcoe	Norfolk	Install a Central Heating Control System	\$ -	\$ 45,344	\$ -
586	11 Arthur St	Simcoe	Norfolk	Replace Existing Electric Baseboards & Wall Mounted AC Units with Heat Pump	\$ -	\$ 104,641	\$ -
593	11 Arthur St	Simcoe	Norfolk	Replace existing in-suite thermostats with programmable units	\$ -	\$ 8,720	\$ -
596	11 Arthur St	Simcoe	Norfolk	Update VFD Schedule for Makeup Air Unit	\$ -	\$ -	\$ -
585	11 Arthur St	Simcoe	Norfolk	The floor area in front of the appliance doors does not conform with Compliance	\$ -	\$ -	\$ 1,869
589	11 Arthur St	Simcoe	Norfolk	Outdoor Lighting Retrofit	\$ -	\$ 212	\$ -
595	11 Arthur St	Simcoe	Norfolk	Suite Lighting Retrofit	\$ -	\$ 16,194	\$ -
583	11 Arthur St	Simcoe	Norfolk	Upgrade to Energy Star Rated Appliances on Turnover	\$ -	\$ -	\$ 61,040
592	11 Arthur St	Simcoe	Norfolk	Tenant Engagement Strategy	\$ -	\$ -	\$ -
					\$ 124,572	\$ 239,258	\$ 62,909

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
602	20 Scott Ave	Simcoe	Norfolk	Replace all building windows with upgraded, energy efficient units. Recommend	\$ 196,077	\$ -	\$ -
	20 Scott Ave	Simcoe	Norfolk	Replace wood and storm doors	\$ 60,000		
	20 Scott Ave	Simcoe	Norfolk	Repair and repaint interior common area walls, includes ceilings		\$ 16,377	
	20 Scott Ave	Simcoe	Norfolk	Replace and update carpet floor in hallways with Commercial Luxury Vinyl Plank and stairwells/landings with visu:			\$ 30,000
	20 Scott Ave	Simcoe	Norfolk	Replacement of Control system is due to obsolescence by 2027 along with access control			
	20 Scott Ave	Simcoe	Norfolk	Replace Enterphone system w/ network remote programable system	\$ 3,700		
680	20 Scott Ave	Simcoe	Norfolk	Replace fire alarm system components		\$ -	\$ 13,000
672	20 Scott Ave	Simcoe	Norfolk	Domestic Water Fixture and Toilet Retrofit	\$ -	\$ 21,507	\$ -
671	20 Scott Ave	Simcoe	Norfolk	Address Infiltration Levels through Envelope Sealing Measures – Balcony Doors	\$ 2,073		\$ -
675	20 Scott Ave	Simcoe	Norfolk	Install a Central Heating Control System	\$ -	\$ 51,822	\$ -
676	20 Scott Ave	Simcoe	Norfolk	Replace existing in-suite thermostats with programmable units	\$ -	\$ 9,966	\$ -
679	20 Scott Ave	Simcoe	Norfolk	Replace Existing Electric Baseboards & Wall Mounted AC Units with Heat Pump	\$ -	\$ 127,562	\$ -
673	20 Scott Ave	Simcoe	Norfolk	The floor area in front of the appliance doors does not conform with Compliance	\$ -		\$ 1,869
668	20 Scott Ave	Simcoe	Norfolk	Suite Lighting Retrofit		\$ 16,194	\$ -

670	20 Scott Ave	Simcoe	Norfolk	Common Area Lighting Retrofit	\$	-	\$	10,992	\$	-
666	20 Scott Ave	Simcoe	Norfolk	Upgrade to Energy Star Rated Appliances on Turnover	\$	-	\$	-	\$	69,760
667	20 Scott Ave	Simcoe	Norfolk	Tenant Engagement Strategy			\$	-	\$	-
					\$	261,850	\$	254,420	\$	114,629

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
	219 Regent Ave	Port Dover	Norfolk	Replace all building windows with upgraded, energy efficient units. Recommend	\$ 179,384		
	219 Regent Ave	Port Dover	Norfolk	Replace solid wood balcony/patio doors. Qty: 30 doors Unit Cost: \$1,200/door	\$ 37,000		
	219 Regent Ave	Port Dover	Norfolk	Replace and update carpet floor in hallways with Commercial Luxury Vinyl Plank	\$ 36,000		
	219 Regent Ave	Port Dover	Norfolk	Replacement of Control system is due to obsolescence by 2027 along with access control	\$ 14,885		
	219 Regent Ave	Port Dover	Norfolk	Replace Enterphone system w/ network remote programable system	\$ 3,700		
752	219 Regent Ave	Port Dover	Norfolk	Replace fire alarm system components. Currently, there are only audible alarms and no visual	\$ 14,261	\$ -	\$ -
746	219 Regent Ave	Port Dover	Norfolk	Entrance doors have steps greater than 13mm. Recommend minor ramp installation	\$ -	\$ -	\$ 4,983
				The floor area in front of the appliance doors does not conform with Compliance Requirements. The laundry tub does not allow side approach. The dryers do not have front-mounted controls. It is recommended that the laundry room be reconfigured to comply with the Compliance Requirements.	\$ -	\$ -	\$ 3,737
745	219 Regent Ave	Port Dover	Norfolk		\$ -	\$ -	\$ -
					\$ 285,230	\$ -	\$ 8,720

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
756	243 Western Ave	Delhi	Norfolk	Replace all building windows with upgraded, energy efficient units. Recommend	\$ 151,978	\$ -	\$ -
	243 Western Ave	Delhi	Norfolk	Replace solid wood balcony/patio doors	\$ 40,418		
	243 Western Ave	Delhi	Norfolk	Repair and repaint interior common area walls, includes ceilings		\$ 12,795	
	243 Western Ave	Delhi	Norfolk	Replacement of Control system is due to obsolescence by 2027 along with access control		\$ 14,885	
	243 Western Ave	Delhi	Norfolk	Replace Enterphone system w/ network remote programable system		\$ 3,600	
840	243 Western Ave	Delhi	Norfolk	Replace Existing Electric Baseboards & Wall Mounted AC Units with Heat Pump	\$ -	\$ 97,166	\$ -
842	243 Western Ave	Delhi	Norfolk	Domestic Water Fixture and Toilet Retrofit	\$ -	\$ 17,695	\$ -
832	243 Western Ave	Delhi	Norfolk	Upgrade Roof Insulation to R-50	\$ -	\$ -	\$ 22,599
834	243 Western Ave	Delhi	Norfolk	Address Infiltration Levels through Envelope Sealing Measures – Exterior Doors	\$ 3,368	\$ -	\$ -
	243 Western Ave	Delhi	Norfolk	Maintenance to asphalt paving including crack sealing and filling pot holes			\$ 30,000
845	243 Western Ave	Delhi	Norfolk	Install a Central Heating Control System	\$ -	\$ 42,105	\$ -

				The floor area in front of the appliance doors does not conform with Compliance Requirements. The laundry tub does not allow side approach. It is recommended that the laundry room be reconfigured to comply with the Compliance Requirements	\$	-	\$	1,869
836	243 Western Ave	Delhi	Norfolk					
838	243 Western Ave	Delhi	Norfolk	Suite Lighting Retrofit			\$ 18,949	\$ -
831	243 Western Ave	Delhi	Norfolk	Upgrade to Energy Star Rated Appliances on Turnover - Refrigerators Only	\$	-	\$ -	\$ 48,583
839	243 Western Ave	Delhi	Norfolk	Tenant Engagement Strategy	\$	-	\$ -	\$ -
					\$	195,764	\$ 207,195	\$ 103,051

