



The Corporation of the City of Sault Ste. Marie
Council Correspondence

October 30, 2020

	Pages
1. Algoma Public Health October 28, 2020 Agenda and Package	2 - 71
2. Association of Municipalities Ontario <ul style="list-style-type: none">• Policy Update October 21, 2020• Policy Update October 23, 2020	72 - 77
3. Ontario Blue Box Program <ul style="list-style-type: none">• Correspondence from the Federation of Northern Ontario Municipalities• Draft Document for Blue Box Transition Schedule• Draft Document for Blue Box Map and Geographic Groupings• Proposed Ontario Blue Box Regulation	78 - 135

**Board of Health Meeting
AGENDA**

October 28, 2020 at 5:00 pm

Video/Teleconference | Algoma Community Room

**** Meeting held during the provincially declared emergency***

BOARD MEMBERS

Lee Mason - BOH Chair
Ed Pearce - F&AC Chair
Deborah Graystone - Gov. Chair
Dr. Patricia Avery
Louise Caicco Tett
Sally Hagman
Micheline Hatfield
Dr. Heather O'Brien
Brent Rankin
Matthew Scott

APH EXECUTIVE

Dr. Marlene Spruyt - Medical Officer of Health/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Justin Pino - CFO /Director of Operations
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

GUEST

Alison McFarlane, PHN, Public Health Programs

**** Proceedings are being recorded via Webex and will be available for public viewing.***

L. Mason

1.0 Meeting Called to Order

L. Mason

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda

L. Mason

RESOLUTION

THAT the **Board of Health agenda dated October 28, 2020** be approved as presented.

3.0 Delegations / Presentations

a. **When Public Health Crises Collide**

A. McFarlane

b. **Briefing Note - The Other Public Health Crisis**

4.0 Adoption of Minutes of Previous Meeting

L. Mason

RESOLUTION

THAT the **September 23, 2020 Meeting Minutes** be approved as presented.

5.0 Business Arising from Minutes

L. Mason

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

- i. MOH Report, October 2020
- ii. OHT MOU Partnership Agreement

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for September 2020 be adopted as presented.

iii. Signing Authority

RESOLUTION

WHEREAS By-Law 95-2 identifies that signing authorities for all accounts shall be restricted to:

- i) the Chair of the Board of Health
- ii) one other Board member, designated by Resolution
- iii) the Medical Officer of Health/Chief Executive Officer
- iv) Director of Corporate Services

SO BE IT RESOLVED that signing authority is provided to _____ as the _____, designated by Resolution until the next election of Officers.

b. Finance and Audit

i. Financial Statements

RESOLUTION

THAT the unaudited Financial Statements for the period ending August 31, 2020 be approved as presented.

7.0 New Business/General Business

8.0 Correspondence

- a. Letter to the Minister of Health, the Minister of Long-Term Care and Ontario's Long-Term Care COVID-19 Commission from Simcoe Muskoka District Health Unit regarding **COVID-19 and Long-Term Care Reform**, dated September 18, 2020.
- b. Letter to the Prime Minister of Canada and the Deputy Prime Minister and Minister of Finance from Public Health Sudbury & Districts regarding Basic Income for **Income Security during the COVID-19 Pandemic and Beyond** dated October 13, 2020.

9.0 Items for Information

- a. **ALPHA Information Break October 2020**
- b. [Public Health Champion Awards 2020](#)

10.0 Addendum

11.0 In-Camera *L. Mason*
For discussion of labour relations and employee negotiations, **matters about identifiable individuals, adoption of in camera minutes**, security of the property of the board, litigation or potential litigation.

12.0 Open Meeting *L. Mason*
Resolutions resulting from in-camera meeting.

13.0 Announcements / Next Committee Meetings: *L. Mason*

Finance & Audit Committee Meeting

Thursday, November 12, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

Governance Committee Meeting

Wednesday, November 18, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

Board of Health Meeting

Wednesday, November 25, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

14.0 Evaluation *L. Mason*

15.0 Adjournment *L. Mason*

RESOLUTION

THAT the Board of Health meeting adjourns.



Algoma
PUBLIC HEALTH
Santé publique Algoma

October 28, 2020

BOARD OF HEALTH MEETING

Algoma Community Room - Webex video & teleconference

www.algomapublichealth.com

Meeting Book - October 28, 2020 - Board of Health Meeting

Table of Contents

1. Call to Order	
a. Declaration of Conflict of Interest	
2. Adoption of Agenda	
a. October 28, 2020 Board of Health Meeting Agenda	Page 4
3. Adoption of Minutes	
a. September 23, 2020 Board of Health Meeting Minutes	Page 7
4. Delegation/Presentations	
a. When Public Health Crises Collide	Page 13
b. Briefing Note - The Other Public Health Crisis	Page 26
c. Resolution	Page 32
5. Business Arising	
6. Reports to Board	
a. Medical Officer of Health and Chief Executive Officer Report	
i. Report of MOH CEO - Oct 2020	Page 34
ii. Memorandum of Understanding - OHT & APH	Page 39
b. Finance and Audit	
i. APH Financial Statements Aug 2020	Page 50
7. New Business	
8. Correspondence	
a. Letter to the Minister of Health, the Minister of Long-Term Care and Ontario's Long-Term Care COVID-19 Commission from Simcoe Muskoka District Health Unit regarding COVID-19 and Long-Term Care Reform, dated September 18, 2020.	Page 58
b. Letter to the Prime Minister of Canada and the Deputy Prime Minister and Minister of Finance from Public Health Sudbury & Districts regarding Basic Income for Income Security during the COVID-19 Pandemic and Beyond dated October 13, 2020.	Page 61

9. Items for Information

- a. aLPHa Information Break - October 22, 2020

Page 63

10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

- a. Next Board and Committee Meetings

15. Adjournment

**Board of Health Meeting
AGENDA**

October 28, 2020 at 5:00 pm

Video/Teleconference | Algoma Community Room

**** Meeting held during the provincially declared emergency***

BOARD MEMBERS

Lee Mason - BOH Chair
Ed Pearce - F&AC Chair
Deborah Graystone - Gov. Chair
Dr. Patricia Avery
Louise Caicco Tett
Sally Hagman
Micheline Hatfield
Dr. Heather O'Brien
Brent Rankin
Matthew Scott

APH EXECUTIVE

Dr. Marlene Spruyt - Medical Officer of Health/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Justin Pino - CFO /Director of Operations
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

GUEST

Alison McFarlane, PHN, Public Health Programs

**** Proceedings are being recorded via Webex and will be available for public viewing.***

L. Mason

1.0 Meeting Called to Order

L. Mason

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda

L. Mason

RESOLUTION

THAT the **Board of Health agenda dated October 28, 2020** be approved as presented.

3.0 Delegations / Presentations

a. **When Public Health Crises Collide**

A. McFarlane

b. **Briefing Note - The Other Public Health Crisis**

4.0 Adoption of Minutes of Previous Meeting

L. Mason

RESOLUTION

THAT the **September 23, 2020 Meeting Minutes** be approved as presented.

5.0 Business Arising from Minutes

L. Mason

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

- i. MOH Report, October 2020
- ii. OHT MOU Partnership Agreement

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for September 2020 be adopted as presented.

iii. Signing Authority

RESOLUTION

WHEREAS By-Law 95-2 identifies that signing authorities for all accounts shall be restricted to:

- i) the Chair of the Board of Health
- ii) one other Board member, designated by Resolution
- iii) the Medical Officer of Health/Chief Executive Officer
- iv) Director of Corporate Services

SO BE IT RESOLVED that signing authority is provided to _____ as the _____, designated by Resolution until the next election of Officers.

b. Finance and Audit

i. Financial Statements

RESOLUTION

THAT the unaudited Financial Statements for the period ending August 31, 2020 be approved as presented.

7.0 New Business/General Business

8.0 Correspondence

- a. Letter to the Minister of Health, the Minister of Long-Term Care and Ontario's Long-Term Care COVID-19 Commission from Simcoe Muskoka District Health Unit regarding **COVID-19 and Long-Term Care Reform**, dated September 18, 2020.
- b. Letter to the Prime Minister of Canada and the Deputy Prime Minister and Minister of Finance from Public Health Sudbury & Districts regarding Basic Income for **Income Security during the COVID-19 Pandemic and Beyond** dated October 13, 2020.

9.0 Items for Information

- a. **ALPHA Information Break October 2020**
- b. [Public Health Champion Awards 2020](#)

10.0 Addendum

11.0 In-Camera

L. Mason

For discussion of labour relations and employee negotiations, **matters about identifiable individuals, adoption of in camera minutes**, security of the property of the board, litigation or potential litigation.

12.0 Open Meeting

L. Mason

Resolutions resulting from in-camera meeting.

13.0 Announcements / Next Committee Meetings:

L. Mason

Finance & Audit Committee Meeting

Thursday, November 12, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

Governance Committee Meeting

Wednesday, November 18, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

Board of Health Meeting

Wednesday, November 25, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

14.0 Evaluation

L. Mason

15.0 Adjournment

L. Mason

RESOLUTION

THAT the Board of Health meeting adjourns.

**Board of Health Meeting
MINUTES**

September 23, 2020 at 5:00 pm

Video/Teleconference | Algoma Community Room

** Meeting held during the provincially declared emergency*

BOARD MEMBERS

PRESENT : Lee Mason - BOH Chair
Deborah Graystone - Gov. Chair
Dr. Patricia Avery
Sally Hagman

APH EXECUTIVE

Tania Caputo - Board Secretary

GUEST : Deborah Antonello - Presentation

VC/TC : Ed Pearce - F&AC Chair
Louise Caicco Tett
Micheline Hatfield
Dr. Heather O'Brien
Brent Rankin
Matthew Scott

Dr. Marlene Spruyt - Medical Officer of Health/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Justin Pino - CFO /Director of Operations
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention

GUEST : Lisa O'Brien - Presentation

** Proceedings are being recorded via WebEx and will be available for public viewing.*

1.0 Meeting Called to Order

a. Declaration of Conflict of Interest

No conflicts declared.

2.0 Adoption of Agenda

**RESOLUTION
2020-70**

Moved: B. Rankin

Seconded: P. Avery

THAT the **Board of Health agenda dated September 23, 2020** be approved as presented.

CARRIED

3.0 Delegations / Presentations

a. Health Equity - Basic Income Guarantee

Deborah Antonello and Lisa O'Brien delivered the Basic Income presentation explaining the relationship between low income and poor health outcomes. Basic Income is a policy opportunity for improving population health. There was an interest in seeing data from the Basic Income pilots and staff will bring that forward at a future Board of Health Meeting.

b. Basic Income resolution

**RESOLUTION
2020-71**

Moved: H. O'Brien

Seconded: S. Hagman

Whereas addressing the determinants of health and reducing health inequities are fundamental to the work of public health; and

Whereas effective public health programs and services consider the impact of the determinants of health on health outcomes; and

Whereas income is the single largest determinant of health and low income has a well-established link to adverse health outcomes and is associated with shorter life expectancy; and

Whereas income or lack thereof determines the quality of other social determinants of health, such as food insecurity, housing and basic necessities of life; and

Whereas currently, 14.2% of Canadians, 13.7 % of Ontarians and 16.1% of Algoma residents live in low income circumstances; and

Whereas income inequality continues to increase in Ontario and Canada while current income security programs by provincial and federal governments are not sufficient to ensure adequate, secure income for all; and

Whereas the current economic disruption of COVID-19 has exacerbated income inequality to unprecedented levels, with certain priority populations (e.g. immigrants, refugees, low-income workers, having been disproportionately impacted: and

Whereas the Canadian Emergency Response Benefit (CERB) was created as a temporary measure to respond to the immediate economic crisis associated with COVID-19; and

Whereas this is an opportunity to build healthy public policy by restructuring CERB into a basic income program for all Canadians; and

Whereas a basic income program will reduce persistent poverty and improve Canadians' health, and their ability to manage future and existing income challenges; and

Whereas the concept of a basic income has been endorsed by many, including, Association of Local Public Health Agencies (Ontario), Canadian Medical Association, Canadian Public Health Association, Ontario Public Health Association, and the Ontario Dietitians in Public Health, as part of multipronged approach to reducing poverty; and

Whereas there is growing public and political sector support for a national basic income.

Now Therefore Be It Resolved That the Board of Health of Algoma Public Health write to the Prime Minister of Canada recommending the revision of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.

And furthermore That the Premier of Ontario, Algoma District MPs and MPPs and municipal councils, the Sault Ste. Marie Poverty Round Table, the North Shore Poverty Network, the Association of Local Public Health Agencies, the Ontario Public Health Association, and the Boards of Health in Ontario receive a copy of the Board's letter to the Prime Minister.

CARRIED

4.0 Adoption of Minutes of Previous Meeting

**RESOLUTION
2020-72**

Moved: H. O'Brien

Seconded: D. Graystone

THAT the **June 24, 2020 Board of Health Minutes, August 18, 2020 Special Meeting Minutes and September 2, 2020 Special Meeting Minutes** be approved as presented.

CARRIED

5.0 Business Arising from Minutes

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

- i. MOH Report, September 2020
- ii. Public Health System Evaluation - *for information only*
- iii. There is an opportunity for interested Board members to attend the virtual Advance Program Leadership Sessions for collaborative governance.

**RESOLUTION
2020-73**

Moved: B. Rankin

Seconded: E. Pearce

THAT the **report of the Medical Officer of Health and CEO for September 2020** be adopted as presented.

CARRIED

b. Finance and Audit

- i. **Financial Statements**
- ii. **COVID Costs**

J.Pino provided an overview of the Financial Statements, highlighting the funding approved and where it is allocated.

**RESOLUTION
2020-74**

Moved: E. Pearce

Seconded: P. Avery

THAT the **unaudited Financial Statements for the period ending July 31, 2020** be approved as presented.

CARRIED

ii. Infant Development Annual Reconciliation

**RESOLUTION
2020-75**

Moved: E. Pearce

Seconded: M. Hatfield

THAT the Board of Health receives and approves the **Transfer Payment Annual Reconciliation for the Infant Development program** as presented.

CARRIED

iii Levy Reimbursement Briefing Note

**RESOLUTION
2020-76**

Moved: E. Pearce

Seconded: P. Avery

THAT, as a result of the 2020 levy increase being a direct result of the previously announced cost-sharing changes, the Board of Health for the District of Algoma reimburse contributing municipalities a total \$229,265 to be apportioned based on 2016 Census data.

CARRIED

c. Governance

i. Governance Committee Chair Report

ii. 02-05-015 Conflict of Interest - Policy

iv. 02-05-035 Continuing Education for Board Members

iii. 02-05-080 Performance Evaluation for MOH CEO - Policy

v. 02-05-086 Sponsorship of Charitable Organizations

**RESOLUTION
2020-77**

Moved: S. Hagman

Seconded: H. O'Brien

THAT the **Governance Committee Chair report** for September 2020 be accepted as presented.

THAT the Board of Health has reviewed and approves **Policy 02-05-015 Conflict of Interest** as presented, and;

THAT the Board of Health has reviewed and approves **Policy 02-05-035 Continuing Education for Board Members** as presented, and;

THAT the Board of Health has reviewed and approves **Policy 02-05-080 Performance Evaluation for MOH CEO** as presented, and;

THAT the Board of Health has reviewed and approves **Policy 02-05-086 Sponsorship of Charitable Organizations** as presented.

CARRIED

7.0 New Business/General Business

8.0 Correspondence

- a. Emails addressed to the Board of Health regarding the direction to mask in indoor public places. Lee advised that there have been many communications received from community members strongly opposed to or in favour of mask wearing.
- b. Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from Peterborough Public Health regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond** dated June 25, 2020.
- c. Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from Porcupine Health Unit regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond** dated June 29, 2020.
- d. Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from Renfrew County and District Health Unit regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond** dated July 16, 2020.

- e. Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from Chatham-Kent Public Health regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond** dated July 27, 2020.
- f. Letter to the Minister of Health and Minister of Justice and Attorney General of Canada from Chatham-Kent Public Health regarding **The Decriminalization of Personal Possession of Illicit Drugs** dated July 30, 2020.
- g. Letter to the Deputy Premier, Minister of Health and Long-Term Care from Simcoe Muskoka District Health Unit regarding **Health Unit Funding During COVID-19**, dated August 19, 2020.

9.0 Items for Information

- a. Letter to the Minister of Health from the Association of Local Public Health Agencies regarding **Protecting Children and Youth from Dangers of Vaping** dated July 9 2020.

10.0 Addendum

11.0 In-Camera 6:27 pm

For discussion of labour relations and employee negotiations, **matters about identifiable individuals, adoption of in camera minutes, security of the property of the board**, litigation or potential litigation.

RESOLUTION 2020-78

Moved: P. Avery

Seconded: D. Graystone

THAT the Board of Health go in-camera.

CARRIED

12.0 Open Meeting - 6:56 pm

There were no resolutions resulting from the in-camera meeting.

13.0 Announcements / Next Committee Meetings:

Finance & Audit Committee Meeting

October 14, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

Board of Health Meeting

October 28, 2020 @ 5:00 pm

WebEx Audio / Video Conference | SSM Algoma Community Room

Governance Committee Meeting

November 18, 2020 @ 5:00 pm

WebEx Audio / Video Conference | SSM Algoma Community Room

14.0 Evaluation

Reminder to Board members to complete the meeting evaluation.

15.0 Adjournment

**RESOLUTION
2020-81**

Moved: S. Hagman

Seconded: M. Hatfield

THAT the Board of Health meeting adjourns.

CARRIED

Lee Mason, Chair

Tania Caputo, Secretary

Date

Date

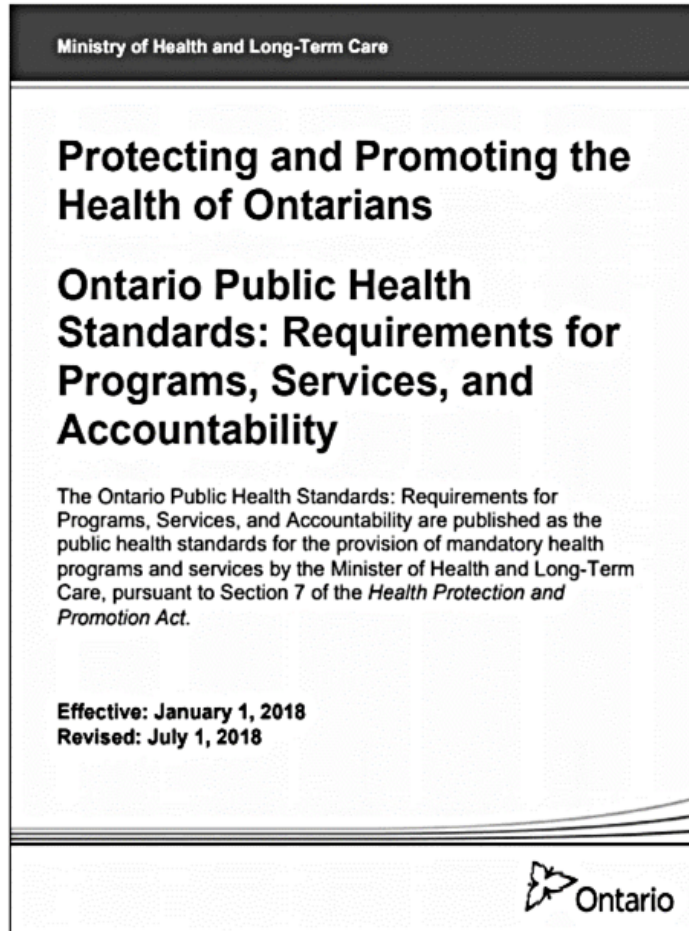
When Public Health Crises Collide

A Call for Provincial Re-Commitment to the Opioid Crisis

Presenter: Allison McFarlane

Date: October 28, 2020

Mandate to Reduce the Burden of Substance Use



The Ontario Public Health Standards, 2018 (OPHS) identify a broad mandate for Boards of Health to improve health and health equity for local populations.

Under the **Substance Use and Injury Prevention Program Standard** there is a specific mandate to work towards reducing the health burden of substance use in the local setting.

The Burden of Addiction in Algoma

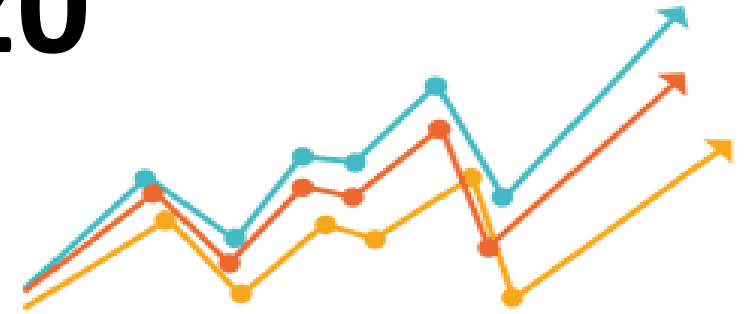
- Algoma experiences a significantly higher opioid-related death rate compared to Ontario
- Algoma has higher rates of hospitalizations related to drug toxicity than Ontario, with opioids being a major cause
- In 2017, the City of Sault Ste. Marie had the **8th highest ED visit rate for opioid-poisoning**, compared to other cities in Canada with a population of 50,000-99,999

The Burden of Addiction in Algoma

In 2019:

- Males experienced higher rates of opioid-related emergency room visits and deaths
- Females had higher rates of opioid-related hospitalizations
- Men, aged 25 – 64 years of age experience the highest rates of opioid-related deaths
- Nearly all opioid-related deaths are accidental (unintentional)
- Fentanyl was found in 15 out of 17 (88%) opioid-related deaths (ON 76%)
- Carfentanil was found in 41% of opioid-related deaths (11% the previous year)

A Snapshot of 2020



By the end of December 2020 it is projected:

- Ontario is on pace to experience approximately 1848 opioid-related deaths;
- NE LHIN is on pace to experience approximately 166 opioid-related deaths; and
- Algoma is on pace to experience approximately **29 opioid-related deaths**
 - From January to May, there were **20 probable*** opioid-related deaths in Algoma (12 confirmed)

**2020 data is considered preliminary and subject to change*

COVID-19: New Complexities

A Canadian study found that people who use substances reported a **loss of social connection and supports**, as well as **increased fear, anxiety**, and **isolation** as a result of COVID-19.



COVID-19 has stretched already scarce human and financial resources across Algoma. Upstream health promotion, harm reduction, and medically-appropriate treatment interventions are needed in order to reduce the burden of opioids in Algoma communities.

