Agenda

Health and Social Services
Haldimand and Norfolk

Haldimand-Norfolk
Health and Social Services Advisory Committee

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

Pages

Health and Social Services Advisory Committee
Terms of Reference

Date of Review and Revision: December 2022
Advisory Committee Review and Approval: January 2023

1. Purpose/Objectives

The Health and Social Services Advisory Committee of Haldimand and Norfolk is a Committee struck for the purpose of providing the opportunity for elected officials and citizens in both Municipalities to accept reports, debate and discuss matters related to services provided under the Consolidated Municipal Services Manager (CMSM) and the Board of Health (BOH). The Committee will provide recommendations on policy and programs within the budget agreed upon by both municipalities.

Activities of the Committee include but are not limited to:

- receive reports from staff
- take information back to respective Councils
- participate in identifying community needs and setting strategic direction for CMSM and Board of Health services
- review, provide input, and make recommendations regarding the budgets related to services under the CMSM and Board of Health.

The Health and Social Services Advisory Committee, through a rotation of standing agenda items, serves as subcommittees for the Board of Health, providing timely reporting and advice to the Board on[1] the following matters specifically related to the Haldimand Norfolk Health Unit:

1. Finance and Audit
    a. Topics related to this area will be included on the agenda each January, April, July and October.
    b. Recommendations will be forwarded to the Board of Health at the subsequent meeting of the Board.
    c. Topics for discussion shall include quarterly operational budget to actual variance analysis, reporting related to procurements for the

[1] Organizational Standards section 3.1 Board of Health Stewardship Responsibilities, states that a Board of Health shall provide governance direction to the administration and ensure that the Board remains informed about the activities of the organization, including the delivery of the OPHS and its protocols, strategic planning, financial management, including procurement policies and practices, and risk management.

Health Unit and annual settlement reports submitted to the Ministry of Health and Long-Term Care.

d. A special meeting will be added annually for the purposes of reviewing the Operating Budget.

2. Human Resources
   a. Topics related to this area will be included on the agenda each February, May, August and November.
   b. Recommendations will be forwarded to the Board of Health at the subsequent meeting of the Board.
   c. Reports shall include staff training and development, staff engagement and recruitment.

3. Quality and Risk Management
   a. Topics related to this area will be included on the agenda each March, June, September and December.
   b. Recommendations will be forwarded to the Board of Health at the subsequent meeting of the Board.
   c. Topics shall include performance indicators, strategic planning and risk management.

2. Chair/Vice-Chair

A representative from Haldimand, who is on the Advisory Committee, shall be nominated for Chair and a vote taken to confirm appointment as Chair. The Chair shall remain in the position for the term appointed by their respective Council with the opportunity to change the Chair after 24 months.

A representative from Norfolk, who is on the Advisory Committee, shall be nominated for Vice-Chair and a vote taken to confirm appointment as Vice-Chair. This Vice-Chair shall remain in the position for the term appointed by their respective Council with the opportunity to change the Chair after 24 months.

Duties of the Chair are as follows:

- call the meeting to order as soon after the hour fixed for the holding of the meeting as quorum is present
- announce the business of the Advisory Committee in the order in which it appears on the agenda
- disclosures of interest
- receive and submit all motions moved and seconded by members
- put to a vote all questions, which have been moved and seconded, or otherwise arise in the course of the proceedings and announce the results
- decline to put to a vote any motion not in order

- confine members engaged in debate within the rules of order
- enforce the observance of order and decorum among members
- name any member persisting in the breech of rules of order
- receive all messages and other communication and announce then to the Committee
- rule on points of order
- adjourn or suspend the meeting in the event of a grave disorder
- designate the member who has the floor
- have a vote in all matters of the Committee.

3. Duties of the Vice-Chair

Take over the duties of the Chair in his/her absence.

4. Membership

Three members of each Municipal Council will sit on the Advisory Committee with the respective Councils deciding who will represent them.

5. Meetings

- Meetings will be held regularly in conjunction with the municipal council schedule. A schedule will be developed by the secretariat with all members' agreement. Location of meetings will be held in Simcoe at 50 Colborne Street, Simcoe in Norfolk County Council Chambers, or at the office of the Health and Social Services Division located at 12 Gilbertson Drive, Simcoe.

- The Chair may summon a special meeting at any time. A special meeting may also be called upon receipt of a petition of the majority of the members, at which time the secretariat shall summon a special meeting for the purpose and at the time mentioned in the petition. The secretariat shall give written notice of any special meeting to all members by email and shall attempt to reach each member by telephone at least 48 hours before the meeting. No business shall be transacted at a special meeting other than that specified in the notice.

- All meetings shall be open to the public and live streamed on the Norfolk County website when public do not have access to the building. The Chair may expel any person for improper conduct and except that a meeting or part of a meeting may be closed to the public if the subject matter being considered is:

    - personal matters about an identifiable individual, including employees of either Municipality
    - a proposed or pending acquisition of land by either municipality labour relations or employee negotiations

- litigation or potential litigation, including matters before administrative tribunals affecting either municipality
- the receiving of advice that is subject to solicitor-client privilege, including communication necessary for that purpose
- a matter of respect of which the Advisory Committee has authorized a meeting to be closed under another Act.

6. Decision Making

A simple majority of four members of the Committee are necessary to form a quorum and the concurring vote of a majority of members present are necessary to carry a resolution or other measure. A tie vote is a null vote.

7. Pecuniary Interest

If a member has a pecuniary interest in any matter and is, or will be present at a meeting at any time at which the matter is the subject of consideration, the member:

- shall, before any consideration of the matter at the meeting orally disclose the interest and its general nature
- shall not, at any time, take part in the discussion of, or vote on, any question in respect to the matter
- shall leave the meeting and remain absent from it at any time during consideration of the matter, and,
- shall, as soon as possible, complete and file with the secretariat a written disclosure, setting out the interest and its general nature.

8. Agendas

Norfolk shall be responsible for providing secretariat support. Reports and agenda items shall be submitted to the designated secretary ten days prior to the meeting. Agenda packages will be distributed to all members the Friday prior to the meeting. These agendas will be distributed with minutes of the previous meeting.

Staff reports that require approval of the Committee shall appear on the agenda immediately following deputations, with the departmental order rotating each meeting. Items to be dealt with by the Committee as the subcommittee for the Board of Health shall be placed on the agenda following the staff reports.

9. Minutes

Minutes of the meeting will be taken by an individual designated by the secretariat. Minutes of the meeting shall reflect:

- the place, date and time of the meeting
- the name of the Chair and the record of attendance of the members
- the adoption, with corrections and amendments, of the minutes of the prior meeting
- all resolutions, decisions and other proceedings of the meeting without note or comment
- every oral disclosure of interest pursuant to the Municipal Conflict of Interest Act.

The secretariat will also be responsible for forwarding copies of minutes to the Haldimand and Norfolk Councils for final action on recommendations.

10. Deputations

In order for a deputation to qualify for inclusion on an agenda of a regular Advisory Committee meeting, the deputation must have notified the secretariat of its desire to be included on the agenda by noon of the Friday preceding the regular meeting. Walk in deputations are at the discretion of the Committee.

Deputations shall limit their remarks to five minutes, except that a deputation of more than five persons shall be limited to two speakers, each limited to speaking not more than five minutes.

11. Accountability

The Health and Social Services Advisory Committee is accountable to both Norfolk and Haldimand County Councils.

12. Review

The Terms of Reference will be reviewed annually and with each change in Council term.

Advisory Committee Meeting – January 09, 2023

Subject:	Proposed 2023 Haldimand-Norfolk Shared Services Budget
Report Number:	CS-22-211
Division:	Corporate Services
Department:	Financial Management & Planning
Purpose:	For Decision

Recommendation(s):

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.

Executive Summary:

This report summarizes the financial requests for Shared Services within Haldimand-Norfolk Health and Social Services for the 2023 budget year. It seeks to provide Haldimand County Advisory Committee members an opportunity to review, question, and make recommendations for Shared Services operations, including Social Services, Housing Services and the Haldimand-Norfolk Health Unit.

Discussion:

As part of the ongoing commitment from Norfolk County staff to provide Haldimand County Council and staff with information on the preparation and requirements for the Health and Social Services budget, this report outlines the requested budget along with program details, funding sources and cost share information. This report covers municipally shared services for Social Services, Housing Services and the Haldimand-Norfolk Health Unit.

The proposed net levy requirement for shared services is $10,187,500, an increase of $967,300 (10.5%). This increase can be broken down between the municipalities by a split of $294,000 (9.3%) for Haldimand and $673,300 (11.1%) for Norfolk. Individual department specific details are included further within this report.

Appendix A includes budget amounts, funding information and supporting tables to provide additional details on the program summaries discussed within this report.

Social Services

Social Services includes programs for Ontario Works, Child Care and EarlyON Child and Family Centres. The shared levy request is $2,420,000, an increase of $185,000 (8.3%); this increase is split between Haldimand $26,800 (2.8%) and Norfolk $158,200 (12.4%).

The Ontario Works program is overseen by the Ministry of Children, Community and Social Services (MCCSS), with funding provided at 100% for client benefits, 100% for employment related benefits and 50% for administration. Any amounts not funded at 100%, or over the capped allocations, are funded from the shared levy. Levy costs are shared based on the location of the client, with administration costs then allocated based on the percentage share of location costs. From Appendix A, Table 1 outlines the ministry funding share and Table 4 outlines the municipal cost share changes.

Child Care programs fall within the scope of the Ministry of Education (MEDU), with funding provided at 100% and a minimum levy contribution required. The programs remain within capped funding allocations. Levy costs are shared based on the location of the centre (other than fee relief, which is based on the location of the parent). From Appendix A, Table 2 outlines the ministry funding share and Table 5 outlines the municipal cost share changes. For 2023, a Council Approved Initiative for the new Canada-Wide Early Learning Child Care program has been included.

EarlyON programs are also overseen by the MEDU. Funding is provided at 100% to a capped allocation. Levy costs are shared in the same manner as outlined within Child Care. From Appendix A, Table 3 outlines the ministry funding share and Table 5 outlines the municipal cost share changes.

Housing Services

Housing Services includes federally and provincially funded housing programs, as well as federally and municipally funded housing providers. The shared levy request is $4,503,000, an increase of $354,100 (8.5%); this increase is split between Haldimand $85,100 (8.3%) and Norfolk $269,000 (8.6%).

Housing Provider unit oversight was transitioned from the provincial government to Municipalities in 2001, with the federal government committing to fund mortgage costs for units up to maturity, with the municipality funding all other operating costs. Levy costs are shared based on the location of the unit. Tables 6 and 7 in Appendix A outline the federal funding share and municipal cost share changes for Housing Services. Note that other than the Haldimand-Norfolk Housing Corporation units, provider budgets are determined by federal indices and there is no expected cost share. For 2023, a New Budget Initiative for Repair and Renewal of HNHC-owned assets has been included (Norfolk County only).

Affordable Housing and Homelessness Prevention Programs are funded through the Ministry of Municipal Affairs and Housing (MMAH) with an allowable portion of funding applied against levy funded administration costs. The Housing Programs remain 100% funded, and administration levy requirements will fluctuate each year based on the allowable portion to be recovered; many programs are one-time with no guarantee they will be continued or replaced. Administration levy costs are shared based on a calculated percentage of identifiable costs.

Haldimand-Norfolk Health Unit

The Haldimand-Norfolk Health Unit is broken down based on the applicable Ministry who oversees the programs, and presented to the Board of Health as such. There are currently two Ministries who provide this oversight and funding, the Ministry of Health (MOH) and the MCCSS. The shared levy request for all programs is $3,264,500, an increase of $428,200 (15.1%); this increase is split between Haldimand $182,100 (15.7%) and Norfolk $246,100 (14.7%).

Ministry of Health Programs consist of the MOH's Mandatory Programs, which are funded at 70% to a cap, with the remaining 30% or any expenses exceeding the cap, funded by the levy. The exception being the Ontario Seniors Dental Care Program and one-time programs, which are both funded at 100% (also to a cap). Although the program is 100% funded, if the cap is exceeded, those costs are funded by the levy. Levy costs are shared based on the number of households in each municipality. Tables 8 and 9 in Appendix A outline the MOH funding share and levy cost share changes for MOH Programs.

Ministry of Children, Community and Social Services programs consist of the Healthy Babies Healthy Children program, which is funded at 100% to a cap. As noted above, any costs exceeding the cap are funded by the levy. Levy cost share is consistent with MOH Programs. Tables 10 and 11 in Appendix A outline the MCCSS funding share and levy cost share changes for MCCSS Programs.

COVID-19 Public Health Programs have been identified, as they are a large budget driver, although without a levy impact. The MOH has committed to funding all eligible COVID-19 Public Health costs through to December 31, 2023.

Financial Services Comments:

Norfolk County

The Proposed 2023 Haldimand-Norfolk Shared Services budget includes a levy increase of $673,300 for Norfolk County, which represents a 0.61% increase on the total corporate levy. Norfolk County Council will review and deliberate on the Shared Services Budget as part of the Levy Supported Operating Budget, and the Board of Health will review and deliberate on the Haldimand-Norfolk Health Unit Operating Budget.

Haldimand County

Haldimand has reviewed the details of the budget submission with Norfolk County staff and do not have any further comments or feedback at this time. It should be noted that Haldimand has the ability to review its specific levy impacts and make any adjustments it feels are warranted, such as phasing in significant impacts or other mitigation measures as Haldimand County feels appropriate.

Interdepartmental Implications:

Haldimand County

Haldimand's portion of the draft budget in Appendix A is $21,400 more than the preliminary budget provided to staff in December 2022. These additional costs are mainly attributed to interdepartmental charges, some provincial funding reductions and increased staffing costs which is further described in Appendix A.

As noted within the report, although programs may be 100% funded, they also have a capped dollar value. If the costs exceed the capped amount, it has a direct impact on the levy. Health and Social Services staff are expected to deliver mandated programs and manage the programs within the program funding envelope.

Consultation(s):

Haldimand-Norfolk Health & Social Services

Strategic Plan Linkage:

This report aligns with the 2019-2022 Council Strategic Priorities "Focus on Service".

Explanation:
The Proposed 2023 Haldimand-Norfolk Shared Services Budget provides the Health & Social Services Advisory Committee with recommended expenditures, and their funding sources, for shared programs delivered to residents. The budget has been prepared to the best of staff's knowledge on providing services for the 2023 calendar year.

Conclusion:

The report and supplementary appendix outline staff's recommendations on the required expenditures and revenues for HSS Shared Services for the 2023 budget year, and seek Committee's support to be presented to Norfolk County Council, as the Consolidated Municipal Service Manager, and the Board of Health.

This report and the attached appendix have been prepared for Advisory Committee only. Norfolk County Council and the Board of Health will receive the information in a different context.

Attachment(s):

- Appendix A: Proposed 2023 Haldimand-Norfolk Shared Services Operating Budget

Approval:

Approved By:
Kathy Laplante
General Manager, Corporate Services (Interim)

Reviewed By:
Amy Fanning, CPA
Treasurer and Director, Financial Management & Planning (Interim)

Reviewed By:
Chris Everets
Manager, Strategic Financial Planning & Reporting (Acting)

Prepared By:
Michael VanSickle
Supervisor, Financial Planning & Reporting (Acting)

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

2023 BUDGET

HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

HALDIMAND-NORFOLK SHARED SERVICES SUMMARY

	2022 APPROVED BUDGET	2023 Base Budget Adjustments	2023 ADJ BUD % Incr/(Decr)	Council Approved Initiatives	New Budget Initiatives	2023 PROPOSED BUDGET	2023 Budget $ Incr/(Decr)	2023 Budget % Incr/(Decr)
EXPENDITURES								
Salaries & Benefits	**13,300,900**	1,668,900	**12.5**	105,700	0	**15,075,500**	1,774,600	**13.3**
Materials & Supplies	**497,700**	(67,700)	**(13.6)**	4,000	0	**434,000**	(63,700)	**(12.8)**
Services	**2,626,000**	(375,400)	**(14.3)**	6,600,300	0	**8,850,900**	6,224,900	**237.0**
Transfer Payments/Grants	**29,994,100**	(2,832,700)	**(9.4)**	152,900	507,800	**27,822,100**	(2,172,000)	**(7.2)**
Interdepartmental Charges	**4,519,700**	(1,677,400)	**(37.1)**	0	0	**2,842,300**	(1,677,400)	**(37.1)**
Financial	**10,200**	17,500	**171.6**	0	0	**27,700**	17,500	**171.6**
Infrastructure Funding	**382,800**	0	**0.0**	0	0	**382,800**	0	**0.0**
Capital	**0**	20,000	**100.0**	0	0	**20,000**	20,000	**100.0**
TOTAL EXPENDITURES	**51,331,400**	**(3,246,800)**	**(6.3)**	**6,862,900**	**507,800**	**55,455,300**	**4,123,900**	**8.0**
REVENUES								
Federal/Provincial Grants	**(39,169,800)**	2,263,500	**(5.8)**	(6,862,900)	0	**(43,769,200)**	4,599,400	**11.7**
Fees & Service Charges	**(427,300)**	(11,200)	**2.6**	0	0	**(438,500)**	11,200	**2.6**
Transfer From Reserve & Reserve Funds	**0**	0	**0.0**	0	(382,800)	**(382,800)**	382,800	**100.0**
Interdepartmental Recoveries	**(2,153,300)**	1,784,200	**(82.9)**	0	0	**(369,100)**	(1,784,200)	**(82.9)**
Other Revenues	**(360,800)**	52,600	**(14.6)**	0	0	**(308,200)**	(52,600)	**(14.6)**
TOTAL REVENUES	**(42,111,200)**	**4,089,100**	**(9.7)**	**(6,862,900)**	**(382,800)**	**(45,267,800)**	**3,156,600**	**7.5**
NET LEVY REQUIREMENT	**9,220,200**	**842,300**	**9.1**	**0**	**125,000**	**10,187,500**	**967,300**	**10.5**
HALDIMAND SHARE	**3,152,800**	**294,000**	**9.3**	**0**	**0**	**3,446,800**	**294,000**	**9.3**
NORFOLK SHARE	**6,067,400**	**548,300**	**9.0**	**0**	**125,000**	**6,740,700**	**673,300**	**11.1**
STAFFING COMPLEMENT	**137.76**	**7.68**		**1.00**	**0.00**	**146.44**	**8.68**	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Social Services

DEPARTMENT SUMMARY

DEPARTMENT FUNCTION/SERVICES

1. The Ontario Works program provides financial assistance to people in need and life stabilization supports so that people can become ready to work with community employment services to obtain and be financially independent.
2. Each Ontario Works recipient has an Action Plan that contains life stabilization goals and activities they undertake to achieve those goals.
3. Children's Services provides child care fee subsidy to eligible families, operating support to licensed child care centres including administration, funding and oversight of the EarlyON Child and Family Centres in Haldimand and Norfolk Counties.