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025	
885	283 William St	Delhi	Norfolk	Replace water heater. Replace Existing DHW Heaters with High-Efficiency Con	\$ -	\$ 23,000	\$ -	
	283 William St	Delhi	Norfolk	Replacement of Control system is due to obsolescence by 2027 along with access control			\$ 10,207	
	283 William St	Delhi	Norfolk	Replace fire alarm system components			\$ 22,929	
923	283 William St	Delhi	Norfolk	Insulate Accessible Distribution Pipes	\$ -	\$ 399	\$ -	
924	283 William St	Delhi	Norfolk	Domestic Water Fixture and Toilet Retrofit		\$ 17,079	\$ -	
928	283 William St	Delhi	Norfolk	Replace the DHW Recirculation Loop Pump with Intelligent Pump	\$ -	\$ 1,869	\$ -	
921	283 William St	Delhi	Norfolk	Address Infiltration Levels through Envelope Sealing Measures – Exterior Doors	\$ 3,239	\$ -	\$ -	
919	283 William St	Delhi	Norfolk	Install a Central Heating Control System		\$ 40,486	\$ -	
927	283 William St	Delhi	Norfolk	Replace Existing MUA with High Efficiency Unit	\$ -	\$ 56,057	\$ -	
929	283 William St	Delhi	Norfolk	Floor area at one side of appliance door does not conform with Compliance Reqt	\$ -	\$ -	\$ 3,737	
922	283 William St	Delhi	Norfolk	Suite Lighting Retrofit		\$ 14,949	\$ -	
926	283 William St	Delhi	Norfolk	Common Area Lighting Retrofit	\$ -	\$ 21,619	\$ -	
918	283 William St	Delhi	Norfolk	Upgrade to Energy Star Rated Appliances on Turnover	\$ -	\$ -	\$ 46,715	
920	283 William St	Delhi	Norfolk	Tenant Engagement Strategy	\$ -	\$ -	\$ -	
930	283 William St	Delhi	Norfolk	The washrooms viewed are considered partially accessible. Recommend adding c	\$ -	\$ -	\$ 1,869	
					\$	3,239	\$ 175,458	\$ 85,457

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
943	39 Nichol St	Waterford	Norfolk	Replace older windows with upgraded, energy efficient units. Recommend using	\$ 154,469	\$ -	\$ -
	39 Nichol St	Waterford	Norfolk	Replace asphalt shingle roof And new flat roof Membrane at entrance	\$ 37,376		
	39 Nichol St	Waterford	Norfolk	Replacement of Control system is due to obsolescence by 2027 along with acces	\$ 14,918		
	39 Nichol St	Waterford	Norfolk	Replace fire alarm system components	\$ 14,330		
1011	39 Nichol St	Waterford	Norfolk	Insulate Accessible Distribution Pipes	\$ -	\$ 498	\$ -
1012	39 Nichol St	Waterford	Norfolk	Replace Existing DHW Heaters with High-Efficiency Condensing Heaters	\$ -	\$ 15,000	\$ -

1013	39 Nichol St	Waterford	Norfolk	Install Pre-Mix Valve on DHW Supply to Resident Suites	\$	-	\$	5,000	\$	-
1017	39 Nichol St	Waterford	Norfolk	Domestic Water Fixture and Toilet Retrofit			\$	11,510	\$	-
1016	39 Nichol St	Waterford	Norfolk		\$	-	\$	-	\$	1,246
1003	39 Nichol St	Waterford	Norfolk	Upgrade Roof Insulation to R-50	\$	-	\$	-	\$	19,033
1018	39 Nichol St	Waterford	Norfolk	Install a Central Heating Control System			\$	42,105	\$	-
1006	39 Nichol St	Waterford	Norfolk	Suite Lighting Retrofit	\$	-	\$	14,575	\$	-
1020	39 Nichol St	Waterford	Norfolk	Outdoor Lighting Retrofit			\$	9,966	\$	-
1001	39 Nichol St	Waterford	Norfolk	Upgrade to Energy Star Rated Appliances on Turnover	\$	-	\$	-	\$	48,583
1007	39 Nichol St	Waterford	Norfolk	Tenant Engagement Strategy	\$	-	\$	-	\$	-
					\$	221,093	\$	98,654	\$	68,862

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025			
1024	54 William St	Delhi	Norfolk	Replace all building windows with upgraded, energy efficient units. Recommend	\$	92,183	\$	-		
	54 William St	Delhi	Norfolk	Replacement of Control system is due to obsolescence by 2027 along with access control		\$	14,885			
1079	54 William St	Delhi	Norfolk	Insulate Accessible Distribution Pipes	\$	-	\$	934	\$	-
1083	54 William St	Delhi	Norfolk	Domestic Water Fixture and Toilet Retrofit	\$	-	\$	10,744	\$	-
1091	54 William St	Delhi	Norfolk	Adjust Thermostatic Valve & Lower Supply DHW Temperature	\$	-	\$	-	\$	-
1081	54 William St	Delhi	Norfolk	The main entrance doors have steps greater than 13 mm. It is recommended tha	\$	-	\$	-	\$	7,474
1082	54 William St	Delhi	Norfolk	Replace existing in-suite thermostats with programmable units	\$	-	\$	4,671	\$	-
1092	54 William St	Delhi	Norfolk	Update VFD Schedule for Makeup Air Unit	\$	-	\$	-	\$	-
				The floor area in front of the appliance doors does not conform with Compliance Requirements. The dryer is not equipped with front mounted controls. The laundry tub does not allow side approach. It is recommended that the laundry room be reconfigured to comply with the Compliance Requirements			\$	-	\$	3,737
1084	54 William St	Delhi	Norfolk							
1086	54 William St	Delhi	Norfolk	Suite Lighting Retrofit	\$	-	\$	16,817	\$	-
1078	54 William St	Delhi	Norfolk	Upgrade to Energy Star Rated Appliances on Turnover	\$	-	\$	-	\$	28,029
1087	54 William St	Delhi	Norfolk	Tenant Engagement Strategy	\$	-	\$	-	\$	-
					\$	92,183	\$	48,051	\$	39,240

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025			
1100	91 Oak St	Simcoe	Norfolk	Replace all building windows with upgraded, energy efficient units. Recommend	\$	141,716	\$	-	\$	-
	91 Oak St	Simcoe	Norfolk	Repair and repaint interior common area walls, includes ceilings			\$	13,307		
	91 Oak St	Simcoe	Norfolk	Replace and update carpet floor in hallways with Commercial Luxury Vinyl Plank and stairwells/l			\$	26,000		

91 Oak St	Simcoe	Norfolk	Replace Enterphone system w/ network remote programable system	\$	3,800		
91 Oak St	Simcoe	Norfolk	Replace fire alarm system components	\$	14,330		
1170 91 Oak St	Simcoe	Norfolk	Adjust Thermostatic Valve & Lower Supply DHW Temperature	\$	-	\$	-
1173 91 Oak St	Simcoe	Norfolk	Domestic Water Fixture and Toilet Retrofit	\$	15,154	\$	-
1175 91 Oak St	Simcoe	Norfolk	Address Infiltration Levels through Envelope Sealing Measures – Balcony Doors	\$	1,425	\$	-
1167 91 Oak St	Simcoe	Norfolk	Insulate Accessible Distribution Pipes	\$	-	\$	311
1169 91 Oak St	Simcoe	Norfolk	Update VFD Schedule for Makeup Air Unit	\$	-	\$	-
1176 91 Oak St	Simcoe	Norfolk	Replace existing in-suite thermostats with programmable units	\$	-	\$	6,851
1178 91 Oak St	Simcoe	Norfolk	Install a Central Heating Control System	\$	-	\$	35,628
1181 91 Oak St	Simcoe	Norfolk	Replace Existing Electric Baseboards & Wall Mounted AC Units with Heat Pump	\$	-	\$	82,218
1168 91 Oak St	Simcoe	Norfolk	The floor area in front of the appliance doors does not conform with Compliance	\$	-	\$	-
1172 91 Oak St	Simcoe	Norfolk	Outdoor Lighting Retrofit	\$	7,500	\$	-
1180 91 Oak St	Simcoe	Norfolk	Common Area Lighting Retrofit	\$	-	\$	8,272
1182 91 Oak St	Simcoe	Norfolk	Suite Lighting Retrofit	\$	14,470	\$	-
1165 91 Oak St	Simcoe	Norfolk	Upgrade to Energy Star Rated Appliances on Turnover - Fridges	\$	-	\$	-
1171 91 Oak St	Simcoe	Norfolk	Tenant Engagement Strategy	\$	-	\$	-
1179 91 Oak St	Simcoe	Norfolk	The washrooms viewed are considered to be partially accessible. It is recommended	\$	-	\$	-

