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# South East Health Unit

*formerly*



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## BOARD OF HEALTH MEETING

### INFORMATION ITEMS

**Wednesday, February 26, 2025**

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**Hastings Prince Edward Public Health**  
179 North Park St.  
Belleville, Ontario K8P 4P1  
613-966-5500 | 1-800-267-2803  
Fax: 613-966-9418

**Kingston, Frontenac and Lennox  
& Addington Public Health**  
221 Portsmouth Ave.  
Kingston, Ontario K7M 1V5  
613-549-1232 | 1-800-267-7875  
Fax: 613-549-7896

**Leeds, Grenville & Lanark  
District Health Unit**  
458 Laurier Blvd.  
Brockville, Ontario K6V 7A3  
613-345-5685 | 1-800-660-5853  
Fax: 613-345-2879

# South East Health Unit

formerly



## Listing of Information Items Board of Health Meeting – February 26, 2025

1. Association of Local Public Health Agencies – Letter to Minister Bethlenfalvy re 2024 pre-budget submission: public health programs and services dated January 20, 2025
2. Simcoe Muskoka District Health Unit – Retirement announcement for Dr. Charles Gardner, Medical Officer of Health and CEO and media release dated January 15, 2025
3. Ministry of Health News Release – Ontario building safer communities with 18 additional homelessness and addiction recovery treatment hubs dated January 27, 2025 and HART Hubs call for proposals reference document
4. Sudbury & Districts Public Health – Letter to Christine Hogarth, MPP and Ministry of Health re Bill 231, 2024 An Act to enact or amend various acts related to health care dated January 28, 2025
5. South East Health Unit – Board of Health Briefing Note re Adult Dental Fund.
6. South East Health Unit – Letter from the United Way KFL&A re 2025 Emergency Assistance Fund allotment to the Dental Treatment Assistance Fund for the residents of KFL&A dated February 28, 2025
7. Association of Local Public Health Agencies - February 2025 InfoBreak

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alPHa's members are  
the public health  
units in Ontario.

**alPHa Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate  
Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

Item #1

PO Box 73510, RPO Wychwood  
Toronto, ON M6C 4A7  
E-mail: info@alphaweb.org

January 20, 2025

The Honourable Peter Bethlenfalvy  
Minister of Finance  
Frost Building North, 3rd floor  
95 Grosvenor Street  
Toronto ON M7A 1Z1

Dear Minister Bethlenfalvy,

**Re: 2024 Pre-Budget Submission: Public Health Programs and Services**

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On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Organizations, we are writing to provide input on the financial requirements for a stable, locally based public health system as part of this year's pre-budget consultation.

We are pleased with the choices that have been made at the provincial level regarding Ontario's unique public health system, with approaches to reorganization, programming, and funding having been included in the ongoing Strengthening Public Health initiative that was first announced in 2023.

The four mergers involving nine of Ontario's public health units have been formally announced, and we are grateful for the ongoing support of the Ministry of Health, including commitments to providing the required financial resources, as we navigate the complex processes to finalize them. We are also grateful that it is recognized by all parties that mergers are not – nor are these intended to be – cost-saving exercises. This recognition also acknowledges that, despite the existence of the four new entities as of January 1 of this year, a great deal of work remains to realize the intended efficiencies through harmonizing resources and consolidating operations.

The second aspect of Strengthening Public Health is the revision of the Ontario Public Health Standards, which lay out in substantial detail the legislated expectations for programs and services of all Ontario boards of health. While this process is ongoing, early reviews suggest that these expectations are more likely to expand than to contract. Our members of course welcome any new responsibilities that are designed to improve population health and the resource commitments required to carry these out.

The third aspect of this initiative is a promise to review the public health funding model itself, which is currently shared between the Province (~75%) and obligated municipalities (~25%). These discussions have not yet begun, but we were grateful for the predictability afforded by the interim promise of 1% increases over the past three years. As we enter the final year of this pledge, we are looking forward to the more detailed discussion that has been promised.

While we are embracing the Strengthening Public Health approaches to addressing long-term stability and capacity, we want to be very clear that local public health is facing substantial budget pressures that need to be addressed now.

As the CMOH observed as part of the announcement of this initiative, the goal is to “optimize capacity, stability, and sustainability in public health and deliver more equitable health outcomes for Ontarians”. He further observed that “there are long-standing challenges within the public health sector in Ontario related to capacity, stability and sustainability that have been identified through multiple reports over the past 20 years”.

In his [2023 Annual Report](#), the CMOH urged an end to the “boom and bust” public health funding cycles that see the scaling back of resources that places public health systems at a disadvantage at the onset of each crisis. He emphasized the need to invest in public health up front and consistently, and repeated that such investments save money and provide long-term social and economic benefits (p. 11).

We acknowledge and appreciate the concrete financial commitments to public health that have been made in recent years (e.g. mitigation funding when the cost-sharing proportions were briefly changed, one-time investments related to the pandemic response, 1% year-over-year increases), but these have not and will not come close to addressing the longstanding and increasing capacity issues that local public health has experienced.

According to the Bank of Canada, inflation has averaged over 4% per year since 2020, which means that the 1% increases are insufficient and amount to de facto year-over-year funding cuts. In addition, inflation does not account for cost increases related to the decision to cost-share programs that were previously 100% funded by the Province, significant population growth, capital and technical expenditures, and increased expectations under the OPHS mandate.

As part of our 2023 budget submission, we included the following key findings. These needs are ongoing:

- Overall, the current funding envelope for public health units in Ontario is not sufficient to meet the provincially mandated standards. Though this has been the case for many years, our 2023 survey indicated that local public health units are projecting additional budget pressures from multiple sources in the coming years, including collective agreements, substantially increased inflationary pressures, the additional demands of the response to the co-circulation of respiratory diseases including flu, RSV and COVID-19, and the backlog of programs and services that has built up over nearly three full calendar years.
- Effectively meeting the Ontario Public Health Standards, excluding the Healthy Babies Healthy Children program for 2023 would have required an estimated \$132M in total additional funding, representing an average increase of 11.8% across health units. This represents an increase of just 0.2% of the entire Ministry of Health budget.
- Effectively meeting the requirements of the Healthy Babies Healthy Children program for 2023 would have required an estimated \$12.5M in total additional funding, representing an average increase of 13.8% across health units. This represents an increase of only 0.08% of the entire Ministry of Children, Community and Social Services budget.

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy. According to the [Ministry of Health's 2023-24 Budget](#), transfers to Ontario's Local Official Health Agencies amounted to \$939,443,900, which was approximately 1.3% of the Ministry's entire operating budget for that year. Not only does this demonstrate a tremendous return on investment given the significant benefit to the health of the people of Ontario, but also that



even the high-percentage increases required for local public health to carry out its mandate would be relatively modest in dollar amounts.

alPHA has produced a [series of infographics](#) that demonstrate the return on investment that public health provides through programs and services that promote well-being, prevent disease and injury, and protect population health. In so doing, local public health supports the Ontario government in its goals to be efficient, effective, and provide value for money. The Ministry of Health's Strengthening Public Health initiative demonstrates the government's commitment to local public health, and we are asking that an explicit commitment be made to providing local public health agencies with the sufficient and sustainable funding required in the 2025 Budget.