PERFORMANCE MEASURES

Measurable Service	2020	2021	2022 as of Sept 30
Percent of Ontario Works recipients who have achieved at least one Action Plan goal*	N/A	2.9%	91.0%
Percent of Ontario Works recipients who are referred to employment services*	N/A	19.8%	17.8%
Number of families and children receiving child care fee subsidy assistance	Families: 228 Children: 349	Families: 205 Children: 315	Families: 212 Children: 341

*New performance measures established in 2021 as a result of the Ministry's Employment Services Transformation

PRIOR YEAR ACHIEVEMENTS

1. During periods of school closures and remote learning, seven child care operators delivered Emergency Child Care to 260 school-age children of front-line essential service workers in Haldimand and Norfolk counties.
2. EarlyON Child and Family Centres successfully transitioned to virtual services in order to continue programming for children and families in Haldimand and Norfolk.
3. We have transitioned to the Centralized Intake Unit being first point of contact for individuals wishing to apply for Ontario Works.
4. The Ontario Works office has 492 (44%) clients registered and using "My Benefits".
5. Successful openings of the Indigenous-led child care centre in the Hagersville Secondary School and a licensed child care centre in the Holy Trinity Catholic Secondary School in Simcoe.
6. Delivered two-system side Professional Learning Days to early years educators utilizing Childcare and Early Years Workforce Funding.
7. Implemented the initial phase of Canada Wide Early Learning and Child (CWELCC) care in 2022.

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. Continue to strengthen our understanding of data to improve performance.
2. Continue to strengthen our partnership with Employment Ontario.
3. Working toward social assistance and transformation and further program integration.
4. Oversee the ongoing successful implementation of CWELCC.

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Social Services

DEPARTMENT SUMMARY

BASE BUDGET ADJUSTMENT DRIVERS

Salaries & Benefits: The increase of $243,700 is primarily from contract & merit increases and benefit adjustments. Of the amount, $219,330 is Ontario Works which is 100% levy funded. Salary gapping of $80,000 has been removed for 2023.

Services: The decrease of $573,300 is driven by the Child Care fee subsidy program ($521,800) where the budget has been adjusted based on historical actuals (100% funded) as well as Contracted Services where budget has been reallocated to Transfer Payments/Grants to support Employment Related Expenditures within Ontario Works ($30,700).

Transfer Payments/Grants: The decrease of $1,728,500 is driven nearly equally by Child Care general operations ($847,400) and Ontario Works Client Payouts ($839,100) (both 100% funded); both are a result of the budget being adjusted to reflect prior year actuals plus an amount for caseload or provider request increases.

Financial: The increase of $19,500 is from Child Care Wage Enhancement program payments to centres based on prior year audited statements detailing the reconciled amounts owed (100% funded).

Federal/Provincial Grants: The decrease of $2,085,600 is driven by program reductions described in Services and Transfer Payments/Grants, which were fully funded by the Ministry. For Child Care, this is a total of $1,284,500 and for Ontario Works this is an amount of $801,100.

Fees & Service Charges: The decrease of $55,200 is driven by child care fees paid by parents ($101,800) offset by wage enhancement recoveries ($49,400); both are 100% funded by the province.

Other Revenues: The decrease of $38,100 is driven by Ontario Works Recoveries ($47,400); these recoveries are completed on behalf of the Ministry so there is no levy impact; offsetting this are additional funeral recoveries ($10,400), again a recovery on behalf of the Ministry.

SUMMARY OF SERVICE LEVEL ADJUSTMENTS

Name	Description	2023 Net Levy Impact ($)	FTEs
Canada-Wide Early Learning Child Care Program (CWELCC)	Staff report HSS-22-019 requested approval to implement the CWELCC program, a federal initiative to reduce fees for families and deliver an average of $10/day child care for eligible children by September 2025. Funding has been pro-rated for 2023 based on the April to December 2022 allocations.	-	1.00

TOP LEVY BUDGET DRIVERS

1. $218,700 Salaries & Benefits
2. $47,000 Net Interdepartmental Charges
3. ($59,500) Materials, Supplies & Services
4. ($23,100) Employment Related Expenditures

5. $1,900 Other Miscellaneous Items
6. $185,000 Shared Levy Increase / (Decrease)

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. Continuing challenges with staff retention and recruitment.
2. Continuing to expand service delivery.
3. Planning for the next steps of the Social Assistance Transformation.
4. Continued implementation of Canada Wide Early Learning Child Care (CWELCC) initiative.

MINISTRY FUNDING SHARE

Ontario Works programs anticipated cost share includes 100% funding for client benefits, 100% funding for employment related benefits, and 50% funding for administration.

Child Care programs are funded at 100%, with a minimum levy contribution being required. EarlyON Child & Family Centres programs are funded at 100%. The allowable use for administration costs is 10% for both programs.

Tables 1, 2 and 3 identify the expected funding share against the actual funding share in Ontario Works administration (50%), Child Care (minimum levy) and EarlyON Child & Family Centres (100%), as well as additional levy funded costs, and Ministry funding shortfall, from being over the capped allocation.

Table 1: 2023 Ministry Funding Share – Ontario Works Administration

	Expected Share	Actual Share	Additional/ (Shortfall)
Ministry	50.00%	47.53%	$(97,700)
Levy	50.00%	52.47%	$195,400
Total	100.00%	100.00%	

Table 2: 2023 Ministry Funding Share – Child Care

	Expected Share	Actual Share	Additional/ (Shortfall)
Ministry	100.00%	100.00%	$0
Levy	$316,100*	$316,100*	$0
Total	100.00%	100.00%	

*minimum levy requirement

Table 3: 2023 Ministry Funding Share – EarlyON Child & Family Centres

	Expected Share	Actual Share	Additional/ (Shortfall)
Ministry	100.00%	98.14%	$(20,500)
Levy	0.00%	1.86%	$20,500
Total	100.00%	100.00%	

MUNICIPAL COST SHARE

Tables 4 and 5 identify the year-over-year cost share change for the budget year, with the applicable cost share year in brackets.

Ontario Works levy funded cost share is determined by:

1. Totalling the benefit received in each County, based on the location of the client served; known as the identifiable costs; any required levy funding for identifiable costs are charged directly to each County
2. From the total identifiable costs, determine the percentage to be used for unidentifiable costs

Table 4: Year-Over-Year Cost Share Change – Ontario Works Administration

	2022 (2020)	2023 (2021)	Change
Haldimand	41.40%	39.97%	(1.43%)
Norfolk	58.60%	60.03%	1.43%
Total	100.00%	100.00%	

Child Care and EarlyON levy funded cost share is determined by:

1. Totalling the benefit received in each County, based on the location of the centre; known as the identifiable costs; any required levy funding for identifiable costs are charged directly to each County
2. From the total identifiable costs, determine the percentage to be used for unidentifiable costs

Table 5: Year-Over-Year Cost Share Change – Child Care & EarlyON Administration

	2022 (2020)	2023 (2021)	Change
Haldimand	46.20%	45.12%	(1.08%)
Norfolk	53.80%	54.88%	1.08%
Total	100.00%	100.00%	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Social Services

	2022 APPROVED BUDGET	2023 Base Budget Adjustments	2023 ADJ BUD % Incr/(Decr)	Council Approved Initiatives	New Budget Initiatives	2023 PROPOSED BUDGET	2023 Budget $ Incr/(Decr)	2023 Budget % Incr/(Decr)
EXPENDITURES								
Salaries & Benefits	**3,480,600**	243,700	**7.0**	105,700	0	**3,830,000**	349,400	**10.0**
Materials & Supplies	**82,500**	(13,300)	**(16.1)**	4,000	0	**73,200**	(9,300)	**(11.3)**
Services	**1,749,200**	(573,300)	**(32.8)**	6,600,300	0	**7,776,200**	6,027,000	**344.6**
Transfer Payments/Grants	**21,832,200**	(1,728,500)	**(7.9)**	152,900	0	**20,256,600**	(1,575,600)	**(7.2)**
Interdepartmental Charges	**946,700**	48,700	**5.1**	0	0	**995,400**	48,700	**5.1**
Financial	**6,400**	19,500	**304.7**	0	0	**25,900**	19,500	**304.7**
Infrastructure Funding	**0**	0	**0.0**	0	0	**0**	0	**0.0**
Capital	**0**	0	**0.0**	0	0	**0**	0	**0.0**
TOTAL EXPENDITURES	**28,097,600**	**(2,003,200)**	**(7.1)**	**6,862,900**	**0**	**32,957,300**	**4,859,700**	**17.3**
REVENUES								
Federal/Provincial Grants	**(25,053,200)**	2,085,600	**(8.3)**	(6,862,900)	0	**(29,830,500)**	4,777,300	**19.1**
Fees & Service Charges	**(343,200)**	55,200	**(16.1)**	0	0	**(288,000)**	(55,200)	**(16.1)**
Interdepartmental Recoveries	**(131,100)**	9,300	**(7.1)**	0	0	**(121,800)**	(9,300)	**(7.1)**
Other Revenues	**(335,100)**	38,100	**(11.4)**	0	0	**(297,000)**	(38,100)	**(11.4)**
TOTAL REVENUES	**(25,862,600)**	**2,188,200**	**(8.5)**	**(6,862,900)**	**0**	**(30,537,300)**	**4,674,700**	**18.1**
NET LEVY REQUIREMENT	**2,235,000**	**185,000**	**8.3**	**0**	**0**	**2,420,000**	**185,000**	**8.3**
HALDIMAND SHARE	**963,000**	**26,800**	**2.8**	**0**	**0**	**989,800**	**26,800**	**2.8**
NORFOLK SHARE	**1,272,000**	**158,200**	**12.4**	**0**	**0**	**1,430,200**	**158,200**	**12.4**
STAFFING COMPLEMENT	**42.60**	**0.00**		**1.00**	**0.00**	**43.60**	**1.00**	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Housing Services

DEPARTMENT SUMMARY

DEPARTMENT FUNCTION/SERVICES

1. Norfolk County Social Services and Housing acts as the Consolidated Municipal Services Manager (CMSM) for housing and homelessness programs in Haldimand and Norfolk Counties. This involves the administration of the community housing (rent-geared-to-income) system of 826 units that are owned and operated by 11 non-profit housing providers; the delivery of the federally and provincially-funded Canada-Ontario Community Housing Initiative (COCHI), Ontario Priorities Housing Initiative (OPHI) and Social Infrastructure Fund (SIF) programs; and the provincially-funded Homelessness Prevention Program (HPP) program, and Social Services Relief Fund (SSRF).
2. The Department, either directly or through agreements with community partners, delivers programs and services to people on all points of the housing continuum, from street homelessness to affordable home ownership.

PERFORMANCE MEASURES

Measurable Service	2020	2021	2022 as of Nov 22
Number individuals and families housed from the central waiting list	45	45	44
Number of individuals and families provided with homeless prevention supports	748	954	1,132*

*The significant increase in homeless prevention supports was from one-time funding related to COVID-19

PRIOR YEAR ACHIEVEMENTS

1. Social Services Relief Fund (SSRF) Phase 2 & 4 were successfully administered towards capital projects to increase our supportive housing supply in Haldimand-Norfolk, as identified in our 10 year Housing and Homelessness Plan. SSRF 5 was administered to increase the suite of services for homeless prevention.
2. Our homeless prevention team successfully completed a pilot project with the community paramedics in Haldimand and Norfolk and our Ontario Works team to assist those experiencing street homelessness in the community across both counties.
3. Implemented the by-name list for Haldimand-Norfolk which will be used to match individuals experiencing homelessness in the community with services across both counties.
4. COCHI funds were used to support capital projects at 11 rent-geared-to-income (RGI) buildings across both counties.
5. All of the programs were successfully administered through the pandemic without interruption.

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. Continue to fund capital projects to invest in RGI housing stock in Haldimand Norfolk counties.
2. Continue to shift homeless prevention services from reactive emergency housing to proactive housing stabilization supports and permanent housing solutions.
3. Continue to maximize federal and provincial funding opportunities to assist those residing in Haldimand Norfolk with housing needs.

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Housing Services

DEPARTMENT SUMMARY

BASE BUDGET ADJUSTMENT DRIVERS

Salaries & Benefits: The increase of $43,300 consists of economic, merit and benefit adjustments.

Materials & Supplies: The decrease of $15,200 is due to a one-time reduction in Program Supplies as the Housing Enumeration program, required by the Ministry to be completed bi-annually, is planned for 2024.

Services: The decrease of $51,300 is due to the Social Services Relief Fund (SSRF) Phase 4, where this one-time program is currently concluding in 2023; this is fully offset by lower Federal/Provincial Grants.

Transfer Payments/Grants: The decrease of $1,104,200 is driven by Phase 4 of the SSRF program, where $1,679,800 was allocated to the purchase and redevelopment of family homes in Dunnville; slightly offsetting this is Phase 5 of the program with an allocation of $566,900. Both phases of this program are fully offset within Federal/Provincial Grants. The main levy drivers are the Housing Provider payments ($19,800), with the reduction in federal mortgage funding driving a combined levy impact.

Interdepartmental Charges: The decrease of $25,400 is largely driven by the net difference from the removal of the Quality, Planning, Accountability and Performance administration charge against increased Health & Social Services administration charges.

Federal/Provincial Grants: The decrease of $1,438,500 is driven by the completion of the SSRF Phase 4 program ($1,733,000), offset by SSRF Phase 5 ($566,900) as described and offset within Transfer/Payments Grants and Services. The levy portion of this is the decrease in federal mortgage funding, which accounts for $190,300.

Fees & Service Charges: The increase of $60,000 is to establish a budget for Housing Provider overpayment recoveries, based on the prior year Annual Information Return. This is a direct levy reduction.

SUMMARY OF SERVICE LEVEL ADJUSTMENTS

Name	Description	2023 Net Levy Impact ($)	FTEs
Haldimand-Norfolk Housing Corporation Repair & Renewal	Staff presented report CS-22-105 on December 6, 2022 which outlined the initiative, with the recommendation that the Repair & Renewal Strategy for HNHC's Norfolk County owed assets be included in the Proposed 2023 Levy Supported Operating Budget for Council's consideration.	125,000	-

TOP LEVY BUDGET DRIVERS

1. $190,300 Federal Mortgage Funding
2. $125,000 HNHC Repair & Renewal (Norfolk only)
3. $105,300 HNHC Budget Request
4. $25,000 Salaries & Benefits

5.	($60,000)	Housing Provider Overpayment Recoveries
6.	($25,400)	Interdepartmental Charges
7.	($6,100)	Miscellaneous
	$354,100	Shared Levy Increase / (Decrease)

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. Coordination of community supports and services.
2. Lack of affordable housing in Haldimand-Norfolk.
3. Increasing need for housing with supports for people who experience vulnerabilities related to age, physical or mental health and addictions.
4. Opportunities for innovative ways to create new affordable housing outside of the legacy, social, rent-geared-to-income housing system.
5. Assisting those who have been evicted, or are facing eviction due to renovations on units, which is currently unregulated with no means to report them.
6. Seniors facing homelessness due to aging in place without adequate in-home health supports and being unable to afford unregulated retirement living.

MINISTRY FUNDING SHARE

Ministry programs anticipated cost share includes 100% funding for Housing programs and 100% funding for Housing Provider mortgage costs. Housing Services recovers the maximum allocation of administration funding from programs (usually between 3 and 5 percent) and applies that against administrative costs which would otherwise be levy funded.

Since Housing Programs remain 100% ministry funded and Administration costs 100% levy funded (less the allowable recovery), Table 6 simply outlines the share of Housing Provider costs, with the ministry funding mortgages and the levy funding operations, taxes and rent-geared-to-income subsidies.

Table 6: 2023 Ministry Funding Share – Housing Providers

	Actual Share
Ministry	16.09%
Levy	83.91%
Total	100.00%

MUNICIPAL COST SHARE

Table 7 identifies the year-over-year cost share change with the budget year, and cost share year in brackets.

