

**BRANT COUNTY BOARD OF HEALTH  
REGULAR AGENDA  
Wednesday, October 20, 2021, 9:30 a.m, Zoom**

**1. CALL TO ORDER**

*Chair John Bell*

**2. CONFLICT OF INTEREST**

**3. DELEGATION**

*Rob Hunter*

**4. ADDITIONS TO AGENDA / Motion to APPROVE AGENDA**

**5. APPROVAL OF MINUTES**

**5.1** Motion to approve Brant County Board of Health Minutes of September 15, 2021 \*

*All*

**6. FINANCIAL REPORT**

**6.1** Financial Position Report ended August 31, 2021 \*

*Lisa DiDonato*

**6.2** Finance and Audit Committee Report \*

*John Sless*

**7. BUSINESS ARISING FROM PREVIOUS MINUTES**

**7.1** Report from the Chair

*John Bell*

**7.2** Report from the Medical Officer of Health \*

*Dr. Rebecca Comley*

**7.3** Report from the Chief Executive Officer \*

*Jo Ann Tober*

**7.4** Food Safety Disclosure Report

*No report*

**7.5** COVID-19 Reports

**7.5.1** COVID-19 Case Management Report \*

*Dr. Rebecca Comley*

**7.5.2** COVID-19 Immunization Report \*

*Jo Ann Tober*

**7.6** Mental Health and Addictions Work Group Update, Brantford-Brant Ontario Health Team \*

*Jo Ann Tober*

**7.7** Provincial Appointee New Appointment and Re-Appointment

*Chair Bell*

Motion to accept reports as presented.

**8. NEW BUSINESS & PROGRAM REPORTS**

**8.1** BCHU 2020 Annual Report \*\*

*Jo Ann Tober*

**8.2** Strategic Planning

*Chair Bell*

Motion to accept reports as presented.

**9. CORRESPONDENCE** *(Board members may request a copy of items that are not attached from Board of Health Secretary)*

**9.1** Correspondence from City of Hamilton, dated Sept. 15, 2021, re support for a local board of health.

**9.2** Correspondence from Premier of Ontario, dated Sept. 8, 2021, re proof of COVID-19 vaccinations.

**9.3** Correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit, dated Sept. 16, 2021, re ongoing financial government support.

**9.4** Correspondence from Ministry of Labour, Training and Skills Development, dated Sept. 20, 2021, re paid sick leave.

- 9.5 Correspondence to Health Minister Elliott, dated Sept. 27, 2021, re Expositor article on mental health issues.
- 9.6 Order in Council from Province of Ontario, dated Sept. 16, 2021, re appointment of Michael Bodnar.
- 9.7 Order in Council from Province of Ontario, dated Sept. 29, 2021, re re-appointment of Nancy Church.

Motion to receive the correspondence.

**10. INCAMERA**

**11. QUESTIONS / ANNOUNCEMENTS**

**12. FUTURE AGENDA ITEMS**

**13. NEXT MEETING DATE**

Wednesday, November 17, 2021, at 9:30 a.m.

**14. ADJOURNMENT**

*Chair*

*\* Attachments  
⊕ to be distributed at the meeting*

*\*\*Attachments for Board of Health members only*

**BRANT COUNTY BOARD OF HEALTH MEETING of October 20, 2021**  
**REPORT #: 6.1**

**FROM: Lisa DiDonato, Director, Finance**  
**REPORT DATE: September 24, 2021**  
**RE: Financial Position Report ended August 31, 2021**

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The purpose of this report is to provide the financial results of the Brant County Health Unit (BCHU) for the eight months ended August 31, 2021.

As detailed in the financial variance summary and forecast, attached as Appendix A, the gross expenditure surplus for the eight months ended August 31, 2021, was \$347,870 and the net expenditure deficit, based on Ministry approved funding, was \$575,595.

Throughout the 2021 funding year, provincial health units are expected to take all necessary measures to continue to respond to COVID-19 and support the Ministry in the roll-out of the vaccine program, while continuing to maintain critical public health programs and services. These costs are expected to be managed within existing annual funding with one-time funding to support extraordinary costs over and above the approved mandatory cost shared program budget.

For 2021, the BCHU estimated that approximately \$5.1 million in COVID-19 response and COVID vaccine program expenditures will be absorbed within the mandatory programs funding and requested \$2.6 million in one-time extraordinary funding.