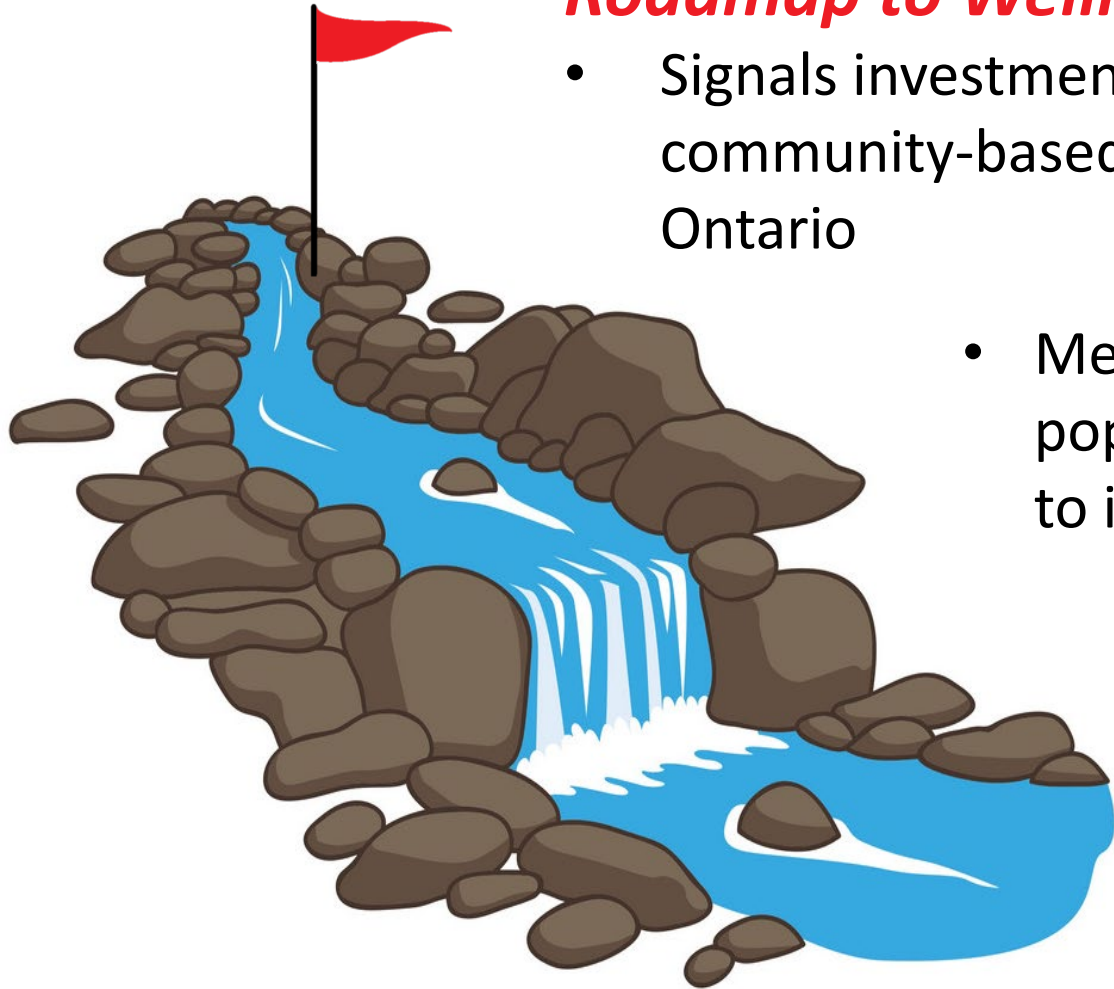
Upstream Health Promotion

Roadmap to Wellness, 2020

- Signals investments in upstream health promotion interventions and community-based mental health and addictions services across Ontario

- Mental health and addiction needs of the general population are the highest in volume, yet least-costly to implement

- Upstream, evidence-based prevention and health equity measures have been identified for local communities, many of which local public health and its health and social service partners are not currently resourced to implement



Harm Reduction Program Enhancement

In 2017, APH received funding through the Harm Reduction Program Enhancement, a provincial funding stream highlighting **3 key areas** of work:

1. Local opioid response
2. Naloxone distribution and training
3. Opioid overdose early warning and surveillance



Local Opioid Response

- The Board of Health supported Sault Area Hospital's proposal for a regional level III residential withdrawal management facility in February of 2019.
- APH was part of the Health Canada Grant application committee, and is now part of the planning committee for the Community Health and Recovery Hub.
- APH is a member organization of the Sault Ste. Marie & Area Drug Strategy.
- APH continues to provide Needle Exchange Services and Naloxone distribution across the district.
- APH is working towards reducing stigma and discrimination faced by those with substance use disorders and mental illness.



Closed March 2020
after 6 years of
providing resources
and service navigation



**'Harm Reduction Hub' in the works
for mental health/addictions
patients**

Naloxone Distribution & Training

- Naloxone Training
- Harm Reduction Training
- Client Relationship Training
- Policy Support



Opioid Overdose Early Warning & Surveillance

- APH distributes opioid surveillance bulletins to community partners
- Provides media releases as needed when numbers are above threshold
- Provides additional harm reduction messaging to community partners/clients when there are increasing numbers of opioid-related ED visits, hospitalizations or overdoses.

Opportunity to **Build Back Better**

APH and its health and social service partners are currently under-resourced to respond to two public health crises.

The provincial government has an opportunity to **build back better**, by re-committing to the opioid crisis via targeted investments in local public health and northern initiatives.



Opportunity to **Build Back Better**

We are asking the Board of Health to write to the Ontario Minister of Health and to local Members of Provincial Parliament to request a **provincial re-commitment** to the opioid crisis, via **investments in local public health** and **community-based services**, including the approval of funding for a regional level III residential withdrawal management services facility, to be located in Sault Ste. Marie.

Briefing Note

To: Algoma Public Health Board of Health

From: Dr. Marlene Spruyt, MOH/CEO

Date: October 28, 2020

Re: The Other Public Health Crisis: A Call for Provincial Re-Commitment to the Opioid Crisis

For Information

For Discussion

For a Decision

PURPOSE:

The opioid crisis continues to have devastating effects across Algoma; *killing more people than COVID-19*.^{1,2} The provincial government's March 2020 report- *Roadmap to Wellness: a plan to build Ontario's mental health and addictions system*- outlines a policy agenda that signals investments in upstream health promotion interventions and community-based mental health and addictions services across Ontario.³

The health system in Algoma continues to operate on limited resources while effectively trying to manage the escalation of two public health crises; opioids and COVID-19. Algoma Public Health (APH) is calling on the provincial government to re-commit to the opioid crisis via funding earmarked specifically for upstream local public health interventions and community treatment and support services. These critical investments are needed in order to effectively respond to, and reduce, the substantial health and societal burden of opioid-related illness and death in Algoma.

KEY MESSAGES

- The health burden of substance use in Algoma is substantial; opioid-related deaths, hospitalizations, and emergency department visits are much higher in Algoma than in Ontario.
- APH and community-based agencies require additional resources to provide sustainable upstream, population-based health promotion and prevention interventions, as well as support to help sustain a new Community Hub that will centralize harm reduction and wrap-around service delivery for people who suffer from substance use disorder in Algoma.
- The Sault Area Hospital's proposal for a regional level III residential withdrawal management services facility is awaiting approval from the provincial government.

This facility would better address the needs of people who live with substance use disorder in northern Ontario than the current level I facility in Sault Ste. Marie.

- The attached resolution asks the Board of Health to write to the Ontario Minister of Health and to local Members of Provincial Parliament to request a provincial re-commitment to the opioid crisis, via investments in local public health and community-based services, including the approval of funding for a regional level III residential withdrawal management services facility, to be located in Sault Ste. Marie.

The Ontario Public Health Standards, 2018 (OPHS) identify a broad mandate for Boards of Health to improve health and health equity for local populations. Under the Substance Use and Injury Prevention Program Standard there is a specific mandate to work towards reducing the health burden of substance use in the local setting.

The burden of illness of addiction in Sault Ste. Marie and Algoma

Substance use disorder, also known as drug addiction, is a significant public health issue in Algoma. The burden of this problem extends beyond health harms to citizens (i.e. opioid poisonings and deaths) to include system-wide strains such as emergency department (ED) visits, hospitalizations, and financial and mental health strain experienced by caregivers when caring for family members and friends living with substance use disorder.

Algoma experiences a significantly higher opioid-related death rate compared to Ontario (see Table 1 below).⁴ Additionally, Algoma has higher rates of hospitalizations due to drug toxicity than Ontario, with opioids being a major cause.⁵ In 2017, the City of Sault Ste. Marie had the 8th highest ED visit rate for opioid-poisoning, compared to other cities in Canada with a population of 50,000-99,999.⁶ Table 1 shows the rate of opioid-related ED visits, hospitalizations, and deaths during 2019 for Algoma, the North East Local Health Integration Network (NE LHIN), and Ontario.⁴

Table 1. Rates of opioid-related ED visits, hospitalizations, and deaths, 2019: a regional comparison

	ED visits	Hospitalizations	Deaths
Algoma	112.8	21.0	14.9
NE LHIN	135.3	25.4	21.1
Ontario	71.6	13.6	10.3

Note: crude rates are per 100,000 people

Local, population-level health promotion interventions require a greater investment

In the fall of 2017 APH received \$150,000 through the Harm Reduction Program Enhancement funding, a provincial funding stream that provides annual, ongoing funding that specifies three areas of mandatory work for local public health units: local opioid response, naloxone distribution and training, and opioid overdose early warning and surveillance. The funding primarily resourced downstream interventions, including the coordination and provision of community harm reduction services (e.g. naloxone); representing only a portion of the 4 pillared approach to addressing substance use.⁷ Additional upstream, evidence-based prevention and health equity measures have been identified for local communities;⁸ many of which local public health and its health and

social service partners are not currently resourced to implement. Some of these measures include destigmatizing drug use via sharing guidelines to reduce stigma in media reports, and mass media campaigns to challenge stereotypes and prejudice.⁸

Roadmap to Wellness identifies population-level health promotion and prevention interventions as being within the purview of public health, and notes that while they are the highest in need across the general population, they are indeed lowest in cost.³ Local public health units have a clear understanding of local need in their communities; using community-based decision-making to help drive better health outcomes.⁹ As community leaders in health promotion, harm reduction, and treatment services, local public health and its community partners require a greater provincial investment in the local opioid response, in order to effectively lead and collaborate on a multitude of community-based interventions aimed at reducing the burden of substance use in Algoma, particularly amidst the backdrop of the ongoing COVID-19 pandemic.

The Algoma community needs better wrap-around services and treatment for people who use substances

A prominent hub for connecting people who use substances to services and supports in Sault Ste. Marie, the Neighbourhood Resource Centre closed in March, with plans to re-open a new location with a new model of care for the community.¹⁰ Given that the month of May, 2020, saw the highest provincial opioid death toll since November 2018,⁴ and the ongoing concerns about the substantial health burden caused by opioids in Algoma,¹ the absence of a centralized Community Hub is greatly felt in Sault Ste. Marie, a community hit particularly hard by opioids.⁴ With a client-centred approach, the new Community Hub will provide wrap-around care across various domains (e.g. needle exchange, counselling, testing); working across sectors to address the root causes of substance use issues.¹¹ While the Hub is operating on a three year grant from Health Canada,¹² COVID-19 has affected the implementation and sustainability of the Hub, further stretching already scarce community resources.

While part of the Community Hub model seeks to address problematic substance use at its root causes, medical care for many struggling with opioid-use disorder in Algoma remains inadequate. The Sault Area Hospital (SAH) continues to await a decision from the provincial government for a regional level III residential withdrawal management facility, to be located in Sault Ste. Marie. There is a substantial gap in adequate services and care for people experiencing substance use disorder in Algoma and in northern Ontario, which contributes to individual and system-level burdens in the community. For the past 40 years the SAH has been operating a level I withdrawal management facility in Sault Ste. Marie, which has been identified as no longer adequate for servicing the needs of the community.¹³ Despite the announcement in *Roadmap to Wellness* to invest in additional withdrawal management facilities across Ontario,³ SAH's 2016 proposal (and May 2020 re-application) for a level III residential withdrawal management facility remains unanswered.^{13,14}

COVID-19 has exacerbated an opioid crisis that is disproportionately worse in Northern Ontario: A call for action

The burden of substance use in Algoma is substantial, and it continues to be exacerbated by the COVID-19 pandemic. A Canadian study found that people who use substances reported a loss of social connection and supports, as well as increased fear, anxiety, and isolation as a result of COVID-19; making them more vulnerable to the health impacts of the virus and the hardships of physical distancing.¹⁵ Furthermore, systemic health inequities in northern Ontario (e.g. access to culturally appropriate services) have been in place long before COVID-19, worsening the health status of many who suffer from substance use disorder.¹¹

APH and its health and social service partners are currently under-resourced to respond to two emerging crises. The provincial government has an opportunity to “build back better,” by developing health and social policy that will reduce inequities in society¹⁶ (e.g. access to appropriate treatment for northerners). A provincial re-commitment to the opioid crisis via targeted investments in local public health and northern initiatives, such as the Algoma Community Hub and the regional level III residential withdrawal management facility, is directly aligned with the policy agenda of *Roadmap to Wellness* and also the report of the Premier’s Council on Improving Healthcare and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain (2019)*.¹⁷

The attached resolution asks the Board of Health to write to the Ontario Minister of Health and to local Members of Provincial Parliament to request a provincial re-commitment to the opioid crisis, via investments in local public health and community-based services, including the approval of funding for a level III residential withdrawal management services facility, to be located in Sault Ste. Marie.

REFERENCES

1. MacDonald, D for CTV News Sudbury (June 11, 2020). Seven suspected opioid deaths in the last 2 weeks, Sault police say. Retrieved from <https://northernontario.ctvnews.ca/seven-suspected-opioid-deaths-in-the-last-two-weeks-sault-police-say-1.4980372>
2. Algoma Public Health (2020). Current Status (COVID-19) webpage. Accessed September 29, 2020, Retrieved from <http://www.algomapublichealth.com/disease-and-illness/infectious-diseases/novel-coronavirus/current-status-covid-19/>
3. Ontario Ministry of Health (March 2020). Roadmap to Wellness: a plan to build Ontario’s mental health and addictions system. Retrieved from <https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system>
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2020). Interactive Opioid Tool. Toronto, ON: Queen’s Printer for Ontario; 2020. Retrieved from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>

5. Algoma Public Health. (2018). Community Health Profile. Sault Ste. Marie, ON. Retrieved from <http://www.algomapublichealth.com/media/2799/2018-community-health-profile-full-releasedigital-v2.pdf>
6. Canadian Institute for Health Information (December 2018). Opioid-Related Harms in Canada. Ottawa, ON: CIHI; 2018. Retrieved from <https://www.cihi.ca/sites/default/files/document/opioidrelated-harms-report-2018-en-web.pdf>
7. Health Canada (2016). Pillars of the Canadian drugs and substances strategy: A comprehensive, collaborative, compassionate and evidence-based approach to drug policy. Retrieved from <https://www.canada.ca/en/health-canada/services/publications/healthy-living/pillars-canadian-drugs-substances-strategy.html>
8. Public Health Agency of Canada (December 2019). Addressing Stigma: Towards a More Inclusive Health System, The Chief Public Health Officer's Report on the State of Public Health in Canada 2019. Retrieved from <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html>
9. Algoma Public Health (July 2019). Regionalization experiences and perspectives for local public health consideration in Ontario's northern, rural and remote settings: a rapid review and descriptive policy analysis. Sault Ste. Marie: Algoma Public Health; 2019.
10. Patterson, J for CTV News Sault Ste. Marie (June 11, 2020). Neighbourhood Resource Centre in Sault Ste. Marie closes its doors. Retrieved from <https://northernontario.ctvnews.ca/neighbourhood-resource-centre-in-sault-ste-marie-closes-its-doors-1.5020479>
11. Health Quality Ontario (2018). Northern Ontario Health Equity Strategy: A plan for achieving health equity in the North, by the North, for the North. Queen's Printer for Ontario, 2018. Retrieved from <https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf>
12. Taylor, D for Soo Today (September 22, 2020). 'Harm Reduction Hub' in the works for mental health/addictions patients. Retrieved from <https://www.sootoday.com/local-news/harm-reduction-hub-in-the-works-for-mental-healthaddictions-patients-2733178>
13. Ougler, J. for The Sault Star (April 17, 2018). Boosted business case for a Level 3 withdrawal management facility to be submitted to the province this week. Retrieved from <https://www.saultstar.com/2018/04/17/boosted-business-case-for-a-level-3-withdrawalmanagement-facility-to-be-submitted-to-the-province-this-week/wcm/cdff615-779b-6023-2e7c7ce73d8983ef>
14. L. Case for Sault Area Hospital. Personal communication, September 30, 2020.
15. Canadian Centre on Substance Use and Addiction (2020). Impacts of the COVID-19 Pandemic on People Who Use Substances: What We Heard. Retrieved from <https://www.ccsa.ca/sites/default/files/2020-07/CCSA-COVID-19-Impacts-on-People-Who-Use-Substances-Report-2020-en.pdf>

16. Davidai, S et al. (June 1, 2020). We Have a Rare Opportunity to Create a Stronger, More Equitable Society, in Behavioural Scientist. Retrieved from <https://behavioralscientist.org/we-have-a-rare-opportunity-to-create-a-stronger-more-equitable-society/>
17. Premier's Council on Improving Healthcare and Ending Hallway Medicine, Ontario Ministry of Health and Long-Term Care. (January 2019). Hallway Health Care: A System Under Strain- 1st Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine. Retrieved from http://www.health.gov.on.ca/en/public/publications/premiers_council/docs/premiers_council_report.pdf

Board of Health

Date:	October 28, 2020	Resolution No:
Moved:		Seconded:
Subject: The Other Public Health Crisis: A Call for Provincial Re-Commitment to the Opioid Crisis		

WHEREAS under the Ontario Public Health Standards, the Board of Health for Algoma Public Health (APH) has a specific mandate to reduce the burden of substance use as well as a general mandate to work with community partners to improve overall health and health equity for the population of Algoma; and

WHEREAS substance use disorder, commonly known as drug addiction, is a significant public health issue in communities across Canada, including the City of Sault Ste. Marie and other Algoma and northern Ontario communities; and

WHEREAS in 2019 the health burden of substance use in Algoma was substantial; opioid-related deaths, hospitalizations, and emergency department visits were much higher in Algoma than in Ontario; and

WHEREAS The provincial government's March 2020 report- *Roadmap to Wellness: a plan to build Ontario's mental health and addictions system (Roadmap to Wellness)*- outlines a policy agenda that signals investments in upstream health promotion interventions and community-based mental health and addictions services across Ontario; and

WHEREAS *Roadmap to Wellness* acknowledges that the mental health and addiction needs of the general population are the highest in volume, yet least-costly to implement; and

WHEREAS *Roadmap to Wellness* also acknowledges the need to invest in community-based mental health and addiction services; and

WHEREAS the Harm Reduction Program Enhancement funding received by APH in the fall of 2017 helped strengthen community interventions that are primarily downstream in nature (i.e. provision of naloxone), yet additional upstream, evidence-based prevention measures have been identified for local public health action; many of which APH and its community partners are not currently resourced to implement; and

WHEREAS the Neighbourhood Resource Centre, a prominent community hub for connecting people who use substances to services and supports in Sault Ste. Marie, closed in March of 2020; and

WHEREAS community agencies in Sault Ste. Marie are working to open a new hub that will provide wrap-around care for people who use substances in Sault Ste. Marie and Algoma; and

WHEREAS the new community hub is operating on a three year grant from Health Canada, yet the sustainability of the project is threatened, particularly in light of COVID-19 challenges regarding human and financial resources; and

WHEREAS there is currently no access to treatment for people with substance use disorder requiring level III withdrawal management services in northern Ontario; and

WHEREAS despite the announcement in *Roadmap to Wellness* to invest in additional withdrawal management facilities across Ontario, Sault Area Hospital's 2016 proposal (and May 2020 re-application) for a level III residential withdrawal management facility remains unanswered; and

WHEREAS provision of a level III regional withdrawal management facility would be consistent with the Premier’s commitment to ending hallway medicine by matching local needs to an appropriate mix of services and potentially alleviating the burden on hospitals; and

WHEREAS APH and its partnering agencies require additional resources to effectively respond to, and reduce, the substantial health and societal burden of opioid-related illness and death in Algoma; and

WHEREAS the provincial government has an opportunity to “build back better,” by developing health and social policy that will reduce inequities in society; and

WHEREAS a provincial re-commitment to the opioid crisis via targeted investments in local public health and northern initiatives, such as the Algoma Community Hub and the regional level III residential withdrawal management facility, is directly aligned with the policy agenda of *Roadmap to Wellness* and also the report of the Premier’s Council on Improving Healthcare and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain (2019)*;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health write to the Ontario Minister of Health, the Associate Minister for Mental Health and Addictions, and to local Members of Provincial Parliament in Algoma to request a provincial re-commitment to the opioid crisis, via investments in local public health and community-based services, including the approval of funding for a level III residential withdrawal management services facility, to be located in Sault Ste. Marie; and

BE IT FURTHER RESOLVED THAT correspondence of this resolution be copied to the Federal Minister of Health, Members of Parliament of northeastern Ontario, the Chief Medical Officer of Health of Ontario, the Boards of Health of Ontario, the councils of Algoma municipalities, the Canadian Mental Health Association Sault Ste. Marie Branch, the Sault Area Hospital CEO, and the North East LHIN CEO.

CARRIED: Chair's Signature

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Patricia Avery | <input type="checkbox"/> Sally Hagman | <input type="checkbox"/> Heather O'Brien | <input type="checkbox"/> Brent Rankin |
| <input type="checkbox"/> Louise Caicco Tett | <input type="checkbox"/> Micheline Hatfield | <input type="checkbox"/> Ed Pearce | <input type="checkbox"/> Matthew Scott |
| <input type="checkbox"/> Deborah Graystone | <input type="checkbox"/> Lee Mason | | |



Algoma
PUBLIC HEALTH
Santé publique Algoma

October 2020

Report of the

Medical Officer of Health / CEO



Prepared by:
Dr. Marlene Spruyt and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS

APH At-a-Glance	Page 2 - 3
Partnerships	Page 3 - 4

APH AT-A-GLANCE

APH 7 months into the COVID-19 Pandemic

Ontario appears to be well into the 2nd wave of the COVID pandemic, with rates increasing exponentially during the past few weeks. To date, high rates have been occurring predominately in the southern and more urban areas of the province. In these so-called hot zones, the province has instituted additional restrictions in businesses and facilities that appear to be the origin of many of the positive cases and outbreaks.

Algoma and Northern Ontario continue to see a steady trickle of positive COVID-19 cases but are not yet seeing rates comparable to our southern neighbours. We continue to monitor the source of the virus in our identified cases, most of which can only be attributed to unknown community transmission; some acquired locally, a few connected to travel to other areas of the province. Additional cases have been identified on surveillance testing of LTCH staff, which because of the other measures in place in those facilities, have not extended to any significant outbreaks.

Communicating in a crisis is a complex and continuing challenge. Change has been a constant occurrence during the past several months. Every few weeks, new directives, guidance documents, or regulations are announced, and more recently, the regulations vary depending on what region of the province you reside in. Our communications team has done an amazing job at revising our website, messaging on social media, sending e-mail blasts to various sector groups.

Risk communication, when the situation continues to evolve, adds another layer of complexity. In a typical emergency, like a hurricane or a flood, one communicates the impending event and alerts the public about the risk, provides advice on how to stay safe, continues that the same messaging for a week or so until the event happens and then begins to provide recovery messaging. Most other disasters have evacuation as an option. This Pandemic is completely different as we continue to learn new things about the science of how the virus spreads and how our behaviour should change based on our current community status.

It is not surprising that the public becomes confused; We will be criticized as public health professionals for changing our advice over time. We have been doing so because the science is evolving. Our advice will appear inconsistent as we are responding to the unique needs of those in different parts of the province/country/world, and those realities vary. Our residents have access to multiple media channels from many locations where situations on the ground are different, and they hear news reports and experts who have different opinions.

It is challenging for people to assess the large volume of information available to them; how to determine what is credible; what is fake news. Media sources thrive on creating controversy and outrage as it increases readership.

This was particularly notable recently in trying to publically communicate what was legally allowable and what public health advised to minimize risk.

Tobacco is a legal substance: To minimize health risks we advise people to abstain from using tobacco products. Alcohol is a legal substance; we advise on low risk drinking guidelines. We advise people to wear a bicycle helmet even though it is not required by law.

Consequently when we saw the increasing positive cases resulting from uncontrolled and unmonitored social gatherings/parties we advised people to restrict their gatherings and minimize their travel. This is public health guidance along with our other usual advice to maintain physical distancing of 2 meters and wash your hands often.

However, currently in Ontario some forms of events are legally allowed under Stage 3 in the Framework for Re-Opening. Regulation 364/20 outlines the various restrictions for many different venues and can be found [here](#).

This apparent contradiction upset many residents and resulted in much social media controversy and several direct complaints.

Algoma Public Health cannot prevent a premise or event from operating if they are in compliance with regulations set by the province. We provide advice for them to follow to meet the requirements of the current legislation. It does not mean we support or endorse specific gatherings or events or that these gatherings are without risk.

The province's intention for 'monitoring' is to prevent organized public events and social gatherings from proceeding with more than 10 people indoors/ 25 people outdoors unless there is a business or organization responsible for the venue to ensure compliance with the COVID-19 restrictions during the event.

PARTNERSHIPS

Enclosed separately in the Board package is the MOU, which outlines our relationship with the Algoma Ontario Health Team (OHT). The move to integrated care by way of OHTs represents some of the most rapidly evolving health-system reforms that Ontario has experienced in many years. Moving this forward while COVID-19 continues to place pressure on the health-care

system is challenging. However, lessons learned from the Pandemic influence the ongoing development of OHTs and innovative ideas may be implemented faster.

Currently, the Algoma OHT has addressed the need to expand influenza immunization clinics in the SSM area. Health care providers continue to offer the vaccine in their independent locations, and in addition to that, providers are all contributing resources to larger clinics that are open to all individuals in the community regardless of whether they are connected to a specific health care provider. This also provides an opportunity to assess how we might collaborate to deliver a COVID vaccine when one becomes available.