\$ 143,141 \$ 227,841 \$ 55,434

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
	Oakwood and Ashtc Simcoe		Norfolk	Re-shingle roof Qty: 1,620SF Unit Cost: \$3/SF Total Cost: \$4,860			\$ 4,975
	Oakwood and Ashtc Simcoe		Norfolk	Re-shingle roof Qty: 1,620SF Unit Cost: \$3/SF Total Cost: \$4,860			\$ 4,975
	Oakwood and Ashtc Simcoe		Norfolk	Re-shingle roof Qty: 1,620SF Unit Cost: \$3/SF Total Cost: \$4,860	\$ 4,975		
	Oakwood and Ashtc Simcoe		Norfolk	Replace domestic hot water heaters			\$ 3,890
	Oakwood and Ashtc Simcoe		Norfolk	Replace domestic hot water heaters			\$ 3,890
	Oakwood and Ashtc Simcoe		Norfolk	Replace domestic hot water heaters			\$ 3,890
	Oakwood and Ashtc Simcoe		Norfolk	Replace domestic hot water heaters			\$ 3,890
	Oakwood and Ashtc Simcoe		Norfolk	Replace forced air furnaces		\$ 5,835	
	Oakwood and Ashtc Simcoe		Norfolk	Replace forced air furnaces			\$ 5,835
	Oakwood and Ashtc Simcoe		Norfolk	Replace forced air furnaces			\$ 5,835
	Oakwood and Ashtc Simcoe		Norfolk	Replace forced air furnaces		\$ 5,835	
	Oakwood and Ashtc Simcoe		Norfolk	Replace forced air furnaces			\$ 5,835
	Oakwood and Ashtc Simcoe		Norfolk	Replace forced air furnaces			\$ 5,835
					\$ 4,975	\$ 11,669	\$ 48,847

ID	Address	Town/City	County	Action: Commentary	2023	2024	2025
	Norfolk	Norfolk	Norfolk	Replace asbestos vinyl tile floor in apartment units at turn over	\$ 36,400	\$ 36,400	\$ 36,400
				Norfolk Total	\$ 1,368,447	\$ 1,298,946	\$ 623,549
				Haldimand and Norfolk Total	\$ 2,418,731	\$ 1,954,175	\$ 1,405,998

NATIONAL HOUSING CO-INVESTMENT FUND CONTRIBUTION AGREEMENT

THIS AGREEMENT is made as of the 27 day of January, 2023 (the "**Effective Date**") between **CANADA MORTGAGE AND HOUSING CORPORATION ("CMHC")** and **The Corporation of Norfolk County ("Recipient")**.

(collectively the "**Parties**" and individually a "**Party**")

WHEREAS \$2,372,314.00 are to be made available to The Corporation of Norfolk County in contributions through the National Housing Co-Investment Fund to support the renovation of affordable housing units for vulnerable Canadians across the country; and

WHEREAS this commitment will help with a more streamlined approach for The Corporation of Norfolk County to access funding and an opportunity to continue working together in order to achieve quick results; and

WHEREAS this collaboration will further support the shared goal of preserving affordable housing stock into the future for vulnerable Canadians; and

WHEREAS in connection with the National Housing Co-Investment Fund (NHCF), CMHC is authorized under the *National Housing Act* to make contributions to the Recipient for the purposes of repairing and renovating on a Portfolio (as defined in Schedule A) basis at least **238** affordable housing units in Norfolk County (the "**Units**");

NOW THEREFORE for value received, the Parties agree as follows:

1. Contribution and Purposes

The contribution by CMHC under this Agreement is \$2,372,314.00 (the "**Contribution**") and will be advanced to the Recipient following signature of this Agreement, subject to the terms and conditions herein and only to be used for the following eligible purposes (to the exclusion of any other purpose) (the "Eligible Purposes"):

- a. The contribution shall only be used in respect of the repairing of Recipient (Municipally) Owned Affordable Housing Units (as defined in Schedule A) (the "**Units**").
- b. The Eligible Purposes include repairing any of the following building purposes:
 - i. Community/Affordable Rental
 - ii. Shelters
 - iii. Transitional and Supportive Housing
 - iv. Urban Indigenous Community Housing
 - v. Mixed-use Market/Affordable Rental
- c. Revenue loss due to decanting of tenants to accommodate necessary repair activities will also be considered an Eligible Purpose.

and all of the costs associated with the foregoing, including pre-development, pre-construction (e.g. environmental site assessments, cost consultant reports, architectural or engineering reports for the repair of any Units), shall be deemed to fall within the Eligible Purposes.

For greater certainty, the Eligible Purposes do not extend to nor include operational expenses or administrative costs, including staff.

2. Expiration of Commitment

If this Agreement is not executed by the Recipient by **March 29, 2023**, or such other date as CMHC may agree to in writing, then CMHC's obligations to make the Contribution shall end at CMHC's sole discretion.

3. Conditions to Funding

The Recipient agrees it will:

- (a) ensure that at the time of response to offer and for a minimum period of 20 years commencing upon expiry of the Repair Period or 30 days after completing the repairs, whichever occurs first, or on another date as may be set by CMHC at its discretion (the "**Term**"), the Units meet the Affordability Criteria (as defined in **Schedule A**);
- (b) ensure that on a Portfolio basis that at least 48 Units will meet the Accessibility Criteria (as defined in Schedule A) by the end of the Repair Period;
- (c) ensure that the repair of the Portfolio will achieve the minimum Energy Efficiency Requirements (as set forth and defined in Schedule A); Energy Efficiency upgrades that have been completed within the last two years before the date of this agreement will be permitted to contribute towards achievement of the Energy Efficiency Requirements and cost sharing requirement;
- (d) ensure CMHC funding under this Agreement will not exceed 30% of total repair costs and, therefore, it will be responsible for a minimum of 70% of total repair costs, these percentages will be based on Eligible Purposes;
- (e) make best efforts to ensure a minimum of 33% of Units repaired are those which target women and/or women and their children.

4. Return of Contribution

The Recipient agrees that in the following circumstances it will return a prorated amount of the Contribution based on required adjustments, subject always to CMHC's calculation:

- (i) The Recipient indicates to CMHC, prior to the end of the Repair Period, that it will not be able to achieve Affordability, Accessibility, or the minimum Energy Efficiency Requirements, or the required level of its own funding, as described in article 3 (d) above.
 - (ii) The Recipient fails to comply with its reporting obligations under article 6 (Reporting) below and fails to provide CMHC with a signed Attestation and Repair Summary within timeframe allotted,
 - (iii) CMHC becomes aware of misrepresentation of a signed attestation in any material respect, including but without being limited to, in respect of achieving of Affordability, Accessibility, the minimum Energy Efficiency Requirements, or the required level of Municipal funding, as defined in Schedule A and article 3 (d) above in this Agreement
- (a) In such cases, CMHC reserves the right to request information necessary to carry out relevant calculations in order to determine the required adjustments and prorated amounts to be returned.

- (b) If at any point until the end of the agreement period, the Recipient becomes aware that they are not meeting the conditions of funding, they will advise CMHC in a timely manner and the parties will work together to come to a mutually acceptable resolution.