We always welcome this opportunity to provide comments on desired spending priorities for the coming year and would like to note that many of our members will also be providing their own input. We strongly urge you to take each of these into careful consideration, as these will reflect the diverse local needs and priorities that will delve further into the details of public health work and the resources required to carry it out.

We look forward to working with you and welcome this opportunity to advocate for a sustainable and resilient public health system. Please have your staff contact Loretta Ryan, Chief Executive Officer, alPHA, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 647-325-9594 for any follow-up.

Sincerely,



Trudy Sachowski  
alPHA Chair

**Copy:** Hon. Sylvia Jones, Minister of Health  
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario

**Encl.**

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

# PUBLIC HEALTH MATTERS

Providing Leadership in  
Public Health Management

## alPHa

Association of Local  
**PUBLIC HEALTH**  
Agencies

[www.alphaweb.org](http://www.alphaweb.org)

A PUBLIC HEALTH PRIMER

SPRING 2022

**Public health champions health for all.** Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

## OUR ASK

That decision makers acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

## PUBLIC HEALTH RESPONSE

Ontario's 34 local public health agencies are the front line of the COVID-19 response.

*Public health professionals are responsible for the following:*

### CASE AND CONTACT MANAGEMENT:

Identify and isolate cases.

### DATA ANALYSIS:

Identify sources of infection and patterns of transmission.

### OUTBREAK CONTROL:

Protect vulnerable populations in higher risk settings.

### PUBLIC HEALTH MEASURES:

Implement and enforce measures to slow the spread of COVID-19.

### ADVICE TO GOVERNMENT:


Provide expert input to inform government actions in the fight against COVID-19.

### ADVICE TO THE PUBLIC:

Provide and reinforce expert advice to empower the public in the fight against COVID-19.

### VACCINATION EFFORTS:

Lead the distribution and administration of COVID-19 vaccines in all Ontario communities.

 **7,139,930**  
INDIVIDUALS VACCINATED  
WITH 3 DOSES IN ONTARIO  
AS OF MARCH 22, 2022  
*Source: [Government of Ontario](#)*

**1,140,865**  
CONFIRMED COVID-19  
CASES IN ONTARIO  
AS OF MARCH 21, 2022  
*Source: [Public Health Ontario](#)*



Population  
Health  
Assessment



Health  
Equity



Effective Public  
Health Practice



Emergency  
Management



Chronic Disease  
Prevention and  
Well-Being



Food  
Safety



Healthy  
Environments

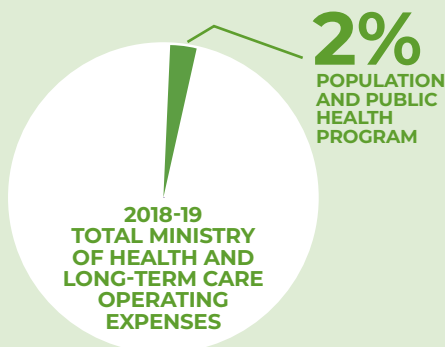
# PUBLIC HEALTH MATTERS

## RETURN ON INVESTMENT

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

According to the 2018-19 (former) Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was **\$1.267 billion**, or about **2%** of the total Ministry operating expenses.

This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.

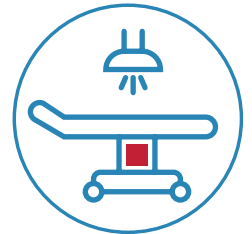


## IMPACT ON RESOURCES



The COVID-19 response **pre-empted most activities** mandated by the Ontario Public Health Standards.

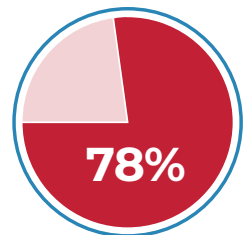
**Suspension of routine public health programs and services** is our equivalent of the health care system's "surgical backlog." We must resume these while we maintain an effective COVID-19 response.



The COVID-19 pandemic magnified existing **health inequities**.

This will put additional demands on Public Health resources to address them in the future.

Each of Ontario's 34 local public health agencies had to **divert on average 78%** of all available resources to the COVID-19 response.



A measurable uptick in **substance use** (e.g., alcohol and opioids), **mental health issues**, and factors that contribute to chronic diseases will put further demands on public health resources in the future.

Source: alPHa Report: [Public Health Resilience in Ontario - Executive Summary](#)

Source: alPHa Report: [Public Health Resilience in Ontario - Report](#)

Please visit: [www.alphaweb.org](http://www.alphaweb.org)



Healthy Growth and Development



Immunization



Infectious and Communicable Diseases Prevention and Control



Oral Health



Safe Water



School Health



Substance Use and Injury Prevention

# PUBLIC HEALTH MATTERS

#2 of Series

## PUBLIC HEALTH FALL VACCINE SUCCESS

Local public health units increased vaccine coverage and provided vital protection against disease for residents across Ontario. The leadership provided by Ontario's local public health agencies on an unprecedented number of vaccine campaigns has resulted in exceptional vaccine uptake. This fall, Ontario's 34 local public health units intensified vaccine activities to combat the fall respiratory virus surge and other emerging public health issues.

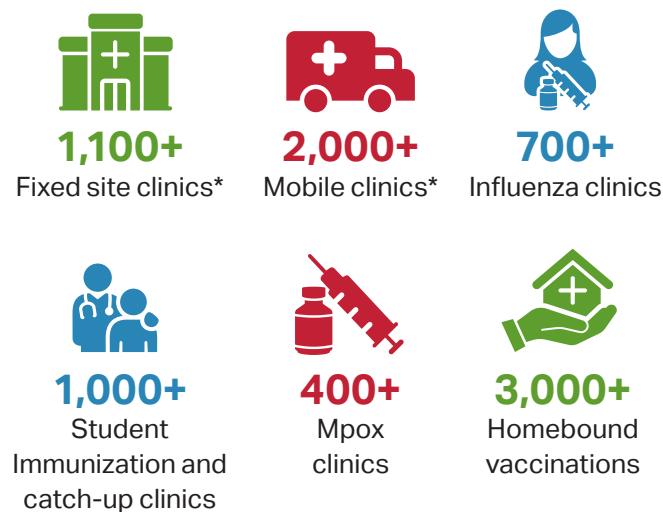
### PUBLIC HEALTH UNITS PREPARED FOR, COORDINATED, AND DELIVERED 7 VACCINE CAMPAIGNS

- COVID-19: pediatric, 5-17 booster, and bivalent
- Routine: influenza and student immunization and catch-up program
- Outbreak response: mpox & meningococcal B
- Promoted routine vaccines

### MORE CLINICS, INCREASED CAPACITY, BROADER OUTREACH, EXTRAORDINARY RESULTS

Ontario's 34 public health units led Ontario's vaccination campaigns with a focus on increased access, data-driven action, integrated services, and amplified messages.