**MEMORANDUM OF UNDERSTANDING
Partnership Agreement (“Agreement”)**

This Agreement is made as of the _____ day of _____, 2020

BETWEEN:

Algoma Ontario Health Team

(hereinafter referred to as “Algoma OHT”)

-and-

Algoma Public Health

(hereinafter referred to as “Member Organization”)

WITNESSETH that:

WHEREAS Algoma OHT is an integrated team that jointly plans and delivers health, social and health promotion services;

AND WHEREAS Algoma OHT was designated by the Minister of Health under the *Connecting Care Act, 2019*;

AND WHEREAS Member Organization would like to participate as a partner or an advisor as part of the Algoma OHT;

NOW, THEREFORE, in consideration of mutual covenants and agreements between the parties hereto, it is agreed as follows:

1. Term of Agreement

The term of this Agreement will be effective on the date set above and will expire on Oct. 31, 2022 (the “Term”) or if during the Term, such time as the Ministry of Health requests a review, revision or termination of the Agreement.

2. Withdraw/Termination

This Agreement may be terminated by the Algoma OHT by providing thirty (30) days written notice to the Member Organization.

A Member Organization may withdraw from the Algoma OHT or terminate its membership at any time by providing a minimum of thirty (30) days written notice to the Algoma OHT’s Leadership Council. Such withdraw and/or termination shall not be unreasonably withheld.

MEMORANDUM OF UNDERSTANDING Partnership Agreement (“Agreement”)

3. Algoma OHT Background

The Algoma OHT was designated on 23rd day of July, 2020 by the Minister of Health under the *Connecting Care Act, 2019* with the intention to work together to achieve their shared vision of providing a continuum of integrated health, social and health promotion services to the persons to whom they provide care and services for the people of Algoma.

Integrated health care represents a fundamental shift in the way that health, social and health promotion services are provided. It involves putting people and communities; not diseases, providers or organizations, at the center of the health care system and empowering people to take charge of their own health rather than being passive recipients of services. When health, social and health promotion services are integrated, it means they are delivered in a way that people receive the continuum of services as part of a coordinated team, no matter where care is provided.

4. Algoma OHT Program

In order for the Algoma OHT to be successful, it will be important to focus on learning together as an integrated local health system to better serve the people of Algoma. This will require embracing ambiguity as we learn to work together across health and social sectors; including home and community care, hospital services, housing, long-term care, mental health and addictions, palliative, primary care services, public health and specialty care among others.

Through this engagement the Algoma OHT is seeking to put in place this partnership agreement to enable partners and advisors to improve care experiences and outcomes. Each Member Partner and Member Advisor who are part of the Algoma OHT will retain its own independence, with an independent board and oversight. Any decisions made by the Algoma OHT are recommendations. Member Organizations are highly encouraged to support greater alignment between the Algoma OHT and their respective organizations in order to improve service delivery within the Algoma district.

The partnership agreement, and the Algoma OHT, should in no way be a barrier or impede decisions to serve people, families and communities and should facilitate the coming together of people at all levels of respective organizations to work towards the mission and vision of the Algoma OHT outlined in Appendix 1.

5. Role / Responsibilities of Algoma OHT

The Algoma OHT is working on meeting the Year 1 expectations of the Ontario Health Team (OHT) and eventually at maturity with respect to the 8 OHT building blocks which responsibilities include:

- Defining patient population
- In-scope services
- Patient partnership and community engagement
- Patient care and experience
- Digital health
- Leadership, accountability and governance

MEMORANDUM OF UNDERSTANDING Partnership Agreement (“Agreement”)

- Funding and incentive structure
- Performance measurement, quality improvement and continuous learning

6. Role / Responsibilities of Member Organization

Member Organizations will participate as a partner or an advisor with the current focus on being inclusive in contributing to the Algoma OHT objectives. Member organization, whether participating as a Member Partner or a Member Advisor agrees to the Algoma OHT mission and vision outlined in Appendix 1.

Member Partners will:

- Work jointly for the delivery of health, social and health promotion services (i.e. project implementation) which includes a commitment to aligning initiatives and resources towards the work of the Algoma OHT.
- Partners are eligible to be on the Leadership Council as voting members.

Member Advisors will:

- Advisors agree with the mission / vision, and may still be ‘exploring’ full partnership or contributing towards the OHT in a different capacity other than the delivery of services.
- Advisors are non-voting on the Leadership Council.

All Member Partners and Member Advisors will review the Algoma OHT Terms of Reference outlined in Appendix 2.

In participating in this Agreement Member Organizations agree that their respective Member Organization Board of Directors have been made aware of the partnership agreement. Where required, Member Organizations shall seek their Member Organization Board of Directors approval and/or endorsement, as the case may be, should their respective policies and procedures require such.

7. Funding Arrangements

It is recognized that Sault Area Hospital (“SAH”) is the designated fund holder, acting on behalf of the Algoma OHT in accordance with the conditions set out in the SAH Fund Holder Agreement. SAH is responsible to ensure that financial reports related to the Algoma OHT funding is reported back to the Algoma OHT Leadership Council on a regular basis.

Beyond utilizing the earmarked Algoma OHT funding, it is further expected and intended that Algoma OHT Member Partners will leverage this funding by aligning their strategies, work and resources in a way that is consistent with the vision and mission of the Algoma OHT where possible.

8. Privacy and Confidentiality

Through the Term of this agreement the Parties may transmit and exchange private and confidential information that may include; documents, materials, research and/or personal health information of patients which collectively herein is referred to as (“Confidential

MEMORANDUM OF UNDERSTANDING

Partnership Agreement (“Agreement”)

Information”). It is agreed that appropriate administrative, technical and physical safeguards will be established and maintained by all Parties to protect the Confidential Information and to prevent unauthorized access to it. The protection of all Confidential Information under this Agreement shall survive the Term of this Agreement.

9. No Conflict of Interest

The Member Organization shall: (a) avoid any Conflict of Interest in the performance of its contractual obligations; (b) disclose to the Algoma OHT Chair without delay any actual or potential Conflict of Interest that arises during the performance of its contractual obligations; and (c) comply with any requirements prescribed by Algoma OHT to resolve any Conflict of Interest. In addition to all other contractual rights or rights available at law or in equity, Algoma OHT may immediately terminate the Agreement upon giving notice to the Member Organization where: (a) the Member Organization fails to disclose an actual or potential Conflict of Interest; (b) the Member Organization fails to comply with any requirements prescribed by the Algoma OHT to resolve a Conflict of Interest; or (c) the Member Organization’s Conflict of Interest cannot be resolved. This paragraph shall survive any termination or expiry of the Agreement.

10. Intellectual Property

The Member Organization agrees that any intellectual, industrial or other proprietary right of any type in any form protected or protectable under the laws of Canada, any foreign country, or any political subdivision of any country, including, without limitation, any intellectual, industrial or proprietary rights protected or protectable by legislation, by common law or at equity Intellectual Property and every other right, title and interest in and to all concepts, techniques, ideas, information and materials, however recorded, (including images and data) (“Intellectual Property”) provided by Member Partner shall remain the sole and exclusive property of the Member Partner. Furthermore, Algoma OHT shall be the sole owner of any Intellectual Property created by the Supplier in the course of performance of its obligations under the Agreement (“Newly Created Intellectual Property”).

11. Dispute Resolution

Any dispute, controversy, or claim arising out of, or in connection with this Agreement or the failure of the Parties to agree on any matters requiring or contemplating their Agreement hereunder (a “Dispute”) shall be dealt with as hereafter set out.

- Meeting to Negotiate Resolution, A meeting shall be held between the parties hereto (the “Parties) promptly after a Dispute has arisen. The meeting will be attended by representatives of the Parties with decision-making authority to settle the Dispute. At the meeting, the Parties will attempt in good faith to negotiate a resolution of the Dispute. The parties will make all attempts reasonable to obtain resolution. In the event a resolution cannot be met, the Dispute will move to arbitration.

12. Notice

Any notice or communication required to be given under the terms of this Agreement shall be in writing and shall be served personally, delivered by courier or sent by certified or

MEMORANDUM OF UNDERSTANDING
Partnership Agreement (“Agreement”)

registered mail, postage prepaid with return receipt requested, addressed to the other party at the address set forth or at such other address as either party shall hereafter designate to the other in writing. All notices shall be in writing and set by regular postage paid mail, registered mail, or electronic mail, addressed as follows:

To Algoma OHT:
750 Great Northern Rd.
Sault Ste. Marie, ON P6B0A8
Name: Erik Landriault
Title: Director, Integrated Care
Email: erik.landriault@algomaoht.ca

To Member Organization:
Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Name: Dr. Marlene Spruyet
Title: Medical Officer of Health and CEO
Email: mspruyt@algomapublichealth.com

All notices shall be effective when personally served, one (1) day following the date sent by electronic mail, or five (5) days after deposited in the mail.

13. Amendment of Agreement

In the event that any changes to this agreement are deemed necessary, either an amendment shall be prepared and executed by the Parties hereto or a new Agreement will be prepared and executed. An amendment will have no force or effect until compliance with the terms of this section.

14. Assignment

This Agreement is not assignable by either Party without the consent of the other Party. Subject to the foregoing, this Agreement continues to the benefit of and is binding upon the Parties, their successors and assigns.

15. Entire Agreement

This agreement constitutes the entire agreement between the Parties and except as herein written, there are no oral representations or warranties between the Parties of any kind.

16. Applicable Law

This agreement will be interpreted exclusively in accordance with the laws of the Province of Ontario and the federal laws of Canada as applicable therein.

17. Counterparts

This Agreement may be executed by the Parties in counterpart, who together shall be

**MEMORANDUM OF UNDERSTANDING
Partnership Agreement (“Agreement”)**

deemed to constitute one agreement, and delivery of the counterparts may be affected by means of a telecopier (followed immediately by delivery of the original copies by an overnight carrier).

IN WITNESS OF WHICH the Parties have signed and delivered this Agreement.

Algoma OHT:

Per: 

Name: Erik Landriault

Title: Director, Integrated Care

Algoma Public Health:

Pursuant to Section 6 ‘Role of Member/ Partner Organization’ we hereby sign this MOU acknowledging and committing to the role of:

(Complete one of the following checkboxes in alignment with Section 6 Role/ Responsibilities of Organization)

Member Partner

- Or -

Member Advisor

Per: _____

Per: _____

Name: _____

Name: _____

Title: _____

Title: _____

I have authority to bind the company.

I have authority to bind the company.

**MEMORANDUM OF UNDERSTANDING
Partnership Agreement (“Agreement”)**

Appendix 1 – Vision, Mission, Collaboration

Background on Collaborative Decision Making Arrangements

The CDMA is intended to have an established process to use the implementation funding; that is meant to build the necessary infrastructure for the Algoma OHT.

Shared Vision, Guiding Principles and Commitments

Vision

An integrated health system focused on the unique needs of Algoma residents; where people receive seamless, excellent care where and when they need it.

Mission

The Algoma Ontario Health Team will collaborate in a model of care that is person-centered, efficient and simplified for both patient and provider.

MEMORANDUM OF UNDERSTANDING Partnership Agreement (“Agreement”)

Appendix 2 – Algoma Ontario Health Team Terms of Reference (ToR)

MANDATE

The Algoma Ontario Health Team (AOHT) has a vision for an integrated health system focused on the unique needs of Algoma residents; where people receive seamless, excellent care where and when they need it. The Leadership Council’s role is to provide a forum for its Members to plan, design, implement and oversee the AOHT.

ROLES AND RESPONSIBILITIES

Planning and Project Implementation

- establish an overall strategic plan for the AOHT and develop an annual work plan consistent with the strategic plan;
- identify and measure the priority populations for the AOHT and the impact of decisions on them;
- develop the name and central brand for the AOHT;
- identify, implement, and oversee Projects and Project Agreements; and
- ensure there is a commitment to share information, set joint performance targets, align service delivery and quality improvement for identified projects.

Quality and Risk

- review, collaborate on, and monitor safety and quality standards and performance and quality improvement for the AOHT;
- identify risk issues and consider risk allocation, mitigation, and corrective actions for AOHT activities;
- develop a complaints and significant event process for issues that impact more than one Member; and
- develop a risk management process for issues that could negatively impact the AOHT.

Resources and Accountability

- develop guidelines for the allocation and sharing of costs and resources, including funding earmarked for the AOHT as well as human resources, capital, and facilities and costs related to supporting the work of the AOHT;
- review and collaborate on financial performance, resource allocation and use, best practice, and innovation;
- develop clinical and financial accountability standards;
- determine Membership fees to be paid by Members, if any; and
- facilitate and oversee the development of a digital health strategy.

Engagement and Reporting

- develop and implement a joint communications strategy, including communication to stakeholders and the community;
- engage people, families and communities to ensure meaningful partnership and co-design across all OHT initiatives;
- engage with and seek input from Members and Networks;
- ensure engagement at a board to board level among Members; and
- report from time to time to Members on the work of the Leadership Council and any subcommittees and working groups.

MEMORANDUM OF UNDERSTANDING Partnership Agreement (“Agreement”)

Governance and Compliance

- evaluate and identify areas of improvement in the integrated leadership and governance structure of the AOHT on an ongoing basis, including the establishment of a standardized process to identify and admit additional Members to the AOHT;
- as part of efforts to set up a long-term governance structure for the OHT, engage the boards of each respective Partner organization to:
 - understand what it means to have a duty to an integrated local health system that serves the residents of Algoma
 - prioritise steps towards collaborative governance in the first year of operation
 - consider possible long-term options for collaborative governance;
- discuss compliance with, and amendments to, these Terms of Reference, the Framework, or a Project Agreement;
- facilitate dispute resolution; and
- ensure compliance with all reporting requirements.

Integration

- act as a forum for the defined geographic area to support any potential voluntary or involuntary integration initiatives ordered by the Ministry of Health and
- develop recommendations vis-à-vis proposed integrations.

Other

- Perform the roles assigned to the Leadership Council under the Framework.

SUBCOMMITTEES AND WORKING GROUPS

The Leadership Council has an Executive Committee that is comprised of the Tri-Chairs.

The Leadership Council may establish one or more subcommittees or working groups / action teams to assist it in fulfilling its role. The Leadership Council shall determine the mandate and composition of any such subcommittee or working group.

MEMBERSHIP

The Leadership Council shall be a representative group across Algoma, that includes both organizational and independent-level representation. At minimum, the Leadership Council shall be comprised of 7 voting members; however, must include the following representation:

- Organizational: community health and social services, long-term care, primary care and hospital services
- Independent: Patient Partner and Physician Lead

Organizational voting members are referred to as Partners and are identified as organizations that have signed a Memorandum of Understanding (Partnership Agreement) identified a commitment to work jointly for the delivery of health, social and health promotion services as part of the AOHT. Each Partner is eligible to have a senior-level representative on Leadership Council and may identify an alternate in case of absence. Independent voting members are appointed by Leadership Council and typically include patient and clinical representation without any organizational affiliation.

Non-voting members are referred to as Advisors and are identified as organizations that

MEMORANDUM OF UNDERSTANDING Partnership Agreement (“Agreement”)

have signed a Memorandum of Understanding identifying alignment with the mission and vision of the AOHT, however may not be directly involved in the delivery of health and social services related to the identified projects. Advisors may also be exploring full Partner status.

TRI-CHAIRS

The Leadership Council shall have a Tri-Chair model, which is elected for a two-year term by the majority vote of the Leadership Council. It should strike a balance representing administrative, clinical and patient leadership for the AOHT. The Tri-Chairs may alternate the meeting chair responsibilities, at their discretion and fully participate in deliberations as well as decision-making.

In addition to chairing responsibilities; the Tri-Chairs are responsible for:

- Acting on behalf of the Leadership Council (as the Executive Committee) in-between regularly scheduled meetings, including bringing those decisions (as information items) to the Leadership Council
- Preparing meeting agendas, including a governance calendar for future items
- Ensuring appropriate engagement of members and the regular evaluation of the governance model for the AOHT
- Providing day-to-day guidance, management and mentorship to the Administrative Director of the AOHT (Director, Integrated Care)

FUND MANAGER

The Leadership Council shall, by majority vote, select a Member Organization to be a “Fund Manager” (for a term to be agreed) to, as directed by the Leadership Council receive, manage, distribute and keep accurate accounts of, pooled resources, including funding earmarked for the AOHT. The Administrative Director of the AOHT will be responsible for managing the funds, in accordance with the Fund Manager’s policies and procedures, as well as ensuring that any funds are in accordance with the strategic priorities set out by the Leadership Council. The Fund Manager will submit financial reports and retain financial records for at least seven years.

MEETINGS

Meetings shall be held at a minimum quarterly, and where possible be scheduled in advance according to a governance calendar. Ad hoc meetings may be called by the Tri-Chairs or at the request of a minimum of 3 Members. Agendas will be sent in advance and indicate whether items are for information, discussion or approval. In an effort to foster transparency, guests are welcome to participate in all meetings, except for in-camera portions, but may not vote.

QUORUM

Quorum will be a majority of Members, who may be present in-person or virtually. If a Member is not able to attend, the Member may send an alternate (who may count for quorum and vote). If quorum is not present, the Members present may meet for discussion purposes only and no decisions shall be made.

DECISIONS

Unless otherwise specified approval of the Leadership Council, decisions will be made by consensus. Consensus means that each member is prepared to support the decision or, if applicable, recommend it to their board of directors, organization, or respective Members,

MEMORANDUM OF UNDERSTANDING
Partnership Agreement (“Agreement”)

as the case may be, even if they do not agree with the decision/recommendation. In the event of a tie, a majority vote by the Tri-Chairs will constitute the tie breaker. Moreover, all projects and initiatives moving forward require approval via vote of the lead (sponsor) organization. As such, Leadership Council cannot compel an organization to lead or act as the sponsoring organization of an initiative without its approval.

The Leadership Council is responsible for putting a process in place for dispute resolution, as part of a Partnership Agreement applicable to all its Voting Members.

MINUTES

Meeting minutes will document deliberations and recommendations. All minutes will be available as part of the AOHT repository that may be accessed by the public, except for any confidential or in-camera discussions. Discussion during meetings shall be open, frank, and free-flowing, and while contents of minutes will be shared, they will not include attribution of individual contributions.

CONFIDENTIALITY

The Leadership Council members shall recognize that from time-to-time its Members may have access to confidential information. All Members are to respect the confidentiality of information received by, and discussions of, the Collaboration Council that are identified as confidential or as part of in-camera discussions.

POLICIES

The Leadership Council may adopt policies, protocols and procedures to support the work of the Leadership Council and its subcommittees and working groups.

REVIEW AND AMENDMENT

These Terms of Reference will be reviewed annually by the Leadership Council and may be amended with written agreement of the Leadership Council.

**Algoma Public Health
(Unaudited) Financial Statements August 31, 2020**

<u><i>Index</i></u>	<u><i>Page</i></u>
Statement of Operations	1
Statement of Revenues	2
Statement of Expenses - Public Health	3
Notes to the Financial Statements	4-6
Statement of Financial Position	7

Algoma Public Health
Statement of Operations
August 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ YTD Budget 2020
Public Health Programs						
Revenue						
Municipal Levy - Public Health	\$ 2,841,373	\$ 2,841,373	\$ (0)	\$ 3,788,497	0%	100%
Provincial Grants - Cost Shared Funding	6,640,885	5,922,639	718,246	8,851,681	12%	112%
Provincial Grants - Public Health 100% Prov. Funded	975,276	998,524	(23,248)	1,595,786	-2%	98%
Provincial Grants - Mitigation Funding	0	539,023	(539,023)	1,037,800	-100%	0%
Fees, other grants and recovery of expenditures	314,490	380,501	(66,011)	620,814	-17%	83%
Total Public Health Revenue	\$ 10,772,023	\$ 10,682,060	\$ 89,964	\$ 15,894,578	1%	101%
Expenditures						
Public Health Cost Shared	\$ 9,274,772	\$ 9,290,060	\$ 15,288	\$ 14,298,793	0%	100%
Public Health 100% Prov. Funded Programs	864,632	1,011,092	146,460	1,595,786	-14%	86%
Total Public Health Programs Expenditures	\$ 10,139,404	\$ 10,301,152	\$ 161,749	\$ 15,894,578	-2%	98%
Total Rev. over Exp. Public Health	\$ 632,619	\$ 380,907	\$ 251,712	\$ 0		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 445,011	445,005	(6)	1,068,011	0%	100%
Expenditures	508,181	444,171	64,010	1,068,011	14%	114%
Excess of Rev. over Exp.	(63,170)	834	(64,003)	-		

Public Health Programs - Fiscal 19/20

Provincial Grants and Recoveries	\$ 66,000	-	(66,000)	-		
Expenditures	1,799	-	1,799	-		
Excess of Rev. over Fiscal Funded	64,201	-	64,201	-		

Community Health Programs (Non Public Health)

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	197,629	203,872	(6,243)	311,933	-3%	97%
Total Community Health Revenue	\$ 197,629	\$ 203,872	\$ (6,243)	\$ 311,933	-3%	97%
Expenditures						
Child Benefits Ontario Works	5,941	16,333	10,393	24,500	-64%	36%
Algoma CADAP programs	182,590	192,243	9,653	287,433	-5%	95%
Total Calendar Community Health Programs	\$ 188,531	\$ 208,576	\$ 20,045	\$ 311,933	-10%	90%
Total Rev. over Exp. Calendar Community Health	\$ 9,098	\$ (4,704)	\$ 13,802	\$ (1)		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 2,306,520	\$ 2,430,423	\$ (123,902)	\$ 5,813,257	-5%	95%
Municipal, Federal, and Other Funding	52,484	52,484	-	119,247	0%	100%
Other Bill for Service Programs	5,423	-	5,423	-		
Total Community Health Revenue	\$ 2,364,427	\$ 2,482,907	\$ (118,480)	\$ 5,932,504	-5%	95%
Expenditures						
Brighter Futures for Children	44,224	47,686	3,462	114,447	-7%	93%
Infant Development	196,061	267,632	71,571	644,317	-27%	73%
Preschool Speech and Languages	223,793	255,023	31,230	614,256	-12%	88%
Nurse Practitioner	66,123	66,730	607	162,153	-1%	99%
Community Mental Health	1,369,979	1,454,230	84,252	3,551,560	-6%	94%
Community Alcohol and Drug Assessment	258,726	296,161	37,435	710,786	-13%	87%
Stay on Your Feet	34,162	41,667	7,505	100,000	-18%	82%
Bill for Service Programs	3,874	-	(3,874)	-		
Misc Fiscal	3,159	3,000	(159)	4,800	5%	105%
Total Fiscal Community Health Programs	\$ 2,200,100	\$ 2,432,130	\$ 232,030	\$ 5,902,320	-10%	90%
Total Rev. over Exp. Fiscal Community Health	\$ 164,327	\$ 50,777	\$ 113,550	\$ 30,184		

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months
and variances of 10% and \$10,000 occurring in the final 6 months