5. Disposition and Encumbrance of Units

(a) The Recipient shall not make any Disposition of the Units during the term of the Agreement, without the prior written consent of CMHC, who may impose any conditions it deems necessary and appropriate, acting reasonably. For greater certainty, at a minimum, CMHC would require that the project be substituted by a project such that commitments of the Portfolio, as defined in this Agreement, notably Affordability, as defined in Schedule A, is maintained.

(b) The Recipient may encumber the Units, without CMHC's prior written consent, acting reasonably and provided that the conditions of this Agreement are respected and that such encumbrance does not limit the ability of the project to be viable.

6. Reporting

The Recipient agrees it will within 90 days following the Repair Period or when the totality of the repairs is complete, whichever occurs first, deliver a duly executed attestation and repair summary to CMHC that shall be in accordance with and using the form as prescribed in Schedule B of this Agreement (the "Attestation and Repair Summary").

Schedules attached hereto, including the Definitions (Schedule A), the Attestation and Repair Summary (**Schedule B**) and the Additional Terms (**Schedule C**), form a part of this Agreement.

[Signature pages follow]

IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement as of the date first written above.

**CANADA MORTGAGE AND HOUSING
CORPORATION**

700 Montreal Rd
Ottawa, Ontario
K1A 0P7

Name: Simon Lahoud
Title: Director, Financing Solutions

*[Signature page for the National Housing Co-Investment Fund
between Canada Mortgage and Housing Corporation and The Corporation of Norfolk County]*

The Corporation of Norfolk County

Name:

Title:

Name:

Title:

*[Signature page for the National Housing Co-Investment Fund
between Canada Mortgage and Housing Corporation and The Corporation of Norfolk County]*

SCHEDULE A

Definitions

Accessibility Standard, means:

A unit will be designated as 'accessible' if:

1. It meets provincial accessibility standards, or;
2. In the opinion of a qualified professional, it meets the accessibility requirements of the target population, in instances where a degree of accessibility features is required to address the barriers of that individual and/or population, or;
3. Additional definitions will be considered on case-by-case basis in order to provide sufficient flexibility for units to meet the needs of tenants.

Affordability Criteria, means: at least 30% of units of the Portfolio must be below 80% of Median Market Rent, which must be maintained for a commitment period of 20 years following expiry of the Repair Period or completion of all repairs, whichever occurs first.

Bilateral Agreement, means: any bilateral agreement between CMHC and any Province/Territory under the NHS.

Contribution, means: the amount set forth in Canadian dollars in article 1 of this Agreement.

Disposition, means: with respect to a Recipient, any sale, assignment, transfer, conveyance, lease, licence or other disposition of any nature or kind whatsoever of any property or of any right, title or interest in or to any property.

Energy Efficiency Requirements, means: the repair of the Portfolio will achieve a minimum reduction of 25% in Portfolio energy consumption and Greenhouse Gas (GHG) emissions relative to past or pre-repair levels.

Portfolio, means: more than one residential rental building, where the primary use is residential, ("Buildings") to be repaired over the Repair Period that will be subject to the Conditions of Funding. Any calculations of Conditions of Funding are to be done at the portfolio level which, in turn, will allow for flexibility at the project level. Additionally, calculating Conditions of Funding at the portfolio level will grant proponents a level of flexibility on what they are to achieve.

For the purpose of clarity:

- (a) Total number of units of the Portfolio is the sum all the units of the buildings included within the Portfolio.
- (b) Conditions to Funding, and the commitments they represent within the agreement, are calculated at the Portfolio level.
- (c) Portfolio achievement in energy consumption and GHG reduction is calculated as the weighted average reduction of all the buildings within the Portfolio.

Recipient (Municipally) Owned Affordable Housing Units (the “Units”), means: Units within the Portfolio that are owned by the Recipient. The Units identified for repair within the Portfolio cannot be in receipt of any other federal funding through the National Housing Strategy and/or any Bilateral Agreements between CMHC and a Province or Territory and which are counted towards repair targets under that agreement.

Repair Period, means: a period of three years following execution of this Agreement.

Vulnerable population, means the following groups and the individuals belonging to these groups:

- Women and children fleeing domestic violence;
- Seniors;
- Young adults;
- Indigenous peoples;
- People with disabilities;
- People dealing with mental health and addiction issues;
- Veterans;
- LGBTQ2+;
- Racialized groups;
- Black Canadians;
- Recent immigrants or refugees; and
- Homeless people or those at risk of homelessness.

SCHEDULE B

Attestation and Repair Summary

[see attached]

SCHEDULE C
Additional Terms

Parties agree to the following additional terms and conditions:

1. Termination

In the event that the Recipient (or a representative thereof) does not adhere to the terms and conditions of this Agreement, or commits fraud, misconduct, criminal acts, gross negligence or willful misconduct, CMHC may immediately terminate this Agreement and declare the Contribution to be repayable to CMHC, in whole or in part, and may exercise any other rights and remedies it has by operation of law or equity. Sections 2, 3 and 4 of this **Schedule C** shall survive the expiry or termination of this Agreement.

2. Indemnification

The Recipient agrees to indemnify and save harmless the Government of Canada, CMHC, its officers, directors and employees against all claims, demands, actions, suits or other proceedings (including but not limited to environmental claims) of any nature whatsoever arising from or as consequence of or relating to (a) any breach by the Recipient of its obligations, or any misrepresentation by the Recipient under this Agreement, (b) the construction or operation of the Units, (c) the failure of the Recipient to comply with all environmental laws or losses suffered in connection with the presence of any hazardous material on the land upon which Units are situated; or (d) any act or failure to act on the part of the Recipient in connection with the Contribution or the Units, whether or not CMHC is named as a party.

3. Liability

CMHC shall not be liable to the Recipient or any other party in relation to the Contribution. To the extent the Recipient engages or retains any third party in respect of its obligations under this Agreement, the Recipient shall remain primarily liable to CMHC for the fulfillment of its obligations under this Agreement. For the purposes of this Agreement, CMHC will only deal with the Recipient, and not with third parties retained by the Recipient.

4. Recipient's Representations and Warranties

(a) The Recipient has the requisite power, authority and capacity to execute, deliver and perform its obligations under this Agreement, which has been duly authorized, executed, and delivered by the Recipient and constitutes a legal, valid, and binding obligation of the Recipient.

(b) The Recipient and any property on which the Units are situated are in compliance with all applicable laws, including all environmental laws and municipal zoning, in all material respects.

(c) It is a condition of this Agreement that all representations and warranties made in this Agreement or any other document or reporting by the Recipient are true, complete and correct.

5. Audit

(a) CMHC and any of its officers, employees and agents shall have the right to inspect, audit and make extracts from the Recipient's books and records in relation to the Contribution upon its request, acting reasonably, until the completion of the Term.

(b) CMHC or a third party-representative may conduct onsite visits to inspect and monitor the repair and operation of the Units and compliance with the terms and conditions of this Agreement. All site visits are for

CMHC's program and risk management purposes only and are not to be considered a technical inspection to confirm the quality of the work or the Recipient's compliance with applicable laws, including building codes.

6. Information and Communications

(a) Subject to the *Access to Information Act* (Canada), the *Privacy Act* (Canada), and the applicable provincial, territorial or municipal freedom of information and privacy legislation or by-laws, the Parties shall hold confidential any information clearly identified and marked as confidential or that reasonably should be understood to be confidential given the nature of the information and the circumstances of disclosure. Nothing in this Agreement shall be construed in a manner that would contravene the access to information and privacy legislation that applies to the Parties.