Housing Services levy funded cost share is determined by:

1. Totalling the benefit received in each County, based on the location of the unit or client; known as the identifiable costs; any required levy funding for identifiable costs are charged directly to each County (i.e. Housing Provider operating costs)
2. From the total identifiable costs, determine the percentage to be used for unidentifiable costs (i.e. administration)

Table 7: Year-Over-Year Cost Share Change – Housing Services Administration

	2022 (2020)	2023 (2021)	Change
Haldimand	31.23%	33.67%	2.44%
Norfolk	68.77%	66.33%	(2.44%)
Total	100.00%	100.00%	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Housing Services

	2022 APPROVED BUDGET	2023 Base Budget Adjustments	2023 ADJ BUD % Incr/(Decr)	Council Approved Initiatives	New Budget Initiatives	2023 PROPOSED BUDGET	2023 Budget $ Incr/(Decr)	2023 Budget % Incr/(Decr)
EXPENDITURES								
Salaries & Benefits	**850,600**	43,300	**5.1**	0	0	**893,900**	43,300	**5.1**
Materials & Supplies	**45,400**	(15,200)	**(33.5)**	0	0	**30,200**	(15,200)	**(33.5)**
Services	**79,300**	(51,300)	**(64.7)**	0	0	**28,000**	(51,300)	**(64.7)**
Transfer Payments/Grants	**8,161,900**	(1,104,200)	**(13.5)**	0	507,800	**7,565,500**	(596,400)	**(7.3)**
Interdepartmental Charges	**357,700**	(25,400)	**(7.1)**	0	0	**332,300**	(25,400)	**(7.1)**
Financial	**400**	0	**0.0**	0	0	**400**	0	**0.0**
Infrastructure Funding	**382,800**	0	**0.0**	0	0	**382,800**	0	**0.0**
Capital	**0**	0	**0.0**	0	0	**0**	0	**0.0**
TOTAL EXPENDITURES	**9,878,100**	**(1,152,800)**	**(11.7)**	**0**	**507,800**	**9,233,100**	**(645,000)**	**(6.5)**
REVENUES								
Federal/Provincial Grants	**(5,546,700)**	1,438,500	**(25.9)**	0	0	**(4,108,200)**	(1,438,500)	**(25.9)**
Fees & Service Charges	**0**	(60,000)	**100.0**	0	0	**(60,000)**	60,000	**100.0**
Transfer From Reserve & Reserve Funds	**0**	0	**0.0**	0	(382,800)	**(382,800)**	382,800	**100.0**
Interdepartmental Recoveries	**(182,500)**	3,400	**(1.9)**	0	0	**(179,100)**	(3,400)	**(1.9)**
Other Revenues	**0**	0	**0.0**	0	0	**0**	0	**0.0**
TOTAL REVENUES	**(5,729,200)**	**1,381,900**	**(24.1)**	**0**	**(382,800)**	**(4,730,100)**	**(999,100)**	**(17.4)**
NET LEVY REQUIREMENT	**4,148,900**	**229,100**	**5.5**	**0**	**125,000**	**4,503,000**	**354,100**	**8.5**
HALDIMAND SHARE	**1,030,500**	**85,100**	**8.3**	**0**	**0**	**1,115,600**	**85,100**	**8.3**
NORFOLK SHARE	**3,118,400**	**144,000**	**4.6**	**0**	**125,000**	**3,387,400**	**269,000**	**8.6**
STAFFING COMPLEMENT	**9.49**	**0.00**		**0.00**	**0.00**	**9.49**	**0.00**	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Haldimand-Norfolk Health Unit

	2022 APPROVED BUDGET	2023 Base Budget Adjustments	2023 ADJ BUD % Incr/(Decr)	Council Approved Initiatives	New Budget Initiatives	2023 PROPOSED BUDGET	2023 Budget $ Incr/(Decr)	2023 Budget % Incr/(Decr)
EXPENDITURES								
Salaries & Benefits	**8,969,700**	1,381,900	**15.4**	0	0	**10,351,600**	1,381,900	**15.4**
Materials & Supplies	**369,800**	(39,200)	**(10.6)**	0	0	**330,600**	(39,200)	**(10.6)**
Services	**797,500**	249,200	**31.2**	0	0	**1,046,700**	249,200	**31.2**
Interdepartmental Charges	**3,215,300**	(1,700,700)	**(52.9)**	0	0	**1,514,600**	(1,700,700)	**(52.9)**
Financial	**3,400**	(2,000)	**(58.8)**	0	0	**1,400**	(2,000)	**(58.8)**
Infrastructure Funding	**0**	0	**0.0**	0	0	**0**	0	**0.0**
Capital	**0**	20,000	**100.0**	0	0	**20,000**	20,000	**100.0**
TOTAL EXPENDITURES	**13,355,700**	**(90,800)**	**(0.7)**	**0**	**0**	**13,264,900**	**(90,800)**	**(0.7)**
REVENUES								
Federal/Provincial Grants	**(8,569,900)**	(1,260,600)	**14.7**	0	0	**(9,830,500)**	1,260,600	**14.7**
Fees & Service Charges	**(84,100)**	(6,400)	**7.6**	0	0	**(90,500)**	6,400	**7.6**
Interdepartmental Recoveries	**(1,839,700)**	1,771,500	**(96.3)**	0	0	**(68,200)**	(1,771,500)	**(96.3)**
Other Revenues	**(25,700)**	14,500	**(56.4)**	0	0	**(11,200)**	(14,500)	**(56.4)**
TOTAL REVENUES	**(10,519,400)**	**519,000**	**(4.9)**	**0**	**0**	**(10,000,400)**	**(519,000)**	**(4.9)**
NET LEVY REQUIREMENT	**2,836,300**	**428,200**	**15.1**	**0**	**0**	**3,264,500**	**428,200**	**15.1**
HALDIMAND SHARE	**1,159,300**	**182,100**	**15.7**	**0**	**0**	**1,341,400**	**182,100**	**15.7**
NORFOLK SHARE	**1,677,000**	**246,100**	**14.7**	**0**	**0**	**1,923,100**	**246,100**	**14.7**
STAFFING COMPLEMENT	**85.67**	**7.68**		**0.00**	**0.00**	**93.35**	**7.68**	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Ministry of Health Programs

PROGRAM SUMMARY

PROGRAM FUNCTION/SERVICES

1. The Haldimand-Norfolk Health Unit (HNHU) obtains its legal authority under the *Health Protection and Promotion Act (HPPA).*
2. The HPPA specifies the organization and delivery of public health in Ontario and sets expectations for Boards of Health to oversee, provide or ensure the provision of public health programs and services, its regulations and the Ontario Public Health Standards published by the Minister of Health.
3. Funding for the Health Unit is provided through a combination of Ministry of Health (MOH) and municipal levy contributions; in exchange for funding, the Board of Health commits to deliver services defined in the Accountability Agreement.

PERFORMANCE MEASURES

Measurable Service	2020	2021	2022 as of Sept 30
Pregnant mothers and support people attending prenatal classes	166	107	90
Baby-Friendly Initiative (BFI) progress	Maintenance	Maintenance	Maintenance
Parent/Caregiver Consultations at Well Baby Drop-ins	95	229	297
Children received dental screening	2,755	50	2,971
Children received tele-dental services	158	384	196
Contacts made with high school students by a Public Health Nurse	134	41	40
Food inspections (does not include special events)	509	1,005	1,102
Recreational water inspections	51	71	94
Seasonal housing inspections (includes virtual inspections)	638	1,203	391
Daycare facilities inspections	19	55	32
Institutional food inspections	37	64	58
Residential facilities inspections	1	35	21
Diseases of Public Health significance investigated	820	375	803
Institutional outbreaks other than COVID-19	17	6	6

PRIOR YEAR ACHIEVEMENTS

1. The Health Unit submitted its fifth Annual Service Plan and Budget Submission to the Ministry of Health.
2. Successful implementation of the Public Health Agency of Canada (PHAC), Harm Reduction Surveillance project.
3. Implemented Filehold software for the Infectious Diseases Team to improve documentation and as a result, the case and contact management of Infectious Diseases Team clients is now paperless.
4. Introduced Tele-dental program in April 2020 to enable remote dental hygiene services. Services offered through this program include client education, instruction, advice or counselling, assessment and/or evaluation of clients for new or existing lesions, and assessment of the need for medical or dental referral for the Healthy Smiles Ontario (HSO) program.

5. Restart of in-person prenatal classes, family home visits and Well-Baby Drop-in with our community partner REACH/EarlyON.
6. Completion of the dental clinic construction and equipment upgrades in the Simcoe and Dunnville offices for the Healthy Smiles Ontario and the Ontario Seniors Dental Care Programs.
7. Restarted monthly routine immunization clinics and in-school immunization program.
8. Development and implementation of an Interim Strategic plan for HNHU 2022-2023.
9. The Environmental health team fully resumed all mandated inspection activities following COVID-19 redeployment, approaching 100% completion of mandated inspections.
10. Over 50 Small Drinking Water System Risk Assessments completed.
11. Resolved/response to approximately 1,200 complaints, inquiries and investigations.
12. Under the Smoke Free Ontario Act (2017), 50 mandatory inspections and 15 proactive inspections have been completed.

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. Recovery of Health Unit Services including submission of the Health Unit Operational Plan and the MOHs Annual Service Plan and Budget Submission
2. Submit evidence to the MOH demonstrating completion of the remaining 10 recommendations from the Organizational Audit
3. Development of a 5-year HNHU Strategic Plan 2024-2029
4. Vaccination planning to decrease the risk of vaccine preventable diseases within our community
5. Reconnect with community partners and assess available community resources for families, caregivers, and children of Haldimand Norfolk
6. Expansion of well-baby locations across Haldimand & Norfolk, including Hagersville and Houghton communities
7. Commencement of Ontario Seniors Dental Care Program services in Simcoe and Dunnville dental clinics.
8. To restart the in-person Food Handler Program in 2023, a requirement under Ontario's Food Premises Regulation

BASE BUDGET ADJUSTMENT DRIVERS

Salaries & Benefits: The increase of $292,500 consists of contract and merit increases and benefit adjustments. Nearly 100% of this increase is levy funded.

Materials & Supplies: The decrease of $48,900 is driven by mileage ($34,300) where across the programs nearly every area has seen adjustments based on actuals; the largest changes are within School Health, Maternal & Child Health and Environmental Health; these are 100% levy reductions. In addition, Program Supplies ($7,500) have been adjusted; however, the majority of this reduction is in the TCAN program (100% funded from a third party).

Services: The increase of $112,200 is due to Contracted Services, for both the Ontario Seniors Dental Care Program ($93,000) where the Ministry of Health (MOH) has increased funding for the program and the Harm Reduction Program ($19,000) for one-time MOH funded purchase of additional needle disposal kiosks.

Interdepartmental Charges: The decrease of $1,721,800 is due to the net change from the QPAP department being moved within the Health Unit; this is 100% offset within Interdepartmental Recoveries. The net levy impact from interdepartmental charges is $47,100, where the majority of this is due to inflationary increases realized by other departments ($28,000) as well as Insurance Admin Charges ($13,300).

Capital: The increase of $20,000 is due to the inclusion of a levy funded capital project for the Health Unit strategic plan (6532301).

Federal/Provincial Grants: The increase of $49,000 is driven by the OSDCP as outlined in Services ($95,400) as well, a 1.0% funding increase for Mandatory Programs has been included for 2023. This funding increase was received via the 2022 Amending Agreement in May 2022. These amounts are offset by a reduction to the MOH Initiative ($103,600) due to not qualifying for the program; the decrease in this funding is based on the Ministry salary grid application rather than the status of the current Medical Officer of Health. Note that the overall impact in this area is a $49,200 increase to the levy based on the MOH Initiative net against the 1% increase.

Interdepartmental Recoveries: The decrease of $1,771,500 is due to the QPAP department being reallocated to the Health Unit as outlined in Interdepartmental Charges ($1,789,600), with no levy impact as a result; this is offset by a levy reduction from an increased charge to MCCSS programs for shared Health Unit services ($18,100).

TOP LEVY BUDGET DRIVERS

1.	$292,500	Salaries & Benefits
2.	$49,700	Net Interdepartmental Charges
3.	$49,200	Net Provincial Funding Reductions
4.	$20,000	HNHU Strategic Plan
5.	($34,300)	Mileage
6.	$5,500	Miscellaneous
	$382,600	Shared Levy Increase / (Decrease)

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. Continued financial challenges with new funding formula and capped budgets for all mandatory and related programs.
2. Ongoing human resource and financial challenges as the health unit moves toward recovery and resumption of services.
3. Public Health Modernization ‘paused’ and may reset with further discussions of public health modernization and health unit amalgamation.
4. Continue to establish an understanding of the health implications from long-term exposure to hydrogen sulphide from gas wells, and to develop standardized public health response plans for monitoring, reporting and remediating leaks.
5. Uncertainty of the pandemic will continue to impact resumption and recovery of public health programs and services.

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Ministry of Health Programs

PROGRAM SUMMARY

MINISTRY FUNDING SHARE

Ministry of Health (MOH) programs anticipated cost share includes 70% funding for Mandatory Programs and 100% funding for the Ontario Seniors Dental Care Program.

Table 8 identifies the expected funding share against the actual funding share in MOH Programs, as well as additional levy funded costs, and Ministry funding shortfall, from being over the capped allocation.

Table 8: 2023 Ministry Funding Share – MOH Programs

	Expected Share	Actual Share	Additional/ (Shortfall)
Ministry	70.00%	63.23%*	($586,700)
Levy	30.00%	36.76%	$838,100
Total	100.00%	100.00%	

*includes one-time mitigation funding of $325,400

MUNICIPAL COST SHARE

Table 9 identifies the year-over-year cost share change with the budget year, and cost share year in brackets.

The Haldimand-Norfolk Health Unit levy funded cost share is determined by:

1. Percentage share of households in each County

Table 9: Year-Over-Year Cost Share Change – MOH Programs

	2022 (2021)	2023 (2022)	Change
Haldimand	40.88%	41.09%	0.21%
Norfolk	59.12%	58.91%	(0.21%)
Total	100.00%	100.00%	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Ministry of Health Programs

	2022 APPROVED BUDGET	2023 Base Budget Adjustments	2023 ADJ BUD % Incr/(Decr)	Council Approved Initiatives	New Budget Initiatives	2023 PROPOSED BUDGET	2023 Budget $ Incr/(Decr)	2023 Budget % Incr/(Decr)
EXPENDITURES								
Salaries & Benefits	**7,005,500**	292,500	**4.2**	0	0	**7,298,000**	292,500	**4.2**
Materials & Supplies	**293,100**	(48,900)	**(16.7)**	0	0	**244,200**	(48,900)	**(16.7)**
Services	**780,800**	112,200	**14.4**	0	0	**893,000**	112,200	**14.4**
Interdepartmental Charges	**3,112,800**	(1,721,800)	**(55.3)**	0	0	**1,391,000**	(1,721,800)	**(55.3)**
Financial	**3,400**	(2,000)	**(58.8)**	0	0	**1,400**	(2,000)	**(58.8)**
Infrastructure Funding	**0**	0	**0.0**	0	0	**0**	0	**0.0**
Capital	**0**	20,000	**100.0**	0	0	**20,000**	20,000	**100.0**
TOTAL EXPENDITURES	**11,195,600**	**(1,348,000)**	**(12.0)**	**0**	**0**	**9,847,600**	**(1,348,000)**	**(12.0)**
REVENUES								
Federal/Provincial Grants	**(6,439,300)**	(49,000)	**0.8**	0	0	**(6,488,300)**	49,000	**0.8**
Fees & Service Charges	**(84,100)**	(6,400)	**7.6**	0	0	**(90,500)**	6,400	**7.6**
Interdepartmental Recoveries	**(1,839,700)**	1,771,500	**(96.3)**	0	0	**(68,200)**	(1,771,500)	**(96.3)**
Other Revenues	**(25,700)**	14,500	**(56.4)**	0	0	**(11,200)**	(14,500)	**(56.4)**
TOTAL REVENUES	**(8,388,800)**	**1,730,600**	**(20.6)**	**0**	**0**	**(6,658,200)**	**(1,730,600)**	**(20.6)**
NET LEVY REQUIREMENT	**2,806,800**	**382,600**	**13.6**	**0**	**0**	**3,189,400**	**382,600**	**13.6**
HALDIMAND SHARE	**1,147,300**	**163,200**	**14.2**	**0**	**0**	**1,310,500**	**163,200**	**14.2**
NORFOLK SHARE	**1,659,500**	**219,400**	**13.2**	**0**	**0**	**1,878,900**	**219,400**	**13.2**
STAFFING COMPLEMENT	**66.57**	**(0.12)**		**0.00**	**0.00**	**66.45**	**(0.12)**	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Ministry of Children, Community and Social Services Programs

PROGRAM SUMMARY

PROGRAM FUNCTION/SERVICES

1. Healthy Babies Healthy Children (HBHC) is an evidence-based voluntary program for families with children (prenatal to school entry). The HBHC program was introduced in 1998 across Ontario to support parents during the critical early years of a child's development helping children to get a healthy start in life. This program is funded by the Ministry of Children, Community and Social Services (MCCSS) and is grounded in evidence to be both effective and efficient; families most in need receive the most service. This program:
    a. helps children develop and grow
    b. helps struggling families to parent
    c. helps remove physical, emotional, and social barriers for families

PERFORMANCE MEASURES

Measurable Service	2020	2021	2022 as of Sept 30
HBHC screens (prenatal, postpartum & early childhood)	805	819	704
Postpartum families screened with two or more risk factors	71%	68%	64%
Home visits provided to families (during covid and currently, doing telephone/virtual, and in-person visits, 2020-2022)	2,487 visits with 205 families	2,583 visits with 225 families	2,129 visits with 212 families

PRIOR YEAR ACHIEVEMENTS

1. 100% of families at discharge had achieved their goal of effective breastfeeding maintenance.
2. 87% of families at discharge had achieved their goal of a safe environment.
3. 100% of families at discharge had achieved their goal of having support networks/professional relationships.
4. Returned to 100% HBHC program delivery.

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. Healthy Babies Healthy Children staff capacity building through the certification of a Haldimand Norfolk Health unit (HNHU) Parent-Child Interaction (PCI) instructor course to fulfill ministry's requirements.
2. HBHC has successfully implemented alternative service delivery models such as virtual and telephone visits to adapt to the COVID-19 pandemic and continue to offer in-person home visits for clients, the combined service delivery model will continue to be used in the future to reach as many clients as possible and streamline services.
3. Reestablishment and development of MOU's and community partnerships with key stakeholders to ensure continuum of care for all community members of Haldimand and Norfolk.
4. To maintain Baby Friendly Initiate (BFI) designation achieved in 2019. HNHU is partaking in a BFI Coach Mentorship Project to get guidance and support with quality improvement approaches for the benefit of families and HNHU staff.
5. Reinstating Norfolk General Hospital (NGH) Liaison work to promote in person support to the new parents.

BASE BUDGET ADJUSTMENT DRIVERS

Salaries & Benefits: The increase of $30,000 consists of contract, merit and benefit adjustments

Materials & Supplies: The decrease of $5,500 is due to mileage where virtual visits have been implemented as a new form of meeting with clients, reducing the need for staff driving.

Interdepartmental Charges: The increase of $21,100 is due to Ministry of Health program charges for shared Health Unit items charged directly to MOH programs that are then allocated based on FTEs, as well as other inflationary amounts charged directly to the programs.

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. Due to impact of COVID-19 pandemic many clients are experiencing mental health, financial and social support challenges. These concerns complicate delivery of services with additional workload on our staff.
2. Referrals to and from community partners are challenging due to their modified service delivery models and absence of some critical programs.
3. An increase in the number of cancelled parents/caregivers home visits due to fear of COVID -19 transmission.

MINISTRY FUNDING SHARE

Ministry of Children, Community and Social Services (MCCSS) programs include a 100% funded program (Healthy Babies Healthy Children).

Table 10 identifies the expected funding share against the actual funding share in MCCSS programs, as well as additional levy funded costs, and Ministry funding shortfall, from being over the capped allocation.

Table 10: 2023 Ministry Funding Share – MCCSS Programs

	Expected Share	Actual Share	Additional/ (Shortfall)
Ministry	100.00%	92.24%	$(75,100)
Levy	0.00%	7.76%	$75,100
Total	100.00%	100.00%	

MUNICIPAL COST SHARE

Table 11 identifies the year-over-year cost share change with the budget year, and cost share year in brackets.