Algoma Public Health
Revenue Statement
For Eight Months Ending August 31, 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Bgt. to Act. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ Annual Budget 2020	Comparison Prior Year:		
							YTD Actual 2019	YTD BGT 2019	Variance 2019
Levies Sault Ste Marie	2,002,033	2,002,033	0	2,669,377	0%	75%	1,828,575	1,828,575	0
Levies Vector Bourn Disease and Safe Water							44,574	44,574	0
Levies District	839,340	839,340	0	1,119,120	0%	75%	805,078	766,617	38,461
Total Levies	2,841,373	2,841,373	0	3,788,497	0%	75%	2,678,227	2,639,766	38,461
MOH Public Health Funding	4,970,895	4,178,375	792,520	6,985,802	19%	71%	4,896,605	4,896,600	5
MOH Funding Needle Exchange	43,135	43,133	2	45,290	0%	95%	43,135	43,133	2
MOH Funding Haines Food Safety	16,400	16,400	0	17,220	0%	95%	16,400	16,400	0
MOH Funding Healthy Smiles	513,265	513,267	(2)	538,930	0%	95%	513,265	513,267	(2)
MOH Funding - Social Determinants of Health	208,505	120,320	88,185	126,350	73%	165%	120,335	120,333	2
MOH Funding Chief Nursing Officer	30,375	81,008	(50,633)	85,050	-63%	36%	81,005	81,000	5
MOH Enhanced Funding Safe Water	10,335	10,333	2	10,850	0%	95%	10,335	10,333	2
MOH Funding Infection Control	170,730	208,272	(37,542)	218,680	-18%	78%	208,270	208,267	3
MOH Funding Diabetes	100,000	100,000	0	105,000	0%	95%	100,000	100,000	0
Funding Ontario Tobacco Strategy	289,070	289,067	3	303,520	0%	95%	289,070	289,067	3
MOH Funding Harm Reduction	100,000	100,000	0	105,000	0%	95%	100,000	100,000	0
MOH Funding Vector Borne Disease	27,175	72,464	(45,289)	101,448	-62%	27%	72,465	72,467	(2)
MOH Funding Small Drinking Water Systems	17,400	46,400	(29,000)	64,960	-63%	27%	46,400	46,400	0
Total Public Health Cost Shared Funding	6,497,285	5,779,039	718,246	8,708,100	12%	75%	6,497,285	6,497,267	18
MOH Funding - MOH / AMOH Top Up	104,521	101,391	3,131	152,086	3%	69%	83,870	84,301	(431)
MOH Funding Northern Ontario Fruits & Veg.	78,270	78,267	3	117,400	0%	67%	78,270	78,267	3
MOH Funding Unorganized	353,600	353,600	0	530,400	0%	67%	353,600	353,600	0
MOH Senior Dental	438,885	465,267	(26,382)	697,900	-6%	63%	0	0	0
MOH Funding Indigenous Communities	0	0	0	98,000	0%	0%	0	0	0
One Time Funding (Pandemic Pay)	143,600	143,600	0	143,600	0%	100%	60,530	60,530	0
Total Public Health 100% Prov. Funded	1,118,876	1,142,124	(23,248)	1,739,386	-2%	64%	576,270	576,697	(427)
Total Public Health Mitigation Funding	0	539,023	(539,023)	1,037,800	-100%	0%	0	0	0
Recoveries from Programs	24,663	18,353	6,310	27,511	34%	90%	23,905	24,267	(362)
Program Fees	124,863	134,189	(9,327)	201,284	-7%	62%	138,580	159,062	(20,483)
Land Control Fees	116,622	95,000	21,622	160,000	23%	73%	107,460	115,000	(7,540)
Program Fees Immunization	30,012	76,667	(46,655)	115,000	-61%	26%	79,467	103,333	(23,866)
HPV Vaccine Program	0	3,000	(3,000)	12,500	0%	0%	442	4,000	(3,558)
Influenza Program	0	1,500	(1,500)	25,000	0%	0%	885	0	885
Meningococcal C Program	0	625	(625)	7,500	0%	0%	349	0	349
Interest Revenue	15,939	26,667	(10,727)	40,000	-40%	40%	30,539	21,333	9,206
Other Revenues	2,391	24,500	(22,109)	32,000	-90%	7%	38,066	24,667	13,400
Total Fees, Other Grants and Recoveries	314,490	380,501	(66,011)	620,795	-17%	51%	419,693	451,663	(31,970)
Total Public Health Revenue Annual	\$ 10,772,024	\$ 10,682,059	\$ 89,965	\$ 15,894,578	1%	68%	\$ 10,171,475	\$ 10,165,393	\$ 6,082

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months and variances of 10% and \$10,000 occurring in the final 6 months

Algoma Public Health
Expense Statement- Public Health
For Eight Months Ending August 31, 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ Budget 2020	Comparison Prior Year:		
							YTD Actual 2019	YTD BGT 2019	Variance 2019
Salaries & Wages	\$ 6,225,242	\$ 6,316,107	\$ 90,865	\$ 9,926,603	-1%	63%	\$ 5,820,575	\$ 6,048,895	\$ 228,320
Benefits	1,527,408	1,522,231	(5,177)	2,264,828	0%	67%	1,498,841	1,460,634	(38,207)
Travel	78,383	127,333	48,950	191,000	-38%	41%	140,974	127,379	(13,595)
Program	430,110	450,042	19,932	681,660	-4%	63%	310,241	420,955	110,714
Office	33,688	45,833	12,145	71,200	-26%	47%	59,579	69,029	9,450
Computer Services	555,453	543,177	(12,276)	853,146	2%	65%	541,136	560,782	19,647
Telecommunications	207,987	174,411	(33,576)	267,615	19%	78%	174,474	194,151	19,677
Program Promotion	26,975	62,115	35,140	96,173	-57%	28%	16,820	41,953	25,133
Professional Development	8,571	90,333	81,763	135,500	-91%	6%	56,462	64,468	8,006
Facilities Expenses	575,762	516,278	(59,484)	774,417	12%	74%	511,408	516,486	5,078
Fees & Insurance	228,674	200,920	(27,754)	253,880	14%	90%	189,302	192,220	2,918
Debt Management	307,266	307,267	1	460,900	0%	67%	307,266	307,267	1
Recoveries	(66,115)	(54,895)	11,220	(82,343)	20%	80%	(64,167)	(59,820)	4,347
	\$ 10,139,404	\$ 10,301,152	\$ 161,748	\$ 15,894,578	-2%	64%	\$ 9,562,910	\$ 9,944,401	\$ 381,491

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months and variances of 10% and \$10,000 occurring in the final 6 months

Notes to Financial Statements – August 2020

Reporting Period

The August 2020 financial reports include eight-months of financial results for Public Health and the following calendar programs: Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting four-month result from operations year ended March 31 2020.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of August 31st, 2020, Public Health programs are reporting a \$252k positive variance.

Total Public Health Revenues are indicating a \$90k positive variance. This is primarily a result of the Ministry continuing to flow funds similar to 2019 cost-sharing ratios in spite of their announcement to change the cost-sharing funding formula from 75% provincial funding to 70% provincial funding for 2020. Management budgeted according to the Ministry's 2019 announcement. In August 2020, the Province indicating they were pausing the adjustment to the cost-sharing ratio for 2020 and 2021.

Technically, Public Health Mitigation funding has yet-to-flow to health units, however the negative \$539k variance associated with mitigation funding is being offset with the positive \$718k variance associated with Provincial Cost-Shared Funding.

100% Provincially Funded programs are showing a negative \$23k variance. This negative variance is associated with timing of receipts related to the Ontario Seniors Dental program.

The negative variance associated with Fees, Other Grants and Recoveries is a result of less fees received than budgeted as a result of the COVID-19 pandemic.

There is a positive variance of \$162k related to Total Public Health expenses being less than budgeted however this positive variance is being driven by the 100% Provincially Funded Senior Dental program. A vacant position within the program was contributing to this variance. This position has since been filled. Cost-shared programs are aligned with budget.

The Healthy Babies Healthy Children Program is indicating a negative \$64k variance. This is a result of APH management reflecting the actual cost to administer the program without Public Health funding support.

APH's Community Health (Non-Public Health) Fiscal Programs are five-months into the fiscal year.

Infant Development, Preschool Speech and Language and Community Alcohol and Drug Assessment Programs are all indicating positive variances associated with expenses as a result of inherent staff gapping.

Notes Continued...

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are within budget.

The municipal levies are within budget. At the September Board of Health meeting, the Board approved reimbursement to the municipalities of the portion of the 2020 levy that was associated with adjusting the cost-sharing formula.

Provincial Cost-Shared funding is reflecting a \$718k positive variance. As a result of the Ministry announcement in 2019 to change the cost-sharing funding formula from 75% provincial funding to 70% provincial funding, management budgeted accordingly. Management is anticipating that the difference between actual and budgeted cost-shared dollars can be interpreted as mitigation funding.

Offsetting the positive variance noted with Cost-Shared Funding is the negative variances associated with 100% Provincially Funded programs, Public Health Provincial mitigation funding, and Fees Other Grants and Recoveries.

100% Provincially Funded programs are showing a negative \$23k variance. This variance is associated with the timing of receipts associated with the Ontario Seniors Dental program.

Management has adjusted the budgeted Public Health Mitigation funding to reflect the most recent funding announcement. Technically, mitigation funding has yet-to-flow with regards changes to the cost-sharing formula however the negative \$539k variance associated with mitigation funding is being offset with the positive \$718k variance associated with Provincial Cost-Shared Funding.

Fees, Other Grants & Recoveries are showing a negative variance of \$66k. This is primarily a result of the impact the COVID-19 pandemic is having on revenue generating services such as travel vaccine fees and pill sales. A lower bank interest rate is also impacting the actual interest earned on APH accounts.

Public Health Expenses (see page 3)

Salary & Wages

There is a \$91k positive variance associated with Salary and Wages. This is primarily associated with the Ontario Seniors Dental program. The 2020 Operating Budget included a Data Analyst position to support this program and other agency needs. This position was vacant for part of the year however it has now been filled. Overall, Salary and Wages is operating within 1% of budget.

Travel

There is a \$49k positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling within the District of Algoma. Management is anticipating Travel expenses to be less than budgeted for 2020 as a result of the impact of COVID-19 pandemic.

Office

Office expense is indicating a negative \$12k variance. This is a result of timing of expenses not-yet-incurred.

Notes Continued...

Telecommunications

Telecommunications is indicating a negative \$34k variance. This is a result of APH processing its annual phone support payment in the month of June. Also contributing to this negative variance is the incremental costs associated with providing employees with the telecommunication tools needed to function in a virtual work environment.

Program Promotion

Program Promotion expense is indicating a positive \$35k variance. This is a result of budgeted promotional dollars being spent primarily on COVID-19 messaging with less budgeted dollars being spent on other program initiatives. For example, the 2020 APH budget included approximately \$60k for a Smoking Cessation campaign that has been put on-hold for 2020.

Professional Development

There is an \$82k positive variance associated with Professional Development. This is a result of APH employees participating in less Professional Development opportunities to-date as a result of the COVID-19 pandemic. Specially, the Ontario Public Health Convention (TOPHC), one of the major provincial Public Health conferences, which some APH staff typically attend, was cancelled in March.

Facilities Expenses

Facilities expense is reflecting a negative \$59k variance. This is a result of the cost incurred with improving the sound quality of the Algoma room in addition to needed safety improvements made throughout APH facilities as a result of managing COVID-19.

Fees and Insurance

Fees and Insurance is showing a negative \$28k variance. Insurance expense is \$21k over budget due to unanticipated increases in insurance premiums not budgeted. Additionally legal fees are currently \$7k over budget.

Note: Management is tracking COVID-19 associated costs. Costs will be reported in the time-period in which they are incurred.

The Ministry has established a process for Boards of Health to submit for one-time COVID-19 Extraordinary expenses. APH has requested \$310k for actual and projected costs associated with COVID-19 for the 2020 budget year.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of August 31 2020. Cash includes \$1.15M in short-term investments.

Long-term debt of \$4.53 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. \$265k of the loan relates to the financing of the Elliot Lake office renovations which occurred in 2015 with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

Algoma Public Health
Statement of Financial Position
(Unaudited)

Date: As of August 2020	August 2020	December 2019
Assets		
Current		
Cash & Investments	\$ 4,091,601	\$ 3,456,984
Accounts Receivable	334,447	433,414
Receivable from Municipalities	174,322	74,976
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	4,600,370	3,965,374
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,380,223	1,579,444
Payable to Gov't of Ont/Municipalities	396,014	514,362
Deferred Revenue	295,574	281,252
Employee Future Benefit Obligations	2,910,195	2,910,195
Term Loan	4,836,784	4,836,784
<i>Subtotal Current Liabilities</i>	9,818,790	10,122,037
Net Debt	(5,218,420)	(6,156,664)
Non-Financial Assets:		
Building	22,867,230	22,867,230
Furniture & Fixtures	1,998,117	1,998,117
Leasehold Improvements	1,572,807	1,572,807
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	(10,429,282)	(10,429,282)
<i>Subtotal Non-Financial Assets</i>	19,301,092	19,301,092
Accumulated Surplus	14,082,672	13,144,428

September 18, 2020

The Honourable Patty Hajdu
 Minister of Health
 House of Commons
 Ottawa, Ontario, K1A 0A6
 Email: Patty.Hajdu@parl.gc.ca

The Honourable Marilee Fullerton
 Minister of Long-Term Care
 Ministry of Health and Long-Term Care
 400 University Ave., 6th Floor
 Toronto, ON M7A 1T7
 Email: merrilee.fullerton@pc.ola.org

Ontario's Long-Term Care COVID-19 Commission
 700 Bay Street, 24th Floor
 Toronto, ON M5G 1Z6
 Email: Info@LTCcommission-CommissionSLD.ca

Dear Ministers:

RE: COVID-19 and Long-Term Care Reform

COVID-19 has shone a glaring light on what many knew to be a crisis with the Long-Term Care (LTC) system in Canada in need of reform and redesign, with 81% of COVID-19 related deaths in Canada occurring in LTC Homes (LTCHs) which is far higher than other comparable countries.ⁱ Urgent reform and redesign of Canada's LTC system is critical in order to address infection prevention and control (IPAC) issues (including COVID-19) and to improve all standards, quality of care and quality of life. Those who require services within a LTCH setting deserve those assurances.

A [report](#) released following deployment of the Canadian Armed Forces (CAF) to five LTCHs in Quebec and Ontario struggling in their response to COVID-19 indicates highly concerning living conditions and serious lapses in standards and quality of medical and personal care. The list of deficiencies identified by the CAF as requiring immediate attention is lengthy and includes inadequate infection and control practices, inadequate supplies and lack of training, knowledge, oversight and accountability of LTCH staff and management.ⁱⁱ

The Royal Society of Canada (RSC) Working Group on LTC has since released a [policy briefing](#) highlighting the pre-pandemic issues with LTCHs that contributed to the heightened crisis in the face of COVID-19, a global pandemic. Namely, addressing the changing demographics and complexities of older adults entering homes, the inadequate workforce and staffing mix to meet their needs, and the inadequate physical environments to accommodate the complex needs of residents, are critical issues that must be addressed moving forward with LTC reform and redesign.

<p>Barrie: 15 Sperling Drive Barrie, ON L4M 6K9 705-721-7520 FAX: 705-721-1495</p>	<p>Collingwood: 280 Pretty River Pkwy. Collingwood, ON L9Y 4J5 705-445-0804 FAX: 705-445-6498</p>	<p>Cookstown: 2-25 King Street S. Cookstown, ON L0L 1L0 705-458-1103 FAX: 705-458-0105</p>	<p>Gravenhurst: 2-5 Pineridge Gate Gravenhurst, ON P1P 1Z3 705-684-9090 FAX: 705-684-9887</p>	<p>Huntsville: 34 Chaffey St. Huntsville, ON P1H 1K1 705-789-8813 FAX: 705-789-7245</p>	<p>Midland: A-925 Hugel Ave. Midland, ON L4R 1X8 705-526-9324 FAX: 705-526-1513</p>	<p>Orillia: 120-169 Front St. S. Orillia, ON L3V 4S8 705-325-9565 FAX: 705-325-2091</p>
--	---	--	---	---	---	---

The Working Group policy briefing outlines nine steps requiring strong federal/provincial/territorial and municipal leadership to address necessary improvements in IPAC and provision of quality care for LTC residents with increasingly complex needs:

1. Implement best practice national standards for the necessary staffing and staffing mix to deliver quality care in LTCHs and attach federal funding to the standards;
2. Implement national standards for training and resources for infectious disease control and for outbreak management;
3. Provide appropriate pay and benefits including sick leave for the large unregulated segment of the LTC workforce (i.e. care aides and personal support workers);
4. Provide full time employment and benefits for regulated and unregulated nursing staff and assess impact of “one workplace” policies implemented during COVID-19;
5. Establish minimum education standards for unregulated direct care staff, ongoing education for both regulated and unregulated direct care staff, and proper training and orientation for all external agency staff assigned to a LTCH;
6. Support educational reforms for specialization in LTC for all providers of direct care (i.e. care aides, health and social service providers, managers and directors);
7. Provide mental health supports for LTCH staff;
8. Implement reporting requirements and data collection needed to effectively manage and ensure resident quality of care and quality of life, resident and family experiences and quality of work life for staff; and
9. Take an evidence based approach to mandatory accreditation as well as to regulation and inspection of Long-Term Care Facilities (LTCFs).ⁱⁱⁱ

The Simcoe Muskoka District Health Unit’s (SMDHU) Board of Health at its September 16, 2020 meeting endorsed these recommendations and is writing to advocate for their adoption through your collective efforts to create necessary system reform and redesign for Ontarians living in LTCHs.

As of September 8, 2020, of the 21 outbreaks within institutional, workplace and congregate settings in Simcoe Muskoka, LTCHs and Retirement Homes accounted for 76% (16) of the outbreaks. As of August 25, 2020, there have been 24 resident deaths attributed to these LTC and Retirement outbreaks and an additional 2 Simcoe Muskoka resident deaths in facilities outside of the region for a total of 26. The median age of all cases who have recovered is 46 years compared to the median age of 85 years among all deceased cases.^{iv}

SMDHU’s mandate under the Ontario Public Health Standards (OPHS, 2018)^v regarding LTC and Retirement Homes is substantial. As a vulnerable population, SMDHU supports these facilities with food safety, and infectious and communicable disease prevention and control (including outbreak management). There are currently 29 LTC and 53 Retirement Homes within SMDHU. Since March 1, 2020, the Infectious Disease team has supported over 1700 IPAC consults or COVID-19 questions for LTC and Retirement Homes.

In addition to the mandate in LTCF’s, SMDHU is required to develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and

substance use in the health unit population. ^{iv} SMDHU supports community dwelling seniors and promotes healthy aging at home for those that are able, and for as long as they are able. The SMDHU supports these seniors through;

- active participation on the Ontario Fall Prevention Collaborative, the Simcoe County and other community based Age-Friendly Community Coalitions, The Muskoka Seniors Planning Table, Age-Friendly and the Central LHIN Fall Strategy;
- best practice healthy aging policy advocacy; and
- a wide variety of community awareness and engagement strategies to promote healthy aging key messages.

SMDHU remains committed to supporting local LTC and Retirement Homes to improve IPAC practices and to advocate for improvement to standards and quality of care and quality of life for residents, their families and staff, and implore municipal, provincial and federal leaders to make the necessary investments to create safe supportive care to ensure the health and safety for residents of LTCHs.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:JC:cm

cc: Ontario Boards of Health
Matthew Anderson, President and CEO, Ontario Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka

References:

ⁱ Canadian Institute for Health Information. "New analysis paints international picture of COVID-19's long-term care impacts": CIHI; June 25, 2020. Available from: <https://www.cihi.ca/en/new-analysis-paints-international-picture-of-covid-19s-long-term-care-impacts>

ⁱⁱ Headquarters 4th Canadian Division Joint Task Force (Central). (2020). [OP LASER - JTFC Observations in Long Term Care Facilities in Ontario](#)

ⁱⁱⁱ Estabrooks CA, Straus S, Flood, CM, Keefe J, Armstrong P, Donner G, Boscart V, Ducharme F, Silviu J, Wolfson M. *Restoring trust: COVID-19 and the future of long-term care*. Royal Society of Canada. 2020 retrieved on Aug. 28 at https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN.pdf

^{iv} Retrieved on Aug. 25, 2020 <https://www.simcoemuskokahealthstats.org/topics/infectious-diseases/a-h/covid-19>

^v Ministry of Health and Long-Term Care. (2018). [OPHS](#)



October 13, 2020

VIA ELECTRONIC MAIL

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

The Honourable Chrystia Freeland, P.C., MP
Deputy Prime Minister and
Minister of Finance
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3

Dear Prime Minister Trudeau and Deputy Minister and Minister of Finance:

Re: Basic Income for Income Security during the COVID-19 Pandemic and Beyond

At its meeting on September 17, 2020, the Board of Health carried the following resolution #20-20:

THAT the Board of Health for Public Health Sudbury & Districts endorse correspondence from Ontario boards of health recommending the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 pandemic and beyond.

AND FURTHER THAT relevant individuals and organizations be apprised of this motion and supporting materials.

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON POM 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON POP 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

101 rue Pine Street E
Box / Boîte 485
Chapleau ON POM 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca



Letter

Re: Basic Income for Income Security during the COVID-19 Pandemic and Beyond

October 13, 2020

Page 2

Income alone is the single strongest predictor of health, and health improves at every step up the income ladder.^{i,ii} Populations living in low income are disproportionately affected by virtually all physical and mental health problems and challenges. The COVID-19 pandemic has amplified income inequities that already exist and has increased the level and depth of poverty across the country.

Public Health Sudbury & Districts has a long-standing commitment to health equity and poverty reduction efforts including previous advocacy in support of a basic income guarantee. Given the devastating financial impacts of COVID-19 on priority populations, Public Health Sudbury & Districts is reconfirming its support for basic income as a long-term policy option for poverty reduction for all Canadians, during the pandemic and beyond. Therefore, we urge your government explore the implementation of a basic income as the Canadian Emergency Response Benefit comes to an end as a viable option for reducing poverty and improving health.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Honourable Doug Ford, Premier of Ontario
Honourable C. Elliott, Deputy Premier and Minister of Health
Dr. D. Williams, Chief Medical Officer of Health, Ministry of Health
All Ontario Boards of Health

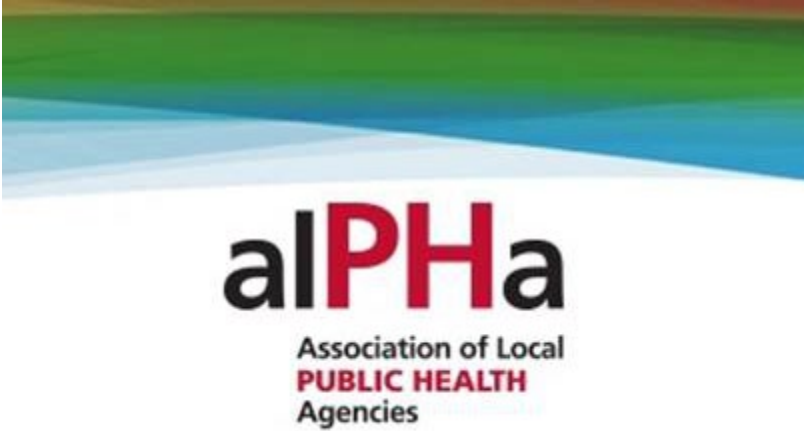
ⁱ Public Health Sudbury & Districts. (2019, July 16). *Health equity*. Retrieved from <https://www.phsd.ca/health-topics-programs/health-equity>

ⁱⁱ Mikkonen, J., Raphael, D. (2010). *Social determinants of health: The Canadian facts*. Toronto. York University School of Health Policy and Management. Retrieved from https://thecanadianfacts.org/The_Canadian_Facts.pdf

From: [Gordon Fleming](#)
To: [All Health Units](#)
Subject: alPHa Information Break - October 22, 2020
Date: Thursday, October 22, 2020 12:27:13 PM
Attachments: [image005.png](#)
[image006.png](#)

This email originated outside of Algoma Public Health. Do not open attachments or click links unless you recognize the sender and know the content is safe.

ATTENTION
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH AND CEOs
SENIOR MANAGERS, ALL PROGRAMS



Information Break

October 22, 2020

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

Fall 2020 Budget Consultations
alPHa submitted input for consideration to the provincial government as it prepares a Fall 2020 Budget. The submission highlights the critical role the public health sector plays in the health of the people of Ontario and how public health is key to the province's economic recovery. Read the submission [here](#).

Ontario Seniors Dental Care Program (OSDCP) and COVID-19 Impacts
alPHa sent a letter to the Premier calling for action to improve the capacity of the Ontario Seniors Dental Care Program (OSDCP) to address the dental care needs of low-income seniors which has been further restricted during the COVID-19 pandemic. The letter recommends that the Province

implement changes to the OSDCP to meet the demand, clear the backlog and alleviate the burden on Ontario's Emergency Rooms. Read the submission [here](#).

COVID-19

alPHA representatives continue to participate in key stakeholder briefings and the sharing Ministry of Health Situation Reports as well as COVID-19-related news with the membership. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alPHA.

[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](#)

Update on alPHA's Annual General Meeting

As a result of the COVID-19 pandemic and the extraordinary challenges placed upon the public health system, the alPHA Board of Directors, in the best interests of the organization, made the decision in April to postpone alPHA's Conference and with it the Annual General Meeting, Resolutions Session, and changeover of the alPHA Board which includes Boards of Health Section Executive Elections and confirmation of a new COMOH Executive.

While we didn't meet in June, alPHA announced the recipients of its 2020 Distinguished Service Award (DSA), which recognizes outstanding contributions to public health in Ontario. [Read more about the DSA recipients here](#). alPHA also made available the 2019-2020 Annual Report to highlight activities and achievements of the past year, a time of unprecedented challenges to the public health system in Ontario and around the world. [Read the 2019-2020 alPHA Annual Report here](#).

As part of our commitment to respond and adapt to the situation, the alPHA Board and Executive continue to discuss and deliberate upon next steps. These discussions, which also involve meetings and ongoing consultation with legal counsel, are aimed at determining the best option for our unique membership within the rules of our Constitution and our available resources.

The alPHA Board is meeting on November 27th and will continue to consider all options to determine the best path forward. We will be back in touch shortly afterwards with an update. In the meantime, alPHA will continue to support members in their response to COVID-19.

The Association extends its thanks to the Board of Directors and the membership for their strong and ongoing support of alPHA during the COVID-19 pandemic.

Get Local COVID19 RRFSS Data Fast!

New RRFSS COVID-19 data!