#### FALL 2022 VACCINATION BY THE NUMBERS



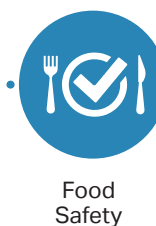
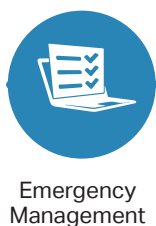
\* co-administration of multiple vaccines

### COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS

  
**3,300+**  
Social media posts

  
**4,500,000+**  
Social media engagement and impressions

  
**700+**  
Media releases, responses, and interviews



# PUBLIC HEALTH MATTERS

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## PUBLIC HEALTH FALL VACCINE SUCCESS

### ACCESS INCREASED



- Local public health units partnered with municipalities to run mobile vaccination buses. The buses aimed to decrease barriers to vaccination, services were offered at locations where people attend regularly (such as malls, grocery stores, local events, and parks), in remote locations, to at-risk communities, and in other underserved areas.
- Local public health units worked closely with Indigenous communities. For example, a local public health unit created and shared biweekly communication packages with local First Nations, urban Indigenous community groups and Métis partners to foster open communication, prompt sharing of public health guidance, and updates on vaccines.

### DATA-DRIVEN ACTIVITIES



- Ontario's 34 local public health units used data to optimize vaccine coverage. This is exemplified through a local public health unit who used equity indicators to identify their highest priority neighbourhoods to target outreach and support. This geographically mapped information was posted publicly on a COVID-19 dashboard and used internally for health system planning. Vaccine strategies were employed, using mobile clinics, fixed sites, and organization partnerships (such as Ontario Health Teams and community clinics) in order to increase vaccination.

### INTEGRATED SERVICES AND COMMUNITY OUTREACH



- Ontario's local public health units integrated services to have the greatest impact. For example, a local public health unit established 15 hubs throughout their community, offering services like dental screenings, mental health, addictions and substance use supports, COVID-19, flu and routine immunizations.
- Local public health units partnered with community agencies to enhance vaccine outreach and worked to help get residents vaccinated against COVID-19. In one local public health unit, this included the operation of Vaccine Engagement Teams comprised of over 150 health, community, and faith-based organizations and more than 700 community ambassadors reflecting the community's diversity.

### AMPLIFIED MESSAGES



- Ontario's 34 local public health units employed traditional media tactics (such as news releases, media events, and social media) in addition to unique targeted local tactics. One example of this work is demonstrated by a local public health unit who worked with hospital partners to create a commercial that highlighted actions needed to reduce strain on hospital systems resulting from respiratory illnesses. The commercial plays before every movie at the local cinema, at hockey home games, and on local television.



Population  
Health  
Assessment



Health  
Equity



Effective Public  
Health Practice



Emergency  
Management



Chronic Disease  
Prevention and  
Well-Being



Food  
Safety



Healthy  
Environments

# PUBLIC HEALTH MATTERS

Providing Leadership in Public Health Management

## alPHa

Association of Local PUBLIC HEALTH Agencies

[www.alphaweb.org](http://www.alphaweb.org)

## A BUSINESS CASE FOR LOCAL PUBLIC HEALTH

**Public health champions health for all.** Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

### OUR ASK

We are asking decision makers for their support for the goals and objectives of public health, with sustained and sufficient resources to ensure stability for Ontario's locally-based network of public health agencies.

Local public health remains essential to the province's population health and the associated economic prosperity.

Local public health supports the Ontario government in its goals to be efficient, effective, and provide value for money.

### INVESTMENT IN LOCAL PUBLIC HEALTH

Investment in local public health includes the following returns:



#### REDUCED HOSPITALIZATIONS AND DEATHS:

Public health measures such as **vaccination, case and contact management, outbreak response, community infection control measures** reduced hospitalizations by 13 times during the COVID-19 pandemic.

Local public health is also central to responding to new infectious disease risks such as MPOX, reemerging pathogens like poliomyelitis and tuberculosis, and the return of annual seasonal epidemics such as influenza and respiratory syncytial virus (RSV).



#### SAFE COMMUNITIES:

Local public health protects our communities by working with municipalities to provide **safe water, safe food, and emergency preparedness and response.**



#### HEALTHY CHILDREN:

Local public health protects children through **promotion of healthy growth and development, vaccination, dental screening, and school health.**



Population Health Assessment



Health Equity



Effective Public Health Practice



Emergency Management



Chronic Disease Prevention and Well-Being



Food Safety



Healthy Environments



# PUBLIC HEALTH MATTERS



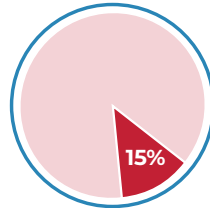
## FUNDING

Local public health requires sufficient and sustainable base funding from the provincial government.

The end of mitigation funding (\$46.8M) from the province would equal a **loss** to the overall funding of local public health programs.

A return to the previous **provincial-municipal** cost-sharing formula for all programs and services would help to offset this loss.

## PUBLIC HEALTH LEADS TO HEALTH CARE SAVINGS



**Health promotion** and **disease prevention** are mandated roles for local public health agencies. In doing this, they also work with the Ministry of Health and key stakeholders in addressing chronic diseases such as diabetes, heart disease and cancer.

**HEALTH INEQUITIES DUE TO SOCIOECONOMIC POSITION CONTRIBUTED \$60.7B = 15% OF ALL HEALTH CARE COSTS.**

**Smoking, alcohol, diet** and **physical activity** improvements could prevent \$89B in health care costs = 22% of all health care costs over 10 years.

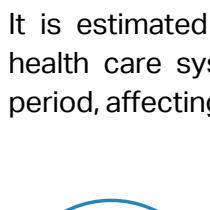


**Alcohol use** is another major contributor to health care and societal cost. It is estimated that alcohol use costs the Ontario economy \$5.3B in health care, law enforcement, corrections, prevention, lost productivity and premature mortality.

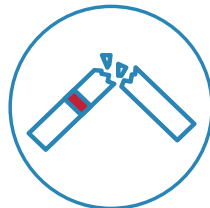


## COVID-19 RECOVERY

In the wake of the COVID-19 pandemic, local public health has been working hard to put back in place its full range of programs, with progress being made on its recovery priorities (Public Health Resilience), and responding to seasonal respiratory viruses.



It is estimated that **diabetes** in Canada cost the health care system \$15.36 billion over a 10 year period, affecting nearly 10% of the population.



Promotion of **tobacco cessation** and **tobacco control** reduced health care costs by 1.7% overall = \$4.2B saved over 10 years.



Healthy Growth and Development



Immunization



Infectious and Communicable Diseases Prevention and Control



Oral Health



Safe Water



School Health



Substance Use and Injury Prevention



January 15, 2025

To: Simcoe Muskoka District Health Unit partners and public health organizations

**Re: Retirement Announcement**

On behalf of the Simcoe Muskoka District Health Unit Board of Health, it is with deep respect and gratitude that I announce the upcoming retirement of Dr. Charles Gardner, Medical Officer of Health (MOH) and Chief Executive Officer, effective September 30, 2025. Dr. Gardner has served in this role with unwavering dedication since 2005, following seven years as MOH with the Leeds, Grenville, and Lanark District Health Unit. His distinguished career in public health began after years of general medical practice in Newfoundland, New Brunswick, and Zimbabwe.

Over the course of his tenure, Dr. Gardner has been a steadfast advocate for public health and a leader in fostering healthier communities. He served as President (and then Past Chair) of the Association of Local Public Health Agencies (alPHA) and as Chair for the Council of Ontario Medical Officers of Health (COMOH). His commitment to excellence has been recognized through several prestigious awards, including alPHA's Distinguished Service Award in June 2023 and the Faculty Educator Award for the Public Health and Preventive Medicine Residency, University of Toronto, in 2020.