The Haldimand-Norfolk Health Unit levy funded cost share is determined by:

1. Percentage share of households in each County

Table 11: Year-Over-Year Cost Share Change – MCCSS Programs

	2022 (2021)	2023 (2022)	Change
Haldimand	40.88%	41.09%	0.21%
Norfolk	59.12%	58.91%	(0.21%)
Total	100.00%	100.00%	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

Ministry of Children, Community and Social Services Programs

	2022 APPROVED BUDGET	2023 Base Budget Adjustments	2023 ADJ BUD % Incr/(Decr)	Council Approved Initiatives	New Budget Initiatives	2023 PROPOSED BUDGET	2023 Budget $ Incr/(Decr)	2023 Budget % Incr/(Decr)
EXPENDITURES								
Salaries & Benefits	**759,500**	30,000	**3.9**	0	0	**789,500**	30,000	**3.9**
Materials & Supplies	**42,900**	(5,500)	**(12.8)**	0	0	**37,400**	(5,500)	**(12.8)**
Services	**16,700**	0	**0.0**	0	0	**16,700**	0	**0.0**
Interdepartmental Charges	**102,500**	21,100	**20.6**	0	0	**123,600**	21,100	**20.6**
Infrastructure Funding	**0**	0	**0.0**	0	0	**0**	0	**0.0**
Capital	**0**	0	**0.0**	0	0	**0**	0	**0.0**
TOTAL EXPENDITURES	**921,600**	**45,600**	**4.9**	**0**	**0**	**967,200**	**45,600**	**4.9**
REVENUES								
Federal/Provincial Grants	**(892,100)**	0	**0.0**	0	0	**(892,100)**	0	**0.0**
Other Revenues	**0**	0	**0.0**	0	0	**0**	0	**0.0**
TOTAL REVENUES	**(892,100)**	**0**	**0.0**	**0**	**0**	**(892,100)**	**0**	**0.0**
NET LEVY REQUIREMENT	**29,500**	**45,600**	**154.6**	**0**	**0**	**75,100**	**45,600**	**154.6**
HALDIMAND SHARE	**12,000**	**18,900**	**157.5**	**0**	**0**	**30,900**	**18,900**	**157.5**
NORFOLK SHARE	**17,500**	**26,700**	**152.6**	**0**	**0**	**44,200**	**26,700**	**152.6**
STAFFING COMPLEMENT	**7.60**	**0.00**		**0.00**	**0.00**	**7.60**	**0.00**	

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

COVID-19 Public Health Programs

PROGRAM SUMMARY

PROGRAM FUNCTION/SERVICES

1. The Health Unit identified three priority areas: COVID-19 response, COVID-19 vaccination efforts and the Seasonal Agricultural Workers (SAW) Program.
2. Centralization of staff continued for COVID-19 pandemic response and operations, office locations remained closed and services reduced other than essential 24/7 response protocols and standards.
3. Staff and resources within this team carry out the Health Unit's efforts to contain the COVID-19 pandemic.

PERFORMANCE MEASURES

Measurable Service	2020	2021	2022 as of Sept 30
COVID-19 Positive Cases	940	3,712	5,174
COVID-19 Outbreaks Responded	24	259	125
COVID-19 Vaccines Administered	40	321,460	64,886
COVID-19 Swabs Distributed	10,693*	1,070	1,954

* In 2020 HNHU was the central distribution hub for providing swabs to H-N testing sites, this has since transitioned to Ontario Health West COVID-19 Task Force. In 2021 and 2022 HNHU has continued to distribute swabs in extraordinary circumstances.

PRIOR YEAR ACHIEVEMENTS

1. Expanded use of Case and Contact Management (CCM) documentation software for COVID-19 operations to improve documentation organization including increased use of the virtual assistant for surveillance data collection.
2. COVID-19 Response Team transition to Infectious Disease and COVID Response Team to begin the alignment of COVID-19 as a Disease of Public Health Significance.
3. Continued collaboration with the Provincial Work Force (PWF) for efficient surveillance data collection and case follow-up processes
4. Continuous Improvement of COVID-19 processes and procedures through in-action reviews to increase efficiencies.
5. Completion of COVID-19 Group Impact Debriefs.

UPCOMING MAIN OBJECTIVES, INITIATIVES OR MILESTONES

1. Continuation of COVID-19 pandemic response and operations in addition to other HNHU strategic priorities.
2. Development and completion of a COVID-19 After Action Report.
3. Development of COVID-19 Remobilization plans for times of surge.
4. Continued collaboration with Ministry and municipal partners to plan and deliver COVID-19 immunization clinics.
5. Continued collaboration with Grand River Community Health Centre, Haldimand & Norfolk Family Health Teams, local hospitals, EMS, and Ontario Health for a continuous and efficient COVID-19 Response in H-N communities.

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

COVID-19 Public Health Programs

PROGRAM SUMMARY

BASE BUDGET ADJUSTMENT DRIVERS

Salaries & Benefits: The increase of $1,059,400 reflects the extension of COVID-19 programs to either June 30, 2023 or December 31, 2023, where the Approved 2022 Budget included an allocation based on the original COVID-19 report HSS 20-21. The total proposed budget amounts can be broken down between the COVID-19 Response Team ($914,100), Vaccine Program Team ($1,100,000) (with both currently set to end December 31, 2023) and School Focused Nurses (SFN) team ($250,000) (currently set to end June 30, 2023).

Materials & Supplies: The increase of $15,200 is due to a placeholder for all materials & supplies being allocated and adjusted based on 2022 year-to-date costs, with the larger drivers being mileage and operating supplies/PPE.

Services: The increase of $137,000 is driven by Contracted Services for additional and deep cleaning of Public Health facilities ($95,000) and rental of facilities and a fleet vehicle for the Vaccine program ($32,000).

Federal/Provincial Grants: The increase of $1,211,600 is the Ministry of Health's commitment to funding all eligible COVID-19 Public Health costs, which includes the general & vaccine programs to December 31, 2023 and the School-Focused Nurses initiative to June 30, 2023.

SUMMARY OF SERVICE LEVEL ADJUSTMENTS

The Ministry of Health has committed to funding eligible COVID-19 Public Health program costs to December 31, 2023. The allocations within Base Budget Adjustments are based on this, with the expectation that the program remains funded by the Ministry. Once the Ministry communicates funding will be ending, a report will be brought forward to the Board for future program considerations.

The changes to the Base Budget reflect the removal of previous board approved initiatives that were included in the 2021 Levy Supported Operating budget. Salaries & Benefits, Materials & Supplies and Federal/Provincial Grants have been included within service level adjustments. The forecasted net levy is a reflection of the minimum levy share requirement for Ministry of Health programs and is offset within those programs.

CHALLENGES, EMERGING TRENDS, SERVICE ISSUES

1. Continued human resource challenges to sufficiently maintain COVID-19 response during the upcoming year.
2. Reopening of office locations and resuming full-service delivery while incorporating enhanced COVID-19 protocols.
3. Recovery and resumption of public health services requires an exclusively dedicated COVID-19 response team.
4. Unpredictability of the on-going pandemic creates ongoing challenges with program planning.

PROPOSED 2023 HALDIMAND-NORFOLK SHARED SERVICES OPERATING BUDGET

COVID-19 Public Health Programs

	2022 APPROVED BUDGET	2023 Base Budget Adjustments	2023 ADJ BUD % Incr/(Decr)	Council Approved Initiatives	New Budget Initiatives	2023 PROPOSED BUDGET	2023 Budget $ Incr/(Decr)	2023 Budget % Incr/(Decr)
EXPENDITURES								
Salaries & Benefits	**1,204,700**	1,059,400	**87.9**	0	0	**2,264,100**	1,059,400	**87.9**
Materials & Supplies	**33,800**	15,200	**45.0**	0	0	**49,000**	15,200	**45.0**
Services	**0**	137,000	**100.0**	0	0	**137,000**	137,000	**100.0**
Infrastructure Funding	**0**	0	**0.0**	0	0	**0**	0	**0.0**
Capital	**0**	0	**0.0**	0	0	**0**	0	**0.0**
TOTAL EXPENDITURES	**1,238,500**	**1,211,600**	**97.8**	**0**	**0**	**2,450,100**	**1,211,600**	**97.8**
REVENUES								
Federal/Provincial Grants	**(1,238,500)**	(1,211,600)	**97.8**	0	0	**(2,450,100)**	1,211,600	**97.8**
Other Revenues	**0**	0	**0.0**	0	0	**0**	0	**0.0**
TOTAL REVENUES	**(1,238,500)**	**(1,211,600)**	**97.8**	**0**	**0**	**(2,450,100)**	**1,211,600**	**97.8**
NET LEVY REQUIREMENT	**0**	**0**	**0.0**	**0**	**0**	**0**	**0**	**0.0**
HALDIMAND SHARE	**0**	**0**	**0.0**	**0**	**0**	**0**	**0**	**0.0**
NORFOLK SHARE	**0**	**0**	**0.0**	**0**	**0**	**0**	**0**	**0.0**
STAFFING COMPLEMENT	**11.50**	**7.80**		**0.00**	**0.00**	**19.30**	**7.80**	

Haldimand-Norfolk

Health and Social Services Advisory Committee

September 26, 2022
9:30 a.m.
Microsoft Teams

Present:	Kim Huffman, Chris Van Paassen, Stewart Patterson, Tony Dalimonte, Bernie Corbett
Absent with Regrets:	Ryan Taylor
Also Present:	Christina Lounsbury, Heidy VanDyk, Syed Shah, Stephanie Rice, Jennifer Snell, Dr. Matthew Strauss

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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 - July 25, 2022

The Minutes of the Health and Social Services Advisory Committee meeting dated July 25, 2022, having been distributed to all Committee Members and there being no errors reported, they were there upon declared adopted and sign by Chair Dalimonte

Moved By: Bernie Corbett
Seconded By: Kim Huffman

Carried.

5. Update on Reports

Heidy VanDyk, Acting General Manager, advised that all reports from the July 25, 2022 Advisory Committee Meeting were approved at council as presented.

6. Consent Items

7. Staff Reports

7.1 General Manager

7.2 Public Health

7.2.1 Acting Medical Officer of Health Verbal Update

Acting Medical Officer of Health Dr. Matthew Strass provided remarks of COVID 19 updates and the end of the pandemic. Dr. Strauss's expectation was that we would see smaller waves come and go and that each wave would stress our health care system less than the last wave. Dr. Strauss presented a graph of COVID hospital admissions per 100,000 population since 2020.

Another topic discussed was the restructure and consolidation of the Public Health Units in Ontario. Dr Strauss answered questions regarding the Public Health restructure. At this time there are no details available regarding potential future plans.

7.3 Social Services and Housing

7.3.1 Canada-Wide Early Learning and Child Care Service Agreements, HSS-22-030

Moved By: Bernie Corbett
Seconded By: Stewart Patterson

THAT Council receive staff report HSS-22-030 as information;

AND THAT Council authorize the Acting Director of Social Services & Housing to sign service agreements with eligible child care Licensees in Haldimand and Norfolk Counties for the Canada-Wide Early Learning and Child Care System.

AND FURTHER THAT Children’s Services service agreements are included in any future delegated authority.

Carried.

8. Sub-Committee Reports

9. Communications

10. Other Business

11. Closed Session

12. Next Meeting

12.1 To be Determined

13. Adjournment

Board of Health Meeting – February 07, 2023

Advisory Committee Meeting – January 09, 2023

Subject:	Rabies Prevention Program Update 2021-2022
Report Number:	HSS-22-032
Division:	Health and Social Services
Department:	Haldimand Norfolk Health Unit
Purpose:	For Information

Recommendation(s):

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.

Executive Summary:

This report provides information about the Haldimand-Norfolk Health Unit's (HNHU) comprehensive Rabies Prevention Program. Rabies is a preventable fatal disease that attacks the nervous system. Due to the prognosis of nearly 100% fatality of a preventable illness from the rabies virus, HNHU's Public Health Inspectors (PHIs) provide 24-hour response to address potential human exposures. The purpose of the Rabies Prevention Program is to investigate incidences of potential exposures and conduct risk assessments. Based on the results of the risk assessments, management strategies for exposed individuals may be initiated. In addition to rabies response, Public Health Inspectors address inquiries from the public and provide education as well as referrals to partner agencies. The Haldimand Norfolk Health Unit collaborates with public and agency partners to manage suspect cases as well as assist with surveillance of the virus in Ontario.

Discussion:

Rabies is a fatal viral disease that attacks the nervous system of all warm-blooded animals, including humans. Rabies illness can be prevented with treatment with Post Exposure Prophylaxis (PEP) when addressed within 10 days of potential exposure before symptoms occur.

Transmission

Rabies is transmitted through the saliva or brain/nervous system tissue of an infected animal and is commonly found in raccoons, foxes, skunks, bats, cats, dogs and cattle. Most exposures result from a bite or scratch. Transmission can also occur from saliva or neural tissue being introduced into fresh, open cuts or scratches in skin or onto mucous membranes (e.g., eyes, nasal passages). Unfortunately, once symptoms appear, the disease is nearly 100% fatal and animals do not have to show symptoms before transmission of the virus can occur. This is why it is imperative to initiate treatment after a potential exposure as this virus can be treated with Post Exposure Prophylaxis (PEP), in collaboration with primary health care providers.

Symptoms

Symptoms in animals may present in two different forms: paralytic (dumb) or furious rabies.

- Animals displaying symptoms of paralytic rabies may have difficulties walking, swallowing, appear to be drooling or unbalanced, and may act unafraid of humans.

- Animals displaying symptoms of furious rabies may behave in an anxious or excited manner, may appear aggressive or violent, and may be foaming at the mouth.

Post Exposure Prophylaxis

A full course of post exposure prophylaxis (PEP) includes rabies vaccine, which is administered on a standard schedule of Day 0, Day 3, Day 7, and Day 14 (Day 28 if immunocompromised) to provide protection against the virus. On Day 0, Rabies Immune Globulin (Rablg) is also administered. The amount of Rablg is based on the client's weight and is typically injected around the wounded area. The antibodies provide immediate passive protection until the individual develops an immune response from the vaccine. It is important to adhere to the vaccine schedule because failure to do so may reduce the effectiveness of PEP.

Administration of PEP is recommended based on a risk assessment of the potential exposure reported. In 2021, PEP was provided to 32 potentially exposed individuals in Haldimand and Norfolk Counties. In 2022 from January to August, PEP was provided to 28 potentially exposed individuals.

HNHU's Role

Rabies virus is found within the wildlife population throughout Haldimand and Norfolk Counties. The Health Unit responds to all reported potential human exposures to rabies from wild and domestic animals. Public Health Inspectors follow the guidance outlined by the Ministry of Health in the *Management of Potential Rabies Exposures Guideline,*

2020. In 2021, a total of 436 potential rabies exposure reports were received. Follow-up must be initiated within 24 hours as per ministry requirements due to the severity of the illness. Public Health Inspectors are available 24 hours a day to immediately respond to suspected rabies exposures with the utilization of our on-call system.

By law, all persons aware of an incident where rabies may have been transmitted to a person must report the incident to the Health Unit. In most instances, healthcare providers, veterinarians, animal control workers and the police will report such incidents, but any person can do so. The Health Unit works to help assess the risk of rabies in the individual exposed. Following notification, Public Health Inspectors will assess the incident and take action to protect the victim from acquiring rabies. Actions taken by the Health Unit depend on the type of animal involved, as well as the animal's history. The Health Unit begins the assessment by contacting the potentially exposed individuals, pet owners, medical professionals and other applicable people involved in the exposure. During this initial assessment, the Public Health Inspector investigates the case by collecting preliminary information such as history of the animal, circumstance of the incident, vaccination status of the animal, and condition of the exposed individual. Based on the findings of the risk assessment, management for the potentially exposed individual will be initiated.

If the incident involves a wild animal, and that animal is available, it can be humanely euthanized and tested for the rabies virus to confirm if the person has been exposed. If the animal involved in the potential exposure is a domestic dog or cat, the Health Unit will confine the animal for 10 days, usually on the pet owner's property, to rule out transmission at the time of the exposure.

If a domestic pet is alive and healthy in appearance at the end of the 10-day confinement period, it is unlikely rabies was transmitted to the person during the exposure. Public Health Inspectors conduct visual site visits at both the beginning and end of the confinement period to verify the animal's health status. If the domestic pet becomes sick or goes missing during the 10-day confinement period, the exposed person is advised to contact their healthcare provider to discuss obtaining post exposure prophylaxis.

In the case of stray animals, and animals not available for confinement, the Health Unit is unable to rule out exposure to the rabies virus, therefore the individual is advised to consult their health care provider. The Health Unit communicates the risk of rabies exposure to the victim and/or medical professionals, and the medical professionals then work with the individual to determine if PEP should be administered. High risk cases and those individuals exposed to animals positive for the rabies virus are advised to receive PEP, which is provided by the Health Unit and administered by the healthcare provider. Animals that are deceased after the potential rabies exposure may be tested for the rabies virus.

The Health Unit is able to submit specimens through partnership with the Ontario Association of Veterinary Technicians (OAVT) who assist with specimen collection. In

addition, the Health Unit works with veterinarian clinics and animal control agencies to assist with capturing animals if applicable and/or euthanasia.

In 2021, a total of 16 specimens were submitted for rabies testing. One of these specimens, a bat, was positive for rabies. To date in 2022 (Jan-Sept 20th), there have been 27 animals submitted for testing. Of these, three specimens were laboratory confirmed positives which were all bats. Of note, unlike other mammals, bats cannot be vaccinated using baits. In addition, the small teeth of bats make it difficult to identify a bite. For these reasons risk assessments involving bats can be more difficult to assess and is why the ministry's Algorithm for Bat Exposures and PEP Administration is used.

The Ministry of Natural Resources and Forestry (MNRF) distributes rabies vaccine-containing bait within Haldimand-Norfolk Counties to help protect local wildlife from contracting and spreading the virus. Bait containing the rabies vaccine is distributed by air or by hand within control zones. Control zones are located within 50km of a rabies positive animal case. The Health Unit works with the MNRF to establish control zones by providing location details for positive rabies cases that have occurred within the last two years within the Health Unit's jurisdiction. If the rabies vaccine-containing bait is consumed by a domestic animal, protection against the virus is not acquired.

Public Inquires and Education

Public education occurs through media releases and social media advertisements as well as during investigations or responding to specific public inquiries.

The HNHU responds to public inquiries and educates the public on transmission, signs and symptoms of an infected animal and how to prevent exposure to a rabies positive animal. If an animal is determined to be infected with the rabies virus, the inquiry is forwarded to the MNRF for surveillance purposes.

The HNHU also responds to public inquiries regarding animal-to-animal exposures (e.g., pets encounter with a wild animal), suspect rabid animals with no human exposure, and diseased animals. The Health Unit provides education through media releases and social media advertisement and through specific inquiries. Public Health Inspectors are also able to refer cases or incidences to the correct agency. This may be their veterinarian, the Ontario Ministry of Agriculture and Rural Affairs (OMAFRA), an animal control agency, or the MNRF.