(b) The Recipient consents to the collection, use and disclosure of information submitted to CMHC by the Recipient for the following purposes: (i) to assess the Recipient's eligibility under the NHCF; (ii) for analytics, policy analysis, auditing and research by CMHC; (iii) to communicate to the Recipient possible opportunities under other CMHC programs, or possible collaboration opportunities with third parties; (iv) for evaluation of the NHCF; (v) for use by CMHC and the Government of Canada for purposes related to the *National Housing Act* (Canada) or the *National Housing Strategy Act* (Canada); and (vi) for information verification and due diligence purposes, including to detect and protect CMHC from errors and fraud. The Recipient shall obtain the foregoing consents from any third party intermediary engaged by the Recipient to repair and/or operate the Units.

(c) CMHC and its representatives are authorized to use and disclose the information, on a need-to-know basis, to CMHC employees, officers and directors, the office of the Minister responsible for CMHC and provincial/territorial/municipal entities collaborating with CMHC for the purposes outlined in Section 6 (b) of this **Schedule C**.

(d) Any public communications related to projects under this Agreement must be approved in advance by CMHC. Notwithstanding the preceding, each Party retains the right to communicate information to Canadians about the projects to meet its respective legislated and regulatory obligations, with prior notice to the other Party.

(e) If requested by CMHC, the Recipient shall publicly acknowledge CMHC's and the Government of Canada's Contribution under this Agreement in a manner acceptable to CMHC, acting reasonably, including through use of signage at the project (at the costs of CMHC).

7. Notice

Delivery of notice under this Agreement shall be effective three days after posting by regular mail, or on the day following transmission by e-mail, to the Parties at addresses set out on the signature pages of this Agreement.

8. Independent Recipient

The Parties agree that under this Agreement CMHC is solely a financial contributor in respect of the Units and there shall be no legal partnership or joint venture between CMHC and the Recipient. No Party will use the name, logo or marks of the other party without the prior express written consent of that other party.

9. Costs

The Recipient is responsible for its own costs and expenses incurred in connection with the preparation, execution, enforcement and implementation of this Agreement.

10. Conflict of Interest

The Recipient shall avoid any conflict of interest during the Term of this Agreement and shall immediately declare any existing, potential or apparent conflict and shall, upon direction of CMHC, take steps to eliminate any conflict, or perception that a conflict of interest exists.

11. House of Commons/Senate

No member of the House of Commons or the Senate of Canada shall be admitted to any share or part of this Agreement or to any benefit arising therefrom.

12. Assignment and Amendment

This Agreement shall be binding upon and shall ensure to the benefit of the Parties and their successors and assigns. This Agreement may not be assigned by a Party without the prior written consent of the other Party. Any amendment to this Agreement must be approved by both Parties in writing.

13. Counterparts

This Agreement may be executed in any number of counterparts, which taken together will be deemed to constitute one and the same instrument. This Agreement may be executed by electronic signature and such electronic signature shall be deemed to be an original signature for the purpose of this Agreement with the same legal effect as a manual signature.

14. Waiver

The failure of CMHC to insist on strict compliance with one or more of the terms of this Agreement shall not constitute a waiver of its right to enforce those terms at a later date. No provision of this Agreement shall be deemed to have been waived as a result of a breach by either Party of the provisions of this Agreement, unless such waiver is in writing and signed by CMHC. Any such waiver shall not be deemed a waiver for a subsequent breach of the same or any other provision of this Agreement.

15. Governing Law and Jurisdiction

This Agreement will be governed by and construed in accordance with the laws of the province or territory where the Units are situated, and the federal laws of Canada applicable therein. The courts of such jurisdiction shall exclusively hear any dispute related to this Agreement. Funding under this Agreement is at all times subject to appropriations by the Parliament of Canada.

16. Entire Agreement

This Agreement contains all of the agreements and understandings between the Parties and no other representations or warranties, verbal or otherwise, exist between the Parties. If any provision of this Agreement is held by a competent authority to be invalid, illegal or unenforceable for any reason, the remaining provisions of this Agreement and any schedules attached hereto, will continue to be in full force and effect.

Information Memo

Advisory Committee Meeting – February 27, 2023 Board of Health Meeting – March 07, 2023

Division: Health and Social Services
Department: Haldimand Norfolk Health Unit
Subject: 2022/2023 ISPA Suspensions HSS-23-003

Recommendation(s):

THAT the Information Memo regarding the 2022/2023 ISPA Suspensions be received as information.

Background

This report provides an update to the Board of Health (BOH) on the Immunizations of School Pupils Act (ISPA) suspension process. As per the Ontario Public Health Standards the BOH shall comply with the Immunization for Children in Schools and Licensed Child Care Settings (MOHLTC, 2018). Every year the Vaccine Preventable Disease (VPD) Team take steps to ensure the Haldimand Norfolk Health Unit (HNHU) fulfils this mandate by implementing a rigorous suspension process. Ongoing immunization programs that are successful in ensuring high vaccine coverage rates for ISPA mandated vaccines are needed to maintain low levels of vaccine preventable diseases.

Discussion:

Why are Immunizations Important?

Immunizations save lives. They prevent serious illness, and are recognized as one of the most effective public health interventions of modern time. Immunizations provide protection by helping the body make its own defenses (or antibodies) against certain diseases. “Thanks to vaccines, infectious diseases that were the leading cause of death 100 years ago are now the cause of less than five percent of all deaths in Canada” (MOHLTC, 2015, pp.2).

What is the Immunization of School Pupils Act?

ISPA was enacted to increase the protection of school aged children against certain designated vaccine preventable diseases. Outbreaks of these diseases are adverse to those who become ill and place vulnerable populations at risk. It also is costly to the

healthcare system. ISPA requires that students attending primary and secondary school be immunized against designated diseases (see Appendix A) or have a valid exemption on file (ISPA, 1990). Should an outbreak, or a risk of an outbreak occur, those children without sufficient proof of immunization information may be excluded from school under section 22 of the *Health Protection and Promotion Act* (HPPA, 1990).

To meet these regulatory obligations, the BOH is required to collect, maintain and assess records of immunizations of students attending schools within the health unit's jurisdiction. These records are reviewed by the VPD team to identify any student who has not completed the prescribed program of immunization. As authorized by statute, the Medical Officer of Health has the authority to temporarily suspend students from school if parents and/or students have not complied with the legislation.

Health Units role in implementing the Immunization of School Pupils Act

The health unit commenced its annual review of immunization records for all students aged 7 and 17 years of age (birth cohorts 2015 and 2005) in January 2023. A total of 1,279 notifications were mailed in January 2023 to parents and/or students who had incomplete immunization records on file. Parents and students were provided with options to resolve their immunization issues. Where students have received immunizations that have not yet been reported to the health unit, updated information can be provided by the parent, student, or the primary healthcare provider via fax, telephone, online, email or in-person.

Students requiring immunizations can:

- Make an appointment with their family physician or nurse practitioner
- Attend a HNHU school vaccination clinic
- Make an appointment to visit the HNHU offices

Students with medical exemptions or conscientious/religious exemptions are also accommodated by contacting the Health Unit to complete the required steps and documentation. Through these processes the Health unit makes every effort to avoid issuing suspension orders.

The health unit also works with family physicians to increase vaccine reporting and immunization uptake. Vaccination clinics are provided by the VPD Team in both Haldimand and Norfolk Counties. Following this process students who continue to have incomplete immunization records will be suspended from attendance at school for 20 days, commencing May 3, 2023 by order of the Medical Officer of Health as per ISPA.

2020-2022 School Years

During the 2020-2022 school years, school based vaccine activities, including the suspension process were paused due to the on-going pandemic. The VPD team has since developed a catch-up strategy to address the gaps created. This strategy involves assessing the immunizations records of our suspension cohorts, school based catch up

clinics in our area high schools for Hepatitis B, HPV and Meningococcal disease, resuming health unit operated routine immunization clinics and a return of our school based vaccine program for both grade 7 and grade 8 students simultaneously in the fall of 2022 and upcoming spring 2023. Typically, these cohorts would be completed individually.