In the eight months ended August 31, 2021, the Health Unit incurred \$5.3 million in COVID response and vaccine program expenditures. These costs, in addition to the redeployment of personal, include incremental salaries and wages, technology and communication purchased services, clinic supplies, personal protective equipment, and mileage. The expenditures for the eight months ended August 31, 2021, are summarized below.

Expense Categories	Total
Employee Salaries and Benefits	\$ 4,734,859
Other Program Supplies	\$ 568,225
Total	\$ 5,303,084

In July 2021, the Ministry of Health notified health units across that province that they were approving one-time COVID-19 requests of approximately 50% of estimated COVID-19 extraordinary costs but committed to work with health units to adjust funding, as required, throughout the 2021 funding year. To date for BCHU, the Ministry has only approved \$1,292,100 (49%) of the \$2,632,009 COVID response and vaccine program one-time funding requested.

At this time, considering the COVID-19 response and vaccine program unknowns, the Health Unit is forecasting a \$1.3 million deficit related to the COVID-19 extraordinary costs. The Health Unit is optimistic that with continued compliance with Ministry management and reporting requirements, additional in-year one-time funding will be approved to mitigate the forecasted deficit.

## Appendix A

**Brant County Health Unit**  
**Financial Variance Summary and Forecast**  
**For the Period Ending August 31, 2021**

	Budget 8/31/2021	Actual 8/31/2021	Variance Surplus (Deficit)	% of Budget	Budget 12/31/2021	Forecast 12/31/2021
<b>Mandatory Cost Share Programs</b>						
Salaries	5,421,912	6,423,591	(1,001,679)	79.0%	8,132,868	9,957,825
Benefits	1,347,300	1,492,859	(145,559)	73.9%	2,020,952	2,343,003
Mileage	28,554	44,830	(16,276)	104.7%	42,831	67,831
Staff Development	75,386	32,311	43,075	28.6%	113,080	73,080
Supplies	626,360	916,081	(289,721)	97.5%	939,542	1,289,542
Needle Exchange	51,133	47,417	3,716	61.8%	76,700	76,700
Operating Cost	84,008	116,353	(32,345)	92.3%	126,014	156,014
Building Maintenance	197,830	249,787	(51,957)	84.2%	296,748	346,748
Housekeeping Supplies	48,667	48,512	155	66.5%	73,000	73,000
Utilities	57,333	51,534	5,799	59.9%	86,000	86,000
Professional Fees	211,432	216,686	(5,254)	68.3%	317,148	387,148
<b>Mandatory Cost Share Program Expenses</b>	<b>8,149,915</b>	<b>9,639,961</b>	<b>(1,490,046)</b>	<b>78.9%</b>	<b>12,224,883</b>	<b>14,856,891</b>
COVID Response and Vaccine Program Expenses	(3,413,565)	(5,303,084)	1,889,519	103.6%	(5,120,348)	(7,752,356)
<b>Mandatory Cost Share Program Expenses excluding COVID Expenses</b>	<b>4,736,350</b>	<b>4,336,877</b>	<b>399,473</b>	<b>61.0%</b>	<b>7,104,535</b>	<b>7,104,535</b>
<b>COVID Response and Vaccine Program Expenses</b>						
COVID Absorbed Expenses	3,413,565	3,548,412	(134,847)	69.3%	5,120,348	5,120,348
COVID Extraordinary One Time Request Expenses	1,754,672	1,754,672	-	66.7%	2,632,008	2,632,008
<b>Total COVID Response and Vaccine Program Expenses</b>	<b>5,168,237</b>	<b>5,303,084</b>	<b>(134,847)</b>	<b>68.4%</b>	<b>7,752,356</b>	<b>7,752,356</b>
<b>Total Mandatory Cost Share Program Expenses</b>	<b>9,904,587</b>	<b>9,639,961</b>	<b>264,626</b>	<b>1.8%</b>	<b>14,856,891</b>	<b>14,856,891</b>
<b>100% Funded Program Expenses</b>						
MOH - Ontario Seniors Dental Program	355,666	339,289	16,377	63.6%	533,500	533,500
MOH - School Focused Nurses Initiative	312,667	252,288	60,379	53.8%	469,000	469,000
MCCSS - HBHC	687,156	695,384	(8,228)	67.5%	1,030,734	1,030,734
Health Canada - CPNP	54,087	39,371	14,716	48.5%	81,130	72,569
<b>Total 100% Funded Program Expenses</b>	<b>1,409,576</b>	<b>1,326,332</b>	<b>83,244</b>	<b>62.7%</b>	<b>2,114,364</b>	<b>2,105,803</b>
	<b>11,314,163</b>	<b>10,966,293</b>	<b>347,870</b>	<b>64.6%</b>	<b>16,971,255</b>	<b>16,962,694</b>
<b>Revenue</b>						
MOH - Mandatory Cost Share Programs	5,383,860	5,383,860	-	66.7%	8,075,800	8,075,800
MOH - One Time Funding Programs	93,333	93,333	-	66.7%	140,000	140,000
MOH - Ontario Seniors Dental Program	355,667	355,667	-	66.7%	533,500	533,500
MOH - School Focused Nurses Initiative	312,667	312,667	-	66.7%	469,000	469,000
MOH - COVID Extraordinary One Time Requests	1,754,673	877,336	877,336	33.3%	2,632,009	1,292,100
MCCSS - HBHC	687,156	687,156	-	66.7%	1,030,734	1,030,734
Health Canada - CPNP	54,087	45,526	8,561	56.1%	81,130	72,569
Municipal Funding	2,519,536	2,519,536	-	66.7%	3,779,304	3,779,304
Transfer from Reserves	47,852	47,852	-	66.7%	71,778	71,778
Other Revenue	105,333	67,766	37,567	42.9%	158,000	158,000
<b>Total Revenue</b>	<b>11,314,163</b>	<b>10,390,698</b>	<b>923,465</b>	<b>61.2%</b>	<b>16,971,255</b>	<b>15,622,785</b>
<b>Net Surplus (Deficit)</b>	<b>-</b>	<b>(575,595)</b>	<b>(575,595)</b>		<b>-</b>	<b>(1,339,909)</b>