RRFSS has developed over 100 new COVID-19 related questions to collect local in-depth health information related to COVID-19 behaviours and attitudes. These new modules are available for RRFSS members in the 2021 survey. The 12 new COVID-19 related modules include:

- Precautions (Distancing and Face coverings)
- Financial Impacts
- Handwashing
- Health Impacts
- Symptoms and Testing
- Vaccine Readiness

For further information about the new RRFSS modules or about joining RRFSS please visit our website: <https://www.rrfss.ca/questionnaires> or contact Lynne Russell, RRFSS Coordinator: lynnerrussell@rrfss.ca

13th Annual DLSPH Student-Led Conference

13th Annual Student-Led Conference, presented by the Dalla Lana School of Public Health at the University of Toronto, will be held virtually on November 12-14, 2020. “Moving Beyond Repair: Upstream Approaches to Public Health Emergencies” will bring together students, academics, practitioners, community stakeholders, and policy-makers to discuss how deep-rooted systemic health inequalities are illuminated in the midst of public health crises, such as the current COVID-19 pandemic. For more information about the event, please visit the conference Facebook (<https://www.facebook.com/DLSPHStudentLed/>) or Instagram (<https://www.instagram.com/dlsphstudentled/>) pages.

Public Health News Roundup

[Ontario Expanding Mental Health Services for Children and Youth](#) - October 21, 2020

[Ontario Protects Workers, Volunteers and Organizations Who Make Honest Efforts to Follow COVID-19 Public Health Guidelines and Laws](#) - October 20, 2020

[Ontario Extends COVID-19 Orders to Protect the Public](#) - October 20, 2020

[Ontario Making Government Services More Convenient, Reliable, and Accessible](#) - October 19, 2020

[Stay Safe and Follow Public Health Advice This Halloween](#) - October 19, 2020

[York Region Added to List of Areas of Higher Community Spread](#) - October 17, 2020

[Ontario Moving Additional Region to Modified Stage 2](#) - October 16, 2020

[Ontario Supports the Production of Critical Supplies to Fight the Spread of COVID-19](#) - October 16, 2020

[Millions Across Canada Now Using Made-in-Ontario COVID Alert App](#) - October 15, 2020

[Ontario Adding Over 200 More Transitional Care Beds Across the Province](#) - October 15, 2020

[Outings on Hold for Long-Term Care Homes in Areas of Higher Community Spread](#) - October 14, 2020

[Ontario Hiring Hundreds More Contact Tracers and Case Managers](#) - October 14, 2020

[Ontario Increases Production of COVID-19 Testing Supplies](#) - October 13, 2020

[Ontario Continues to Support Restaurants During COVID-19 Pandemic](#) - October 13, 2020

[Governments Investing \\$26.6 Million to Further Protect Ontario Agri-Food Workers During COVID-](#)

[19 - October 13, 2020](#)

[Increased COVID-19 Precautions for Congregate Care Settings - October 9, 2020](#)

[Ontario Implementing Additional Public Health Measures in Toronto, Ottawa and Peel Region - October 9, 2020](#)

[Ontario Hires Health System Leader as Education Health Advisor - October 8, 2020](#)

[Ontario Supporting Local Festivals and Events - October 8, 2020](#)

[Ontario Supporting Scientists Developing the Next Generation of Antibiotics - October 7, 2020](#)

[Ontario Building a Modern, Connected and Comprehensive Mental Health and Addictions System - October 7, 2020](#)

[Ontario Increases Mental Health Funding for Postsecondary Students - October 6, 2020](#)

[Ontario Surpasses Four Million COVID-19 Tests - October 6, 2020](#)

[New COVID-19 Precautions at Long-Term Care Homes -October 5, 2020](#)

[Ontario Releases \\$35 Million to Hire More Staff, Improve Remote Learning in Targeted Communities - October 5, 2020](#)

[Ontario Supports Training for Personal Support Workers in Niagara - October 5, 2020](#)

[Ontario Implementing Additional Public Health and Testing Measures to Keep People Safe - October 2, 2020](#)

Don't Forget to Update Our Contact Information!

Our Canada Post mail forwarding is ending soon! We moved almost a year ago but are still receiving mail at our old address. Please ensure that all staff have alpha's current location. Thank you!

Association of Local Public Health Agencies

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



Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
480 University Avenue, Suite 300
Toronto ON M5G 1V2
416-595-0006 ext. 223



Iurp= DP R #Frp p xqlfdwlrqv# Frp p xqlfdwhC dp rlrqfda
Vhqw= Z hgqhvgd | #R fwrehu#54 #5353#6-87#5P
Wr= Udfkho#W | f } lqvn1
Vxemhfw= DP R #Srdf | #Ksgdwh#R YIG 04<#Dde ldw | #Surwhfwlrq #P xqlf lsdg#lchfwlrqv#Dfw#Dq#
R qwdulr #G lj lwd#ghqgw | #Sxedf#Khdok#R ughuv#Fklg#Fduh

This email originated outside of the Corporation of the City of Sault Ste. Marie.
Do not open attachments or click links unless you verify the sender and know the content is safe.

AMO Update not displaying correctly? [View the online version](#)
Add Communicate@amo.on.ca to your safe list



October 21, 2020

AMO Policy Update – COVID-19 Liability Protection, Municipal Elections Act; An Ontario Digital Identity; Public Health Orders; and Child Care

Bill 218 - Supporting Ontario’s Recovery and Municipal Elections Act

Attorney General Doug Downey introduced [Bill 218 - Supporting Ontario's Recovery and Municipal Elections Act](#). If passed, the legislation will provide targeted liability protection for health and long-term care, non-profit and private sector workers, volunteers, and organizations that make an honest effort to follow public health guidelines and laws related to limiting the exposure of Ontarians to COVID-19. Bill 218 will also maintain the right of Ontarians to take legal action against those who willfully, or with gross negligence, endanger others. Municipal governments, workers, and by-laws that are aimed at protecting public health are referenced in the Bill, as AMO has advocated for. Similar legislation is in place in British Columbia and Nova Scotia.

The Bill includes changes to the [Municipal Elections Act, 1996](#), proposing to remove the option to use ranked ballots for municipal elections, moving all municipal governments to First-Past-The-Post. This will impact a number of municipal governments that were contemplating the change and one already using ranked ballots. The rationale for this proposed legislative change is not known.

In addition, the nomination date for municipal elections will also be changed from the fourth Friday in July to the second Friday in September in the year of the election and

there are proposed changes to the timelines leading up to municipal elections (see Section 42 of the *Municipal Elections Act, 1996*). AMO advises that municipal clerks review the proposed changes for implications for their electoral planning processes. The rationale for this change is unclear and may have the effect of discouraging broader participation in municipal elections.

Ontario Onwards Action Plan

The Ontario government launched its new Action Plan, [Ontario Onwards: Ontario's COVID-19 Action Plan for a People-Focused Government](#) to make government services simpler, more accessible, and convenient. The plan has over 30 projects including developing a digital identity, based on digital wallet technology, by the end of 2021.

Creating a digital identity for Ontarians was identified by AMO and LAS as a key step in helping municipalities move towards more digital government service delivery especially as better quality high-speed internet and broadband access is expanded to unserved and underserved areas. More details are expected on these projects in the coming months.

Emergency Order Changes

Ontario extended most orders under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020 \(ROA\)](#) by 30 days until November 21, 2020, with exemptions for consumer electricity prices and access to personal health information through electronic health records.

The Province also amended emergency orders for modified Stage 2 regions (Toronto, Ottawa, York, and Peel Regions) to allow classes teaching or training dancers provided conditions are met. Regulations for [Stage 2](#) and [Stage 3](#) areas have been amended also to remove restrictions on in-person instruction for fire departments, similar to police training.

Provincial Investment for Schools and Child Care

This week, the government announced that it will invest \$550 million to build and upgrade schools in 2020-21. The initiative will add 870 new licensed child care spaces into the schools. The government has reconfirmed their commitment to create up to 30,000 new child care spaces over five years, including up to 10,000 spaces in new schools. AMO has advocated for effective child care as a critical service for investment in the COVID-19 recovery.

AMO's [COVID-19 Resources](#) page is being updated continually so you can find critical information in one place. Please send any of your municipally related pandemic questions to covid19@amo.on.ca.

*Disclaimer: The Association of Municipalities of Ontario (AMO) is unable to provide any warranty regarding the accuracy or completeness of third-party submissions. Distribution of these items does not imply an endorsement of the views, information or services mentioned.



Please consider the environment
before printing this.

Association of Municipalities of Ontario
200 University Ave. Suite 801, Toronto ON Canada M5H 3C6

Wish to Adjust your AMO Communication Preferences ? [Click Here](#)



From: AMO Communications <Communicate@amo.on.ca>
Sent: Friday, October 23, 2020 4:31 PM
To: Rachel Tyczinski
Subject: AMO Policy Update - Build Ontario, Red Tape, and Off-Peak Deliveries

This email originated outside of the Corporation of the City of Sault Ste. Marie.
Do not open attachments or click links unless you verify the sender and know the content is safe.

AMO Update not displaying correctly? [View the online version](#)
Add Communicate@amo.on.ca to your safe list



October 23, 2020

AMO Policy Update – New Legislation Expedites Provincial Infrastructure, Reduces Red Tape, and Allows Off-Peak Deliveries

The Minister of Transportation, the Honourable Caroline Mulroney, announced legislation Thursday, the [Ontario Rebuilding and Recovery Act, 2020](#), extending a range of measures to build provincial infrastructure faster by reducing planning and administrative time to construction and providing a “backstop” if agreements cannot be reached. Measures include:

- **Transit:** Expanding designations for major provincial transit projects streamlining project management and accelerating development as under the *Building Transit Faster Act*. The legislation also amends the *Transit Oriented Communities Act* to exempt Hearings of Necessity under the *Expropriations Act* for provincial transit projects and allows the government to pursue new types of commercial arrangements.
- **Highways:** Amends the *Public Service Works on Highways Act* to require utility owners to relocate infrastructure in the highway corridor, facilitating faster construction.
- **Long-Term Care:** The announcement signals the potential use of Minister's Zoning Orders (MZO) to facilitate the building of long-term care residences.
- **Broadband:** Expansion of broadband to unserved and underserved areas and incentivizing private sector investments.
- **Municipal Tools:** Intention to consult municipalities on additional tools and powers required to expedite critical local infrastructure projects.

- **Skills Development:** Leveraging recent apprenticeship system investments to build a workforce pipeline in the skilled trades.

In announcing the initiative, the government noted the powers were meant as a “backstop” and it would work with municipal governments to move infrastructure projects forward. AMO supports the commitment to work in partnership. The creation of new long-term care beds, as well as other forms of housing as development, are priorities AMO has long supported. To move forward effectively, AMO advocates that the Province work with municipal Councils and staff to address local interests and garner municipal support before a MZO is issued or other “backstop” powers are used for projects.

Reducing Red Tape and Off-Peak Deliveries

Removing constraints for local governments and businesses is the subject of two Bills introduced recently by the Honourable Prabmeet Sakaria, Associate Minister of Small Business and Red Tape Reduction. [Bill 213, Better for People, Smarter for Business Act](#) includes many changes to current laws such as amendments to inter-city passenger transportation services, electronic reporting for municipal wastewater utilities, smart metering, grandfathering infrastructure projects, ground water permits requiring municipal council approval, amongst others. AMO staff are currently analyzing sections of this Omnibus Bill for municipal impacts and will provide an update shortly.

Bill 213 also proposes to exempt publicly assisted universities from municipal development charges affecting five communities in Ontario. Recognizing that university campuses provide broad economic and other benefits to communities, AMO is concerned that the move erodes the principle that "growth pays for growth" and municipal discretion to grant exemptions.

Associate Minister Sakaria’s second piece of legislation, [Bill 215, Main Street Recovery Act](#), changes the way municipal noise by-laws regulate commercial deliveries, aiming to make it easier and faster to get goods to companies and individuals. The Act builds on changes in some municipalities and provincial pandemic orders allowing off-peak deliveries and comes as online ordering in response to social distancing requirements becomes more widespread. If passed, municipalities will have the ability to designate times and zones where deliveries are limited. The Bill also increases fines for unlicensed passenger transportation services.

AMO’s [COVID-19 Resources](#) page is being updated continually so you can find critical information in one place. Please send any of your municipally related pandemic questions to covid19@amo.on.ca.

*Disclaimer: The Association of Municipalities of Ontario (AMO) is unable to provide any warranty regarding the accuracy or completeness of third-party submissions. Distribution of these items does not imply an endorsement of the views, information or services mentioned.



Please consider the environment
before printing this.

Association of Municipalities of Ontario
200 University Ave. Suite 801, Toronto ON Canada M5H 3C6

Wish to Adjust your AMO Communication Preferences ? [Click Here](#)



Rachel Tyczinski

From: City Clerk
Sent: Monday, October 19, 2020 1:14 PM
To: Madison Zuppa; Rachel Tyczinski
Subject: FW: Ontario Developing a Stronger, More Effective Blue Box Program

From: FONOM Office/ Bureau de FONOM <fonom.info@gmail.com>
Sent: Monday, October 19, 2020 12:01 PM
Subject: Fwd: Ontario Developing a Stronger, More Effective Blue Box Program

This email originated outside of the Corporation of the City of Sault Ste. Marie.
Do not open attachments or click links unless you verify the sender and know the content is safe.

Good Morning

I do not usually send out these Provincial announcements to our membership, as they would flood your inbox. Saying that, I am sending this one to you because FONOM has spent a considerable amount of time and money on the Blue Box transition over the past decade. This is a good news story, as there will be a common Blue Box across the Province with **all** communities to have a system in place by the end of Transition.

Also, the list of places that the recycled goods will be collected come 2026 is a positive addition. FONOM has lobbied for them to be included and the Ministry listened. Note that the Producers have lobbied against some of what is in this announcement, but I believe the Government has listened to our members and FONOM!

Some of our communities will have a challenge as they have a Blue Box program for their downtowns or business areas. They will have to negotiate with the Producers to continue those programs, at a cost. But keep in mind the financial savings our municipalities will be seeing.

The FONOM Board will be involved in the *Improving Ontario's Blue Box - Proposed Producer Responsibility Regulation*, (a **second email will be sent out shortly regarding the Regulation**), and we would encourage your staff to be as well.

Along with FONOM, there are a few other organizations that we have worked alongside with and they should be recognized. AMO, under the direction of Monika Turner, Dave Gordon and Amber Crawford have done much of the heavy lifting over the years. The members of the Municipal 3Rs Collaborative, which is made up of

staff from many of the larger Municipalities, the Regions and Municipal Waste Associations in the Province, have represented the entire Municipal sector with distinction. The Ministry of the Environment team lead by Minister Yurek and Director Charles O'Hare's team, have worked respectfully with all parties to get to today's announcement.

FONOM believes this announcement will achieve the Environmental outcomes that were envisioned when the Blue Box was first created in the 80's. We thank Minister Yurek for this announcement and we look forward our continued partnership to complete the Blue Box Transition.

Talk soon, Mac

Mac Bain
Executive Director
The Federation of Northern Ontario Municipalities
615 Hardy Street North Bay, ON, P1B 8S2
Ph. 705-478-7672

----- Forwarded message -----

From: **Ontario News** <newsroom@ontario.ca>

Date: Mon, Oct 19, 2020 at 9:42 AM

Subject: Ontario Developing a Stronger, More Effective Blue Box Program

To: <fonom.info@gmail.com>



News Release

Ontario Developing a Stronger, More Effective Blue Box Program

October 19, 2020

Province consulting on plan to increase recycling in more communities and help divert more waste from landfills

TORONTO — Ontario is kicking off Waste Reduction Week by unveiling regulations to improve the blue box program. The enhancements include expanding the items that can be recycled and making producers of products and packaging fully responsible for the waste they create.

"We're creating a stronger and more effective Blue Box program that actually works," said Minister Yurek. "By harnessing the innovation and ingenuity of industry and expanding recycling opportunities for people and businesses

across the province, we can divert more waste away from landfills by finding new purposes for products and reinserting them back into the economy."

The proposed new Blue Box regulation will:

- Standardize and increase the list of materials accepted in the blue box including paper and plastic cups, wraps, foils, trays, and bags and other single use items such as stir sticks, straws, cutlery and plates.
- Transition the costs of the program away from municipal taxpayers by making the producers of products and packaging fully responsible for costs, resulting in an estimated savings of \$135 million annually for municipalities.
- Expand blue box services to more communities, such as smaller, rural and remote communities, including those under 5,000 people.
- Set the highest diversion targets in North America for the various categories of waste producers are expected to recycle such as paper, glass, beverage containers and rigid and flexible plastic, encouraging innovation such as better product design and the use of new technologies for better environmental outcomes.

The province will also expand blue box services to facilities such as apartment buildings, long-term care homes, schools and municipal parks in 2026 to provide the people of Ontario with more opportunities to recycle and keep their communities clean.

The [draft Blue Box regulation](#) will be posted for 45 days for public feedback, ending December 2, 2020.

Reducing plastic waste and litter and making producers responsible for managing the full life-cycle of their products is a key part of the [Made-in-Ontario Environment Plan](#) commitment to balance a healthy economy, a healthy environment and keep Ontario clean and beautiful.

QUICK FACTS

- The proposed framework ensures that programs already having a positive impact on the environment, like the Beer Store's deposit return program, can continue under the new producer responsibility model.
- Waste Reduction Week runs from October 19-25 to promote environmental stewardship and increase opportunities for Ontarians to participate in efforts to reduce waste.

ADDITIONAL RESOURCES

- [Made-in-Ontario Environment Plan](#)
- [Waste management in Ontario](#)

- [Waste Discussion Paper](#)

QUOTES

"The Ontario Waste Management Association supports the Ontario government's commitment to strengthen the Blue Box recycling program and set some of the highest waste diversion targets in North America. Shifting funding responsibility of the Blue Box to producers will create a catalyst to improve Ontario's recycling performance. This is not only good for the environment, it is good for the economy, and will encourage investment, job creation and innovation in the recycling and resource recovery sector."

— *Mike Chopowick, CEO, Ontario Waste Management Association*

"The Canadian Beverage Association welcomes the government's proposed beverage container diversion targets of 75 per cent by 2026 and 80 per cent by 2030. Our sector plans to build on the success of the Blue Box collection system and meet these targets by introducing a new, comprehensive beverage container recycling program with convenient public space recycling at parks, public buildings and special events."

— *Jim Goetz, President, Canadian Beverage Association*

"As one of Canada's leading beverage companies, Keurig Dr Pepper Canada supports the Ontario Government's policy to expand and improve the recycling system, by ensuring items like recyclable coffee pods will be included. Our company remains steadfastly committed to reducing packaging waste. We look forward to continuing to work with the government and municipalities across the province to build a more sustainable Ontario for generations to come."

— *Stéphane Glorieux, President, Keurig Dr Pepper Canada*

CONTACTS

Andrew Buttigieg
Minister's Office
437-224-4599
Andrew.Buttigieg@ontario.ca

Gary Wheeler
Communications Branch
416-314-6666
Gary.S.Wheeler@ontario.ca

Ministry of the Environment, Conservation and Parks

<http://www.ontario.ca/mecp>

Questions about your subscription? Contact us.

Edit your subscription preferences.

Unsubscribe from News on Demand.

 **Follow Us On Twitter.**

Visit the Newsroom.

Disponible en français.

© Queen's Printer for Ontario, 2008 - 2020

99 Wellesley Street West 4th floor, Room 4620 Toronto ON M7A 1A1

Blue Box Transition Schedule: Explanatory Note

The Ministry of the Environment, Conservation and Parks has proposed a producer responsibility regulation for the Blue Box Program.

The proposed regulation under the Resource Recovery and Circular Economy Act, 2016 would make producers responsible for the Blue Box Program, including meeting regulated outcomes for providing collection services to local communities, managing Blue Box materials, and achieving diversion targets to improve diversion, address plastic waste, and recover resources for use in the economy.

The draft regulation is currently posted for a 45-day consultation period on the province's Environmental and Regulatory Registries (<https://ero.ontario.ca/notice/019-2579>).

The Resource Productivity and Recovery Authority (RPRA) Datacall indicates that municipalities, unorganized territories and First Nations communities ran 249 local blue box programs in Ontario in 2018 under the Waste Diversion Transition Act, 2016.

The proposed regulation would transition existing blue box services to producer responsibility in three groups between 2023 and 2025 according to a "Blue Box Transition Schedule" referenced in the regulation.

The proposed "Blue Box Transition Schedule" (see page 3) identifies eligible municipal programs and the year they are proposed to transition. Producers would be responsible for transitioning communities on or before the dates contained in the schedule.

Please refer to the Environmental and Regulatory Registries linked above for more information on how the Ministry developed the proposed "Blue Box Transition Schedule".

At this time, the proposed "Blue Box Transition Schedule" includes municipalities and unorganized territories with Blue Box Programs in the Datacall with the Authority.

The Ministry will consult on the proposed transition groupings as it works to finalize the regulation, including the best way to determine the specific calendar date for each community's transition.

This will include engagement with First Nation communities to learn more about Blue Box Programs in their communities and assess their preferred dates for transition.

The “Blue Box Transition Schedule” will be updated when the regulation is finalized to include First Nation communities and identify calendar dates for each transitioning program within a given year.