The projected long-term goal of this approach is to decrease the number of active suspensions annually. In the first year of this process (Winter 2023) records for birth cohorts 2005 and 2015 were assessed. A process that should lead to an increase in the number of complete records on file for those birth cohorts. In the subsequent years, the VPD team will focus on assessing the records for suspension cohorts in the year prior to suspension. This again, should lead to a decrease in the number of suspension orders issued by the Medical Officer of Health, the following year.

Attachment(s):

- Attachment A: Designated Vaccine Preventable Diseases

Conclusion:

Ongoing immunization programs that ensure high vaccine coverage rates for ISPA mandated vaccines are needed to maintain low levels of vaccine preventable diseases.

When vaccine programs are successful and rates of vaccine preventable diseases are low, there is potential for people to question the need to continue such programs. This may lead to lower vaccine coverage rates for ISPA mandated vaccines and, inevitably a resurgence of vaccine preventable diseases in the community.

Enforcement of ISPA is an important means to ensure that ISPA mandated vaccine coverage rates remain high; and students, parents, and our community remain protected from vaccine preventable diseases.

In addition to notification letters being sent directly to students who remain outstanding in accordance with ISPA in the 2005 and 2015 birth cohorts, the VPD team plans to engage its partners in promoting messaging to report vaccination records or encourage students to seek out remaining immunizations. This can be accomplished using school messaging systems that currently exist, social platforms, and local media. They will continue to advertise upcoming clinics through social platforms and look to work in partnership with the municipalities, school boards and other partners to increase the spread of information.

Approval:

Approved By:
Heidy Van Dyk
Acting General Manager – Health and
Social Services

Reviewed By:
Syed Shah
Acting Director – Public Health

Prepared By:
Eric Robertson
Program Manager – Infectious Diseases

Attachment A:

Designated Vaccine Preventable Disease's

Ontario's Immunization of School Pupils Act (ISPA) requires that students attending primary and secondary school must have proof of immunization against the following designated vaccine preventable diseases to attend school:

- Diphtheria
- Tetanus
- Polio
- Measles
- Mumps
- Rubella
- Meningococcal Disease
- Pertussis (Whooping Cough)
- Varicella (Chicken pox)

Retrieved from:

ISPA (1990), *Immunization of School Pupils Act, RSO, c l. 1*, retrieved from:

<https://www.ontario.ca/laws/statute/90i01>



Information Memo

Advisory Committee Meeting – February 27, 2023 Board of Health Meeting – March 07, 2023

Division: Health and Social Services
Department: Public Health
Subject: HSS-23-005 - Haldimand Norfolk Opioids Surveillance System

Recommendation(s):

THAT Staff Report for the Haldimand-Norfolk Opioids Surveillance System be received as information.

Executive Summary:

The Public Health Agency of Canada (PHAC) provided one-time funding to the Haldimand-Norfolk Health Unit (HNHU) to support harm reduction efforts for the surveillance of opioids-overdose events in our counties. This report is to advise and inform the Board of Health (BOH) about the completion of the project undertaken through the funding.

Background

A situational assessment carried out in 2019 identified harm reduction as one of the priority areas for the HNHU; justified by the rise in opioid overdoses. The HNHU did not have a coordinated strategy to monitor opioids and substance use related harms within the two counties, and this was in part, due to the inability, of the HNHU to access real-time surveillance data on the substance use trends within our communities.

Discussion:

The PHAC provided one-time funding of \$80,000 following a successful proposal submitted by the HNHU. The funding presented staff the opportunity to develop a centralized surveillance/reporting system over a two-year period.

Over the two-year project time-line, staff developed a surveillance system unique to HNHU, which is comprised of a web-based surveillance alert system, a data management tool to gather and synthesize real-time information, and a dashboard hosted on the HNHU website. The development of the surveillance system was to meet the following objectives:

- Promote on-going systematic collection, analysis and interpretation of substance use data necessary for harm reduction programming.
- To provide a centralized reporting platform that conveys real-time data to the Health Unit staff.
- To facilitate better communication and information dissemination to staff, stakeholders, and the community.
- To support the provincial government's Harm Reduction Program Enhancement requirement, which is to support the implementation/enhancement of opioid overdose early warning systems in their jurisdiction to allow for the timely identification of, and response to, a surge in opioid overdoses.

The development of the surveillance system has been completed, and is being monitored by HNHU staff to identify opioid-overdoses events in the counties of Haldimand and Norfolk. Staff are working with community partners such as the OPP, EMS, Hospitals and other local partners to strengthen partnerships for the reporting of opioid-overdose data.

The surveillance reporting survey is accessible through a reporting button on the health unit's harm reduction webpage. Our community partners have secure access to this simple and accessible reporting tool from any location with Wi-Fi capability. Data is also collected from other health-based sources such as hospitals, EMS, and OPP to track opioids-overdose trends on a monthly basis. HNHU staff support the on-going collection, monitoring, analysis, interpretation, quality assurance and communication of data. If the monitoring trends show a higher than usual occurrence of opioid events, an internal alert protocol is launched to communicate the events to staff and stakeholders in the community. An opioid monitoring bulletin board provides quarterly updates to stakeholders about data associated with opioids-overdose events.

With the monitoring system in place, the HNHU in collaboration with key community partners will have a unique opportunity to respond to overdose spikes in real-time. Post-pandemic conditions will create more opportunities to build capacity to support the surveillance system by engaging new partners to report and participate in monitoring opioids events. For the public, the opioids overdose data provided through the dashboard will be used to increase awareness about trends and available supports for opioids overdose i.e. naloxone availability and administration in the community. The dashboard is currently being reviewed by staff. Once finalized, this will be shared with public and community partners through different communication channels. Regular collaboration between HNHU and community partners to discuss/promote intervention strategies on overdose incidents in the community over time will potentially reduce morbidity/mortality related to substance use.

The health unit anticipates that opioids-overdose data dissemination will encourage key decision makers such as policy makers and community leaders to understand the depth of the opioids issue and develop harm reduction programs to support individuals and families in the system. Data collected to show opioid-overdose trends would provide organizations with justification to act in providing supports to the community.

Financial Services Comments:

Norfolk County

The Amended 2021 and Approved 2022 budgets included \$80,000 between them to support the Opioids Surveillance System initiative, with funding provided by the Public Health Agency of Canada. The funding was used in full by the March 31, 2022 project end date to cover staff time while working on the initiative, as well as any limited operational costs.

Strategic Plan Linkage:

This report aligns with the 2019-2022 Council Strategic Priority "Build Solid Foundations". The funding grant for the Harm Reduction surveillance tool is linked to Norfolk County's commitment in creating a culture of efficiency and continuous improvement.

This report also aligns with Haldimand's strategic pillar in the promotion of well-being of communities and the health of residents.

Attachment(s):

None

Conclusion:

The opioid surveillance platform is live and monitored by HNHU staff. The establishment of an infrastructure for an Opioids Surveillance System was well received by our key community partners who have committed to support the surveillance system to mobilize harm reduction efforts in Haldimand and Norfolk counties. The Health Unit hopes to channel the synergy among our partners to materialize programs/interventions tailored for clients with substance use challenges.

Approval:

Approved By:
Syed Shah
Acting Director, Public Health

Reviewed By:
Syed Shah
Acting Director, Public Health

Prepared By:
Kike Ogunsulire
Program Manager, School Health & Substance Use

Written By:
Fiaza Siddiqi
Health Promoter

PLEASE ROUTE TO:

**All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers**

January 18, 2023



January 2023 InfoBreak

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

Visit us at alphaweb.org.

2023 Winter Symposium and Section Meetings



alPHa is pleased to announce that registration is now open for the online alPHa Winter Symposium and Section meetings that are taking place on Friday, February 24, 2023.