**BRANT COUNTY BOARD OF HEALTH MEETING of October 20, 2021**  
**REPORT #: 6.2**

**FROM: John Sless, Finance & Audit Committee Chair**  
**REPORT DATE: October 11, 2021**  
**RE: Finance and Audit Committee Report to the Board of Health**

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As per the Finance and Audit Committee Terms of Reference, the purpose of this report is to provide a synopsis of the transactions of the October 7, 2021, Finance and Audit Committee meeting.

Financial Reporting Compliance

- The Committee considered and received a report summarizing year-to-date financial reporting submissions in compliance with provincial, federal, and municipal funding requirements. The Health Unit confirmed that all financial reports were submitted by their due dates. As per the recommendation of the Committee, going forward, the report will include both submission and due dates.

2020 Audited Financial Statements – Response to the Management Letter

- The Committee considered and received a report providing management's response to the December 31, 2020, audited financial statement management letter. In response to questions from the Committee, the management team provided additional process and policy information. The Committee was satisfied that no further actions were required.

Financial Report for the Eight Months Ended August 31, 2020

- The Committee considered and received the financial variance and summary report for the eight months ended August 31, 2020. No concerns were raised, and no further actions were required.

Board of Health Governance and Finance and Audit Committee Proceedings

- The Committee considered and received a report from Board Member Nancy Church in regard to governance and Finance and Audit Committee proceedings. After a lengthy discussion, the Committee agreed that many of the issues raised would be considered as part of the strategic planning process and that Member Church would provide recommendations for consideration to enhance the Finance and Audit Committee Terms of Reference.

**BRANT COUNTY BOARD OF HEALTH MEETING on October 20, 2021**  
**REPORT #: 7.2**

**FROM:** Dr. Rebecca Comley, Acting Medical Officer of Health  
**REPORT DATE:** October 13, 2021  
**RE:** Medical Officer of Health's Report

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During my first four weeks at the Brant County Health Unit (BCHU), I have been focusing on meeting its members and familiarizing myself with the operations of the Health Unit. The main theme has been COVID thus far; it has included discussions around school case and contact management, specifically the school closure, vaccination uptake and planning and adverse events reporting. I have visited the vaccine clinics as well.

The school closure at St. George-German School was a significant event. We felt closure was necessary due to the high-risk features of the outbreak: multiple cohorts affected, and good evidence to support spread within the school. We will be exploring other mitigating factors (IPAC, ventilation) which may have contributed to the outbreak.