Humans are not typically exposed to the rabies virus directly through infected wildlife; however, pets can present opportunity for infection as they may encounter wildlife more often than humans. While Public Health Inspectors conduct risk assessments of rabies investigations, verifying rabies vaccination status of pets is also done. If an animal is not current on their rabies vaccination at the time of the incident, Public Health Inspectors follow-up to ensure they are brought up to date by the end of the investigation, as pets commonly act as a link between wildlife and humans.

Rabies Prevention Program Plans for 2022

The HNHU will continue to conduct routine follow-up for investigations, consult with external agencies and partners, as well as continue provide education to the public through media releases and social media campaigns.

Financial Services Comments:

Norfolk County

There are no direct financial implications within the report as presented.

The Approved 2022 Board of Health Budget includes sufficient allocations to support the Rabies program within the Environmental Health Team. Program costs are funded in part by the Ministry of Health through their Mandatory Programs allocation. In 2022, Mandatory Programs are budgeted at a cost share of $5,431,900 (64%) by the Ministry of Health, $1,659,500 (20%) by Norfolk County, $1,147,300 (14%) by Haldimand County and $159,900 (2%) from all other sources.

Haldimand County

Haldimand staff have reviewed the report and have no additional comments.

Consultation(s):

Communications: The Rabies Prevention Program has an education and awareness component that provides an opportunity for the Health Unit to:

1. Share information about the rabies virus preventative measures the public can take to protect themselves and domestic animals from illness.

2. Be transparent and keep the public informed on:

    a. Positive laboratory confirmed cases identified by the HNHU

    b. the number of individuals treated with PEP for potential exposures in Haldimand and Norfolk Counties

Collaborations: The Rabies Prevention Program provides an opportunity for the Health Unit to collaborate with partners such as health care providers and agencies to ensure effective public health and health care services are provided to the community. Information collected through surveillance assists in risk assessments in Haldimand and Norfolk Counties.

Strategic Plan Linkage:

This report aligns with the 2019-2022 Council Strategic Priorities “Focus on Service”

Explanation: The Rabies Prevention Program will focus public health services required to protect the health of individuals in the community. The key is investigations and risk assessment of potential exposures to the rabies virus and education of the community with the goal of minimizing the likelihood of exposure to the rabies virus through prevention strategies.

Conclusion:

The rabies prevention program will focus on the public health services required to protect the health of the community. The key is prompt follow-up, public awareness and education, with the goal of assessing risk of rabies transmission to the individual exposed

Attachment(s):

- *Management of Potential Rabies Exposures Guideline, 2020*

Approval:

Approved By:
Heidy Van Dyk-Ellis
Acting General Manager, Health &
Social Services

Reviewed By:
Syed Shah
Acting Director, Public Health

Reviewed By:
Alexis Atkinson, RN, BN, PNC(C)
Program Manager, Environmental Health

Prepared By:
Alex Dobias, BEPH, CPHI(C)
Public Health Inspector, Environmental Health

Management of Potential Rabies Exposures Guideline, 2020

Ministry of Health
Effective: April 2020

Ontario

Table of Contents

1. Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.[1,2] The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. including the protocols and guidelines that are referenced in the Standards. Guidelines are program and topic-specific documents which provide direction on how boards of health shall approach specific requirement(s) identified within the Standards.

1.1 Introduction

The *Rabies Prevention and Control Protocol, 2020 (*or as current) is part of the Infectious and Communicable Diseases Prevention and Control Standard.[3] The purpose of the *Rabies Prevention and Control Protocol, 2020 (*or as current) is to prevent a human case of rabies by standardizing animal rabies surveillance and the management of human rabies exposures.[3]

This guideline document was created to assist staff at boards of health with the management of suspected rabies exposures. The document is a condensed version of the 'Rabies Vaccine' chapter in the Canadian Immunization Guide, with some amendments made by the Ministry of Health in order to adapt the information to an Ontario-specific context.[4] Please note that this document ONLY summarizes post-exposure prophylaxis (PEP) guidelines. For information about pre-exposure management and vaccination of high-risk occupational categories, please see the relevant chapter in the Canadian Immunization Guide.[4]

1.2 Reference to the Standards

This section identifies the standard and requirements to which this guideline relates.

Infectious and Communicable Diseases Prevention and Control

Requirement 11. The board of health shall provide public health management of cases, contacts, and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2018* (or as current); the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current); the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); the *Rabies Prevention and Control Protocol, 2018* (or as current); the *Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current); and the *Tuberculosis Prevention and Control Protocol, 2018* (or as current).

Requirement 13. The board of health shall receive and respond to all reported cases of potential rabies exposures received from the public, community partners, and health care providers in accordance with the *Health Protection and Promotion Act*; the *Management*

of Potential Rabies Exposures Guideline, 2018 (or as current); and the *Rabies Prevention and Control Protocol, 2018* (or as current).

Requirement 14. The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan and in consultation with other relevant agencies* and orders of government, in accordance with the *Management of Potential Rabies Exposures Guideline, 2018* (or as current) and the *Rabies Prevention and Control Protocol, 2018* (or as current).

*Currently these agencies include the Ministry of Natural Resources and Forestry (MNRF), the Canadian Food Inspection Agency (CFIA) and the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA).

Requirement 21. The board of health shall ensure 24/7 availability to receive reports of and respond to:

a) Infectious diseases of public health importance in accordance with the *Health Protection and Promotion Act*; the *Mandatory Blood Testing Act, 2006*; the *Infectious Diseases Protocol, 2018* (or as current); and the *Institutional/ Facility Outbreak Management Protocol, 2018* (or as current);
b) Potential rabies exposures in accordance with the *Health Protection and Promotion Act*; the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); and the *Rabies Prevention and Control Protocol, 2018* (or as current); and
c) Animal cases of avian chlamydiosis, avian influenza, novel influenza, or *Echinococcus multilocularis* infection, in accordance with the *Health Protection and Promotion Act*, the *Management of Avian Chlamydiosis in Birds Guideline, 2018* (or as current); the *Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2018* (or as current); and the *Management of Echinococcus Multilocularis Infections in Animals Guideline, 2018* (or as current).

2. Post-Exposure Management

2.1 Species of Animal

The animals in Canada most often proven rabid are wild terrestrial carnivores (e.g., raccoons, skunks and foxes), bats, cattle and stray dogs and cats. If the incident involved a dog or cat, determining if it is a stray or domestic animal assists with the risk assessment. Generally, rabies is less likely in domestic animals, particularly domestic dogs, compared to stray animals due to the following factors: domestic animals may be more likely to be vaccinated; domestic animals may spend less time outdoors where exposure to a potentially rabid animal could occur; and an encounter with a potentially rabid animal is more likely to be recognized in a domestic animal.

Human exposures to livestock are usually confined to salivary contamination, with the exception of horses and swine, from which bites have been reported. The risk of infection after exposure to rabid cattle is low.

Squirrels, hamsters, guinea-pigs, gerbils, chipmunks, rats, mice or other small rodents, as well as lagomorphs (such as rabbits and hares) are only rarely found to be infected with rabies because it is believed that they are likely to be killed by the larger animal that

could have potentially transmitted rabies to them. These small animals can become infected by bat strains of rabies; however, no cases of transmission of bat strains of rabies from these animals to humans have been documented. Because these small animals are not known to have caused human rabies in North America, PEP should be considered only if the animal's behaviour was highly unusual. For example, a bite from a squirrel while feeding it would not be considered unusual behaviour and so does not warrant PEP based on this information alone.

Larger rodents, such as groundhogs, woodchucks and beavers, can potentially carry rabies. Although this is rare in Canada, the United States regularly reports a few cases of rabies in these species every year. Exposure to these animals requires an assessment of the circumstances of the exposure to determine the need for PEP, including the frequency of rabies in these animals in the geographic area, the frequency of rabies in other animals, the type of exposure, and the circumstances of the bite, including whether it was provoked or unprovoked.

2.2 Type of Exposure

Rabies is transmitted only when the virus is introduced into a bite wound, open cuts in skin, or onto mucous membranes such as the mouth or eyes. Three broad categories of exposure are recognized as warranting PEP: bite, non-bite and bat exposures.

Bite exposures: Transmission of rabies occurs most commonly through bites. A bite is defined as any penetration of the skin by teeth.

Non-bite exposures: This category includes contamination of scratches, abrasions or cuts of the skin or mucous membranes by saliva or other potentially infectious material, such as the brain tissue of a rabid animal. Non-bite exposures, other than organ or tissue transplants, have almost never been proven to cause rabies, and PEP is not indicated unless the non-bite exposure involves saliva or neural tissue being introduced into fresh, open cuts or scratches in skin or onto mucous membranes. These exposures require a risk assessment that considers the likelihood of salivary contamination.

Petting a rabid animal or handling its blood, urine or feces is not considered to be an exposure; however, such contact should be avoided. Being sprayed by a skunk is also not considered an exposure. These incidents do not warrant PEP.

Post-exposure prophylaxis is recommended in rare instances of non-bite exposure, such as inhalation of aerosolized virus by spelunkers exploring caves inhabited by infected bats or by laboratory technicians homogenizing tissues infected with rabies virus without appropriate precautions; however, the efficacy of prophylaxis after such exposures is unknown.

Exposures incurred in the course of caring for humans with rabies could theoretically transmit the infection. No case of rabies acquired in this way has been documented, but PEP should be considered for exposed individuals.

Bat exposures: Post-exposure rabies prophylaxis following bat contact is recommended when **both** the following conditions apply:

- There has been direct contact with a bat; **AND**

- A bite, scratch, or saliva exposure into a wound or mucous membrane cannot be ruled out.

Direct contact with a bat is defined as the bat touching or landing on a person. When there is no direct contact with a bat, the risk of rabies is extremely rare and rabies PEP is not recommended.

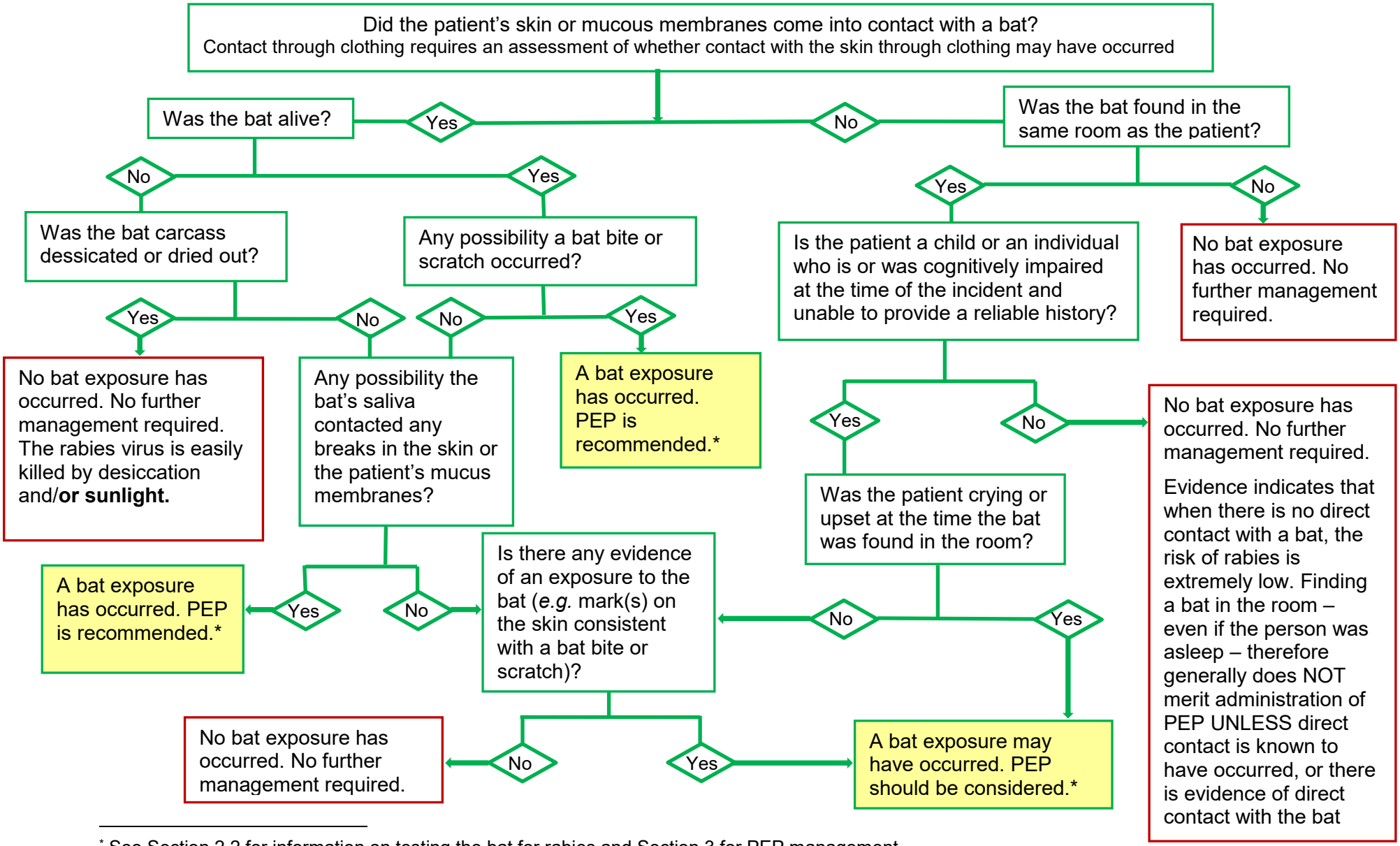
In an adult, a bat landing on clothing would be considered reason for PEP administration only if a bite, scratch, or saliva exposure into a wound or mucous membrane could not be ruled out. Therefore, if a bat lands on the clothing of a person who can be sure that a bite or scratch did not occur and that the bat's saliva did not contact an open wound or mucous membranes, then PEP is not required.

In a child, any direct contact with a bat (*i.e.,* the bat landing on or touching the child, including contact through clothes) could be considered a reason for PEP administration, as a history to rule out a bite, scratch or mucous membrane exposure may not be reliable.

When a bat is found in the room with a child or adult who is unable to give a reliable history, assessment of direct contact can be difficult. Factors indicating that direct contact may have occurred in these situations include the individual waking up crying or upset while the bat was in the room, or observation of an obvious bite or scratch mark.

Figure 1 below illustrates an algorithm for bat exposures and PEP administration

Figure 1: Algorithm for Bat Exposures and PEP administration*



* See Section 2.2 for information on testing the bat for rabies and Section 3 for PEP management

If there has been no direct contact with the bat, the bat should not be captured for testing and should be safely let out of the house. To remove a bat from the house, the area with the bat should be closed off from the rest of the house and people and pets kept out of the area. The doors or windows in the area with the bat should be opened to the exterior to let the bat escape.

If there has been direct contact with a bat, individuals should be instructed NOT to attempt to capture or kill the bat themselves, and a trained wildlife or animal control worker should be contacted to attempt to capture the bat. The worker should use extreme caution to ensure that there is no further exposure to the bat. They should wear appropriate Personal Protective Equipment, such as thick leather gloves, avoid touching the bat, and place the intact bat in a closed secure container. Once the bat has been captured and humanely euthanized, local public health officials should be contacted. The board of health should contact the Ontario Association of Veterinary Technicians (OAVT) Rabies Response Program regarding rabies testing of the bat. Bats should be submitted intact for rabies testing.

Should the bat test positive, the board of health should notify the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) if there are any pets in the household that may also have been exposed to the rabid bat, for appropriate follow-up of these animals.

Please note that spelunker exposure in caves will require special consideration, as explained above, under **Non-bite exposures**.

2.3 Investigation of the Incident

Each incident of possible exposure requires a full investigation by the board of health. This should include an assessment of the risk of rabies in the animal species involved (including vaccination status, history of potential exposure to other animals of unknown rabies vaccination status, and travel history) and the behaviour of the particular domestic animal implicated.

Any mammal that has bitten a human or is suspected of being rabid should be reported to local public health officials. The ministry's Public Health Veterinarian should be notified of any animal suspected of being rabid on the basis of a veterinary examination, regardless of whether it has been involved in a biting incident.

When the rabies virus is inoculated into a wound, it must be taken up at a nerve synapse to travel to the brain, where it causes fatal encephalitis. The virus may enter a nerve rapidly or it may remain at the site of the bite for an extended period before gaining access to the nervous system. More severe bites may be more likely to suggest the animal is rabid and these bites may also provide more opportunity for transmission of the virus because of the extent of exposure to saliva.

A higher density of nerve endings in the region of the bite increases the risk of developing rabies encephalitis. Bites on the hands and face are considered higher-risk exposures because of the density of nerve endings. Bites to the face and neck are also considered higher-risk exposures because of the proximity to cranial nerves leading directly into the brain.

A history of abnormal or aggressive behaviour in a domestic animal, potential for exposure of a domestic animal to other animals that could transmit rabies (including other domestic animals of unknown rabies vaccination status), and a previous encounter of a domestic animal with a wild animal should be considered when determining the likelihood that a domestic animal exposure carries a risk of rabies transmission.

An unprovoked attack is more likely to indicate that the animal is rabid. Nevertheless, rabid animals may also become uncharacteristically quiet. Bites inflicted on a person attempting to feed or handle an apparently healthy animal should generally be regarded as provoked. However, while unprovoked attacks are more likely to indicate that an animal is rabid, provoked attacks should NOT be interpreted to indicate a **lower** overall likelihood of rabies in the biting animal, as rabid animals are just as likely to bite when provoked as non-rabid animals. For example, attempting to pick up a rabid animal is likely to result in a bite exposure that would be classified as a provoked bite, but this should not lower the overall perceived risk of rabies transmission from that animal. Untrained individuals should never handle wild or stray animals or any domestic animal that is behaving unusually and children should be taught this precaution.

Domestic pets with up-to-date rabies vaccination are unlikely to become infected with rabies, although vaccine failures have been documented. A veterinarian should be consulted to determine if the animal is up-to-date with its vaccinations, and a copy of the animal's current vaccination certificate obtained. If there are other animals residing with the animal under investigation, their vaccination status should also be determined. Any domestic dog, cat, or ferret (regardless of vaccination history) that has bitten a human should be reported to public health officials for appropriate follow-up.

Dogs, cats and ferrets that are apparently healthy should be confined and observed for 10 days after an exposure incident, regardless of the animal's rabies vaccination status. Animals that are alive and healthy at the end of the 10-day period would not have transmitted rabies in their saliva at the time of the bite. If illness suggestive of rabies exists at the time of the bite or develops during the observation period, it should be examined by a licensed veterinarian as soon as possible. If the outcome of the veterinary examination supports a likely onset of clinical rabies in the animal, the animal should be humanely euthanized in a way that does as little damage to the brain as possible, and the head submitted for laboratory examination and rabies testing. Rabies virus is readily demonstrable in brains of animals with neurologic symptoms. The OAVT Rabies Response Program should be contacted to assist with organizing the testing.