Throughout his career, Dr. Gardner has exemplified professionalism, compassion, and vision, significantly advancing public health in Simcoe Muskoka and across the province. His thoughtful leadership and tireless commitment to improving population health will leave an enduring legacy.

As we look ahead to Dr. Gardner's retirement in September 2025, we take this opportunity to acknowledge the significant impact of his career. While his absence will be felt deeply, we extend our heartfelt thanks for his many years of outstanding service and look forward to celebrating his remarkable contributions as his retirement date approaches.

Sincerely,

**ORIGINAL Signed By:**

Ann-Marie Kungl  
Chair, Board of Health  
Simcoe Muskoka District Health Unit

AMK:SG:mn

Cc: Simcoe Muskoka District Health Unit Board of Health



## News Release

**FOR IMMEDIATE RELEASE**

Wednesday, January 15, 2025

Media Coordinator  
705-721-7520 or 1-877-721-7520  
Heather Howe (x 7472)  
[MediaInquiry@smdhu.org](mailto:MediaInquiry@smdhu.org)

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**Simcoe Muskoka District Health Unit Announces Retirement of Dr. Charles Gardner,  
Medical Officer of Health and Chief Executive Officer**

**SIMCOE MUSKOKA** – The Simcoe Muskoka District Health Unit Board of Health has announced that Dr. Charles Gardner, Medical Officer of Health (MOH) and Chief Executive Officer, will be retiring on September 30, 2025, concluding a remarkable career in public health that spans more than two decades. Dr. Gardner has served as MOH for Simcoe Muskoka since 2005, following a seven-year tenure in the same role with the Leeds, Grenville, and Lanark District Health Unit. His career began with general medical practice in Newfoundland, New Brunswick, and Zimbabwe.

Throughout his distinguished career, Dr. Gardner has been a dedicated advocate for public health and has played a pivotal role in numerous provincial and national initiatives. He served as President (and then Past Chair) of the Association of Local Public Health Agencies (alPHA) and as Chair for the Council of Ontario Medical Officers of Health (COMOH). Dr. Gardner's commitment to excellence has been recognized with several prestigious honors, including alPHA's Distinguished Service Award in June 2023 and the Faculty Educator Award for the Public Health and Preventive Medicine Residency, University of Toronto, in 2020.

Among his many achievements, Dr. Gardner's leadership during large-scale health crises has been a defining aspect of his career. From pandemic influenza planning in 2006 to managing the H1N1 outbreak in 2009, and most recently guiding the response to the COVID-19 pandemic, Dr. Gardner has consistently provided calm and strategic leadership. His dedication during these challenging times has been instrumental in protecting the health of our communities.

In reflecting on Dr. Gardner's forthcoming retirement, **Ann-Marie Kungl**, Chair of the Board of Health, shared:

"Dr. Gardner's dedication and leadership have left an indelible mark on public health in Simcoe Muskoka and beyond. His tireless commitment to promoting health and well-being in our communities will be remembered for years to come. While his absence will be felt deeply, we are immensely grateful for his contributions and wish him all the best in this next chapter."

As Dr. Gardner approaches retirement in September 2025, the Board of Health will begin the process of recruiting a successor and planning a celebration of his outstanding contributions to public health.

## NEWS RELEASE

# Ontario Building Safer Communities With 18 Additional Homelessness and Addiction Recovery Treatment Hubs

\$529 million record investment will create a total of 27 new HART hubs across Ontario

January 27, 2025

[Health](#)

---

LONDON — The Ontario government is helping create safer communities and supporting people struggling with addiction and mental health issues by approving 18 new Homelessness and Addiction Recovery Treatment (HART) Hubs, in addition to the [9 HART Hubs that were approved earlier this year](#). These new Hubs are part of the province's plan to support safer communities by investing \$529 million to create a total of 27 HART Hubs across the province while also banning drug injection sites from operating within 200 metres of schools and licensed child-care centres.

"Our government is helping more people get the treatment and support they need, when and where they need it, by taking the next step to improve access to mental health and addictions services," said Sylvia Jones, Deputy Premier and Minister of Health. "Our investment to create a total of 27 new HART Hubs will keep communities safe and ensure timely and comprehensive access to mental health support, addictions care, primary care, supportive housing, and employment services, no matter where you live."

The [18 new HART Hubs](#) locations were chosen as a result of a [provincewide call for proposals](#) last summer. All HART Hubs will have the goal of being operational by April 1, 2025. Earlier this year, the province announced that 9 drug injection sites in Toronto, Ottawa, Hamilton, Kitchener, Guelph and Thunder Bay that are required to close due to being located within 200 metres of a school or licensed child-care centre have been approved for transition to a HART Hub. This brings the total number of HART Hubs across the province to 27, 8 more than initially planned.

"We are investing more than any government in Ontario's history to create a nation-leading system of mental health and addictions care," said Michael Tibollo, Associate Minister of Mental Health and Addictions. "The new HART Hubs will give

people struggling with addiction the support and treatment services they need to achieve lasting recovery.”

HART Hubs, similar to existing hub models in Ontario, including two in London, that have successfully provided people with care, will reflect regional priorities by connecting people with complex needs to comprehensive treatment and preventative services. These include a range of services to meet local needs such as primary care, mental health services, addictions care, social services and employment support. HART Hubs will also add an estimated 540 highly supportive housing units across all 27 HART Hubs, in addition to addiction recovery and treatment beds, helping thousands of people each year transition to more stable long-term housing.

“I am incredibly grateful that the Ontario Government has selected London to host one of 18 new HART Hubs. These Hubs represent a significant step forward in providing wraparound supports for individuals facing homelessness and addiction, ensuring they have access to the comprehensive care they need to rebuild their lives” said Josh Morgan, Mayor of London. “I want to thank Premier Ford and the Minister of Health for recognizing the success of our existing hub system in London, seeing its potential, and committing to expand this model across Ontario. This investment will transform lives and strengthen communities throughout the province.”

The 18 new HART Hubs that have been approved by the province are:

- Fourcast – Four Counties Addictions Services Team (Peterborough)
- CMHA Peel Dufferin (Brampton)
- Health Sciences North/ Horizon Santé Nord (Greater Sudbury)
- The HART of Simcoe (Barrie)
- Hôtel-Dieu Grace Healthcare (Windsor)
- CMHA Hastings and Prince Edward County (Belleville)
- Durham Community Health Centre (Oshawa)
- CMHA Thames Valley (London)
- CMHA Algoma (Sault Ste. Marie)
- Services and Housing in Province (Dufferin County)
- Lanark, Leeds and Grenville Addictions and Mental Health (Lanark, Leeds and Grenville)
- Oxford Ontario Health Team (Oxford County)
- County of Renfrew (Renfrew County)
- Gateway of Niagara (Niagara)
- CMHA Lambton Kent Sarnia (Sarnia)

- Pinecrest Queensway Community Health Centre (Ottawa)
- Kenora Chiefs Advisory (Kenora)
- Maamwesying (Sault Ste. Marie)

Through [Your Health: A Plan for Connected and Convenient Care](#) and building on the Roadmap to Wellness, the province is taking action to connect individuals to integrated mental health and addictions services, where and when they need it.