I have been getting to know some of the local players in the community, including the Primary Care Council. I am hoping we can create opportunities for collaboration in the short term around vaccination efforts. I have also met members of the school boards, and Six Nations COVID health team.

I have reached out to neighbouring MOHs, including Southwestern, Haldimand Norfolk, Waterloo, Hamilton. I am also preparing for an Emergency Operations exercise later in October. I have been very grateful for the guidance and calm influence of Dr. Malcolm Lock, who has been invaluable during this orientation.

**BRANT COUNTY BOARD OF HEALTH MEETING of October 20, 2021**  
**REPORT #: 7.3**

**FROM:** Jo Ann Tober, Chief Executive Officer  
**REPORT DATE:** October 12, 2021  
**RE:** Chief Executive Officer Report

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**Flu Shots**

Flu vaccine has been received and Brant County Health Unit has started the annual Universal Influenza Immunization Program with the distribution of flu vaccine to high-risk settings such as hospitals and long-term care homes. In October, influenza shots are prioritized for high-risk individuals including residents of Long-Term Care and Retirement Homes. In November, flu shots will be available to the general public.

**School Immunization Program**

The Grade 7 vaccination program which administers 3 vaccines; Hepatitis B, Meningococcal C and Human Papilloma Virus, began in local schools on Wednesday, October 13. These clinics will run until November 3. Teams will be providing vaccine to newly eligible students as well as to those who have missed immunizations due to the COVID pandemic.

**Ontario Health Team Update**

The Ministry of Health is encouraging the Brantford Brant and Norfolk Ontario Health Teams to pursue a formalized partnership. A Partnership Task Force has been struck and an initial meeting has been held. The initial meeting included discussion on how a combined leadership session can approach the development of a partnership roadmap by reviewing accomplishments to date, shared priorities and approaches to authentic collaboration, shared leadership, and shared accountability. The Task Force is scheduling another meeting within the coming weeks to develop and review materials. A combined leadership session is anticipated to be scheduled in late October/early November.

**BRANT COUNTY BOARD OF HEALTH MEETING of October 20, 2021**  
**REPORT #: 7.5.1**

**FROM:** Dr. Rebecca Comley, Acting Medical Officer of Health  
**REPORT DATE:** October 14, 2021  
**RE:** COVID-19 Case Management Report

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Up-to-date metrics will be reported at the meeting.



**BRANT COUNTY BOARD OF HEALTH MEETING of October 20, 2021**  
**REPORT #: 7.5.2**

**FROM:** Jo Ann Tober, Chief Executive Officer  
**REPORT DATE:** October 13, 2021  
**RE:** COVID-19 Immunization Report

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COVID immunization clinics continue with vaccine available to all eligible groups for first, second and third doses. Eligibility for third doses is expected to continue to expand and eligibility for children in the 5 to 11 age group is also expected in the coming weeks. Up to date statistics will be provided at the meeting on vaccine coverage rates.

### **Vaccine Hesitancy**

As vaccine coverage rates continue to increase, the remaining number of eligible recipients of vaccine is becoming narrowed to those who are vaccine hesitant and those that are anti-vaccination. Up to 10% of the population is anti-vaccination and are unlikely to be convinced to become vaccinated without vaccine mandates.

There are a number of resources and services available to those that have concerns about vaccination and are hesitant due to fear rather than being anti-vaccination. Health Unit staff will discuss concerns at vaccine clinics and through the Health Unit call center. In addition, local pharmacists report that clients coming to pharmacies for COVID vaccine are increasingly requiring significant amounts of time to discuss their fears but then are agreeable to vaccination. Another initiative, The Vaxfacts, is a telephone service from Scarborough Health Network which is staffed by physicians and provides consultation to those who are vaccine hesitant. They accept calls from locations throughout Canada and their services are being locally promoted by the Brant County Health Unit (BCHU). They have indicated an 85% success rate in calls resulting in immunization. In addition, the Hospital for Sick Children, SickKids, also has “The Vax Consult” to help address vaccine hesitancy particularly for parents who may have concerns about vaccination for their children. These resources are being promoted on the BCHU website and social media.

### **Accessibility**

To facilitate access to vaccine, clinics continue to be held in a variety of locations in the community, including areas which are frequented by local residents and easily accessed such as the Lynden Park Mall. Clinics have also been held in all local areas with lower coverage rates. Mobile clinics, homebound delivery, workplaces, and various sites in the City and County continue to be held for ongoing access. Twenty-seven local Pharmacies are also offering COVID immunizations providing daily access including on evenings and weekends.