The confinement and observation of an apparently healthy dog, cat or ferret can take place at the owner's home, an animal shelter, or a veterinarian's office, depending on circumstances including the reliability of the owner, the capacity to keep the animal away from people and other animals, and the suspicion of rabies in the animal. The person responsible for observation of the animal should be advised to notify public health officials if the animal becomes ill or escapes during the observation period. The animal should be observed by a public health official or veterinarian at the end of the 10-day observation period to ensure it is alive and healthy. Unvaccinated animals that remain healthy should be vaccinated at the end of the observation period.

Stray or unwanted dogs, cats or ferrets involved in an exposure that could potentially transmit rabies should be confined and observed as outlined above. If this is not possible, the animal should be humanely euthanized in a way that does as little damage to the brain as possible, and the head submitted for laboratory examination and rabies testing.

If the dog, cat or ferret has escaped, attempts should be made to find the animal and owner. If the dog, cat or ferret cannot be located, it is difficult to adequately complete the risk assessment, as information on the risk of rabies in the implicated animal (e.g. travel history etc.) along with its behaviour and health status are unknown. In these cases, administration of PEP should be considered in consultation with public health officials.

Generally, behaviour in wild animals cannot be accurately evaluated and should not be considered part of the risk assessment; however, some behaviour in bats may be considered abnormal and indicative of rabies, such as a bat attacking a person without cause or hanging on to a person tenaciously.

The period of rabies virus shedding in a wild terrestrial carnivore that is a rabies reservoir species (such as a raccoon, skunk, or fox) is unknown. Therefore, when these animals are involved in an exposure that could potentially transmit rabies, a trained wildlife or animal control worker should be contacted to capture the animal. The worker should use extreme caution to ensure that there is no further exposure to the animal. The animal should be immediately humanely euthanized in a way that does as little damage to the brain as possible, and the head submitted for laboratory examination and rabies testing.

When domesticated livestock species, such as horses, cattle, sheep, goats and pigs are involved in a potential rabies exposure of a human, a 14-day observation period may be used to rule out the potential for rabies transmission at the time of the exposure. If illness suggestive of rabies exists at the time of the bite or develops during the observation period, the animal should be examined by a veterinarian as soon as possible. If the outcome of the veterinary examination supports a likely onset of clinical rabies in the animal, it should be humanely euthanized in a way that does as little damage to the brain as possible, and the head submitted for laboratory examination and rabies testing.

Management of other animals (e.g. exotic pets, zoo animals, etc.) involved in potential rabies exposures should be determined on a case-by-case basis, in consultation with the ministry’s Public Health Veterinarian.

The history obtained from a child who has been potentially exposed to an animal can be difficult to interpret and potentially unreliable. This should be considered when determining the appropriate post-exposure management.

3. Management of People after Potential Exposure to Rabies

The objective of post-exposure management is to neutralize the rabies virus at the site of infection before the virus can enter the central nervous system. Immediate and thorough cleaning and flushing of the wound with soap and water is imperative and is probably the most effective procedure in the prevention of rabies. Care should be taken to clean the wound to its depth. Flushing for approximately 15 minutes is suggested. Some guidelines also suggest the application of a viricidal agent such as iodine-containing or alcohol solutions. Suturing the wound should be avoided if possible, and tetanus prophylaxis and antibiotics should be given as appropriate.

If exposure to rabies is considered highly likely, PEP should be started as soon as possible after the exposure. In other circumstances, if the initiation of PEP is delayed until test results from the involved animal are available, a maximum waiting period of 48 hours is recommended. In consultation with public health officials, the post-exposure vaccine series may be discontinued if appropriate laboratory testing of the involved animal is negative. If indicated based on the risk assessment, PEP should be offered to exposed individuals regardless of the time interval after exposure.

Post-exposure prophylaxis should begin immediately following exposure to a wild terrestrial carnivore (such as a fox, skunk or raccoon) in enzootic areas unless the animal is available for rabies testing and rabies is not considered likely. Initiation of PEP should not be delayed beyond 48 hours while waiting for laboratory tests if the exposure is from a terrestrial animal in an enzootic area. If PEP is started before the test results are available, in consultation with public health officials, the rabies vaccine may be discontinued if the animal tests negative for rabies.

When there is a known bat bite, scratch or saliva exposure into a wound or mucous membrane, rabies PEP should be initiated immediately because of the higher prevalence of rabies in bats. This is particularly important when the exposure involves the face, neck or hands, or when the behaviour of the bat is clearly abnormal, such as if the bat has attacked the person or hangs on tenaciously. If the bat is available for testing, PEP may be discontinued after consultation with public health officials if the bat tests negative for rabies.

If someone is touched by a bat (such as a bat in flight) and the bat is available for rabies testing, the health care provider may decide to delay PEP. PEP should not be delayed more than 48 hours. If a bat tests positive for rabies, the need for PEP should depend on whether direct contact with the bat occurred and not the rabies status of the bat. If someone is touched by a bat and a bite, scratch or saliva exposure into a wound or mucous membrane cannot be ruled out, but the bat is not available for testing it should be considered a direct contact and PEP given.

Table 1 outlines recommendations for the management of people after possible exposure to rabies. **These recommendations are intended as a guide and may need to be modified in accordance with the specific circumstances of the exposure.**

Table 1: Summary of Post-Exposure Prophylaxis (PEP) for Persons Potentially Exposed to Rabies

Animal species	Condition of Animal at Time of Exposure	Management of Exposed Persons not Previously Immunized against Rabies	Management of Exposed Persons Previously Immunized against Rabies
Dog, cat or ferret	Healthy and available for a 10-day observation period	1. Local treatment of wound 2. At first indication of rabies in animal, give RabIg and begin four or five doses of HDCV or PCECV 3. At first indication of rabies in the animal, arrange to have the animal tested for rabies	1. Local treatment of wound 2. At first indication of rabies in animal, begin two doses of HDCV or PCECV 3. At first indication of rabies in the animal, arrange to have the animal tested for rabies
	Unknown or escaped	1. Local treatment of wound 2. Consult public health officials for risk assessment	1. Local treatment of wound 2. Consult public health officials for risk assessment
	Rabid or suspected to be rabid‡	1. Local treatment of wound 2. Give RabIg and begin four or five doses of HDCV or PCECV 3. Arrange to have animal tested for rabies, if available	1. Local treatment of wound 2. Begin two doses of HDCV or PCECV 3. Arrange to have animal tested for rabies, if available
Skunk, bat, fox, coyote, raccoon and other carnivores.	Regard as rabid* unless geographic area is known to be rabies free	1. Local treatment of wound 2. Post-exposure prophylaxis with RabIg and four or five doses of HDCV or PCECV should begin immediately. If animal is available for rabies testing, in some instances PEP may be delayed for no more than 48 hours while awaiting results. 3. Arrange to have animal tested for rabies, if available	1. Local treatment of wound 2. Post-exposure prophylaxis with two doses of HDCV or PCECV should begin immediately. If animal is available for rabies testing, in some instances PEP may be delayed for no more than 48 hours while awaiting results 3. Arrange to have animal tested for rabies, if available
Livestock, rodents or lagomorphs (hares and rabbits)	A 14-day day observation period can be used for livestock. Consider exposures involving all other animal species individually and consult the ministry's Public Health Veterinarian. Bites of squirrels, chipmunks, rats, mice, hamsters, gerbils, guinea pigs, other small rodents, rabbits and hares would only warrant post-exposure rabies prophylaxis if the behaviour of the biting animal was highly unusual. Bites from larger rodents (e.g., groundhogs, woodchucks, beavers) require a risk assessment.		

RabIg = human rabies immune globulin, HDCV = human diploid cell vaccine, PCECV = purified chick embryo cell culture vaccine.

‡ If possible, the animal should be humanely killed, and the brain tested for rabies as soon as possible; holding for observation is not recommended. Discontinue vaccine if rabies testing of the involved animal is negative.

4. Schedule and Dosage

4.1 Post-Exposure Prophylaxis (PEP) of Previously Unimmunized Individuals

Post-exposure prophylaxis of previously unimmunized individuals should consist of both Rabies Immune Globulin (RabIg) and rabies vaccine. The RabIg provides immediate passive protection until the exposed person mounts an immune response to the rabies vaccine.

4.1.1 Rabies Immune Globulin (RabIg)

The recommended dose of RabIg is 20 IU/kg body weight for all age groups, including children, given on the first day of initiation of therapy (day 0). Because of possible interference of RabIg with the immune response to the rabies vaccine, the dose of RabIg should not be exceeded.

If possible, the full dose of RabIg should be thoroughly infiltrated into the wound (or site of exposure if a wound is not evident) and surrounding area. Infiltration of wounds with RabIg in some anatomical sites (finger tips) must be carried out with care in order to avoid increased pressure in the tissue compartment. If not anatomically feasible, any remaining volume of RabIg should be injected, using a separate needle and syringe, intramuscularly (IM) at a site distant from the site of vaccine administration. When more than one wound exists, each wound should be locally infiltrated with a portion of the RabIg using a separate needle and syringe. In such instances, the RabIg can be diluted in a diluent permitted by the specific product labelling in order to provide the full amount of RabIg required for thorough infiltration of all wounds.[5]

If the site of the wound or exposure is unknown, the entire dose should be administered IM at a separate site from where the rabies vaccine is administered.

Under no circumstances should vaccine be administered in the same syringe or at the same site as RabIg.

Protective antibodies are present immediately after passive vaccination with RabIg, but they have a half-life of only approximately 21 days. Since vaccine-induced antibodies begin to appear within 1 week, if RabIg is not administered as recommended at the initiation of the rabies vaccine series, there is no value in administering RabIg after day 7 of initiating an approved vaccine course. RabIg should be administered up to and including day 7 after vaccine is initiated but should not be administered after that time.

RabIg may be supplied in 1 ml vials containing 300 IU/ml or 2 ml vials containing 150 IU/ml.

Ensure that the appropriate formula specific to the RabIg formulation being provided to the physician is used to calculate the dose required for the individual to receive RabIg and use **Table 2** to determine how many vials to dispense.

Note that while the dose in mL to be administered will be different depending on which formulation of RabIg is being used, the number of vials to be dispensed will be the same.

For 150 IU/mL RabIg in 2 ml vials:

- 20 IU/kg x (client wt in kg) ÷ 150 IU/mL = dose in mL

  dose in mL ÷ 2 mL/vial = # of vials to order
- 9.09 IU/lb x (client wt in lb) ÷ 150 IU/mL = dose in mL

  dose in mL÷ 2 mL/vial = # of vials to order

For 300 IU/mL RabIg in 1 ml vials:

- 20 IU/kg x (client wt in kg) ÷ 300 IU/mL = dose in mL

  dose in mL ÷ 1 mL/vial = # of vials to order
- 9.09 IU/lb x (client wt in lb) ÷ 300 IU/mL = dose in mL

  dose in mL ÷ 1 mL/vial = # of vials to order

Table 2: Number of Vials of RabIg to Dispense per Total Body Weight of Client

Total Weight		***# of Vials***	***Total Weight***		***# of Vials***
≤33 lbs	*≤ 15 Kg*	***1***	*>165 – 198 lbs*	*>75 – 90 Kg*	***6***
>33 – 66 lbs	*>15 – 30 Kg*	***2***	*>198 – 231 lbs*	*>90 – 105 Kg*	***7***
>66 – 99 lbs	*>30 – 45 Kg*	***3***	*>231 – 264 lbs*	*>105 – 120 Kg*	***8***
>99– 132 lbs	*>45 – 60 Kg*	***4***	*>264 – 297 lbs*	*>120 – 135 Kg*	***9***
>132 – 165lbs	*>60 – 75 Kg*	***5***	*>297 – 330 lbs*	*>135 – 150 Kg*	***10***

Note that the amount of RabIg administered may include administration of only a portion of one of the vials dispensed. For example, when a patient requires only 3.5 vials to be administered (which is 7 mls of the 150 IU/mL or 3.5 mls of the 300 IU/mL formulations), rather than 4 full vials, the remainder of the RabIg in the 4th vial should be discarded.

4.1.2 Rabies Vaccine

Vaccine should be administered IM into the deltoid muscle in older children and adults or into the *vastus lateralis* muscle (anterolateral thigh) in infants but never in the gluteal region as this may result in decreased response to the vaccine.

The rabies vaccine and RabIg should be given at different anatomical sites on day 0 using a separate needle and syringe. For subsequent vaccine doses, the limb where the RabIg was administered can be used.

The vaccination schedule for PEP should be adhered to as closely as possible and it is essential that all recommended doses of vaccine be administered. Although there is little or no evidence, in keeping with routine immunization practice it is recommended that, if a dose of vaccine is given at less than the recommended interval, that dose should be ignored, and the dose given at the appropriate interval from the previous dose. If a dose of vaccine is delayed, it should be given as soon as possible, and the schedule resumed respecting the appropriate intervals from the latest dose. If the vaccination schedule has been altered such as there is doubt about an appropriate immune response, post-vaccination serology should be obtained 7 to 14 days after completing the vaccination series.

Neutralizing antibodies develop 7 days after immunization and persist for at least 2 years.

Post-exposure prophylaxis should be started as soon as possible after exposure and should be offered to exposed individuals regardless of the elapsed interval. When notification of an exposure is delayed, prophylaxis may be started as late as 6 or more months after exposure.

Based on a risk assessment, and where the specimen is received at the lab within 48 hours of exposure, treatment may be withheld until the Fluorescent Antibody Test (FAT) result is available. The FAT report can be obtained within 6 to 24 hours from receipt of an animal specimen at the laboratory. If the suspect animal is a cat, dog, ferret or livestock species and is available for observation, then immunization may be withheld pending the animal's status after the observation period.

However, if the bite wound is to the face/head, neck or hand region, prophylaxis should generally begin immediately and not be delayed, unless a risk assessment would support an observation period instead. Considerations that may support delaying initiation of prophylaxis and instead observing the animal include:

- If the animal is a domestic pet;
- If the animal is fully vaccinated;
- If the bite was provoked; and
- If there is very low prevalence of rabies in the area.

If a rabies exposure is considered likely then PEP should never be delayed.

PEP may be discontinued after consultation with public health officials if the animal tests negative for rabies.

4.1.2.1 Schedule & Dosage for Immunocompetent Persons

For PEP of immunocompetent persons previously unimmunized with rabies vaccine, four 1.0 mL doses of HDCV or PCECV should be administered IM. The first dose of the four-dose course should be administered as soon as possible after exposure (day 0). Additional doses should be administered on days 3, 7 and 14 after the first vaccination.

4.1.2.2 Schedule & Dosage for Immunocompromised Persons

Corticosteroids, other immunosuppressive agents, chloroquine, and immunosuppressive illnesses (*e.g.* congenital immunodeficiency, human immunodeficiency virus [HIV] infection, leukemia, lymphoma, generalized malignancy) may interfere with the antibody response to rabies vaccine. Refer to Part 3 of the Canadian Immunization Guide for an overview of which individuals are considered immunocompromised.

Previously unimmunized immunocompromised persons and those taking chloroquine, should continue to receive a five-dose vaccination regimen on days 0, 3, 7, 14 and 28. Immunosuppressive agents should not be administered during PEP unless essential for the treatment of other conditions.

Determination of antibody response is advisable if post-exposure vaccination is given to those whose immune response may be reduced by illness or medication. In these groups, antibody titres should be determined 7 to 14 days after completing the post-exposure immunization series to ensure that an acceptable antibody concentration has been achieved.

If no acceptable antibody response is detected, the patient should be managed in consultation with their physician and appropriate public health officials to receive a second rabies vaccine series, followed by serologic testing. RabIg should not be repeated at the initiation of this second course.

4.2 Post-Exposure Prophylaxis (PEP) of Previously Immunized Individuals

RabIg is not indicated and should not be given to someone who has been previously appropriately immunized as indicated below. In previously appropriately immunized individuals who require PEP, two doses of HDCV or PCECV, one administered immediately and the other 3 days later, are recommended. Appropriate rabies immunization consists of:

- Documentation of a complete course of pre-exposure or PEP with HDCV or PCECV; OR
- Documentation of complete immunization with other types of rabies vaccine or with HDCV or PCECV according to unapproved schedules with the demonstration of an acceptable concentration of neutralizing rabies antibody in serum after completion of the series. Refer to **Section 6, Serologic Testing** for information regarding when serologic testing is recommended.