We have an exciting line-up for this event including speakers from alPHa, Public Health Ontario, Ontario Health, and the Ontario Provincial Police discussing issues of key importance to public health leaders. alPHa's President, Trudy Sachowski, is the Symposium Chair and members of alPHa's Board of Directors are moderating the sessions.

Registration information, the draft Symposium program, the draft agenda for the BOH Section meeting, and the event flyer can be accessed by going to the [alPHa website](#) and clicking on the Symposium Banner or by going to the [event page](#). This webpage is also where any updates will be posted. The closing date to register is Monday, February 20th at 5 pm. Please note that you must be an alPHa member to participate in the Symposium or Section meetings. All registrants will receive login information prior to the event.

If you are a BOH Section or Affiliate member and registered for the Symposium, you may also attend the [Pre-Symposium Workshop called Road 2 Mental Readiness \(R2MR\)](#) on February 23, 2023! The workshop was developed in collaboration with the Canadian Armed Forces for public health leaders and is based on a cycle that entails preparation, performance, and recovery. Please note, if you are a BOH or Affiliate attendee, you do not need to separately register for this workshop. (COMOH members, this is the R2MR workshop you participated in on November 18, 2022. If you are a COMOH member, missed the original session, and want to participate, you can contact Melanie Dziengo at communications@alphaweb.org.)

ALPHA would like to thank the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support.

Hold the Date for the 2023 Conference and AGM! The online Winter Symposium and Section meetings are not the only membership events in the works. The 2023 Conference and AGM is scheduled to take place from June 11th-13th and will be in person. Please stay tuned for further information!

Leader to Leader - A Message from ALPHA's President - January 2023



The foundation of ALPHA and its success is built upon the support of its members and the existing network of relationships with its 34-member local public health agencies. An excellent example of this is ALPHA's recent survey of Ontario's local public health units. The purpose was to identify the funding needs for local public health, as well as to collect the operating and base budgets, and one-time funding allocations for the province's public health agencies.

With a response rate of 100 per cent, the results continue to inform ALPHA's discussions regarding Ontario's public health funding allocations and needs. More specifically it informs ALPHA's response to the government's 2023 Budget Consultations and ALPHA's latest [Public Health Matters Infographic](#) that celebrates local public health's vaccine successes.

While there were variations in the estimates provided by the province's local public health agencies across Ontario, which differ in geographic size and population densities served, the survey results decisively concluded the current base funding envelope for local public health units is not sufficient to meet the expected needs within Ontario's public health standards and related legislation. Investment in local public health is essential, as healthy individuals and healthy

communities create and maintain a strong, vibrant, and economically prosperous Ontario.

alPHA members Dr. Charles Gardner, Simcoe-Muskoka District Health Unit; Cynthia St. John, Southwestern Public Health; Dr. Hamidah Meghani, Halton Region Health Department; Wess Garrod, Kingston, Frontenac, Lennox & Addington Public Health; Trudy Sachowski, Northwestern Health Unit and Loretta Ryan, alPHA's Executive Director, were the team who spearheaded the project for the alPHA Board. The work was supported by several health units who worked with alPHA's Executive Director and her staff, on various components from developing the survey to collating the feedback. Thank you to everyone for their contributions and the numerous roles our members played across all 34 local public health agencies.

There is much optimism for 2023 and what is in store for further engagement opportunities for alPHA members. Anticipation is building around alPHA's Winter Symposium and Section meetings that are being held virtually on Friday, February 24th. All members are encouraged to participate in this important on-line learning event that furthers the conversation on public health's resilience and its demonstrated role for the health of all Ontarians. A workshop called, Road to Mental Readiness, will be delivered to the Boards of Health Section and Affiliates on Thursday, February 23rd as part of a pre-symposium workshop, included with registration.

In June, the 2023 alPHA AGM, Conference and Section meetings will be another key opportunity for member engagement. Highlights include a review of alPHA's current Strategic Plan that takes us to the end of 2023. At the event, as an association, we will begin to define the strategy, direction, and allocation of resources to attain strategic goals moving beyond 2023. As well, there will be updates on alPHA's by-law review to ensure legal compliance with the Ontario Not for Profit Corporation Act (ONCA) prior to the deadline of October 2024.

alPHA highly values its members across Ontario's 34 local public health agencies. The association endeavours to engage you proactively and meaningfully through regular updates via email and opportunities in Information Break, on Twitter, at member-driven symposiums and events and with time-sensitive updates and opportunities for consultations such as the survey on Ontario's 2023 Budget Consultations.

In 2023, alPHA's dedicated governance Board of Directors and Executive Committee, supported by alPHA's Executive Director and staff, *will continue to provide strategic leadership with one, unified voice representing the public health*

system across its member constituents. aPHa provides on-going and valued resources and services to you, its members, leading in the ever-changing public health sector. aPHa is committed to influencing Ontario's decision-makers to ensure a robust local public health system with ample resources to protect the entire population's health.

Trudy

Trudy Sachowski,
President

~ Leadership is not a position or a title, it is an action and an example ~

Public Health Matters Infographic



aPHa is pleased to share our new [Public Health Matters Infographic](#) that highlights the important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario. The French version of the Infographic can be found [here](#).

This builds upon the earlier [Public Health Matters infographic \(A Public Health Primer\)](#), and focuses on the success of recent local public health campaigns to increase coverage against a range of vaccine preventable diseases, including COVID-19, mPox, influenza, and those included in routine childhood immunizations.

We anticipate these infographics will be useful resources in your various engagements with decision-makers and community partners, including local councillors and MPPs. Please continue to demonstrate the value of local public health and celebrate the accomplishments by using and sharing these resources widely.

alPHa would like to thank the many volunteers who contributed to the infographic and to send a special shout out and thanks to the staff at Toronto Public Health. A big thank you also goes out to Eastern Ontario Health Unit for translating the Infographic.

2023 Budget Consultations



The Government of Ontario is seeking public input on the 2023 Budget via an online survey, an invitation for written submissions, and a series of public hearings.

Public Survey: The government's online survey launched on January 11th. Respondents are invited to choose their top two or three priorities from a list of options under each of nine topic areas. Please note that under the fourth item (*When you think about your community, what services or resources could use more government support?*), "Public health resources for businesses, schools and other community groups" is one of the options. There are no open-ended questions. [Click here to complete the survey.](#)

Written Submissions: alPHa will be providing a written submission and invites input from its members. To contribute, please send an e-mail to

loretta@alphaweb.org by January 20, 2023. We also encourage our members to provide submissions of their own to ensure local perspectives are considered.

Public Hearings: Please note these hearings are already underway and we have provided a link to the news release below, which includes opportunities around the province.

Please note the consultation closes on **February 10th**, notwithstanding the public hearings that occur after this date.

[Please click here for the 2023 Budget Consultation page.](#)

[Please click here for the Standing Committee on Economic Affairs News Release.](#)

2023 EA/AA Conference



Prior to this year's Winter Symposium, on February 22nd, the EA/AA Conference will take place. This is an opportunity to virtually gather EAs/AAs to provide additional tools and knowledge to help them support alPHa members across the province. The registration page can be found [here](#). Tickets are \$149.00+HST.

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 that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alpha website include:

- [Orientation Manual for Boards of Health \(Revised 2022\)](#)
- [Review of Board of Health Liability, 2018 \(PowerPoint presentation, Feb. 21, 2019\)](#)
- [Legal Matters: Updates for Boards of Health \(Video, June 8, 2021\)](#)
- [Obligations of a Board of Health under the Municipal Act, 2001 \(Revised 2021\)](#)
- [Governance Toolkit \(Revised 2022\)](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview \(for Provincial Appointees to BOH\)](#)
- [Ontario Boards of Health By Region](#)
- [List of Health Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
- [The Municipal Role of Public Health \(2022 U of T Report\)](#)

Affiliates Update

Association of Public Health Business Administrators

Picking up where the fall conference left off, the Association of Ontario Public Health Business Administrators' Executive is reviewing its current strategic priorities for the coming 12-18 months. This will be important work given the provincial intention of strengthening the public health sector now that the first

2+ years of the pandemic are behind us. The entire field is also working fast and furiously through one of its busiest times – year end, quarterly reporting, budget development, and ASP readiness.