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### Quick Facts

- The creation of HART Hubs is being done in partnership with the Ministry of Health, the Ministry of Municipal Affairs and Housing, the Ministry of Children, Community and Social Services, and the Ministry of Labour, Immigration, Training and Skills Development.
- With a focus on treatment and recovery, HART Hubs will not offer so-called safer supply, supervised drug consumption or needle exchange programs.
- Through the *Community Care and Recovery Act, 2024*, the province has prohibited municipalities and local boards from applying to Health Canada for an exemption for the decriminalization of drugs. The Act also prohibits municipalities and local boards from applying to Health Canada for funding or entering into an agreement with Health Canada in respect to safer supply services or applying for an exemption or renewal of an exemption to operate a supervised consumption site, without prior provincial approval.
- Through the Roadmap to Wellness, Ontario is investing \$3.8 billion over 10 years to fill gaps in mental health and addictions care, create new services and expand programs.
- Through the Roadmap to Wellness, the Addictions Recovery Fund and other initiatives, the government recently made the following investments:
  - \$124 million over the next three years as part of Budget 2024 to sustain more than 380 addiction recovery beds and models of treatment like mobile mental health clinics.
  - \$152 million over three years for supportive housing to assist individuals facing unstable housing conditions and experiencing mental health and addictions challenges.
  - More than \$22 million over four years to create 10 new Youth Wellness Hubs that the government is adding to the network of 22 Hubs already opened since 2020, bringing the total number of Youth Wellness Hubs to 32 across the province.
  - More than \$650 million in annual funding for the Homelessness Prevention Program and \$41.5 million for the Indigenous Supportive House Program,



which the government increased by \$202 million annually in the 2023 provincial budget.

- Up to \$16 million to support Police-Partnered Mobile Crisis Response Teams in over 50 communities across the province so that health care professionals can attend crisis situations.
- Over \$60 million in annual funding to support Indigenous-led mental health, addictions and well-being supports that will help individuals, families and communities heal from the impacts of intergenerational trauma and colonization through culturally safe and responsive programs and services that are designed and delivered by and for Indigenous people.

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## Quotes

"London will benefit tremendously from this new HART hub and the care it will provide to those in our community who need it most. Thank you, Minister Jones, for continuing to provide significant health care investment and supports to London, for a safer and healthier community."

**- Rob Flack**  
**MPP for Elgin—Middlesex—London**

"We sincerely appreciate the support of Premier Ford, Minister Jones, and the provincial government in expanding critical health services in Ottawa. This funding for a second HART Hub is a vital step in ensuring more residents—urban, suburban, and rural—have access to life-saving care. With Ottawa's vast geography and growing needs, multiple HART Hubs will strengthen addiction treatment and recovery services. The new Ottawa West Hub, in partnership with four regional paramedic services, will focus on early interventions and housing stability, complementing the Somerset West Hub's intensive support model. By working together, we're building a more responsive, compassionate system that prioritizes people-centered care. We look forward to continued collaboration with our provincial and community partners to meet Ottawa's critical health needs."

**- Mark Sutcliffe**  
**Mayor of Ottawa**

"We are very pleased to be receiving this crucial funding in Belleville. Having this service model here in our community will go a long way in addressing the ongoing mental health and addictions crisis we are facing. We will be able to provide real, life-changing support to those who need it most. While there is still much work to be done, today's announcement is a great step in the right direction, and we are grateful to our provincial government for their support."

**- Neil Ellis**  
**Mayor of Belleville**

"By locating a HART Hub here in Brockville to serve Lanark, Leeds and Grenville, the Government of Ontario is demonstrating it recognizes that the challenges of mental health, addictions, and homelessness extend beyond large urban centres. Small-town and rural Ontario have also been deeply impacted. I am grateful to the Ford Government for directing these vital resources to our community, ensuring we are better equipped to support those in need and making our community safer for all who live here."

**- Matt Wren**  
**Mayor of Brockville**

"We are thrilled to be selected as a HART Hub site and recognize how vital this initiative will be in providing support to our most vulnerable neighbors. At the United Counties of Leeds and Grenville, we look forward to collaborating with Lanark, Leeds and Grenville Addictions and Mental Health to ensure that the right services are in place, offering hope for a brighter future."

**- Corinna Smith-Gatcke**  
**Warden of the United Counties of Leeds and Grenville**



"As Mayor of the City of Woodstock, I am deeply grateful for the partnership and collaboration between the Provincial Government and our local community partners in securing funding approval for the HART Hub. The establishment of a Mental Health and Addictions facility is a strategic priority for City Council and is truly a game-changer for our community, providing the support we need to make a meaningful impact."

**- Jerry Acchione**  
**Mayor of Woodstock**

"The only way through this crisis is by providing real long-term help for individuals suffering from addictions. This much needed addiction treatment and rehabilitation program will be a game changer for our city. On behalf of the City, thank you to the Provincial Government for this important investment in Barrie!"

**- Alex Nuttall**  
**Mayor of Barrie**

"This HART Hub funding demonstrates the province's commitment to helping us tackle the serious mental health and addictions challenges facing municipalities like Greater Sudbury. This partnership bolsters my confidence in the success of transformative projects like the Lorraine Street Transitional Housing development. Together, we are not just addressing immediate needs—we are building sustainable solutions that will change lives and create a stronger, healthier Greater Sudbury. On behalf of the city, I want to thank Premier Ford and the Government of Ontario for this much-needed funding. I am optimistic about the positive outcomes this collaboration will bring for individuals and families across our community."

**- Paul Lefebvre**  
**Mayor of Greater Sudbury**

"I have been committed to finding recovery-based solutions for those who are in need in our communities. Today's announcement of a HART Hub in Durham is another important step in that direction as it will provide wrap-around services and recovery-based care for individuals struggling with addiction and provide the foundation for their long-term recovery."

**- Dan Carter  
Mayor of Oshawa**

"The City of Windsor thanks Premier Doug Ford, Deputy Premier and Minister of Health Sylvia Jones, Minister of Municipal Affairs and Housing Paul Calandra, MPP Andrew Dowie, and the province for their unwavering support, continuous investment, compassion, common sense, and steadfast commitment to our community. With a focus on community safety, crucial treatment, and stability, the HART Hubs will support vulnerable residents and help to meet their basic needs. Through this initiative, folks will have help finding shelter, and accessing transitional housing services and key supports around mental health, primary care, substance use, addiction, and more. We have always said that complex and overlapping challenges threatening growth and sustainability in our communities require bold, innovative, multi-partner solutions. I am grateful to see Windsor included to receive support through the \$529 million the province has earmarked to establish 27 HART Hubs across Ontario. With this program providing funding quickly and efficiently to activate existing shelter beds, Windsor could see an immediate impact through community partners like Brentwood Recovery Home. Combined with recent Council investments to enhance and expand Windsor's temporary Homelessness and Housing Help Hub (H4), the province is standing in lockstep with the City and community partners to provide investments in evidence-based prevention, outreach, addiction services; help end encampments; and provide wraparound services to help people rebuild their lives. With the support of the Premier and this provincial government, we are building a safer, healthier Windsor where no one is left behind."

**- Drew Dilkens  
Mayor of Windsor**

"Thank you to Premier Ford, Deputy Premier Jones, Associate Minister Tibollo and the entire provincial government for supporting the new Homelessness and Addiction Recovery Treatment (HART) Hubs across Ontario including one for the CMHA Peel Dufferin in Brampton. This announcement reinforces our shared commitment to prioritizing addiction treatment, mental health services and combatting homelessness. The well-being of our residents is top of mind and having the community resources in place supports those in need in Brampton and beyond."