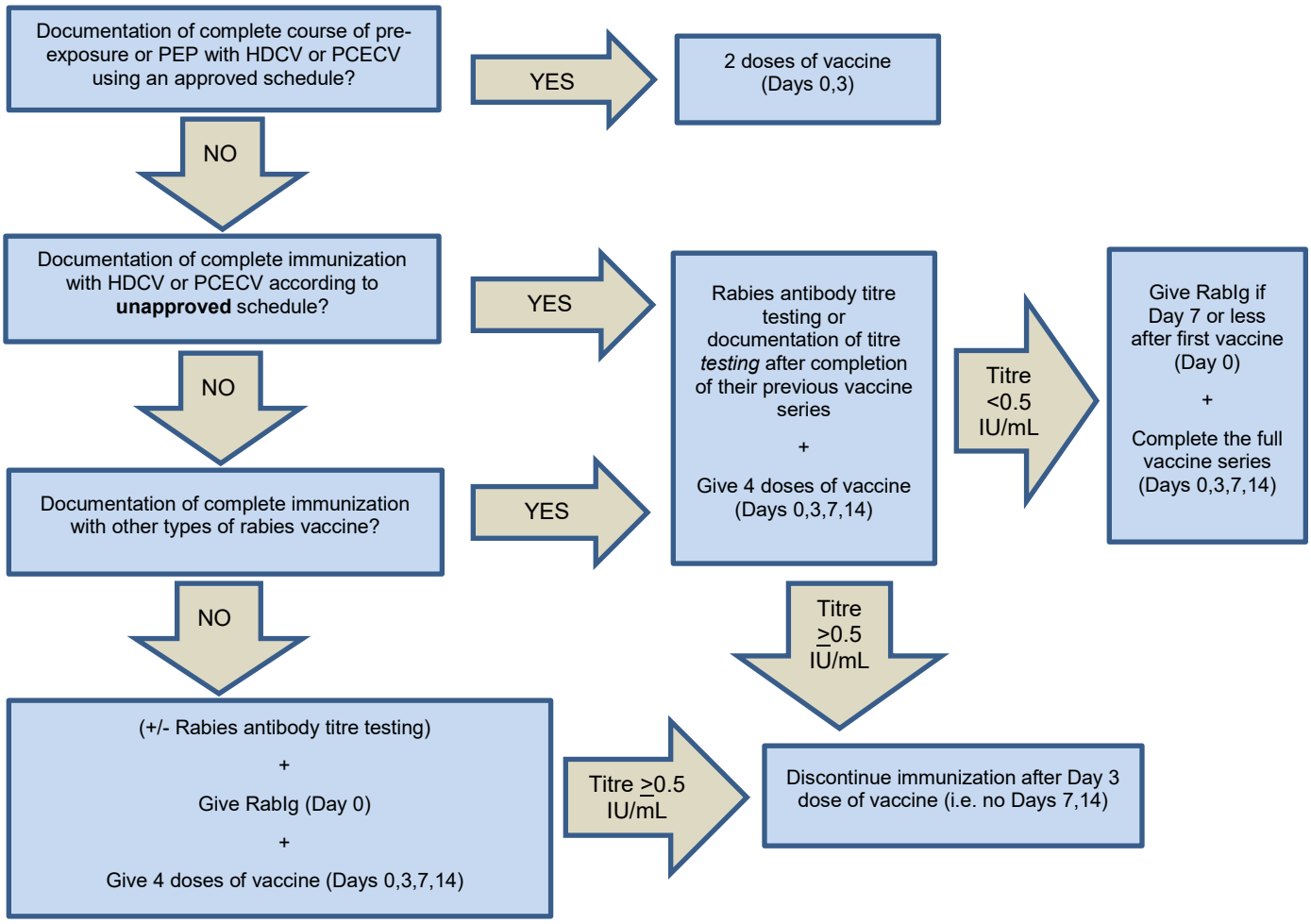
A complete course of HDCV or PCECV plus RabIg is recommended for those who may have received rabies vaccines in the past but do not fulfill the above criteria for appropriate vaccination. A serum sample may be collected before the initiation of PEP, and if an acceptable antibody concentration (0.5 IU/mL or greater) is demonstrated, the vaccine course may be discontinued, provided at least two doses of vaccine have been

given. If in doubt, consultation with an infectious diseases or public health physician is recommended.

If repeat exposure occurs within 3 months of completion of PEP, only wound treatment is required, and neither vaccine nor RIG are needed.[6] Therefore, individuals who have completed either a course of pre-exposure vaccination or post-exposure prophylaxis within a 3-month period leading up to a given potential exposure to rabies should not receive rabies vaccine for that exposure.

Figure 2 outlines an algorithm for PEP administration schedule for previously immunized individuals.

Figure 2: PEP Administration Schedule for Previously Immunized Individuals



5. Route of Administration

If possible, the full dose of RabIg should be thoroughly infiltrated into the wound/site of exposure and surrounding area. If this is not anatomically feasible, any remaining volume of RabIg should be injected, using a separate needle and syringe, IM at a site distant from vaccine administration. If the site of the wound or exposure is unknown, the entire dose should be administered IM at a separate site from where the rabies vaccine is administered.

Rabies vaccine for PEP must be administered IM. Both HDCV and PCECV are approved in Canada for IM use.

6. Serological Testing

The Canadian national rabies reference laboratory for serology is the Public Health Ontario Laboratory, which considers an acceptable antibody response to be a titre of at least 0.5 IU/mL by the rapid fluorescent-focus inhibition test. Neutralizing antibodies

begin to develop within seven days after starting the immunization series and persist for at least two years. Protective antibodies are present immediately after passive vaccination with RabIg and have a half-life of approximately 21 days.

Because of the excellent immune response to rabies vaccine, healthy people immunized with an appropriate regimen do not require routine antibody determinations after either pre-exposure or post-exposure rabies vaccination, unless one of the following applies:

- Pre-exposure vaccination was given by the intradermal (ID) route – check serology at least 2 weeks after completion of the vaccine series. If using the ID route for a booster dose, serology should be checked at least 2 weeks after the booster dose.
- There has been substantial deviation from the recommended post-exposure schedule – check serology 7 to 14 days after completing the series.
- The person has been immunized with a vaccine other than HDCV or PCECV – check serology at least 7 to 14 days after completing the series.

Where antibody levels are required, a sample of 5cc whole clotted blood, or serum therefrom, should be submitted to the nearest Public Health Ontario regional laboratory or directly to the Central Public Health Ontario Laboratory (http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/laboratory-location-and-contact.aspx). There is no charge for this test. To establish laboratory priority, please indicate the purpose of the sample.

7. Contraindications and Precautions

There are no contraindications to the use of rabies vaccine or RabIg after significant exposure to a proven rabid animal; however, care should be taken if PEP is to be administered to persons who are hypersensitive to the products or to any ingredient in the formulation or component of the container. Expert opinion should be sought in the management of these individuals.

For rabies vaccines and rabies immune globulin, potential allergens include:[4]

- IMOVAX® Rabies: neomycin, phenol red
- RabAvert®: amphotericin B, chick protein, chlortetracycline, neomycin, polygeline (gelatin)
- IMOGAM® Rabies: latex in vial stopper

Persons with egg allergies are not necessarily at increased risk of a hypersensitivity reaction to PCECV. If HDCV as an alternative vaccine is not available, PEP using PCECV should be administered to a person with a hypersensitivity to egg with strict medical monitoring. Facilities for emergency treatment of anaphylactic reactions should be available.

Persons with specific IgA deficiency have increased potential for developing antibodies to IgA after receipt of blood products including rabies immune globulin and could have anaphylactic reactions to subsequent administration of blood products containing IgA, such as RabIg.

Infiltration of wounds with RabIg in some anatomical sites (finger tips) must be carried out with care in order to avoid increased pressure in the tissue compartment.

A history of a serious allergic or neuroparalytic reaction occurring during the administration of rabies vaccine poses a significant dilemma in the post-exposure situation. The risk of rabies developing must be carefully considered before a decision is made to discontinue immunization. The use of corticosteroids to attenuate the allergic response may inhibit the immune response to the vaccine. The existing titre of rabies antibodies should be determined and expert opinion in the management of these individuals should be sought promptly.

Pregnancy is not a contraindication to PEP with rabies vaccine and RabIg.

Pre-exposure immunization with rabies vaccine should be postponed in persons with moderate or severe acute illness. Persons with minor acute illness (with or without fever) may be vaccinated. Post-exposure vaccination should not be postponed.

8. Other Considerations

Vaccine interchangeability: wherever possible, an immunization series should be completed with the same product. However, if this is not feasible, RabAvert® and Imovax® Rabies are considered interchangeable in terms of indications for use, immunogenicity, efficacy and safety.

9. Additional Resources

Communicable Diseases – General, RRO 1990, Reg 557. Available from: https://www.ontario.ca/laws/regulation/900557

PCEC/ RabAvert Product Monograph.

Ministry of Agriculture, Food and Rural Affairs, Rabies in Ontario. Available from: http://www.omafra.gov.on.ca/english/food/inspection/ahw/rabies.htm

Canadian Food Inspection Agency, Rabies [Internet]. Ottawa, ON: Canadian Food Inspection Agency; 2014 [cited 2018 Jan 19]. Available from: http://www.inspection.gc.ca/english/anima/disemala/rabrag/rabrage.shtml

Centers for Disease Control and Prevention. Rabies [Internet]. Atlanata, GA: Centers for Disease Control and Prevention; 2017 [cited 2018 Jan 19]. Available from: http://www.cdc.gov/rabies

World Health Organization. Rabies [Internet]. Geneva: World Health Organization; 2018 [cited 2018 Jan 19]. Available from: http://www.who.int/rabies/en/

10. References

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2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: https://www.ontario.ca/laws/statute/90h07
3. Ontario. Ministry of Health and Long-Term Care. Rabies prevention and control protocol, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx
4. National Advisory Committee on Immunization, Public Health Agency of Canada. Canadian immunization guide. Part 4 - Active vaccines: Rabies vaccine [Internet]. Evergreen ed. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2015 [cited 2017 Sept 18]. Available from: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-18-rabies-vaccine.html
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6. Weekly Epidemiological Record, 20 April 2018, vol. 93, 16 (pp. 201–220) Rabies vaccines: WHO position paper – April 2018 WHO Strategic Advisory Group of Experts (SAGE) on immunization: request for nominations. Available from: https://www.who.int/wer/2018/wer9316/en/

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Ontario

Information Memo

Advisory Committee Meeting – January 09, 2023
Board of Health Meeting – February 07, 2023

Division: Health and Social Services
Department: Public Health
Subject: HNHU Risk Management Update HSS-23-002

Recommendation(s):

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

Background

The Ministry of Health requires Boards of Health (BOH) to provide a risk management update annually, usually in Q3. This report provides the BOH an opportunity to review the high risks identified and assessed by staff, and endorse the actions proposed by staff to mitigate these high risks.

Discussion:

In order to meet the Ontario Public Health Standards (OPHS) requirement on risk management, the HNHU launched the Risk Management program in 2019. As part of this program, a risk management framework was designed and integrated into the strategic and operational planning processes of the Health Unit. All staff, employed at the health unit at that time, were trained on the risk management framework and its implication on the delivery of programs and services by the HNHU. However, since COVID-19 and the deployment of staff to the pandemic response, no work occurred to move this forward at that time. As business shifts back and the health unit moves forward, risk management is being incorporated into the work.

With the integration of risk management into the operational planning process, staff are identifying and assessing risk events that will impact the HNHU's ability to meet its operational objectives. This enables each program team to develop action plans to respond to the identified operational risks. On the other hand, the management team identified and assessed risks associated with moving the health unit forward as strategic planning occurs. In addition, the management team also identified risks associated with the underlining assumptions related to the HNHU's overall service delivery. Nine high risk events were identified through this process.

A review of Appendix A shows that the HNHU is working on developing strategies to mitigate all the currently identified risks. It is the expectation that the action plans proposed will minimize the impact of the identified high risks on the ability of the HNHU to meet its strategic and operational objectives.

As part of the risk management program, all action plans will be monitored throughout the year on progress to enable modifications to be made where necessary. All high risks and the progress in managing them will continue to be communicated to the BOH.

Attachment(s):

- Appendix A: HNHU Risk Management submission to the Ministry of Health

Conclusion:

The continuation of risk identification and mitigation strategies allows the BOH to meet an operational mandate of the OPHS and empowers staff to consider events that could impact their ability to meet their operational objectives. At the strategic level, the HNHU has developed action plans in response to identified high risks. At the program team level, further steps are being taken to identify, assess and manage operations risks. HNHU will continue to build its risk management program and thus strengthen organizational resiliency. This will help the HNHU ensure effective service delivery as well as the safety of staff and other stakeholders.

Approval:

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

Reviewed By:
Syed Shah
Acting Director, Public Health

Prepared By:
Marcia Annamunthodo
Chief Nursing Officer and Program Manager, Professional Practice & Quality Assurance

2022 Standards Activity Reports
as of September 30, 2022

Risk Management

Ref. #	Description	Category	Impact	Likelihood	Overall Risk Rating		Key Risk Mitigations	Date reported to the Board
A	B	C	D	E	F = D x E		G	H
	Handling of personal health information (eg. Receiving, transporting, storing, sharing etc.)	Compliance Legal	5	3		High	Develop loss prevention & mitigation strategies; Need to review relevant policies and processes; Develop policies where necessary; Implement training and education for staff to attempt to mitigate risk of a privacy breach;	February 7, 2023
	Lack of an electronic client management system.	Operational / Service Delivery	5	2		Not a high risk	Nursing documention procedures being updated; securing client files; lobbying for funding for electronic client management system	February 7, 2023
	Inability to find qualified people to fill staffing gaps.	People / Human resources	4	5		High	Continue to recruit for positions needed; Distribute essential tasks to other staff, if they have the knowledge, skills, abilities and capacity to complete them	February 7, 2023
	Failure to develop a comprehensive succession plan	People / Human resources	3	4		High	Continue to work with Human Resources to develop a process to identify staff to be placed on a management track; Provide professional development and progressive leadership opportunities geared towards management	February 7, 2023
	Uncertainty regarding public health restructuring affecting funding requests and staff morale.	Strategic / Policy	5	5		High	Share information with staff as soon as it is available; Listen to staff concerns and provide support whenever possible	February 7, 2023
	Lack of comprehensive staff scheduling system to ensure coverage of program needs.	Strategic / Policy	4	5		High	Continue to use various other processes (e.g. Excel spreadsheets and online calendars) to plan staffing needs	February 7, 2023
	Staffing changes due to new staff orientation and staff moving to other programming area	People / Human resources	5	5		High	Continue to recruit for positions needed; Develop a comprehensive orientation plan for new staff; Develop a comprehensive training and development plan for staff to continue to build their knowledge, skills and abilities to perform the needed tasks	February 7, 2023
	Increasing COVID cases and potential for remobilizing staff again	Strategic / Policy	5	3		High	Remobilizaition plans being developed; Potential impact on "regular" programming being assessed	February 7, 2023
	Lack of emergency preparedness resources to address local environmental health hazards (e.g. gas well leaks of H2S and Methane)	Environment	4	2		Not a high risk	Continue to monitor and advocate for additional resources at different levels of government (Federal, Provincial and municipal)	February 7, 2023

Ontario Internal Audit Division: 14 Categories of Risk

Category	Description
Compliance/Legal	Uncertainty regarding compliance with the laws, regulations, standards, policies, directives. Contracts: may expose the Ministry to the risk of fines, penalties, litigation.
Equity	Uncertainty that policies, programs, services will have an equitable impact on the population.
Financial	Uncertainty of obtaining, using, maintaining economic resources; meeting overall financial budgets/commitments; preventing, detecting or recovering fraud.
Governance/ Organizational	Uncertainty of having appropriate accountability and control mechanism such as organizational structures and systems processes, systemic issues, culture and values, organizational capacity commitment and/or learning and management systems.
Information/ knowledge	Uncertainty regarding the access to or use of accurate, complete, relevant and timely information. Uncertainty regarding the reliability of information systems.
Operational or Service Delivery	Uncertainty regarding the performance of activities designed to carry out any of the functions of the Ministry/unit, including design and implementation.
People/ Human Resources	Uncertainty as to the Ministry's/business unit's ability to attract, develop and retain talent needed to meet its objectives.
Political	Uncertainty of the events may arise from or impact any level of the government including the Offices of the Premier or Minister, e.g. a change in government political priorities or policy direction.
Privacy	Uncertainty with regards to the safeguarding of personal information or data, including identity theft or unauthorized access.
Security	Uncertainty relating to physical and logical access to data and locations (offices, warehouses, labs, etc.).
Stakeholder/ Public Perception	Uncertainty around the expectations of the public, other governments, media or other stakeholders, maintaining positive public image; ensuring satisfaction and support of partners.
Strategic/Policy	Uncertainty that strategies and policies will achieve required results or that policies, directives, guidelines, legislation will not be able to adjust as necessary.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements. Uncertainty of the availability and reliability of technology.
Environment	Uncertainty regarding environmental impacts or unintended biological consequences.

Risk Score Matrix

Risk Value Matrix:

Impact Score ↑	5	Moderate	Moderate	High	High	Critical
	4	Low	Moderate	Moderate	High	High
	3	Low	Moderate	Moderate	Moderate	High
	2	Low	Low	Moderate	Moderate	Moderate
	1	Low	Low	Low	Low	Moderate
Risk Value Matrix		1	2	3	4	5
		Likelihood Score →				

Impact Score X Likelihood Score = Risk Score

Likelihood and Impact Scoring Scales:

Value	Likelihood	Impact	Score
1	<5%- improbable or rare, unlikely to occur	Insignificant- negligible impact; none or very minor	1
2	5-25%- unlikely; small likelihood but may occur occasionally	Minor- minor or limited impact on service delivery	2
3	26-50%- is as likely as not to occur	Moderate- notable impact; delay in achieving objectives	3
4	51-90%- likely or very possible to occur	Major- sustainable impact on achieving objectives; may threaten public's health; revisions required	4
5	91-100%- almost certain; frequent occurrence	Extreme- threatens public's health; must address asap	5

Risk Score	Risk Level
25	Critical (Unacceptable)
15-20	High Risk
5-12	Moderate Risk
1-4	Low Risk

Information Memo

Advisory Committee Meeting – January 09, 2023
Council-In-Committee Meeting – February 14, 2023

Division: Health and Social Services
Department: Social Services and Housing
Subject: New Service Delivery Plan for Ontario Works

Recommendation(s):

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

Background

The service delivery model of Ontario Works (OW) program, funded by the Ministry of Children, Community and Social Services (MCCSS), is part of Ontario's Recovery and Renewal Plan with a new vision for Social Assistance (SA). Haldimand Norfolk Ontario Works staff work directly with the most vulnerable individuals in our community. Their role is to ensure the members of our community receive financial benefits and life stabilization toward the goal of self-sufficiency.

The purpose of this report is to provide an update to Council on the new Service Delivery model and the training being provided to staff to accomplish the newly developed Ministry standards.

Discussion:

In September 2020, Ontario announced a Recovery and Renewal Plan. Included in this plan was Ontario's new vision for Social Assistance (SA). Two of the main components of the new vision include centralized intake for Ontario Works applications and Employment Services Transformation.

The Ministry created and staffed the Intake and Benefits Administration Unit (IBAU) with plans to begin to absorb the administrative components of the Ontario Works (OW) program by 2024. This created a centralized intake portal for the application and financial components of the OW program.

In addition to the creation of the IBAU, the Employment Service Transformation (EST) framework was formed and prototype sites were selected. Haldimand and Norfolk Social Services Department (HNSS) was one of these prototypes and EST began in

January 2021. As has been previously shared with Council, through EST the employment functions of SA were transferred from Ontario Works to Employment Ontario. The intended result of IBAU and EST is to allow less focus on administration tasks and employment supports from local OW offices so that Case Managers will have an increased focus on stability supports allowing the needs of SA recipients to be met. Currently the role of the Case Manager is to deliver both the financial and the stability support components of the OW program to our most vulnerable community members. Stability supports aim to identify and help address the barriers people face to employment, independence, and well-being through personalized plans that are developed by the participant and their OW Case Manager.

Stability support plans revolve around appropriate services that support an individual in reaching a level of stability that allows them to be involved in their community and the ability to participate in employment services. Staff will work with SA recipients on life stability supports and services by addressing basic needs such as financial support, shelter, crisis resolution, and those that provide appropriate health supports. Life stability supports also include the development of life skills such as self-sufficiency, education and literacy, language and numeracy supports, as well as programs that provide for dependent care, cultural connections (such as immigration and settlement supports) justice, legal supports and strengthening connections to community supports. OW staff now work collaboratively with Employment Ontario (EO) to create a flexible service plan for individuals who are seeking employment.