Association of Municipalities of Ontario (AMO) New Head of Council and New Councillor Training



AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants “managing diverse aspects and expectations on issues you will find before your term.” You can register for the New Head of Councillor Training [here](#) and register for New Councillor training [here](#).

ROMA 2023: Breaking New Ground



The [2023 ROMA Annual General Meeting and Conference](#) is taking place January 22 to 24. The event focuses on critical rural municipal issues. aPHa wishes our members who are attending all the best as they engage, learn, network about their communities and discuss the important role of local public health in Ontario.

Thank you to everyone who submitted Abstracts!



For 2023, TOPHC is hosting a two-day convention that will include one day of virtual presentations and interactive activities and a second day of in-person workshops and networking.

Important dates

- January 30: Registration opens
- March 27: Virtual convention

#TOPHC2023 is created by and for public health professionals and will deliver workshops, presentations, and keynotes focused on the unique experiences, challenges and opportunities in public health today. TOPHC events offer a chance for public health professionals to learn from each other, get inspired, provoke thought and move forward to make a difference in their careers and communities. TOPHC is co-hosted by PHO, ALPHa, and OPHA. Further information can be found [here](#).

Public Health Ontario



COVID-19 Epidemiological Surveillance Report

- [SARS-CoV-2 Genomic Surveillance in Ontario, December 23, 2022](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario from December 25, 2022 to December 31, 2022 \(Week 52\)](#)
- COVID-19 in Ontario [Weekly Epidemiological Summary](#)

Vaccination and Vaccine-Preventable Diseases

- [Recommendations: Management of Age-Related COVID-19 Vaccine Administration Errors](#)
- [Socio-Demographic Data Collection For COVID-19 Vaccination](#)
- [Public Health Management Considerations for Pertussis](#)

Additional Resources – New

- [Invasive Group A Streptococcal \(iGAS\) Disease in Children 0 to 17 Years of Age in Ontario: October 1, 2016 to December 19, 2022](#)
 - [Orientation for Infection Prevention and Control Leads in Long-Term Care](#)
-

PHO Events

- **January 19:** [PHO Rounds: A Comprehensive Look at Youth Vaping in Ontario/Canada](#)
- **January 24:** [PHO Rounds: Tuberculosis De-isolation](#)
- **January 30:** [PHO Webinar: Implementing Smoking Rooms in Supervised Consumption Sites: Key lessons](#)

Interested in the upcoming events? Check out the [Events](#) page to stay up-to-date with all PHO events.

New Members Appointed to Ontario Public Health Emergencies Science Advisory Committee

New members with diverse expertise in public health threats and emergencies, including areas of epidemiology and surveillance, public health, health equity and social justice, emergency planning and occupational health have been appointed to the [Ontario Public Health Emergencies Science Advisory Committee \(OPHESAC\)](#). Read the full announcement on PHO's [News page](#).

Request to Participate in the Ontario Public Health Information Database Study



All public health units are invited to participate in the CIHR funded, Ontario Public Health Information Database (OPHID) Study. The OPHID Study objective is to examine the impacts of funding changes in Ontario's public health system

on population health and health equity. For more details, you can read the briefing note that was provided to the alPHa Board about the OPHID Study at this [link](#).

In collaboration with the alPHa Board, the OPHID Advisory Council has been formed to guide the collection, use and reporting of public health system indicators, and their impact on public health in the OPHID study. The OPHID database now includes information from 26 of Ontario's public health units related to their funding, workforce and program delivery.

To participate, your public health unit will be asked to share information on your public health unit's funding and budgets and complete topic area surveys to examine disruptions to public health programs during the COVID-19 pandemic. Stay tuned for more information.

Public Health Workforce Study: Mental Health and Intention to Leave During COVID-19

The Canadian Institutes of Health Research and McMaster University are conducting a research study to understand the nature and extent of mental health impacts and intention to leave among the public health workforce in Canada during COVID-19. They are seeking public health professionals and workers who have worked in a public health unit or regional health authority in Canada prior to March 2020 and during the COVID-19 pandemic in full or part-time positions. Participation will include [completion of a one-time anonymous online survey](#).

alPHa welcomes Centennial College student, Franger Jimenez!



Franger Jimenez is a [Workplace Wellness and Health Promotion](#) student at Centennial College. There, he is learning about how to improve the wellbeing of people, with a holistic approach, in and out of the workplace. Franger is also the new placement student at aPHa for the next four months. Previously, Franger trained as a physician, and he worked on health promotion in Colombia as a medical leader for cardiovascular and metabolic diseases. He also treated chronic patients and created health campaigns to promote healthy lifestyles. aPHa staff and volunteers look forward to working with Franger as he develops health and wellness products for our members.

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- [HealthcareLCA Launch: The new home of healthcare environmental impact assessments](#) (Jan. 18)
 - [Industry interactions in the context of the interprofessional clinic](#) (Jan. 19)
 - [Building a Leading Digital Healthcare Platform with Data and AI](#) (Jan. 19)
 - [Treating Patients with C.A.R.E.](#) (Jan. 20)
 - [Maternal vaccination against COVID-19: insights from Canadian data](#) (Jan. 23)
 - [Tackling Bias in Health AI Systems from a Human Rights Lens](#) (Jan. 25)
 - [2023 Global Health Conference](#) (Jan. 26)
-

RRFSS Update



RRFSS 2023 has a variety of survey options and costs! Data collection is available for 2023 in a variety of modes: telephone (dual-frame landline and cell phone samples) and online (panel and convenience samples). Costs vary by data collection method, number of completed interviews and survey length. For

example, 720 completed telephone interviews (50 per cent landline/50 per cent cell) with ten minutes of interview questions would cost approximately \$35,000. A panel sample with 600 completed interviews and a ten-minute survey would cost approximately \$20,000.

By participating in RRFSS, costs are reduced by sharing administrative costs associated with CATI setup, data collection and data file preparation by ISR. RRFSS also allows for custom surveys based on specific budgets.

In addition, benefits of RRFSS Partnership with ISR include:

- ISR has over 50 years of excellence in conducting applied and academic social research.
- ISR is a non-profit academic research centre that operates the RRFSS (compared to many profit based private research companies).
- ISR has full time dedicated RRFSS project staff with continuous years' experience and close to 100 trained onsite interviewers.
- All ISR interviewers are local Ontario residents and there is no out-sourcing.
- All calls are by live ISR interviewers and there are no 'robo-calls' or automated messages.

To collect 2023 RRFSS data and create a survey package and customizable budget contact: Lynne Russell, RRFSS Coordinator:
lynnerrussell@rrfss.ca

COVID-19 Update

The Ministry of Health COVID-19 resource pages:
<https://www.ontario.ca/page/covid-19-coronavirus> (English)
[Ministry of Health - guidance for the health sector](#)

[Public Health Ontario's COVID-19 landing page](#)
[Public Health Agency of Canada's COVID-19 landing page](#)
[ALPHA's recent COVID-19 related submissions can be found here.](#)

As part of the ongoing response to COVID-19, ALPHA continues to represent the public health system and work with key stakeholders.

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 - Public Health Matters \(Partners\)](#)

January 13, 2023 letter from the President of the Association of Local Public Health Agencies (alPHA) to alPHA's partners presenting a copy of the infographic. The infographic highlights important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario.

[alPHA Letter - Public Health Matters \(Minister\)](#)

January 13, 2023 letter from the President of the Association of Local Public Health Agencies (alPHA) to the Minister of Health presenting a copy of the infographic. The infographic highlights important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario.

News Releases

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