**- Patrick Brown  
Mayor of Brampton**

"It's been a long journey to today's Hub announcement, which will provide comprehensive services that are desperately needed in Sarnia Lambton. These services will enhance what is already available to help our vulnerable population, including those facing homelessness, addictions, and mental health issues. A collaborative community came together to support the hub, and together we are building a stronger, more resilient community where mental health, addictions, and recovery treatment are priorities for all. To quote Helen Keller, 'Alone we can do so little; together we can do so much.'"

**- Mike Bradley  
Mayor of Sarnia**

"The Town of Smiths Falls and our local mental health service providers have been advocating for mental health and addictions supports for some time. Substance use and mental health disorders are significant public health challenges that often co-occur and require comprehensive, integrated treatment approaches. Access to effective substance use treatment and mental health supports is essential for individuals seeking to recover and lead healthy and fulfilling lives. Today's funding announcement will provide much needed financial resources to enable people to get their lives back on track."

**- Peter McKenna  
Deputy Mayor of Smiths Falls**

"A HART Hub location is a welcome addition to Lambton County. CMHA Lambton-Kent, together with Bluewater Health, the County of Lambton, and other community partners, are well equipped to provide a unique mix of supportive, wrap-around services that will meet the needs of our community. The Hub will provide fast access to these services and will add to those currently being provided by the County at the Housing and Homelessness Resource Centre. This safe and welcoming space will lead to positive, long-term results for both individuals seeking support and our community as a whole."

**- Kevin Marriott  
Warden, County of Lambton**

"HART Hubs are an important investment in the continuum of mental health and addictions care and CMHA-led hubs in Belleville, Brampton, London, Sault Ste Marie and Lambton-Kent are committed, with their partners, to making the program a success."

**- Camille Quenneville  
CEO, CMHA Ontario**

"The Sarnia Lambton Ontario Health Team partners, Canadian Mental Health Association Lambton Kent (CMHA Lambton Kent), the County of Lambton, Bluewater Health and the North Lambton Community Health Centre are extremely committed to working together, so that individuals will have access to safe and affordable supportive housing, and the necessary substance use treatment including additional transitional treatment beds and other necessary resources to care and connect with individuals at risk of, or who are homeless. This is an amazing investment, and one that will have an immediate impact on the mental health, addiction and housing crisis."

**- Rhonny Doxtator  
CEO, CMHA Lambton Kent**

"Addictions and Mental Health Ontario (AMHO) members have been instrumental in supporting the rapid development of Ontario's HART Hubs, bringing their expertise and collaborative mindset to address the needs of their communities. The new HART Hubs will increase needed access to addictions and mental health treatment and supportive housing services throughout the province and enable the piloting of innovative approaches to service. AMHO will continue to work alongside our partners in government and community to ensure that every Ontarian is supported on their recovery journey, with access to the full continuum of mental health and addictions care they need, when and where they need it."

**- Jennifer Holmes Weier**  
**CEO, Addictions and Mental Health Ontario**

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## Additional Resources

- [Homelessness and Addiction Recovery Treatment Hubs \(HART Hubs\) locations](#)
- [Ontario Approves Transition of Nine Drug Injection Sites into Treatment Hubs](#)
- [Ontario Protecting Communities and Supporting Addiction Recovery with New Treatment Hubs](#)
- [Your Health: A Plan for Connected and Convenient Care](#)
- [2024 Ontario Budget: Building a Better Ontario](#)
- [Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System](#)
- [Find out how you can access mental health support](#)

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## Related Topics

### Government

Learn about the government services available to you and how government works. [Learn more](#)

### Health and Wellness

Get help navigating Ontario's health care system and connecting with the programs or services you're looking for. [Learn more](#)

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## Media Contacts

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# Homelessness and Addiction Recovery Treatment Hubs (HART Hubs): Call For Proposals Reference Document



# Homelessness and Addiction Recovery Treatment (HART) Hubs Locations

## Stream 1 – Mainstream HART Hubs

1. Fourcast - Four Counties Addictions Services Team (Peterborough)
2. CMHA Peel Dufferin (Brampton)
3. Health Sciences North/Horizon Santé Nord (Greater Sudbury)
4. The HART of Simcoe (Barrie)
5. Hôtel-Dieu Grace Healthcare (Windsor)
6. CMHA Hastings and Prince Edward County (Belleville)
7. Durham Community Health Centre (Oshawa)
8. CMHA Thames Valley (London)
9. CMHA Algoma (Sault Ste. Marie)
10. Services and Housing in Province (Dufferin County)
11. Lanark, Leeds and Grenville Addictions and Mental Health (Lanark, Leeds and Grenville)
12. Oxford Ontario Health Team (Oxford County)
13. County of Renfrew (Renfrew County)
14. Gateway of Niagara (Niagara)
15. CMHA Lambton Kent Sarnia (Sarnia)
16. Pinecrest Queensway Community Health Centre (Ottawa)

## Stream 2 – Indigenous-led HART Hubs

17. Kenora Chiefs Advisory (Kenora)
18. Maamwesying (Sault Ste. Marie)

## Stream 3 – HART Hubs Transitioning from Consumption Treatment Service (CTS) Sites

19. Guelph Community Health Centre (Guelph)
20. Toronto Public Health (Toronto)
21. Hamilton Urban Core Community Health Centre (Hamilton)
22. NorWest Community Health Centre (Thunder Bay)
23. Somerset West Community Health Centre (Ottawa)
24. Community Healthcaring Kitchener-Waterloo (Kitchener-Waterloo)
25. Parkdale Queen West (Toronto)
26. Regent Park (Toronto)
27. South Riverdale Community Health Centre (Toronto)



# **Stream 1 – Mainstream HART Hubs**



# Fourcast - Four Counties Addictions Services Team (Peterborough)

- The Peterborough HART Hub brings together local service delivery partners to provide a continuum of services in Peterborough for individuals with complex service needs on their recovery journey from addictions and homelessness.
- The **proposed services** to be delivered within the Peterborough HART Hub include:
  - Primary and psychiatric care
  - Mental health and addictions services including case management, Rapid Access Addiction Medicine (RAAM), withdrawal management, bed-based addictions treatment, and aftercare
  - Peer recovery coaches
  - Mental health and addictions supportive housing (transitional and permanent) and dual diagnosis supportive housing with 24/7 community wrap-around services
  - Occupational therapy
  - Vocational services
- The **key objectives and outcomes** of the Peterborough HART Hub are:
  - Increase system capacity to primary care, psychiatric care, and assessments for system navigation, to the homeless population that typically experience barriers to services
  - Increase access to housing supports and income supports
  - Improve quality of life