Blue Box Transition Schedule

Eligible Community	Transition Year
Addington Highlands, Township of	2025
Admaston/Bromley, Township of	2025
Alfred and Plantagenet, Township of	2023
Algonquin Highlands, Township of	2024
Armour, Township of	2025
Armstrong, Township of	2025
Arnprior, Town of	2023
Ashfield-Colborne-Wawanosh, Township of	2025
Assiginack, Township of	2025
Athens, Township of	2025
Atikokan, Township of	2025
Augusta, Township of	2025
Aylmer, Town of	2023
Baldwin, Township of	2025
Bancroft, Town of	2025
Barrie, City of	2024
Bayham, Municipality of	2023
Beckwith, Township of	2023
Billings, Township of	2025
Blind River, Town of	2025
Bluewater Recycling Association	2024
Bonfield, Township of	2025
Bonnechere Valley, Township of	2025
Brant, County of	2025
Brantford, City of	2025
Brockville, City of	2025
Bruce Area Solid Waste Recycling	2025
Brudenell, Lyndoch and Raglan, Township of	2025
Burk's Falls, Village of	2025
Callander, Municipality of	2025
Calvin, Municipality of	2025
Carleton Place, Town of	2023
Carling, Township of	2025
Carlow Mayo, Township of	2025
Casey, Township of	2025
Casselton, Village of	2023
Central Elgin, Municipality of	2023
Central Frontenac, Township of	2025

Eligible Community	Transition Year
Central Manitoulin, Township of	2025
Charlton and Dack, Municipality of	2025
Chatham-Kent, Municipality of	2024
Chatsworth, Township of	2023
Chisholm, Township of	2025
Clarence-Rockland, City of	2023
Cobalt, Town of	2025
Cochrane, Corporation of the Town of	2025
Coleman, Township of	2025
Conmee, Township of	2024
Cornwall, City of	2025
Deep River, Town of	2025
Deseronto, Town of	2025
Drummond-North Elmsley, Township of	2023
Dryden, City of	2023
Dufferin, County of	2023
Durham, Regional Municipality of	2024
Dutton-Dunwich, Municipality of	2023
Dysart et al, Township of	2024
East Ferris, Municipality of	2025
Edwardsburgh Cardinal, Township of	2025
Elizabethtown-Kitley, Township of	2025
Elliot Lake, City of	2025
Emo, Township of	2025
Englehart, Town of	2025
Enniskillen, Township of	2023
Espanola, Town of	2025
Essex-Windsor Solid Waste Authority	2024
Evanturel, Township of	2025
Faraday, Township of	2025
Fort Frances, Town of	2025
French River, Municipality of	2025
Front of Yonge, Township of	2025
Frontenac Islands, Township of	2025
Gananoque, Town of	2025
Gauthier, Township of	2025
Georgian Bluffs, Township of	2023
Gillies, Township of	2024
Goulais Local Service Board	2023
Greater Madawaska, Township of	2025
Greater Napanee, Township of	2025
Greater Sudbury, City of	2025
Grey Highlands, Municipality of	2023
Guelph, City of	2025

Eligible Community	Transition Year
Haldimand, County of	2024
Halton, Regional Municipality of	2025
Hamilton, City of	2025
Hanover, Town of	2025
Harley, Township of	2025
Hastings Highlands, Municipality of	2024
Hawkesbury Joint Recycling	2023
Head, Clara and Maria, Townships of	2025
Hearst	2025
Highlands East, Municipality of	2024
Hilliard, Township of	2025
Hilton Beach, Village of	2025
Horton, Township of	2025
Howick, Township of	2024
Hudson, Township of	2025
Huron Shores, Municipality of	2025
James, Township of	2025
Kapuskasing, Town of	2025
Kawartha Lakes, City of	2024
Kearney, Town of	2025
Kenora, City of	2023
Kerns, Township of	2025
Killaloe, Hagarty, and Richards, Township of	2025
Killarney, Municipality of	2025
Kingston, City of	2025
Kirkland Lake, Town of	2025
Laird, Township of	2025
Lanark Highlands, Township of	2025
Larder Lake, Township of	2025
Latchford, Town of	2025
Laurentian Hills, Town of	2025
Leeds and the Thousand Islands, Township of	2025
Limerick, Township of	2025
London, City of	2023
Loyalist, Township of	2025
Macdonald, Meredith & Aberdeen Additional, Township of	2025
Machar, Township of	2025
Madawaska Valley, Township of	2025
Magnetawan, Municipality of	2025
Malahide, Township of	2023
Marathon, Town of	2025
Matachewan, The Corporation of the Township of	2025
Mattice-Val Cote, Municipality of	2025
McDougall, Municipality of	2025

Eligible Community	Transition Year
McGarry, Township of	2025
McKellar, Township of	2025
McMurrich/Monteith, Township of	2025
McNab-Braeside, Township of	2023
Meaford, Municipality of	2023
Merrickville-Wolford, Village of	2023
Minden Hills, Township of	2024
Mississippi Mills, Town of	2023
Montague, Township of	2023
Muskoka, District Municipality of	2024
Nairn & Hyman, Township of	2025
Neebing, Municipality of	2024
Newbury, Village of	2023
Niagara, Regional Municipality of	2024
Nipissing, Township of	2025
Norfolk, County of	2024
North Bay, City of	2025
North Dundas, Township of	2025
North Frontenac, Township of	2025
North Glengarry, Township of	2025
North Grenville, Municipality of	2023
North Huron, Township of	2025
North Stormont, Township of	2025
Northeastern Manitoulin & Islands, Town of	2025
Northern Bruce Peninsula, Municipality of	2025
Northumberland, County of	2024
O'Connor, Township of	2024
Oliver Paipoonge, Municipality of	2024
Orillia, City of	2024
Ottawa Valley Waste Recovery Centre	2025
Ottawa, City of	2023
Owen Sound, City of	2023
Oxford, Restructured County of	2025
Papineau-Cameron, Township of	2025
Parry Sound, Town of	2025
Peel, Regional Municipality of	2024
Perry, Township of	2025
Perth, Town of	2025
Peterborough, City of	2024
Peterborough, County of	2024
Petrolia, Town of	2023
Plympton-Wyoming, Town of	2023
Powassan, Municipality of	2025
Prescott, Town of	2025

Eligible Community	Transition Year
Prince, Township of	2023
Quinte Waste Solutions	2025
Rainy River, Town of	2025
Red Lake, Municipality of	2023
Renfrew, Town of	2025
Rideau Lakes, Township of	2025
Russell, Township of	2025
Sables-Spanish Rivers, Township of	2025
Sarnia, City of	2023
Sault Ste. Marie, City of	2023
Seguin, Township of	2025
Shuniah, Municipality of	2024
Simcoe, County of	2024
Sioux Lookout, The Corporation of the Municipality of	2025
Sioux Narrows Nestor Falls, Township of	2023
Smiths Falls, Town of	2025
South Dundas, Township of	2025
South Frontenac, Township of	2025
South Glengarry, Township of	2025
South Stormont, Township of	2025
Southgate, Township of	2023
Southwest Middlesex, Municipality of	2023
Southwold, Township of	2023
Spanish, Town of	2025
St. Charles, Municipality of	2025
St. Clair, Township of	2023
St. Joseph, Township of	2025
St. Thomas, City of	2023
Stone Mills, Township of	2025
Stratford, City of	2024
Strong, Township of	2025
Sundridge, Village of	2025
Tarbutt & Tarbutt Additional, Township of	2025
Tay Valley, Township of	2025
Temiskaming Shores, City of	2025
Terrace Bay, Township of	2025
Thames Centre, Municipality of	2023
The Archipelago, Township of	2025
The Blue Mountains, Town of	2023
The Nation, Municipality	2023
Thunder Bay, City of	2024
Timmins, City of	2025
Toronto, City of	2023
Tri-Neighbours	2025

Eligible Community	Transition Year
Tudor & Cashel, Township of	2025
Waterloo, Regional Municipality of	2024
Wellington, County of	2025
West Elgin, Municipality of	2023
West Grey, Municipality of	2025
West Nipissing, Municipality of	2025
Westport, Village of	2025
Whitestone, Municipality of	2025
Whitewater Region, Township of	2025
Wollaston, Township of	2025
York, Regional Municipality of	2025

Draft
For consultation purposes only

Blue Box Transition Complementary Document: Map and Geographic Groupings

(This document is a draft – for consultation purposes only.)

The Ministry of the Environment, Conservation and Parks has proposed a producer responsibility regulation for the Blue Box Program.

The proposed regulation under the Resource Recovery and Circular Economy Act, 2016 would make producers responsible for the Blue Box Program, including meeting regulated outcomes for providing collection services to local communities, managing Blue Box materials, and achieving diversion targets to improve diversion, address plastic waste, and recover resources for use in the economy.

The draft regulation is currently posted for a 45-day consultation period on the province's Environmental and Regulatory Registries (<https://ero.ontario.ca/notice/019-2579>).

The Resource Productivity and Recovery Authority (RPRA) Datacall indicates that municipalities, unorganized territories and First Nations communities ran 249 local blue box programs in Ontario in 2018 under the Waste Diversion Transition Act, 2016.

The proposed regulation would transition existing blue box services to producer responsibility in three groups between 2023 and 2025 according to a Blue Box Transition Schedule referenced in the regulation.

The Blue Box Transition Schedule has been posted for consultation on the Environmental and Regulatory Registries (<https://ero.ontario.ca/notice/019-2579>).

This document is not the proposed Blue Box Transition Schedule.

This document is a complementary document developed to assist stakeholders in providing comments on the schedule by providing a map and listing of geographic groupings contained in each year of the proposed schedule.

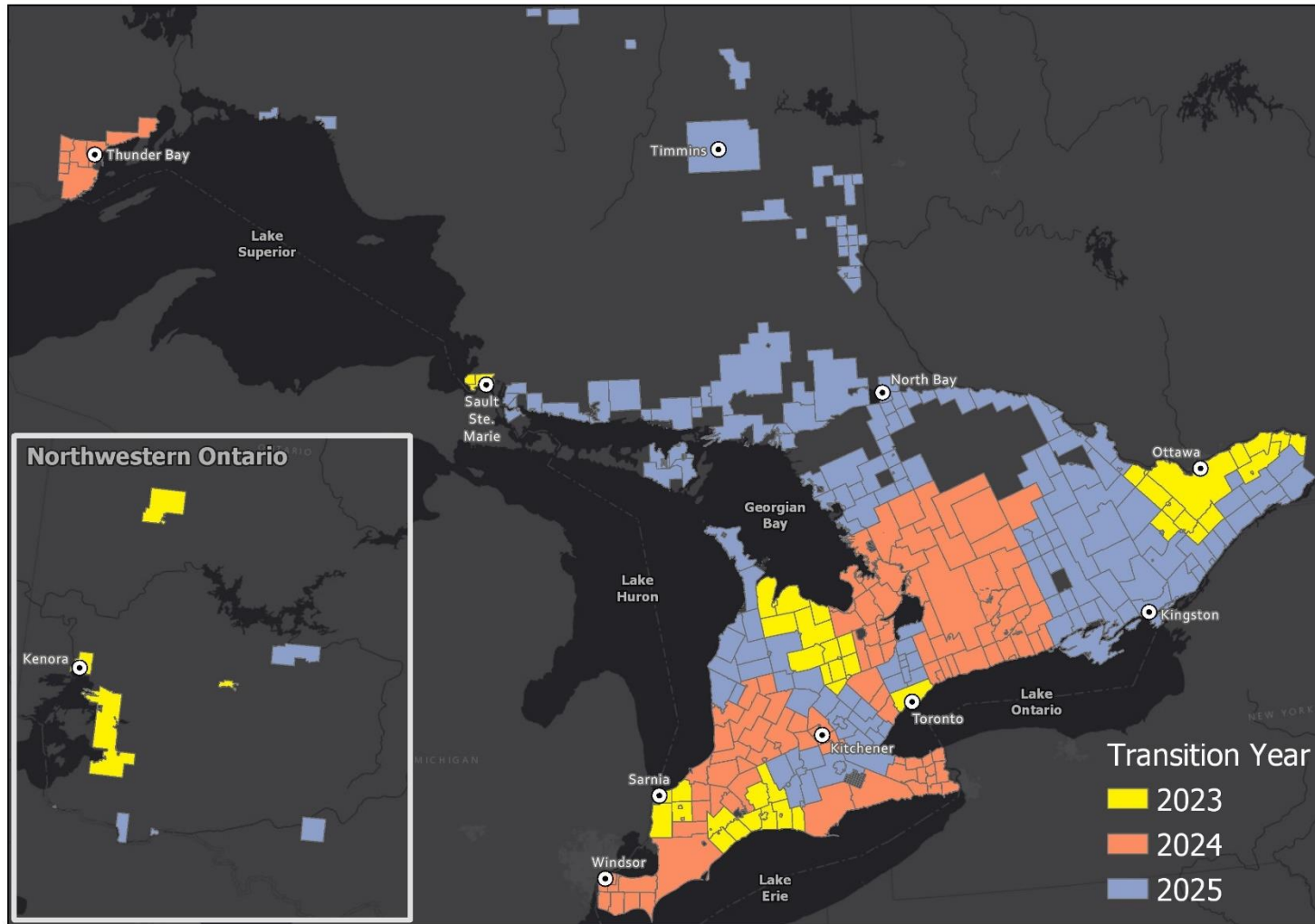
The Ministry will consult on the proposed transition groupings as it works to finalize the regulation, including the best way to determine the specific calendar date for each community's transition.

This will include engagement with First Nation communities to learn more about Blue Box Programs in their communities and assess their preferred dates for transition.

The Blue Box Transition Schedule will be updated when the regulation is finalized to include First Nation communities and identify a calendar date for the transition.

Blue Box Transition Complementary Document: Map

Blue Box Residential Recycling Program Lower / Single Tier Municipalities



**Blue Box Transition Complementary Document:
Proposed Geographic Groupings, By Year**

2023: CENTRAL

Eligible Community	Transition Year
Chatsworth, Township of	2023
Dufferin, County of	2023
Enniskillen, Township of	2023
Georgian Bluffs, Township of	2023
Grey Highlands, Municipality of	2023
Meaford, Municipality of	2023
Newbury, Village of	2023
Owen Sound, City of	2023
Southgate, Township of	2023
The Blue Mountains, Town of	2023

2023: LONDON AREA

Eligible Community	Transition Year
Aylmer, Town of	2023
Bayham, Municipality of	2023
Central Elgin, Municipality of	2023
Dutton-Dunwich, Municipality of	2023
London, City of	2023
Malahide, Township of	2023
Southwest Middlesex, Municipality of	2023
Southwold, Township of	2023
St. Thomas, City of	2023
Thames Centre, Municipality of	2023
West Elgin, Municipality of	2023

2023: NORTHWEST

Eligible Community	Transition Year
Dryden, City of	2023
Kenora, City of	2023
Red Lake, Municipality of	2023

2023: EAST

Eligible Community	Transition Year
Alfred and Plantagenet, Township of	2023
Arnprior, Town of	2023
Beckwith, Township of	2023
Carleton Place, Town of	2023

Draft
For consultation purposes only

Eligible Community	Transition Year
Casselman, Village of	2023
Clarence-Rockland, City of	2023
Drummond-North Elmsley, Township of	2023
Hawkesbury Joint Recycling	2023
McNab-Braeside, Township of	2023
Merrickville-Wolford, Village of	2023
Mississippi Mills, Town of	2023
Montague, Township of	2023
North Grenville, Municipality of	2023
Ottawa, City of	2023
The Nation, Municipality	2023

2023: SARNIA AREA

Eligible Community	Transition Year
Petrolia, Town of	2023
Plympton-Wyoming, Town of	2023
Sarnia, City of	2023
St. Clair, Township of	2023

2023: SAULT STE. MARIE AREA

Eligible Community	Transition Year
Goulais Local Service Board	2023
Prince, Township of	2023
Sault Ste. Marie, City of	2023
Sioux Narrows Nestor Falls, Township of	2023

2023: TORONTO

Eligible Community	Transition Year
Toronto, City of	2023

2024: CENTRAL

Eligible Community	Transition Year
Algonquin Highlands, Township of	2024
Barrie, City of	2024
Durham, Regional Municipality of	2024
Dysart et al, Township of	2024
Hastings Highlands, Municipality of	2024
Highlands East, Municipality of	2024
Kawartha Lakes, City of	2024
Minden Hills, Township of	2024
Muskoka, District Municipality of	2024
Northumberland, County of	2024

Draft
For consultation purposes only

Eligible Community	Transition Year
Orillia, City of	2024
Peel, Regional Municipality of	2024
Peterborough, City of	2024
Peterborough, County of	2024
Simcoe, County of	2024

2024: HALDIMAND, NIAGARA AND NORFOLK

Eligible Community	Transition Year
Haldimand, County of	2024
Niagara, Regional Municipality of	2024
Norfolk, County of	2024

2024: SOUTHWEST

Eligible Community	Transition Year
Bluewater Recycling Association	2024
Chatham-Kent, Municipality of	2024
Essex-Windsor Solid Waste Authority	2024
Howick, Township of	2024
Stratford, City of	2024

2024: THUNDER BAY AREA

Eligible Community	Transition Year
Conmee, Township of	2024
Gillies, Township of	2024
Neebing, Municipality of	2024
O'Connor, Township of	2024
Oliver Paipoonge, Municipality of	2024
Shuniah, Municipality of	2024
Thunder Bay, City of	2024

2024: WATERLOO

Eligible Community	Transition Year
Waterloo, Regional Municipality of	2024

2025: CENTRAL

Eligible Community	Transition Year
Ashfield-Colborne-Wawanosh, Township of	2025
Bruce Area Solid Waste Recycling	2025
Burk's Falls, Village of	2025
Guelph, City of	2025
Halton, Regional Municipality of	2025

Draft
 For consultation purposes only

Eligible Community	Transition Year
Hamilton, City of	2025
Hanover, Town of	2025
North Huron, Township of	2025
Northern Bruce Peninsula, Municipality of	2025
Sundridge, Village of	2025
Wellington, County of	2025
West Grey, Municipality of	2025

2025: EAST

Eligible Community	Transition Year
Addington Highlands, Township of	2025
Admaston/Bromley, Township of	2025
Athens, Township of	2025
Augusta, Township of	2025
Bancroft, Town of	2025
Bonnechere Valley, Township of	2025
Brockville, City of	2025
Brudenell, Lyndoch and Raglan, Township of	2025
Carlow Mayo, Township of	2025
Central Frontenac, Township of	2025
Cornwall, City of	2025
Deep River, Town of	2025
Deseronto, Town of	2025
Edwardsburgh Cardinal, Township of	2025
Elizabethtown-Kitley, Township of	2025
Faraday, Township of	2025
Front of Yonge, Township of	2025
Frontenac Islands, Township of	2025
Gananoque, Town of	2025
Greater Madawaska, Township of	2025
Greater Napanee, Township of	2025
Head, Clara and Maria, Townships of	2025
Horton, Township of	2025
Killaloe, Hagarty, and Richards, Township of	2025
Kingston, City of	2025
Lanark Highlands, Township of	2025
Laurentian Hills, Town of	2025
Leeds and the Thousand Islands, Township of	2025
Limerick, Township of	2025
Loyalist, Township of	2025
Madawaska Valley, Township of	2025
North Dundas, Township of	2025
North Frontenac, Township of	2025

Draft
 For consultation purposes only

Eligible Community	Transition Year
North Glengarry, Township of	2025
North Stormont, Township of	2025
Ottawa Valley Waste Recovery Centre	2025
Papineau-Cameron, Township of	2025
Perth, Town of	2025
Prescott, Town of	2025
Quinte Waste Solutions	2025
Renfrew, Town of	2025
Rideau Lakes, Township of	2025
Russell, Township of	2025
Smiths Falls, Town of	2025
South Dundas, Township of	2025
South Frontenac, Township of	2025
South Glengarry, Township of	2025
South Stormont, Township of	2025
Stone Mills, Township of	2025
Tay Valley, Township of	2025
Westport, Village of	2025
Whitewater Region, Township of	2025
Wollaston, Township of	2025

2025: NORTH, NEAR NORTH, AND PARRY SOUND

Eligible Community	Transition Year
Armour, Township of	2025
Armstrong, Township of	2025
Assiginack, Township of	2025
Baldwin, Township of	2025
Billings, Township of	2025
Blind River, Town of	2025
Bonfield, Township of	2025
Callander, Municipality of	2025
Calvin, Municipality of	2025
Carling, Township of	2025
Casey, Township of	2025
Central Manitoulin, Township of	2025
Charlton and Dack, Municipality of	2025
Chisholm, Township of	2025
Cobalt, Town of	2025
Cochrane, Corporation of the Town of	2025
Coleman, Township of	2025
East Ferris, Municipality of	2025
Elliot Lake, City of	2025
Englehart, Town of	2025

Draft
For consultation purposes only

Eligible Community	Transition Year
Espanola, Town of	2025
Evanturel, Township of	2025
French River, Municipality of	2025
Gauthier, Township of	2025
Greater Sudbury, City of	2025
Harley, Township of	2025
Hearst	2025
Hilliard, Township of	2025
Hilton Beach, Village of	2025
Hudson, Township of	2025
Huron Shores, Municipality of	2025
James, Township of	2025
Kapuskasing, Town of	2025
Kearney, Town of	2025
Kerns, Township of	2025
Killarney, Municipality of	2025
Kirkland Lake, Town of	2025
Laird, Township of	2025
Larder Lake, Township of	2025
Latchford, Town of	2025
Macdonald, Meredith & Aberdeen Additional, Township of	2025
Machar, Township of	2025
Magnetawan, Municipality of	2025
Marathon, Town of	2025
Matachewan, The Corporation of the Township of	2025
Mattice-Val Cote, Municipality of	2025
McDougall, Municipality of	2025
McGarry, Township of	2025
McKellar, Township of	2025
McMurrich/Monteith, Township of	2025
Nairn & Hyman, Township of	2025
Nipissing, Township of	2025
North Bay, City of	2025
Northeastern Manitoulin & Islands, Town of	2025
Parry Sound, Town of	2025
Perry, Township of	2025
Powassan, Municipality of	2025
Sables-Spanish Rivers, Township of	2025
Seguin, Township of	2025
Spanish, Town of	2025
St. Charles, Municipality of	2025
St. Joseph, Township of	2025
Strong, Township of	2025
Tarbutt & Tarbutt Additional, Township of	2025

Draft
 For consultation purposes only

Eligible Community	Transition Year
Temiskaming Shores, City of	2025
Terrace Bay, Township of	2025
The Archipelago, Township of	2025
Timmins, City of	2025
Tri-Neighbours	2025
Tudor & Cashel, Township of	2025
West Nipissing, Municipality of	2025
Whitestone, Municipality of	2025

2025: NORTHWEST

Eligible Community	Transition Year
Atikokan, Township of	2025
Emo, Township of	2025
Fort Frances, Town of	2025
Rainy River, Town of	2025
Sioux Lookout, The Corporation of the Municipality of	2025

2025: BRANT AND OXFORD

Eligible Community	Transition Year
Brant, County of	2025
Brantford, City of	2025
Oxford, Restructured County of	2025

2025: YORK

Eligible Community	Transition Year
York, Regional Municipality of	2025

Caution:

This consultation draft is intended to facilitate dialogue concerning its contents. Should the decision be made to proceed with the proposal, the content, structure, form and wording of the consultation draft are subject to change, and to editing and correction by the Office of Legislative Counsel. This draft is confidential and not to be shared.

CONSULTATION DRAFT

[Bilingual]

ONTARIO REGULATION

to be made under the

RESOURCE RECOVERY AND CIRCULAR ECONOMY ACT

BLUE BOX

Part I

INTERPRETATION

Definitions

1. In this Regulation,

“annual allocation table” means the annual allocation table created in accordance with Part III;
(French)

“alcoholic beverage container” means,

- (a) a regulated container within the meaning of Ontario Regulation 13/07 (Ontario Deposit Return Program) made under the *Liquor Control Act*, and
- (b) any packaging that is provided exclusively for the use of a container described in clause (a); **(French)**

“blue box material” has the meaning provided for in section 2; **(French)**

“blue box packaging” means,

- (a) primary packaging, convenience packaging, or transport packaging that is provided with a product,
- (b) ancillary products that are provided with or attached to another product to facilitate that use of the product, and
- (c) products such as disposable straws, cutlery or plates that are supplied with a food or beverage product, that facilitate the consumption of that food or beverage product,

and that are ordinarily disposed of after a single use, whether or not they could be reused; **(French)**

“blue box receptacle” means a container, bin, cart, bag or other receptacle that holds blue box material, and from which blue box material is collected; **(French)**

“Blue Box Transition Schedule” means the document entitled “Blue Box Transition Schedule” dated [XX], as amended from time to time, and available on the Registry; **(French)**

“compostable materials” means materials that are designed to be managed at end of life through composting, anaerobic digestion, or other processes that result in decomposition by bacteria or other living organisms; **(French)**

“consumer”, in respect of blue box material means,

- (a) an individual who obtains blue box material, other than a non-alcoholic beverage container, for personal, family or household purposes and does not include a person who obtains blue box material for business purposes; and
- (b) a person who is the end user of the beverage contained in a non-alcoholic beverage containers and includes a person who uses the beverage for personal, family, household, or business purposes; **(French)**

“eligible community” means,

- (a) a local municipality or local services board that is not located in the Far North, or
- (b) a reserve,
 - (i) that is not located in the Far North, and
 - (ii) that has registered with the Authority in accordance with section 48; (French)**

“eligible source” means any residence, facility, or public space; **(French)**

“facility” means,

- (a) a building that contains more than one dwelling unit but that is not a residence,
- (b) a long-term care home licensed under the *Long-Term Care Homes Act, 2007*,
- (c) a retirement home licensed under the *Retirement Homes Act, 2010*, or
- (d) a public school or private school under the *Education Act*; **(French)**

“Far North” has the same meaning as in the *Far North Act, 2010*; **(French)**

“flexible plastic” means any product or packaging made primarily from un moulded plastic, such as plastic bags, films, wraps, pouches, or laminates; **(French)**

“franchise” has the same meaning as in the *Arthur Wishart Act (Franchise Disclosure), 2000*; **(French)**

“franchisor” has the same meaning as in the *Arthur Wishart Act (Franchise Disclosure), 2000*; **(French)**

“local municipality” has the same meaning as in the *Municipal Act, 2001*; **(French)**

“management requirement” means the minimum amount of blue box material, determined under section 34, that a producer is required to manage; **(French)**

“marketplace facilitator” means a person who,

- (a) contracts with marketplace sellers to facilitate the supply of the marketplace seller’s products by,
 - (i) owning or operating an online marketplace or forum in which the marketplace seller’s products are listed or advertised for supply, or
 - (ii) transmitting or otherwise communicating the offer or acceptance between the marketplace seller and a buyer, and
- (b) provides for the physical distribution of a marketplace seller’s products to the consumer, such as by the storage, preparation, or shipping of products;

“marketplace seller” means a person who contracts with a marketplace facilitator to supply its products; **(French)**

“material category” means the following categories of blue box material, determined in accordance with the Verification and Audit Procedure:

1. Glass.
2. Flexible plastic.
3. Rigid plastic.
4. Metal.
5. Paper.
6. Compostable material.
- 7. Non-alcoholic beverage containers; (French)**

“municipality” has the same meaning as in the *Municipal Act, 2001*; **(French)**

“non-alcoholic beverage container” means a container that is not an alcoholic beverage container and that is,

- (a) marketed to contain a beverage product,
- (b) made from metal, glass, paper, or rigid plastic, or any combination of these materials, and
- (c) sealed by its manufacturer; **(French)**

“packaging-like product” means any product such as aluminum foil, metal trays, plastic film, plastic wrap, wrapping paper, paper bags, plastic bags, cardboard boxes, and envelopes that,

- (a) is used for the containment, protection, handling, delivery, presentation or transportation of products, and
- (b) is ordinarily disposed of after a single use, whether or not it could be reused; **(French)**

“paper” includes printed and unprinted paper, such as newspapers, magazines, promotional materials, directories, catalogues, and paper used for copying, writing, or any other general use, other than,

- (a) hard or soft cover books,
- (b) hardcover periodicals, and
- (c) any paper that, at the time it is supplied to a blue box consumer, is blue box packaging or a packaging-like product; **(French)**

“permanent establishment” has the meaning,

- (a) assigned by subsection 400 (2) of the *Income Tax Regulations (Canada)*, in the case of a corporation, or
- (b) assigned by subsection 2600 (2) of the *Income Tax Regulations (Canada)*, in the case of an individual; **(French)**

“processor” means a person who processes, for the purpose of resource recovery, blue box material that was supplied to a consumer in Ontario; **(French)**

“producer” means the producer determined in accordance with Part II; **(French)**

“producer’s blue box supply” means blue box material supplied to consumers in Ontario as required to be reported in the previous year pursuant to section 45; **(French)**

“producer responsibility organization” means a person retained by a producer for the purposes of carrying out one or more of the following producer responsibilities relating to blue box material but does not include a processor retained solely for the purposes of processing blue box material:

1. Arranging for the establishment or operation of a collection or management system.

2. Establishing or operating a collection or management system.

3. Preparing and submitting reports; (French)

“public space” means any land in any park, playground, or any outdoor area which is owned by, or made available by, a municipality, and that is located in a business improvement area designated under the *Municipal Act, 2001* or by a by-law made under the *City of Toronto Act, 2006*; **(French)**

“reserve” means a reserve within the meaning of the *Indian Act* (Canada); **(French)**

“residence” means,

- (a) a single-unit residential dwelling, including a seasonal residential dwelling, in an eligible community, or
- (b) a building that contains more than one dwelling unit but receives garbage collection at the same frequency as single-unit residential dwellings in an eligible community; **(French)**

“resident in Canada” means having a permanent establishment in Canada; **(French)**

“resident in Ontario” means having a permanent establishment in Ontario; **(French)**

“retailer” means a business that supplies to consumers; **(French)**

“rigid plastic” means product and packaging made primarily from moulded plastic, such as food and product containers; **(French)**

“supplemental collection system” means a collection system in which blue box material supplied to consumers in Ontario is collected, other than a collection system established and operated under Part IV or Part V; **(French)**

“supply” means the provision of a product in any manner and includes sale, transfer, barter, exchange, distribution, rental, lease, gift or disposition; **(French)**

“Verification and Audit Procedure” means the document entitled “Verification and Audit Procedure” published by the Authority and dated [XX], as amended from time to time, and available on the Registry. **(French)**

Blue box material

2. (1) Subject to subsection (2), “blue box material” means material that is primarily made from paper, glass, metal, flexible plastic, rigid plastic or compostable material that is,

- (a) blue box packaging,
- (b) paper, or
- (c) a packaging-like product.