The Life Stability delivery model is based on developing strong relationships between Case Managers and clients. Making a connection with clients early will assist in better outcomes for community members in both counties. In order to achieve this further, education and training would be beneficial to staff working with members in our community.

Equipping staff with the required knowledge and skills to support the members of our communities is a local priority. All staff have been required to complete Mental Health First Aid, SafeTALK, Non-Violent Crisis Intervention and The Working Minds. This training has been provided by Norfolk County with no cost to the Ontario Works budget envelope. In addition to this training, staff are provided the resources available from Ministry of Children, Community and Social Services (MCCSS) on the technical aspects of their roles. Staff will also participate in Person-Centric Strategies (PCS), an educational program for staff with focus on addressing modern coaching and problem-solving practices. Haldimand Norfolk Ontario Works staff will have the opportunity to complete this training due to budget savings realized from other program surpluses.

Program objectives for PCS include understanding the human behaviour that occurs in socio-economic conditions of poverty, social exclusion, trauma and scarcity. Ensuring the staff are equipped with the theories provided in this training will allow staff to better support the most vulnerable community members in Haldimand and Norfolk counties.

As staff continue to work through EST, they are walking alongside the most vulnerable residents of Haldimand and Norfolk counties with multiple barriers and limited resources. Educating the staff on how to better serve the residents of Haldimand and Norfolk counties will allow positive outcomes in EST and customer service for the members of our communities. Continuing to invest in staff who work directly with these individuals will allow the members of our communities the opportunity to succeed on a path of life stabilization.

Attachment(s):

N/A

Conclusion:

Ontario's new vision for social assistance has directly influenced our local service delivery. Investing in staff is investing in our community. Locally identified gaps have allowed for investigation into training and resources for the individuals who support our community members. As the province moves into the direction of local offices focusing solely on life stability supports, staff at Haldimand Norfolk Ontario Works need to be equipped to provide the best service to members of Haldimand and Norfolk communities.

Staff are requesting Council to accept the information on program changes and training for all front line staff in Ontario Works.

Approval:

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

Reviewed By:
Stephanie Rice
Acting Director, Social Services and Housing

Prepared By:
Chris Gilbert
Program Manager, Ontario Works

Prepared By:
Katherine Donovan
Program Manager, Ontario Works

Dear Board of Health Members,

The 2022 alPHa Orientation Manual for Boards of Health has been updated to provide summary information on public health in Ontario and on the roles and responsibilities of a board of health. The BOH Resource page has also been updated to include a link to the revised manual. This area of alPHa's website was created for alPHa's Boards of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources to support their work.

A companion document, *Governance Toolkit for Ontario Boards of Health*, currently under construction for release later in November 2022, provides boards of health with practical tools, best practices, and templates to help them govern more effectively. Members will be notified as soon as it is available.

Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director
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Cell: 647-325-9594
loretta@alphaweb.org
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Dear Board of Health Members,

alPHa is pleased to release the updated *Governance Toolkit for Ontario Boards of Health*. The toolkit provides practical tools to help Boards of Health govern more effectively. Please note, this document does **not** replace but complements alPHa's current *alPHa Orientation Manual for Boards of Health* and is included the *BOH: Shared Resources* area of the alPHa website. Whereas the Manual provides an overview of the public health sector and the board of health's role within it, this toolkit focuses on giving boards of health practical tools and information.

We hope you find the toolkit useful. It is a living document that alPHa plans to update periodically. If you have any comments, suggestions, or tools and examples for possible inclusion, please let us know by sending an email to info@alphaweb.org.

Take Care,

Loretta

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View this email in your browser

PLEASE ROUTE TO:

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

December 16, 2022

December 2022 InfoBreak

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

Leader to Leader – A Message from alPHa's President – December 2022

Looking in the rear-view mirror for 2022, it has been reassuring to see local public health rise up and resume many of its core functions and moving forward, despite the ongoing challenges of responding to COVID-19. Through public health leadership, public health will continue to remain nimble and strong at the alPHa Board and staff level.

Reflection is one of the most underused, yet most powerful tools for future success for organizations and it is important to celebrate the milestones along the way. Highlights in 2022 for alPHa include:

- alPHa's Annual Report to membership in June 2022
- alPHa Resolutions including Public Health Restructuring/Modernization & COVID-19: A22-2_PH_Restructuring.pdf (ymaws.com)
- In November 2022 after an extensive review and updating to coincide with the orientation of newly elected Board of Health members, alPHa launched the BOH Orientation Manual and BOH Governance Toolkit which is complimented by the ever-growing BOH Shared Resources Page
- alPHa's Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response report and executive summary
- 2022 Pre-Budget Consultations
- alPHa 2022 Elections Primer and its infographic and video have been revised.
- alPHa's submissions on PH Modernization, including the Statement of Principles
- Information Break, alPHa's monthly newsletter is a key communication tool that highlights public policy submissions, key events, and activities.
- Twitter @PHAgencies was very actively profiling association activities.

A component of alPHa's success in 2022 has been based on the reciprocal relationships alPHa has built and nurtured over the years. It is an extensive list that to name a few, includes Ontario's key decision-makers, Ontario's Ministry of Health, Ontario's Chief

Medical Officer of Health, Public Health Ontario, Ontario Health, Association of Municipalities of Ontario, Ontario Medical Association, and Affiliate public health associations. As well, alPHa celebrates the importance of the existing network of relationships with our 34-member local public health units.

alPHa noted in correspondence to the Hon. Sylvia Jones, Minister of Health, that this is a pivotal time for health protection and health promotion in Ontario and that our work done in collaboration with local public health partners and within the broader health system results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources. alPHa stressed that after all, Ontario's economy stays open when our public are healthy and protected and that there is no better return on investment than in public health.

The view looking ahead in 2023 is even clearer. alPHa, guided by its Strategic Plan, will continue to lead with one, unified voice representing the public health system across its member constituents in its commitment to influence Ontario's decision-makers to ensure a robust *local* public health system with ample resources to protect the entire population's health. These efforts in 2023 will include responding to the government's recently announced Pre-Budget Consultations. Through this and other actions, alPHa will continue to provide valued resources and services to its members.

The success of alPHa is built not only on the support of you, its members, it requires a dedicated and unified governance board, complimented by the tremendous work and services provided by alPHa staff. The alPHa Board continues to give the association a uniquely qualified and unified leadership voice for Ontario's local public health system. alPHa is fortunate to have Board members who volunteer and are passionate about public health - thank you to each and every one. Also, thank you for the excellent leadership and performance by alPHa's Executive Director Loretta Ryan and her staff Gordon Fleming and Melanie Dziengo, along with a dedicated team of consultants.

Whether you are a Board of Health member, a Medical Officer of Health, a Chief Executive Officer, in a senior leadership role, or on the front lines - how reassuring it has been to Ontarians to know they can count on all of you, regardless of the challenges of 2022. On behalf of alPHa, please allow me to extend my personal and genuine appreciation to each and every one of you for your valuable contributions to local public health and your continued support for alPHa.

There is much optimism for 2023 and what is in store for alPHa and its membership. Enthusiasm and anticipation are building around new opportunities at alPHa's Winter

Symposium February 24, 2023, and for the AGM/Conference June 11-13, 2023. Stay tuned for more details in the new year.

On behalf of the alPHa team - best wishes for a happy, bright and healthy future road ahead!

Trudy

Trudy Sachowski,
President

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

Holiday message from alPHa staff

All the best for a safe holiday season filled with warmth, happiness, and good health!

alPHa's office will close at the end of day on Friday, December 23rd and reopen on Tuesday, January 3rd.

2023 Pre-Budget Consultations

Ontario

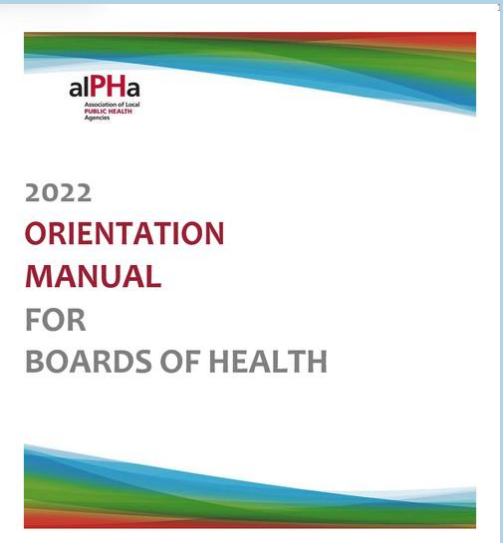
The provincial government is consulting on the 2023 Budget. alPHa will also be submitting a response. If you have any thoughts or comments, please send these to alPHa's Executive Director, Loretta Ryan, at loretta@alphaweb.org by January 20, 2023.

2022 BOH Governance Toolkit released

The 2022 BOH Governance Toolkit has been updated and helps new and existing Board of Health members to understand their roles and responsibilities as public health officials. It also keeps them updated on the latest public health initiatives. It also compliments the BOH Orientation Manual, which was released last month.

You can view the BOH Governance Toolkit here.

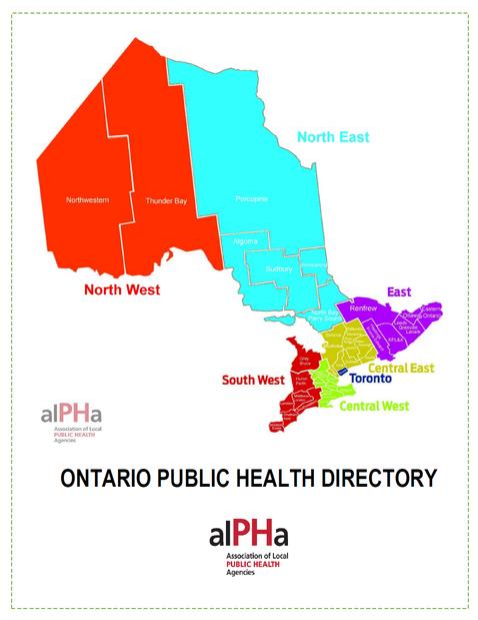
2022 BOH Orientation Manual



The 2022 alPHa Orientation Manual for Boards of Health has been updated to provide new and existing Board of Health members with summary information on public health in Ontario and on the roles and responsibilities of a board of health.

You can view the BOH Orientation Manual here.

The Ontario Public Health Directory has been updated



The Ontario Public Health Directory has been updated. Thank you to everyone who sent in updates. You can get the latest version via this link. Please note that you will have to log in to see the directory. Keep this link on file as the directory is frequently updated. Additionally, any changes can be made by sending a PDF version to communications@alphaweb.org.

EAs/AAs - Do you have a question for alPHa? Do you have something to post?

If so, please send your question to info@alphaweb.org. If you have a job to post, please send it to communications@alphaweb.org. Please note, effective January 2023, these are the only e-mail addresses that should be used for these purposes.

EAs/AAs - Guidelines for Minimum Retentions

alPHa is currently in the process of updating various document and we are currently reviewing the Guidelines for Minimum Retentions. We ask that you share any samples that you have in your PHUs for record retention. Additionally, if you have any updates,

requests, or comments, please send them to communications@alphaweb.org by the end of the day on December 20th.

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 November 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
- 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)

- The Ontario Public Health Standards

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alPHa Affiliates Update

Ontario Association of Public Health Nursing Leaders

The Ontario Association of Public Health Nursing Leaders (OPHNL), in partnership with the Ministry of Health, Ministry of Education, and Ontario Public Health Epidemiologist Network conducted an evaluation of the School Focused Nurse Initiative (SFNI). This evaluation documents lessons learned during the implementation of this program during the COVID-19 pandemic response. Based on the SFNI evaluation, OPHNL has released recommendations which were received by the alPHa Board of Directors on November 10, 2022. To access the full report and recommendations click here.

Association of Supervisors of Public Health Inspectors of Ontario

The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) hosted the 2022 Fall Conference & AGM in Toronto from November 24-25. The membership engaged in discussion on the impact of the pandemic on the public health workforce, specifically public health inspectors in representation of an over-extended workforce that has direct impacts on ability for public health units to conduct work under the Ontario Public Health Standards. As an outcome of the discussion, ASPHIO will form a working group to assess the current state of the public health inspector workforce and its impact on the delivery of programs and services.

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 [they] will find before [their] term." You can register for the New Head of Councillor Training here and register for New Councillor training here.

Thank you to everyone who submitted Abstracts!

TOPHC
The Ontario Public Health Convention

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 hosted by alPHa.

Burnout among people who work in public health settings in Canada

CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

Dr. David Poon, a Public Health and Preventative Medicine Resident, and Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer with Public Health Ontario, invite you to participate in an online survey that explores burnout among people who work in public health settings in Canada. Their team of researchers is exploring burnout among the public health workforce in Canada. You are invited to participate by completing a 10-minute survey about your experience during the

pandemic as a public health worker. Please complete the survey before 31 December 2022. You can also complete the survey in French here.

Public Health Ontario

Variants of Concern

- Risk Assessment for Omicron Sub-lineage XBB and XBB.1 (as of November 2, 2022)
- Risk Assessment for Omicron Sub-Lineage BA.2.75.2 (as of October 17, 2022)
- Risk Assessment for Omicron Sub-Lineage BF.7 (as of October 11, 2022)
- Risk Assessment for Omicron Sub-lineage BQ.1 and its Sub-lineages (BQ.1*) (as of November 30, 2022)
- SARS-CoV-2 Genomic Surveillance in Ontario, December 2, 2022

Check out PHO's Variants of Concern web page for the most up-to-date resources.

Additional Resources – New

- Antiviral Medications for Seasonal Influenza: Public Health Considerations
- Vaccines for the 2022-23 Influenza Season
- Mpox (formerly monkeypox) Resources
- COVID-19 and Other Respiratory Illnesses in Pediatric Populations
- COVID-19 in Ontario Weekly Epidemiological Summary
- COVID-19 Wastewater Surveillance in Ontario
- Respiratory Virus Overview in Ontario from November 27, 2022 to December 3, 2022 (Week 48)

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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.

Dalla Lana School of Public Health

Upcoming DLSPH Events

- 12th World Gastroenterology & Hepatology Conference (Dec. 21-22)

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Centennial College Workplace Wellness and Health Promotion Program

alPHa is pleased to announced the association has successfully secured a student from Centennial College's post-graduate Workplace Wellness and Health Promotion Program! Franger Jimenez will begin his placement with alPHa early in 2023. Stay tuned for more information.

RRFSS Update

The COVID-19 pandemic continues to have a profound impact on the health of Canadians. Throughout the pandemic, local public health units redirected many resources to emergency pandemic response. However, there is now an urgent need for public health units to focus on the unintended consequences of the pandemic and address current health priorities for their local populations. Measuring health outcomes and risk factors at the local level is critical to evidence-informed public health programming.

The innovative design of the RRFSS allows Health Units to fill a gap in public health surveillance and to measure health indicators on urgent public health topics (including substance use, mental health, and COVID-19 impacts) that are not available from any other data sources. There has never been a greater need for health units to collect RRFSS data! Please contact, Lynne Russell, RRFSS Coordinator for more information: lynnerussell@rrfss.ca

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COVID-19 Update

The digital team at the Ministry of Health has launched a new landing page and new streamlined content pages for COVID-19 content.

The new landing page, which replaces covid-19.ontario.ca, can now be found at:
https://www.ontario.ca/page/covid-19-coronavirus (English)
https://www.ontario.ca/fr/page/covid-19-le-coronavirus (French)

As well, the ministry has overhauled the previous versions of the public health measures pages, six vaccine pages, and testing and treatment pages, which can now be found at:
https://www.ontario.ca/page/public-health-measures-and-advice
https://www.ontario.ca/page/covid-19-vaccines
https://www.ontario.ca/page/covid-19-testing-and-treatment

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders. "**NOTE:** In alignment with the wind-down of

provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

Visit the Ministry of Health's page on guidance for the health sector
View the Ministry's website on the status of COVID-19 cases
Go to Public Health Ontario's COVID-19 website
Visit the Public Health Agency of Canada's COVID-19 website
alPHa's recent COVID-19 related submissions can be found here

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Hold the date for the Winter Symposium and Annual Conference & AGM

alPHa's 2023 Winter Symposium is on February 24th and the Pre-Symposium Workshop will be held on February 23rd.

The 2023 Annual Conference and AGM is on June 11th-13th.

Please stay tuned for further information about these events!

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alPHa Correspondence

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

alPHa Letter - Executive Lead, Public Health
November 30, 2022 from the President of the Association of Local Public Health Agencies (alPHa) congratulating Elizabeth Walker on her appointment as Executive Lead, Public Health at the Ministry of Health.

alPHa Letter - Support for APHEO re DoPHS IT
November 24, 2022 from the President of the Association of Local Public Health Agencies (alPHa) calling for support of a request from the Association of Public Health Epidemiologists in Ontario (APHEO) for representation on the Case Contact Management Steering Committee.

alPHa Letter 2 - Resolution A22-2 - Cooling Towers
October 14, 2022 letter from the President of the Association of Local Public Health Agencies (alPHa), which reintroduces our call on the ministry to create province-wide mandatory cooling tower registration system to facilitate the investigation and

management of legionella outbreaks such as the one that is now being investigated in the town of Orillia.

alPHa Letter - DSNO, Resolution A22-4 - Opioids
October 14 letter from alPHa that communicates our endorsement in principle of the Drug Strategy Network of Ontario (DSNO) Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction as it aligns with alPHa's related and previously communicated resolution (A22-4).

alPHa Letter - Collection of Sociodemographic Data
October 14, 2022 letter to the Minister of Health urging the incorporation of sociodemographic data (SDD) in all database systems, including the Case Contact Management expansion (which is replacing iPHIS) for reporting of diseases of public health significance (DoPHS).

alPHa Letter - Chief of Nursing/ADM
September 6, 2022 letter from the Association of Local Public Health Agencies congratulating the new Chief of Nursing & Professional Practice & Assistant Deputy Minister of Health.

MMAH Response - Resolution A22-3 - Cooling Towers
August 24, 2022 letter from the Minister of Municipal Affairs and Housing to the President of the Association of Local Public Health Agencies.

alPHa Letter - President & CEO, PHO
July 18, 2022 letter from the alPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

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

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

alPHa Letter - Resolution A22-3 - Cooling Towers
July 18, 2022 alPHa letter to the Minister of Municipal Affairs and Housing that

introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

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

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

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

News Releases

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