# CMHA Peel Dufferin (Brampton)

- The HART Hub in Brampton aims to serve the entire community: marginalized individuals, those working within the system, and community residents affected by these challenges. This initiative is designed to help individuals transition safely indoors into shelters, transitional beds, and supportive housing, thereby reducing encampments and stabilizing their circumstances.
- The Brampton HART Hub proposes access to comprehensive services 12 hours a day, 7 days a week.
- The Brampton HART Hub **proposed services** include:
  - Primary and psychiatric care
  - Mental health and addictions services such as assessment, brief treatment, counselling, structured psychotherapy, Rapid Access Addiction Medicine, detox, addictions medicine prescription
  - Mental health and addictions supportive housing and shelter/transitional beds
  - Case management for social assistance, employment finding services
  - Diversion supports
- The **key objectives and outcomes** of the Brampton HART Hub are:
  - Reduce encampments by helping individuals transition into shelters, transitional beds and supportive housing and stabilizing their circumstances
  - Reduce risk of overdose by enhancing low-barrier, immediate, and coordinated mental health and addictions care
  - Improve access to primary care and social services and foster a sense of community

# Health Sciences North/Horizon Santé Nord (Greater Sudbury)

- The HARTbeat Health and Wellness Centre (HBHWC) will provide services to Greater Sudbury. The acronym BEAT stands for “Building Empowerment and Advancing Treatment,” capturing the centre’s mission to empower every individual they serve while advancing innovative and effective approaches to mental health, addictions, and recovery.
- The HBHWC **proposed services** include:
  - Primary care
  - Mental health and addictions services, including assessment and system navigation
  - Mental health and addictions supportive housing
  - Social and employment services
  - Services to meet basic needs
- The **key objectives and outcomes** of the HBHWC are:
  - Reduce gaps in services
  - Decrease drug related incidents, first response calls, and encampment sheltering
  - Address homelessness, mitigate high-risk situations
  - Enhance community safety and well-being
  - Improve integrated service delivery, data collection, and evaluation
  - Alleviate emergency department strain
  - Enhance system coordination

# The HART of Simcoe (Barrie)

- The HART Hub in Simcoe County, the HART of Simcoe, aims to provide comprehensive services for individuals in Simcoe County with a primary physical hub located within the City of Barrie.
- The core HART Hub **proposed services** include:
  - Primary care
  - Indigenous health and wellness services
  - Mental health and addictions services including bed-based addictions treatment, bed-based supportive treatment, Rapid Access Addiction Medicine
  - Peer support
  - Mental health and addictions supportive housing and transitional housing
  - Vocational, employment and support services
- **Key objectives and outcomes** of the HART Of Simcoe include:
  - Implementation of an integrated approach that spans the care continuum
  - Increasing capacity of bed-based treatment
  - Creating capacity to support individuals facing homelessness through bed-based/community-based treatment

# Hôtel-Dieu Grace Healthcare (Windsor)

- The goal of the Windsor-Essex HART Hub is to bring community partners together, through a shared model of care, to effectively and compassionately support individuals experiencing homelessness, addictions issues, and other complex issues.
- The Windsor-Essex HART Hub **proposed services** include:
  - Primary care
  - Mental health and addictions services including, assessment, care coordination withdrawal management
  - Peer support
  - Mental health and addictions supportive housing
  - Services to meet basic needs
- The **primary objective** of the Windsor-Essex HART Hub is to divert repeated/inappropriate emergency department visits by providing individuals with more immediate access to help and efficiently using local community resources.

# CMHA Hastings and Prince Edward County (Belleville)

- This HART Hub will offer safety and support for the entire community across Hastings and Prince Edward Counties, including those who are most marginalized, individuals working within the system, and community members—such as businesses—who are also affected by the ongoing crisis.
- The Hub **proposed services** include:
  - Primary and emergency care
  - Mental health and addictions services including rapid access to addictions medicine clinics
  - Mental health and addictions supportive housing and transitional housing
  - Social services and employment support
- The Hub will also provide in-person and virtual access points.
- The **key objective** for the Hastings and Prince Edward Counties HART Hub is to rapidly and significantly enhance access to supportive, culturally safe/relevant addictions services that support recovery in Hastings and Prince Edward counties.



# Durham Community Health Centre (Oshawa)

- The Durham Community Health Centre (DCHC) HART Hub will address the needs of the Region's homeless population, through an integrated, person-centered approach. The Durham HART Hub will provide comprehensive, integrated services by creating pathways towards stability and recovery for vulnerable populations.
- The HART Hub in Durham Region proposes low-barrier, co-located integrated services that address the unique and complex needs of those facing homelessness. **Proposed services include:**
  - Primary care and health education
  - Mental health and addiction services including treatment
  - Mental health and addictions supportive housing
  - Employment and income support
- The **key objectives and outcomes** of the Durham HART Hub are to:
  - Increase affordable housing options (including supportive housing)
  - Increase access to mental health and addictions services
  - Improve collaboration/coordination across local organizations (including to organizations that provide employment and social services)
  - Provide culturally competent services and equitable care

# CMHA Thames Valley (London)

- The goal of the HART Hub in London is to improve the health and well-being of people who use substances and/or have mental health needs. This is being done through increased access to high quality, evidenced informed care that is respectful, trauma-informed, and compassionate.
- The HART Hub in London **proposed services** include:
  - Primary care
  - Integrated care planning
  - Mental health and addictions services, including crisis support, recovery and treatment support
  - Peer supports
  - Housing access support and mental health and addictions supportive housing
  - Income and employment support
  - Transportation
  - Justice system services
  - Services to meet basic needs
- The HART Hub is dedicated to providing culturally safe and relevant supports will offer services in French to meet the needs of Francophone clients.
- The HART Hub in London seeks to fulfill the following **key objectives and outcomes**:
  - Provide low barrier access to integrated healthcare
  - Implement culturally safe services/approaches for underserved populations

# CMHA Algoma (Sault Ste. Marie)

- The Sault Ste. Marie HART Hub will support the entire community; those who are most marginalized, those working in the system, and those trying to provide support, including businesses and community members who also experience the impacts of this crisis.
- The Sault Ste. Marie HART Hub **proposed services** include:
  - Primary care
  - Mental health and addictions services including counselling and psychotherapy, crisis services, Rapid Access Addictions medicine, detox, bed-based treatment referral, addictions medicine prescriber
  - Peer supports
  - Mental health and addictions supportive housing and shelter referral services
  - Ontario Works/Ontario Disability Support Program case management
  - Employment supports
  - Justice system supports
  - Access to Indigenous specific supports
  - Services to meet basic needs
- The **key objectives and outcomes** of the Sault Ste. Marie HART Hub are:
  - Improve quality and enhance services
  - Expand services
  - Fill in gaps of care by implementing innovative solutions
  - Improve access to services

# Services and Housing in Province (Dufferin County)

- The goal of the Dufferin HART Hub is to assist individuals experiencing complex and overlapping issues in Dufferin County with rapid, low barrier support to address substance use, mental health and homelessness challenges to increase quality of life and overall physical health and well-being
- The **proposed services** at the Dufferin HART Hub include:
  - Primary and psychiatric care and access to other allied health professionals
  - Mental health and addictions services including intensive case management
  - Peer support
  - Mental health and addictions supportive housing, housing support case work and transitional bed case management
  - Employment support
- The **key objectives and outcomes** of Dufferin HART Hub are:
  - Secure housing and reduce encampments
  - Emergency room visits
  - Improve population health
  - Reduce healthcare costs
  - Enhance health equity

# Lanark, Leeds and Grenville Addictions and Mental Health (Lanark, Leeds and Grenville)

- The HART Hub will address significant gaps in services for individuals with complex needs by offering a centralized, coordinated approach to care. The Hub will consolidate these services under one roof, ensuring clients receive immediate and continuous care, from withdrawal management to housing referrals.
- The **proposed services** at the HART Hub include:
  - Primary care
  - Mental health and addictions services including case management, withdrawal management beds, medical detoxification, and structured relapse prevention
  - Peer support
  - Mental health and addictions supportive housing and transitional living and overnight shelters
  - Vocational and employment support and guidance
- The **key objective** of the HART Hub is to provide a comprehensive, integrated care model that addresses mental health, addictions, housing, and employment needs.