(2) “ Blue box material” does not include the following materials:

1. A material included in another designated class under section 60 of the Act as a material other than blue box material.
2. A pharmaceutical or sharp in respect of which there are collection or disposal obligations prescribed under Ontario Regulation 298/12 (Collection of Pharmaceuticals and Sharps - Responsibilities of Producers) made under the *Environmental Protection Act*.
3. A material included in the Municipal Hazardous or Special Waste Program, if that program is in operation under the *Waste Diversion Transition Act, 2016*.
4. A product designed for the containment of waste.
5. A health, hygiene or safety product that, by virtue of its anticipated use, become unsafe or unsanitary to recycle.
6. Blue box packaging that cannot be easily separated from hazardous waste within the meaning of Regulation 347 of the *Revised Regulations of Ontario 1990 (General - Waste Management)* made under the *Environmental Protection Act*.
7. An alcoholic beverage container.
8. Blue box packaging, paper or a packaging-like product for which Brewers Retail Inc. or the Liquor Control Board of Ontario would be the producer if it were not for this paragraph.

(3) For the purposes of Parts III, IV V, VI, VIII and Part IX, blue box packaging, paper or packaging-like product that would, but for this subsection, be blue box material in the material category that is compostable material is not blue box material.

Designated material

3. For the purposes of section 60 of the Act, blue box material is a designated class of material.

PART II

DETERMINATION OF THE PRODUCER

Producer, blue box packaging

4. (1) Where blue box packaging for a product is supplied in Ontario to a consumer, the producer of that blue box packaging shall be determined in accordance with the following rules:

1. For the portion of the blue box packaging of a product that was added by a brand holder of the product, the producer is,

- i. the brand holder of the product, if the brand holder is resident in Canada,
 - ii. if there is no person described in subparagraph i, the importer of the product, if the importer is resident in Ontario, or
 - iii. if there is no person described in subparagraph i or ii, the retailer who supplied the product to the consumer.
2. For the portion of the blue box packaging of a product that was added by a person who imported the product into Ontario, the producer is,
 - i. the person who imported the product into Ontario, if that person is resident in Ontario, or
 - ii. if there is no person described in subparagraph i, the retailer who supplied the product to the consumer.
3. For any portion of the blue box packaging not described in paragraph 1 or 2, the producer is the retailer who supplied the product to the consumer.

(2) For the purposes of determining the producer in accordance with subsection (1), the following rules apply:

1. If there are two brand holders resident in Canada, the producer is the brand holder who is most closely connected to the production of the product.
2. Packaging added to a product includes packaging added at any stage of the production, distribution and supply of the product.
3. A person adds blue box packaging to a product if the person,
 - i. makes the blue box packaging available for use by another person who adds the packaging to the product,
 - ii. causes another person to add the blue box packaging to a product, or
 - iii. inserts a product into the blue box packaging or otherwise combines the product and the blue box packaging

Producer, paper and packaging-like products

5. (1) Where paper or packaging-like products are supplied in Ontario to a consumer, the person who is the producer of the paper or packaging-like products shall be determined in accordance with the following rules:

1. The producer is the brand holder of the paper or packaging-like product, if the brand holder is resident in Canada.
2. If there is no person described in paragraph 1, the producer is the importer of the paper or packaging-like product, if the importer is resident in Ontario.

3. If there is no person described in paragraph 1 or 2, the producer is the retailer who supplied the paper or packaging-like product to the consumer.

(2) For the purposes of determining the producer in accordance with subsection (1), if there is more than one brand holder resident in Canada, the producer is the brand holder most closely connected to the production of the paper or packaging-like product.

Franchises

6. Where a producer determined in accordance with section 4 or 5 is a business operated wholly or in part as a franchise, the producer is the franchisor, if that franchisor is resident in Canada.

Marketplace sellers

7. If a marketplace seller is a producer under subparagraph 1 iii or 2 ii of subsection 4 (1), paragraph 3 of subsection 4 (1), or paragraph 3 of subsection 5 (1), the marketplace facilitator that contracts with the marketplace seller shall be deemed to be the producer under those provisions, if the marketplace facilitator is resident in Canada.

Part III

ANNUAL ALLOCATION TABLE

Criteria for rule creators

8. (1) Persons who meet the criteria in subsection (2) and who register with the Authority in respect of this provision before July 31, 2021 shall create the rules that govern the creation of the annual allocation table in accordance with this Part.

(2) For the purposes of subsection (1), the person must either,

- (a) be a producer of an amount of blue box material supplied to consumers in Ontario that is equal to or greater than the amount published by the Authority in accordance with subsection (4), and have not entered into an agreement with a producer responsibility organization for which they are required to be registered in accordance with section 41, or
- (b) be a producer responsibility organization that has,
 - (i) entered into agreements that are required to be registered under section 41 with persons that combined are producers for an amount of blue box material supplied to consumers in Ontario that is equal to or greater than the amount published by the Authority in accordance with subsection (4), and
 - (ii) agreed to establish and operate a collection system that meets those producers' collection obligations under this Regulation.

(3) The Authority shall determine an amount that is 10 per cent of the total tonnage of blue box material supplied to consumers in Ontario by all producers, as reported by producers under section 40, as of April 2, 2021.

(4) The Authority shall publish the amount in subsection (3) on the Registry on or before April 8, 2021.

Creation of rules

9. The rules for the creation of the annual allocation table must,

- (a) identify the person or persons that will create the annual allocation table each year, or identify a procedure for identifying this person or persons;
- (b) set out how producers will be allocated residences, facilities or public spaces in the annual allocation table each year, including how the following factors will contribute to this allocation:
 - (i) ensuring that the estimated weight of blue box material that a producer is responsible for collecting from eligible sources is proportionate to the weight of blue box material supplied by the producer in the previous year,
 - (ii) the relative cost of establishing and operating collection systems in different regions of Ontario and in communities with different population levels,
 - (iii) the relative cost of providing curbside or depot collection for residences,
 - (iv) the relative cost of providing collection services for different kinds of facilities and public spaces,
 - (v) a person's registration of an alternative collection system for some of the material categories of the blue box material for which the person is a producer,
 - (vi) the producer responsibility organization that has agreed to establish and operate a collection system for the producer,
 - (vii) the producer's establishment and operation of a collection system for a residence, public space or facility in previous years,
 - (viii) how residences, public spaces and facilities will be allocated between producers during the 2023-2025 transition period;
- (c) subject to clause (d), ensure that every person who is a producer of blue box material in a year is assigned responsibility for one or more residences, public spaces or facilities in the annual allocation table in the following year;
- (d) ensure a person is not included in the annual allocation table for a given year if, in the previous year,

- (i) the person has registered the establishment and operation of an alternative collection system for every material category for which the person is a producer of an amount of blue box material in Ontario supplied to a consumer that exceeds the minimum amount set out in section 37 for the relevant material category, or
 - (ii) the amount of blue box material supplied to consumers in Ontario for which the person was a producer is less than the minimum amounts set out in section 37 for every material category;
- (e) ensure that every residence, public space and facility in a community is assigned a producer that is responsible for the collection of their blue box material,
 - (f) ensure that the annual allocation table for a year is submitted to the Authority by July 1 of the preceding year, so that the Authority can post it on the Registry,
 - (g) provide for any circumstances in which in year adjustments must be made to the annual allocation table and the procedures for these adjustments, including when they would be effective; and
 - (h) include procedures for the amendment of the rules for the creation of the annual allocation table, including the required approval from the persons specified in subsection 11 (2).

Conditions for application

10. The rules for the creation of the annual allocation table, if they are made by the persons specified in section 8, apply only if,

- (a) they are submitted to the Registry; and
- (b) every person who registered with the Authority under section 8 registers their agreement with the rules.

Amendment

11. (1) Rules made in accordance with section 9 may be amended at any time by the persons specified in subsection (2), in accordance with the amendment procedures made under clause 9 (h).

(2) The persons who may amend the rules are,

- (a) any producer responsibility organization who registered with the Authority to provide collection services in accordance with paragraph 3 of subsection 41 (3); and
- (b) persons who are producers of an amount of blue box material in a material category that exceeds the minimum amounts set out in section 37 for that material category in the previous reporting period and who do not have a contract with a producer responsibility organization for collection services.

(3) Unless the persons referred to in subsection (2) specify a later date, amendments to the rules for the creation of the annual allocation table made by the persons referred to in subsection (2) apply when the amendments to the rules are published on the Registry.

Where Minister creates rules

12. (1) If the persons referred to in section 8 have not made the rules for the annual allocation table, the Minister may make the rules for the creation of the annual allocation table.

(2) If the Minister is of the view that the rules for the creation of the annual allocation table must apply by a certain date in order for collection under Part V to commence on January 1, 2023 and for the first annual allocation table to be submitted by the date in subsection 13 (2), and the persons referred to in section 8 have not made the rules apply by that date, the Minister shall make the rules for the creation of the annual allocation table.

(3) The Minister may make the rules for the creation of the annual allocation table and substitute them for some or all of the rules made by the persons referred to in section 8 and that apply in accordance with section 10.

(4) If the Minister creates the rules for the creation of the annual allocation table under subsection (1), (2) or (3),

- (a) the persons referred to in section 8 may not amend the rules for the creation of the annual allocation table that the Minister made, and
- (b) the Minister may amend the rules for the creation of the annual allocation table that the Minister made at any time.

(5) Unless the Minister specifies a later date, the rules for the creation of the annual allocation table made by the Minister apply when the rules are published on the Registry.

(6) Unless the Minister specifies a later date, amendments to the rules for the creation of the annual allocation table made by the Minister apply when the amendments to the rules are published on the Registry

Annual application

13. (1) Where rules are in place for the creation of the annual allocation table, an annual allocation table shall be created every year in accordance with those rules.

(2) The first annual allocation table must be submitted to the Registry by March 31, 2022.

(3) Each subsequent annual allocation table must be submitted to the Registry each year by March 31 of the applicable year.

(4) Amendments to an annual allocation table must be submitted to the Registry promptly.

Publication, rules

14. (1) The Authority shall make any rules made under this Part available on the Registry.

(2) The Authority shall make amendments to rules available on the Registry promptly.

Publication, annual allocation table

15. (1) Every year, the Authority shall make the annual allocation table available on the Registry.

(2) If amendments to an annual allocation table are submitted on the Registry, the Authority shall make the amended annual allocation table available on the Registry.

Part IV

COLLECTION UNDER ANNUAL ALLOCATION TABLE

Joint and several liability

16. A producer responsibility organization that is required to register for collection services in accordance with section 41 in respect of a producer is jointly and severally liable for the following collection requirements in this Regulation with that producer:

1. Section 17.
2. Section 18.
3. Section 19.
4. Section 20.
5. Section 21.
6. Section 22.
7. Section 23.
8. Section 24.
9. Section 25.

Duty to collect

17. Every producer who has been assigned collection responsibilities for residences, public spaces and facilities in the annual allocation table shall establish and operate a collection system for those residences, public spaces and facilities in accordance with this Part.

Curbside collection

18. A producer shall provide curbside collection of blue box material to the residences that are assigned to the producer under the annual allocation table that receive curbside garbage collection from a municipality, local services board or reserve.

Depot or curbside collection

19. A producer may provide either depot or curbside collection of blue box material to residences assigned to the producer under the annual allocation table that are not required to be provided curbside collection under section 18.

Obligations for curbside collection

20. A producer who provides curbside collection shall,

- (a) collect blue box material at least every other week;
- (b) collect in a single day all blue box material set out for curbside collection at an eligible source; and
- (c) provide blue box receptacles for the storage of blue box material until it is collected, including,
 - (i) ensuring that each residence has a blue box receptable before the day on which the producer commences collecting from that residence, and
 - (ii) providing at least one replacement blue box receptable each year, to any residence, upon request of a person residing at the residence, provided within one week of the request.

Obligations for depot collection

21. A producer who provides depot collection in a municipality, local services board or reserve shall,

- (a) provide at least as many depots for the collection of blue box material as there are depots for household garbage in that municipality, local services board or reserve;
- (b) ensure the depots for the collection of blue box material have operating hours that are at least as accessible as the hours for depots for household garbage in that municipality, local services board or reserve;
- (c) collect the blue box material from the depot before the blue box receptacles at the depot are full; and
- (d) provide blue box receptacles for the storage of blue box material until it is collected, including,
 - (i) ensuring that each depot has a blue box receptable before the day on which the producer commences operating the depot, and
 - (ii) providing at least one replacement blue box receptable each year, upon request by an operator of a depot, within one week of the request.

Facilities

22. A producer shall collect blue box material from every facility that is assigned to the producer in the annual allocation table.

Obligations for facilities

23. A producer who collects blue box materials from facilities shall,

- (a) provide blue box receptacles as required for the storage of blue box material at the facility until it is collected, including,
 - (i) ensuring that each facility has the number of blue box receptacles it requires for the collection of blue box material before the day on which the producer commences collecting from the facility, and
 - (ii) providing any replacement blue box receptacles requested by the owner or operator of the facility, within one week of the request;
- (b) provide receptacles that are appropriate for the facility; and
- (c) collect blue box material from the eligible facility before the blue box collection receptacles are full.

Collection for public spaces

24. A producer shall collect blue box material from every public space that is assigned to the producer in the annual allocation table, but only where an eligible community provides garbage collection at the public space.

Obligations for public spaces

25. A producer who collects blue box materials from public spaces shall,

- (a) ensure that blue box receptacles for the storage of blue box material are placed next to every receptacle for garbage at the public space;
- (b) provide for the collection of blue box material which is in a blue box receptacle located next to a receptacle for garbage;
- (c) provide blue box receptacles for the storage of blue box material until it is collected, including,
 - (i) ensuring that each public space has a receptacle before the day on which the producer commences collecting from the public space,
 - (ii) providing any replacement receptacles requested by the eligible community, within one week of the request, and
 - (iii) providing receptacles that are appropriate for the public space;

- (d) collect blue box material from the public space before the blue box receptacles are full; and
- (e) where the public space is a park or playground,
 - (i) collect blue box material throughout the year, and
 - (ii) locate receptacles at entry or exit points, and other areas where persons congregate

Reserves

26. A producer is not required to provide collection services in respect of eligible sources in an eligible community that is a reserve, until that reserve has registered its acceptance of the offer of collection services in accordance with section 49.

Part V

ALTERNATIVE COLLECTION SYSTEM

Producers and alternative collection system

27. This Part applies with respect to producers who register the establishment and operation of an alternative collection system for one or more material categories for which they are a producer of an amount of blue box material in a material category that exceeds the minimum amounts set out in section 37 for the relevant material category.

Registration

28. On or after January 1, 2023, a producer may register its establishment and operation of an alternative collection system for a material category in accordance with section 40, if, immediately before registration,

- (a) the alternative collection system enabled the producer to collect the blue box material that it supplied to consumers in Ontario;
- (b) the alternative collection system would enable the producer to meet its management obligations under Part VI for a material category using only blue box material described in clause (a); and
- (c) any collection sites such as depots or return-to-retail locations included in the alternative collection system were,
 - (i) located in every eligible community where the blue box material in respect of which it is a producer is supplied,
 - (ii) operated year-round, and
 - (iii) open during normal business hours.

Depot requirements

29. A producer who has registered an alternative collection system for a material category that includes collection sites such as depots or return-to-retail locations, shall, during every year that the registration applies, ensure that the collection sites are,

- (a) located in every eligible community where the blue box material in respect of which the person is a producer is supplied;
- (b) operated year-round; and
- (c) open during normal business hours.

Revocation of registration

30. A producer's registration of an alternative collection system for a material category is revoked if, twice in a three-year period, the producer does not meet its management obligation under Part VI for that material category using only blue box material collected through the alternative collection system for which it is registered.

Multiple producers

31. For greater certainty, more than one producer may share in the establishment and operation of an alternative collection system.

PART VI

MANAGEMENT

Producer obligation

32. Every producer shall establish and operate a system for managing blue box material in accordance with this Part.

Accounting and reporting

33. Each year, beginning in 2026, the producer shall account for, and report on, a weight of recovered resources for each material category that equals or exceeds the producer's management requirement for that material category.

How blue box material managed

34. (1) . The producer shall determine its management requirement for a material category using the formula,

Management Requirement = (A- B) x C x D

Where,

“A” is the weight of a producer’s blue box supply for a material category, in tonnes, reported in the previous year under section 45;

“B” is the weight of recycled content in the producer’s blue box supply for a material category, reported in the previous year under section 45, subject to the requirements in section 35, in tonnes;

“C” is the recovery percentage for the previous year for a material category, set out in the Table to section 37, in a percentage;

“D” is the redistribution factor for the previous year, calculated and published on the Registry by the Authority in accordance with section 38.

(2) Despite subsection (1), a producer does not have a management requirement for a material category for a year if the weight of a producer’s blue box supply for a material category, in tonnes, reported in the previous year under section 45 is less than the minimum amount for that material category set out in the Table to section 37.

Recovered resources

35. (1) A producer may only account for, and report on, recovered resources in accordance with this section.

(2) A producer may only report recovered resources that satisfy subsection (3), and

(a) that the producer recovered, if the producer is a registered processor, or

(b) that a registered processor, other than the producer, recovered, if that registered processor either,

(i) reported the recovered resources on the Registry in the name of the producer, or

(ii) reported the recovered resource on the Registry in the name of a producer responsibility organization that entered into an agreement with the producer and which the producer responsibility organization then allocated between the producers who have contracts with the producer responsibility organization.

(3) The requirements referred to in subsection (2) are the following:

1. The recovered resources must be,

i. marketed for re-use for their original purpose or function, or

ii. marketed for use in new products or packaging.

2. The weight of the recovered resources may only be counted one time by the producer and must not be counted by more than one producer.
3. The recovered resources must be recovered from blue box materials supplied to consumers in Ontario.
4. The recovered resources must have been processed within three months of the registered processor who reported the recovered resources receiving the Blue Box material from which they were recovered.

(4) Recovered resources that meet any of the following conditions shall not be accounted for, or reported on, in respect of a producer's management requirement for a material category:

1. The recovered resources are supplied for use in a product that is land cover, unless the land cover is,
 - i. aggregate and the recovered resources in the aggregate do not account for more than 15 per cent of the producer's management requirement for any material category, or
 - ii. a product that supports soil health or crop growth that is,
 - A. created through the combination of the recovered resources with organic matter, and
 - B. the recovered resources used for the product are recovered from paper.
2. The recovered resources are supplied for use in a product that is fuel or a fuel supplement.
3. The recovered resources are supplied to an incinerator for use in incineration.
4. The recovered resources are land filled or land disposed by the processor, producer or the producer responsibility organization.

Weight requirements

36. The requirements for calculating the weight of recycled content referred to in section 34 are as follows:

1. The weight of a producer's recycled content for a material category may not exceed 50 percent of the weight of the producer's blue box supply in a material category.
2. Only recycled content derived from blue box materials managed in accordance with this Regulation during the previous year may be counted.
3. The weight of recycled content must be verified in accordance with the Verification and Audit Procedure.

Minimum requirements

37. The minimum amount and recovery percentages for the purposes of section 34 are set out in the following Table:

TABLE

Recoverable Material	Minimum (in tonnes)	Recovery percentage 2026 -2029 (expressed as a percentage)	Recovery percentage 2030 onwards (expressed as a percentage)
Paper	9	90	90
Rigid Plastic	2	55	60
Flexible Plastic	2	30	40
Glass	1	75	85
Metal	1	67	75
Non-Alcoholic Beverage Containers	1	75	80

Redistribution factor

38. (1) The Authority shall calculate the redistribution factor for each material category using the formula,

$$E / (E-F)$$

Where

“E” is the sum of all producers’ blue box supply reported in the previous year for a material category, in tonnes; and

“F” is the sum of the recycled content of all producers’ blue box supply reported in the previous year for that material category, in tonnes.

(2) The Authority shall publish on the Registry its calculation of the redistribution factor for every material category by June 1 of the year the information was reported.

PART VII

REGISTRATION, REPORTING, AUDITING, AND RECORD KEEPING

Verification and Audit Procedure

39. A person who is required to register or report under this Part shall do so in accordance with the Verification and Audit Procedure.

Registration, producers

40. (1) Every person who is a producer of blue box material supplied to consumers in Ontario on or before April 1, 2021 shall register with the Authority, through the Registry, by submitting the information set out in subsection (3) on or before that date.

(2) If a person becomes a producer of blue box material supplied to consumers in Ontario after April 1, 2021, that person shall register with the Authority, through the Registry, by submitting the information set out in in subsection (3), within 30 days of first becoming a producer.

(3) The information referred to in subsections (1) and (2) is the following:

1. The producer's name and contact information and any unique identifier assigned by the Registrar.
2. The name, contact information and any unique identifier assigned by the Registrar of any producer responsibility organizations retained by the producer, as well as,
 - i. a list of collection services provided by the producer responsibility organization under Part IV,
 - ii. a list of promotion and education services provided by the producer responsibility organization under Part VIII, and
 - iii. a list of any other services provided by the producer responsibility organization to the producer.
3. The name and contact information of an employee of the producer who has authority to bind the producer and who is responsible for ensuring the registration is complete and up to date.
4. If the producer is operating an alternative collection system that satisfies Part V in respect of any material category of blue box material, a description of the alternative collection system, including reference to each material category of blue box material collected in the alternative collection system.
5. If the producer is operating a supplemental collection system, a description of the supplemental collection system.
6. The material categories contained in the producer's blue box material.
7. For producers to whom subsection (1) applies,
 - i. the weight of the producer's blue box material supplied to consumers in Ontario in the previous year,
 - ii. the weight of each material category in the producer's blue box material supplied to consumers in Ontario in the previous year, and

- iii. the weight, if any, of recycled content contained in each material category in the producer's blue box material supplied to consumers in Ontario in the previous year.

Registration, producer responsibility organizations

41. (1) A producer responsibility organization that has been retained by a producer on or before June 15, 2021 shall register with the Authority, through the Registry, by submitting the information set out in subsection (3) on or before July 1, 2021.

(2) A producer responsibility organization that is first retained by a producer after June 15, 2021, shall register with the Authority, through the Registry, by submitting the information set out in subsection (3) within 30 days of being retained.