### **Levers to enhance uptake**

The most effective tools to increase uptake are policies, including workplace policies for staff and policies for attending specific services. Vaccine policies at workplaces were introduced first in the Long-Term Care sector and then extended to other locations such as other health care facilities, the education sector, retail and recreation workplaces. As these policies have been introduced, vaccine coverage in these workplaces has increased. It is estimated that Long-Term Care coverage rates increased by 5 to 10% with

the introduction of the initial policy. With the new mandatory vaccination policy for Long-Term Care, the coverage rate is again expected to increase. Workplace policies are only now coming into effect so the full impact of these policies has not yet been fully reflected on vaccine coverage rates.

In addition, the vaccine certificate program which limits access to specific establishments to those who are immunized (such as participating in sporting events, attending the cinema or eating at restaurants) has resulted in an increase in demand as individuals want to access these services. These policy initiatives in workplaces and to access desired services are effective in incentivizing the receipt of vaccinations and have also led to an uptake in immunization especially noticeable in the days before these measures came into effect.

### **Ongoing Communication and Marketing**

The Province has launched a new provincial marketing campaign to promote COVID vaccination targeting young adults. Messages will be provided through a variety of channels including several social media channels to encourage this age group to get vaccinated.

A local marketing campaign, “Just Get the Shot!” has also been launched to also target the young adult group who have the lowest vaccination coverage rate both provincially and locally. Messages will emphasize the need for vaccination to attend activities and will be promoted through multiple channels including with the support of community partners.

**BRANT COUNTY BOARD OF HEALTH MEETING of October 20, 2021**  
**REPORT #: 7.6**

**FROM:** Jo Ann Tober, Chief Executive Officer  
**REPORT DATE:** October 12, 2021  
**RE:** Brantford Brant Ontario Health Team Mental Health and Addictions Work Group Report

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One of the priority topics for the Brantford Brant Ontario Health Team (OHT) is mental health and addictions and the OHT has established a Mental Health and Addictions (MH&A) Work Group. Below is information about the Work Group including the purpose of the group, tasks for Year 1, progress towards achieving these tasks, work planned, and work completed.

**Ontario Health Team Mental Health and Addictions Work Group**

Executive Sponsor: Mike Benin, Executive Director, Canadian Mental Health Association Brant Haldimand-Norfolk Branch

Purpose/AIM statement: Reduce repeated Emergency Department (ED) revisits and avoidable hospital admissions for mental health and substance use by 2% by September 2021.

This population was selected as it provides an opportunity to improve support to clients in distress while also alleviating pressure on overtaxed parts of the system (i.e. Emergency Department)

The MH&A Work Group is in the process of refining and sequencing its year 1 interventions. Targeted care pathways and Ontario Health Team reporting indicators are also in development.

Tasks identified for Year 1:

Task 1: Create a population health focused strategy to address the unmet needs and service/system gaps highlighted by the top 10 most frequent users of ED and hospital admission related to MH&A.

Task 2: Create care pathways that facilitate coordinated access and supported client transitions to services that match their level of need

Task 3: Align the MH&A sector approach to operations and response planning during in subsequent COVID-19 waves.

Progress towards achieving tasks identified for Year 1:

Task 1: Identified a cohort of the Top 10 Frequent Users for MH&A and baseline targets/key metrics to evaluate progress

Completed a deep dive analysis identifying service and system gaps

Task 2: Identified pathways needs associated with new and existing programs (Safe Beds, Rapid Access Addictions Management (RAAM) Clinic, Withdrawal Management Treatment Services) that serve to reduce ED revisits and avoidable hospital admissions

Task 3: Established criteria related to priority programs and in-person visits

Discussion related to assessment centre MH&A support needs

Confirm sector need for mobile response and rapid result COVID-19 testing (congregate settings)

Work completed since last report:

- Working Session on Discharge Follow-up and Patient Orientated Summary Tools.
- Opioid Program Development & Implementation Planning
- DBT Capacity Building Consultations with Tertiary/Quandary Care
- RAAM Collaborative Document Update (Ongoing).

Work planned, including timeline:

- Evaluation Framework development and Intervention implementation: August - September 2021
- Opioid Treatment Services Mapping Session August 2021
- Ontario Structured Psychotherapy Full Application and System Alignment: October 2021.