(3) The information referred to in subsections (1) and (2) is the following:

1. The producer responsibility organization's name, contact information and any unique identifier assigned by the Registrar.
2. The name, contact information and any unique identifier assigned by the Registrar each producer who has retained the producer responsibility organization.
3. A list of all collection services under Part IV.
4. A list of services the producer responsibility organization is retained to provide for each producer,
 - i. in respect of Part V,
 - ii. in respect of Part VIII, and
 - iii. in respect of any other Part.
5. The material categories of blue box material in respect of which the producer responsibility organization provides services for each producer.
6. The name and contact information of an employee of the producer responsibility organization who has authority to bind the corporation or entity and who is responsible for ensuring the registration is complete and up to date.

(4) The producer responsibility organization shall submit updated information within 15 days of any change to the information required under this section.

Registration, rule creators

42. (1) Every person who registers in respect of section 8 shall submit information demonstrating its compliance with the criteria set out in subsection 8 (2) on or before July 31, 2021.

(2) For greater certainty, a person who has registered in accordance this section may de-register prior to the rules being submitted in accordance with section 9.

Registration, blue box processors

43. (1) Every person who registers in respect of section 44 shall submit the information demonstrating its compliance with the criteria set out in subsection 44 (2).

(2) For greater certainty, a person who has registered in accordance with this section may de-register at any time.

Information, blue box processors

44. (1) Every processor shall register with the Authority, through the Registry, by submitting the information set out in subsection (2),

- (a) on or before April 1, 2022, if the processor processed blue box material supplied to consumers in Ontario before January 1, 2021, or
- (b) on or before January 31 of the calendar year immediately following the year in which the processor first processed blue box material supplied to consumers in Ontario, if the processor was not required to register under clause (a).

(2) The information referred to in subsection (1) is the following:

1. The name and contact information and any unique identifier assigned by the Registrar of the processor.
2. The name and contact information of an employee of the processor who has authority to bind the processor, and who is responsible for ensuring the registration is complete and up to date.
3. Each material category of blue box material supplied to consumers in Ontario the person processes, the location of each site where the person receives and processes this material and the types of recovered resources that result from the processing.
4. The producers and producer responsibility organizations that have contracts with the processor to process blue box materials supplied to consumers in Ontario.

(3) The processor shall submit updated information within 15 days of any change to the information required under this section.

Annual report, producers

45. (1) On or before April 30 of each year, beginning in 2024, every producer who is required to register under section 40 shall submit an annual report to the Authority, through the Registry, that contains the following information with respect to the previous calendar year:

1. The weight of blue box material supplied to consumers in Ontario in the previous year for which the person was a producer.
2. The weight of each material category in the blue box material reported under paragraph 1.
3. The weight of recycled content contained in each material category reported under paragraph 2.
4. A description of the actions taken by the producer in the previous year to fulfil their responsibilities relating to the requirements set out under Part IV, Part V, Part VI and Part VIII.
5. A description of the actions undertaken by producer responsibility organizations, on behalf of the producer, to fulfil their responsibilities relating to the requirements set out under Part IV, Part V, Part VI and Part VIII.
6. The following weights in respect of blue box material supplied to consumers in Ontario, with amounts in respect of blue box material collected under Part IV and Part V and pursuant to a supplemental collection system reported separately:
 - i. The total weight of recovered resources from each material category that was allocated by a producer responsibility organization to the producer, in accordance with section 35.
 - ii. The weight of recovered resources for each material category that was reported under subparagraph i that was,
 - A. marketed for re-use for their original purpose or function in accordance with subparagraph 1 i of subsection 35 (3), excluding recovered resources referred to in subsection 35 (4), or
 - B. marketed for use in new products or packaging in accordance with subparagraph 1 ii of subsection 35 (3), excluding recovered resources referred to in subsection 35 (4).
7. The following weights in respect of blue box material supplied to consumers in Ontario, allocated between each producer to whom a producer responsibility organized is providing services, with the weights in respect of Part VI, and weights in respect of Blue box material collected under Part IV, reported separately:
 - i. The weight of recovered resource for each material category that was,
 - A. used in a product that is land cover, unless the land cover is,
 1. Aggregate and the recovered resources in the aggregate do not account for more than 15 per cent of the producer's management requirement for any material category, or

2. a product that supports soil health or crop growth that is created through the combination of the recovered resources with organic matter, and the recovered resources used for the product are recovered from paper,
 - ii. used in a product that is fuel or a fuel supplement,
 - iii. supplied to an incinerator for use in incineration, and
 - iv. landfilled or land disposed by the processor.

(2) The only requirement in this section that applies in respect of blue box material that is in the material category of compostable material is the requirement pursuant to paragraph 2 of subsection (1).

Annual report, producer responsibility organizations

46. (1) On or before April 30 in each year, beginning in 2024, every producer responsibility organization that is required to register under section 41 shall submit an annual report to the Authority, through the Registry, that contains the following information with respect to the previous year:

1. A description of collection services arranged, established or operated on behalf of each producer that retained the producer responsibility organization, including,
 - i. the producer's name, contact information and any unique identifier assigned by the Registrar,
 - ii. if the producer responsibility organization provided collection services to pursuant to Part IV,
 - A. the weight of blue box material collected by the producer responsibility organization on behalf of the producer, and
 - B. the eligible sources allocated to a producer for which the producer responsibility organization provided collection services,
 - iii. if the producer responsibility organization provided collection services on behalf of a producer in respect of an alternative collection system,
 - A. the weight of blue box material by material category collected by the producer responsibility organization on behalf of the producer,
 - B. the location and business hours of all collection sites in the alternative collection system, and
 - C. a description of all methods of collection in the alternative collection system,

- iv. if the producer responsibility organized provided a supplemental collection system on behalf of a producer, a description of the supplemental collection system.
2. A description of the management services, arranged, established or operated on behalf of each producer that retained the producer responsibility organization, including
- i. a list of every processor that the producer responsibility organization retained to process blue box material supplied to consumers in Ontario,
 - ii. any unique identifier assigned by the Registrar to each processor referred to in subparagraph i, and
 - iii. the weight of recovered resources recovered by each processor referred to in subparagraph i from blue box materials supplied to consumers in Ontario,
 - iv. The following weights in respect of blue box material supplied to consumers in Ontario, allocated between each producer to whom producer responsibility organized is providing services in respect of Part VI, with the weights in respect of blue box material collected under Part IV, Part V, and through a supplemental collection system, reported separately.
 - A. The total weight of recovered resources from each material category
 - B. The weight of recovered resources for each material category that was reported under sub-subparagraph A that was,
 - 1. marketed for re-use for their original purpose or function in accordance with subparagraph 1 i of subsection 35 (3), excluding recovered resources referred to in subsection 35 (4), or
 - 2. marketed for use in new products or packaging in accordance with subparagraph 1 ii of subsection 35 (3), excluding recovered resources referred to in subsection 35 (4),
 - v. In respect of blue box material supplied to consumers in Ontario, allocated between each producer to whom producer responsibility organized is providing services in respect of Part VI, with the weights in respect of blue box material collected under Part IV and Part V, the weight of recovered resource for each material category reported separately, that was,
 - A. used in a product that is land cover, unless the land cover is,

1. aggregate and the recovered resources in the aggregate do not account for more than 15 per cent of the producer's management requirement for any material category, or
2. a product that supports soil health or crop growth that is created through the combination of the recovered resources with organic matter, and the recovered resources used for the product are recovered from paper,
 - B. used in a product that is fuel or a fuel supplement, and supplied to an incinerator for use in incineration, or
 - C. landfilled or land disposed by the processor

(2) For greater clarity, a producer responsibility organization does not have a reporting requirement in respect of blue box material that is in the material category that is compostable materials.

Reports, processors

47. (1) On or before April 30 every year starting 2024, every processor who is required to register under section 43 shall submit an annual report to the Authority, through the Registry, that contains the following information with respect to the previous calendar year:

1. The following weights, with amounts in respect of blue box material received from collection systems operating under Part IV, Part V and a supplemental collection system reported separately:
 - i. blue box material supplied to consumers in Ontario received by the processor,
 - ii. blue box material supplied to consumers in Ontario processed by the processor,
 - iii. recovered resources recovered from blue box material supplied to consumers in Ontario processed by the processor,
 - iv. recovered resources referred to in subparagraph iii that was recovered from each material category,
 - v. recovered resources from each material category reported in subparagraph iv that the processor is reporting in respect of blue box material for which the processor was the producer
 - vi. recovered resources from each material category reported in subparagraph iv that the processor is reporting pursuant to a contract with a producer and the identification number of that producer assigned by the Registrar,
 - vii. recovered resources from each material category reported in subparagraph iv that the processor is reporting pursuant to a contract with a producer

responsibility organization and the identification number of the producer responsibility organization assigned by the Registrar

- viii. recovered resources for each material category that was reported under subparagraph v, vi or vii that were,
 - A. marketed for re-use for their original purpose or function in accordance with subparagraph 1 i of subsection 35 (3), excluding recovered resources referred to in subsection 35 (4), or
 - B. marketed for use in new products or packaging in accordance with subparagraph 1 ii of subsection 35 (3), excluding recovered resources referred to in subsection 35 (4).
2. The following weights, with amounts in respect of blue box material received from collection systems operating under Part IV and Part V, reported separately:
 - i. The weight of recovered resource for each material category that was
 - A. used in a product that is land cover, unless the land cover is,
 1. aggregate and the recovered resources in the aggregate do not account for more than 15 per cent of the producer's management requirement for any material category, or
 2. a product that supports soil health or crop growth that is created through the combination of the recovered resources with organic matter, and the recovered resources used for the product are recovered from paper.
 - B. used in a product that is fuel or a fuel supplement,
 - C. supplied to an incinerator for use in incineration, and
 - D. landfilled or land disposed by the processor.
 3. If the processor is part of a producer's management system, the name, contact information and any unique identifier assigned by the Registrar of,
 - i. the producer, and
 - ii. any producer responsibility organization retained by the producer.

(2) For greater clarity, a processor does not have a reporting requirement in respect of blue box material that is in the material category that is compostable materials.

Registration, local municipalities, local service boards

48. (1) Eligible communities that are local municipalities and local service boards that are included in the Blue Box Transition Schedule shall register with the Authority, through the

Registry, by submitting the following information, on or before April 15, 2021 about the municipality or local services board:

1. Number of residents.
2. A list of residences, including the number and location of each residence, that,
 - i. receive curbside garbage collection, or
 - ii. are serviced by depot garbage collection.
3. A list of depots at which garbage is currently collected, including location.
4. A list of public spaces at which garbage is currently collected, including location.
5. If blue box or waste collection services are delivered in partnership with another municipality, local services board or reserve, details about how the services are provided.
6. A contact person responsible for waste management and that person's mailing address.
7. Information required for a producer to determine the service standards for the blue box program operated in that municipality or local services board, as of August 15, 2019, in accordance with section 62.

(2) An eligible community that is a local municipality or local services board that is not listed in the Transition Schedule shall submit the information in subsection (1), other than the information in paragraph 7, on or before December 31, 2023.

(3) An eligible community that is a local municipality or local services board shall update their registration under section 15 within 30 days of,

- (a) ceasing to provide curbside garbage collection to any residence;
- (b) changing the method of garbage collection for a residence; or
- (c) a new residence becoming occupied.

Registration, reserves

49. (1) An eligible community that is a reserve may register with the Authority, through the Registry, by submitting the following information in respect of the reserve:

1. The number of residents.
2. A list of residences, including the number and location of each residence, that,
 - i. receive curbside garbage collection, or

ii. are serviced by depot garbage collection.

3. A list of depots at which garbage is currently collected, including location.
4. A list of public spaces at which garbage is currently collection, including location.
5. If blue box or waste collection services are delivered in partnership with another municipality, local services board or reserve, details about how the services are provided.
6. A contact person responsible for waste management and that person's mailing address
7. A list of languages that communications in respect of waste collection is currently being provided in.
8. Information required for a producer to determine the service standards for the blue box program operated in that reserve, as of August 15, 2019, in accordance with section 62, if that reserve is on the Blue Box Transition Schedule.

(2) A reserve that registered under subsection (1) shall update its registration within 30 days of,

- (a) ceasing to provide curbside garbage collection to any eligible residence;
- (b) changing the method of garbage collection for an eligible residence; or
- (c) new residences becoming occupied.

(3) The producers or producer responsibility organization that is assigned eligible sources in a reserve that has registered under subsection (1) in the first year that that reserve is included in the annual allocation table shall provide an offer of collection services under Part IV to that reserve,

- (a) no less than nine months before the date the reserve is eligible to receive collection services under the Blue Box Transition Schedule, if the reserve is on the Blue Box Transition Schedule and registered on or before April 15, 2021;
- (b) on or before April 1, 2025, if clause (a) does not apply and the reserve registered on or before December 31, 2024; or
- (c) within nine months of registration under subsection (1), if the reserve registered after December 31, 2024.

(4) A reserve that receives an offer under subsection (3) may register its acceptance of this offer with the Authority, through the Registry, by submitting information that,

- (a) identifies the producer or producer responsibility organization that made the offer; and

- (b) provides written consent from the Band Council or another authorized decision-making authority that the residents on reserve will allow a producer or a producer responsibility organization to collect blue box materials from all eligible sources on the reserve in accordance with this regulation.

(5) For greater certainty, a reserve may revoke its acceptance of the offer with the Authority, through the Registry.

Registration, facilities

50. (1) A facility that is not eligible to receive collection services during the transition period pursuant to clause 62 (2) (f) shall register with the Authority to receive collection services under Part IV.

(2) Registration under this Part constitutes consent by the facility for a producer or its producer responsibility organization to collect blue box material from the facility.

(3) For greater certainty, a facility that has registered with the Authority may revoke its registration with the Authority, on the Registry.

Brewers Retail Inc. and the LCBO

51. (1) Brewers Retail Inc. and the Liquor Control Board of Ontario shall each prepare and submit a report, on or before April 30 of each year that contains the following information:

1. The amount of alcohol beverage containers the Brewers Retail Inc. and the Liquor Control Board of Ontario supplied and diverted in the previous year.
2. The amount of materials that would be blue box material in a material category, but for the exemption in paragraph 8 of subsection 2 (2), for which Brewers Retail Inc. or the Liquor Control Board of Ontario are the producer, that were supplied and diverted in the previous year.
3. A description of how the materials in described in paragraphs 1 and 2 were diverted.

(2) In addition to the information described in subsection (1), the annual report prepared by Brewers Retail Inc. shall contain the following information:

1. A list of all brewers participating in its container return program in the previous year.
2. A list of addresses of the return locations that operated in the previous year.
3. An analysis as to whether the weight of recovered resources that Brewers Retail Inc. caused to be recovered from alcohol beverage containers would equal or exceed 85 per cent of the of the weight of alcohol beverage containers supplied by Brewers Retail Inc.
4. An analysis as to whether the weight of recovered resources for any glass, flexible plastic, rigid plastic, metal, paper, compostable material, or non-alcoholic beverage container for which Brewers Retail Inc. would be the producer, but for the exception

in paragraph 8 of subsection 2 (2), equals or exceeds the applicable management requirement as set out in section 34.

(3) In addition to the information described in subsection (1), the annual report prepared by the Liquor Control Board of Ontario shall contain the following information,

1. An analysis as to whether the weight of recovered resources from alcohol beverage containers managed through the Ontario Deposit Return Program equals or exceeds 85 per cent of the weight of the total supply of alcohol beverage containers in the Ontario Deposit Return Program
2. An analysis as to whether the weight of recovered resources for any glass, flexible plastic, rigid plastic, metal, paper, compostable material, or beverage container for which Liquor Control Board of Ontario would be the producer, but for the exception in paragraph 8 of subsection 2 (2), equals or exceeds the applicable management requirement as set out in section 34.

(4) Despite the definition of “alcoholic beverage container” in section 1, a reference to “alcohol beverage container” in this section only refers to the containers described in clause (a) of that definition.

(5) The Liquor Control Board of Ontario may consent to Brewers Retail Inc. preparing and submitting the Liquor Control Board of Ontario’s annual report.

(6) The Authority may not recover its costs by requiring Brewers Retail Inc. or the Liquor Control Board of Ontario to pay fees, costs and charges imposed under section 41 of the Act.

(7) The annual reports under subsection (1) must be prepared in accordance with the Verification and Audit Procedure and, before submission must be audited by an independent auditor who is licensed or holds a certificate of authorization under the *Public Accounting Act, 2004*.

Records

52. Every producer, producer responsibility organization, and processor shall keep the following records in a paper or electronic format that can be examined or accessed in Ontario for a period of five years from the date of creation, as applicable:

1. Records related to arranging for the establishment or operation of a collection and management system for the purpose of fulfilling responsibilities relating to Blue Box material.
2. Records related to information required to be submitted to the Authority through the Registry.
3. Records related to implementing a promotion and education program required under this Regulation.

4. Records related to the weight of blue box material supplied to blue box consumers in Ontario for which the person is a producer.
5. Any agreements that relate to the information described in this section.

Small producers

53. If section 65 applies to a producer, the producer shall keep any records which demonstrate that its annual revenue from products and services is less than \$2,000,000 in a paper or electronic format that can be examined or accessed in Ontario for a period of five years from the date of creation.

Audit, management systems

54. (1) On or before April 30, 2026, and every third year after that, every producer shall cause an audit to be undertaken of the practices and procedures the producer implemented in respect of Part VI, with respect to each material category of Blue Box material for which the producer was responsible in the three immediately preceding calendar years.

(2) On or before April 30 in any year in which an audit is required under subsection (1), the producer shall prepare and submit a copy of a report on the audit to the Authority, through the Registry, that includes the following for each material category of blue box material supplied to consumers in Ontario, for which the producer was responsible:

1. The weight of each material category of blue box material supplied to consumers in Ontario for which the person was a producer.
2. The following weights in respect of blue box material supplied to consumers in Ontario, with amounts material collected under Part IV, Part V, and pursuant to a supplemental collection system, reported separately:
 - i. marketed for re-use for their original purpose or function in accordance with subparagraph 1 i of subsection 35(3), excluding recovered resources referred to in subsection 35 (4), or
 - ii. marketed for use in new products or packaging in accordance with subparagraph 1 ii of subsection 35 (3), excluding recovered resources referred to in subsection 35 (4),
 - iii. landfilled or land disposed,
 - iv. used in a product that is land cover, unless the land cover is,
 - A. Aggregate and the recovered resources in the aggregate do not account for more than 15 per cent of the producer's management requirement for any material category, or
 - B. a product that supports soil health or crop growth that is,

1. created through the combination of the recovered resources with organic matter, and
2. the recovered resources used for the product are recovered from paper,
 - v. supplied for use in a product that is fuel or a fuel supplement, and
 - vi. supplied to an incinerator for use in incineration.
3. A statement confirming whether the producer satisfied their management requirement.

(3) The audit referred to in subsection (1) must be conducted by an independent auditor who is licensed or holds a certificate of authorization under the *Public Accounting Act, 2004* and in accordance with the procedures set out in the Verification and Audit Procedure.

Access to information and privacy

55. Information and data submitted under this regulation to the Authority through the Registry shall not be posted on the Registry unless it is posted in a manner that is consistent with the “Access and Privacy Code” published by the Authority and dated December 14, 2017, as amended from time to time, and available on the website of the Registry.

PART VIII

PROMOTION AND EDUCATION

Promotion and education, producers

56. Producers who are required to establish and operate a system for collecting blue box material under Part IV, or who register the establishment and operation of an alternative collection system for a material category under Part V, shall implement a promotion and education program in accordance with this Part.

Information to be included

57. (1) A promotion and education program must include the dissemination of the following information:

1. A complete list of blue box materials that may be included in blue box receptacles.
2. A list of materials that cannot be included in blue box receptacles.
3. A description of how blue box receptacles can be replaced, or how additional blue box receptacles can be requested.
4. A description of how the producer will fulfil its collection responsibilities, including,

- i. if the producer provides collection for a residence, facility, or public space, the dates on which collection will occur for specified eligible sources, and
 - ii. If the producer provides depot collection, the location of every depot, and its hours of operation.
5. Contact information of the producer, or its producer responsibility organization, including a telephone number and email address, at which persons may,
 - i. receive responses to questions or issues relating to collection, and
 - ii. request additional or new blue box receptacles.
6. If the information is being disseminated in print form, a website at which the information in described in paragraphs 1 through 5 is provided.

(2) During the period beginning on January 1, 2023 and ending on December 31, 2026, the promotion and education program must also include the dissemination of the following information:

1. A description of any significant change from the collection service that was previously provided by a municipality, including any change to what material may be included in the blue box receptacle, and any change in sorting procedures.
2. A description about how to prepare materials for placement in the blue box receptacle, including any direction about rinsing or flattening blue box material.
3. A description about how materials should be sorted or bagged

(3) Where a producer operates an alternative collection system in accordance with Part X, the producer must disseminate the following additional information in its promotion and education program:

1. A description of which blue box materials are collected by the alternative system.
2. A description of how the alternative collection system will operate, including,
 - i. The date and time of any collection events or other initiatives to collect blue box material
 - ii. How persons can arrange for pick up of blue box material
 - iii. If the producer operates a depot or a return-to-retail location, the location and hours of operation.

(4) Despite subsection (2), after the conclusion of its first year of operation, the producer is not required to disseminate the information specified in in paragraphs 2 and 3 of that subsection.

(5) The promotion and education program shall be provided in the following forms:

1. On a publicly accessible website.
 2. In print, and delivered by mail to each eligible source for which the producer has collection responsibilities, at least once per year.
- (6) The promotion and education program shall be provided in French and English.

Joint and several liability

58. A producer responsibility organization that is required to register under section 41 in respect of a producer is jointly and severally liable for the requirements in this Part with that producer.

Part IX

TRANSITION

Definition

59. In this Part,

“transition period” means the years 2023, 2024 and 2025.

When community included

60. If an eligible community is included in the Blue Box Transition Schedule, the person or persons who are required to prepare the annual allocation table shall include that eligible community in the annual allocation table beginning in the year in which the Blue Box Transition Schedule states that eligible community will start to receive collection services under this regulation.

First year

61. A producer who is assigned collection responsibilities in respect of an eligible community the first year it is included in the annual allocation table is not required to provide collection services before,

- (a) the date specified in the Blue Box Transition Schedule, if the eligible community is a local municipality or local services board, or
- (b) if the eligible community is a reserve that has registered under section 48, the later of the following,
 - i. the date specified in the Blue Box Transition Schedule,
 - ii. the date the reserve registered its acceptance of the offer of collection under subsection 49 (3).

Service standards

62. (1) A producer that is assigned collection responsibilities in respect of an eligible community during the transition period is required to provide service standards described in subsection (2) that equal or exceed the service standards applicable in that community on August 15, 2019.

(2) The service standards referred to in subsection (1) are,

- (a) collecting blue box materials that were collected under the eligible community's blue box system;
- (b) collecting blue box materials at the frequency they were collected under the eligible community's blue box system;
- (c) collecting blue box materials in the same number of streams as they were collected under the eligible community's blue box system;
- (d) providing curbside collection to all the residences that received curbside collection under the eligible community's blue box system;
- (e) providing depot collection at all the locations available under the eligible community's blue box system;
- (f) providing collection to all the facilities that received collection services under the eligible community's blue box system;
- (g) providing collection to all public spaces that receive collection services under the eligible community's blue box system;
- (h) providing collection to any residence or facility that was not occupied on August 15, 2019 as if that residence or facility was occupied on August 15, 2019; and
- (i) providing promotion and education communications, in accordance with Part VIII to residents of the eligible community using the languages used in the eligible community's blue box system.

Best efforts

63. During the transition period, a producer shall use best effort to comply with Part VI, as it would read if,

- (a) that Part applied during the transition period;
- (b) the management target for 2023 for a producer is reduced by two thirds;
- (c) the management target for 2024 for a producer is reduced by one third; and
- (d) the management target for 2025 is not reduced.

Information

64. The Authority shall provide the information in sections 48 and 49 in respect of eligible communities contained in the Transition Schedule to the persons who are required to prepare the annual allocation table no later than July 1, 2022.

Part X

GENERAL

Exemption, small producers

65. Any producer whose annual revenue from products and services is less than \$2,000,000 is exempt from the following parts of this Regulation:

1. Part IV.
2. Part VI.
3. Part VII, other than section 53.
4. Part VIII.

Ownership

66. Unless otherwise set out in an agreement with an applicable producer or producer responsibility organization, the owner or operator of a residence, public space or facility does not own the receptacles for the collection of blue box material provided under this Regulation.

Part XI

COMMENCEMENT

Commencement

67. [Commencement]