# Oxford Ontario Health Team (Oxford County)

- The Oxford HART Hub will provide evidence-based programs and services essential for recovery and hope among complex populations.
- The **proposed services** at the Oxford HART Hub include:
  - Primary and psychiatric care
  - Mental health and addictions services including counselling, brief therapy, assertive community treatment, addictions treatment, Mental Health Emergency and Response Team crisis services, Rapid Access Addictions Medicine, withdrawal management
  - Mental and addictions supportive housing, emergency shelter, housing stability/eviction prevention and housing case management
  - Income support
  - Family services and supports
  - Community policing
- The Oxford HART Hub **key objectives and outcomes** are to:
  - Reduce emergency department visits
  - Lower homelessness rates
  - Improving overall health outcomes for Oxford residents

# County of Renfrew (Renfrew County)

- The Renfrew County Mesa HART Hub follows Mesa, a collaborative, multi-sector approach to providing compassionate care.
- The Mesa HART Hub follows a Hub-and-Spoke model where clients will be able to move fluidly between the Mesa Hub to a Spoke (pre-existing community-based access points) for continued care.
- The **proposed services** at the Renfrew County Mesa HART Hub include:
  - 24/7 access to wellness services
  - Primary care and health outreach
  - Concurrent disorder specialist
  - Mental health and addictions services including case management, intensive stabilization and onsite care for clients with complex mental health and addictions needs
  - Peer supports
  - Mental health and addictions supportive housing
  - Indigenous client care coordination
  - Life skills training and vocational and employment counselling
- The **key objectives and outcomes** of Renfrew County Mesa HART Hub are to:
  - Increase access to mental health and substance use services and ensure timely access to services
  - Integrate culturally safe and inclusive approaches to treatment and recovery for Indigenous clients and equity deserving communities
  - Create a network of supportive housing solutions
  - Support clients and family throughout their recovery journey



# Gateway of Niagara (Niagara)

- Niagara's HART Hub would increase access to addictions and mental health treatment for individuals experiencing chronic homelessness, while simultaneously increasing access to and stability in supportive housing.
- Niagara's HART Hub **proposed services** include:
  - Primary and psychiatric care
  - Outreach
  - Mental health and addictions services including case management, Rapid Access to Addiction Medicine, addictions/bed-based treatment, withdrawal management, crisis services
  - Peer Supports
  - Mental health and addictions supportive housing
  - Employment services
  - French language supports
- The **key objectives and outcomes** for the Niagara HART Hub are:
  - Enhancing system coordination
  - Increased collaboration to reach “hard to reach” clients
  - Increased ability for flow through to necessary treatment options

# CMHA Lambton Kent Sarnia (Sarnia)

- The Lambton County HART Hub is poised to play a crucial role in addressing the housing, mental health and addictions needs of the community by providing low barrier access to a myriad of needed services co-located and integrated in one space.
- The Lambton County HART Hub **proposed services** include:
  - Primary care
  - Mental health and addictions care
  - Mental health and addictions supportive housing
  - Employment and other social services
  - Services to meet basic needs
- The **key objectives and outcomes** for the Lambton County HART Hub are:
  - Improve quality of services
  - Expand existing services
  - Implement innovative solutions
  - Improve access

# Pinecrest Queensway Community Health Centre (Ottawa)

- The West Ottawa HART Hub is designed to deliver low barrier, personalized care for those experiencing addictions challenges while optimizing healthcare resources and improving long-term wellness outcomes.
- The West Ottawa HART Hub **proposed services** include:
  - Primary care, community health service navigation and wellness check-ins
  - Mental Health and addictions services including crisis support, withdrawal management, addictions counselling, group therapy, bed-based treatment and stabilization, and aftercare support
  - Peer support
  - Mental health and addictions supportive housing and housing caseworkers
  - Family support services
  - Financial literacy, employment and vocational support
  - Educational workshops and community building activities
  - Virtual care options
- The **key objectives and outcomes** of the West Ottawa HART Hub are:
  - Provide low-barrier health and social services at the right time and place
  - Provide comprehensive navigation services
  - Provide housing stability and prevention for those at risk of losing housing
  - Reduce emergency department volumes and collaborate with paramedic services
  - Integrate primary care services


## **Stream 2 – Indigenous-led HART Hubs**

# Kenora Chiefs Advisory (Kenora)

- Rooted in an Anishinaabe worldview, the Hub will expand upon the existing Kenora Emergency Shelter & Clinical Services Hub, enhancing its capacity to offer a seamless continuum of care that integrates cultural practices and traditional healing methods. This model emphasizes cultural safety, ensuring that services are delivered in ways that respect and incorporate Indigenous knowledge, practices, and community values.
- This Hub focuses on the delivery of a culturally responsive care model, tailored to the needs of Indigenous individuals, who are overrepresented in homelessness and addictions statistics.
- **Proposed services** include:
  - Primary care
  - Mental health and addiction services, including treatment and case management
  - Peer support
  - Mental health and addictions supportive housing and housing navigation
- The Hub will leverage existing local resources and partnerships to ensure service efficiency and avoid duplication while introducing new services to fill identified gaps, such as culturally appropriate transitional housing and harm reduction initiatives. An integral component of the project is to engage Indigenous communities and individuals with lived experience in the planning, governance, and delivery of services, ensuring cultural safety and relevance at every stage.

# Maamwesying (Sault Ste. Marie)

- Maamwesying’s proposed continuum of care is designed to provide a comprehensive and flexible approach to support individuals in their recovery journey. This proposal will use HART “spokes” across the region with existing service providers with strong track records, leveraging existing services and local knowledge:
  - Spoke 1: Sagamok Anishnabek with the First Nation
  - Spoke 2: Benbowopka Treatment Centre in Blind River with Mamaweswen (North Shore Tribal Council)
  - Spoke 3: Sault Ste Marie with the Indigenous Friendship Centre
- The proposal focuses on the delivery of a culturally responsive care model tailored to the needs of Indigenous individuals.
- This Hubs plan integrates culturally safe services, including transitional beds and supportive housing units.
- **Proposed services** include:
  - Primary care
  - Mental health and addictions services including traditional healing practices such as access to Elders, ceremonies, and land-based programs (including land-based detoxification)
  - Mental health and addictions supportive housing



## **Stream 3 – HART Hubs Transitioning from Consumption and Treatment Service (CTS) Sites**



# Guelph Community Health Centre (Guelph)

## 176 Wyndham Street North

- The Guelph-Wellington HART Hub will serve adults and youth (age 16 years and older) living in Guelph and Wellington County with multiple health conditions, including moderate to severe mental health and/or addictions challenges and experiencing homelessness, being at-risk of homelessness, or requiring intensive services to maintain access to housing (such as supportive housing).
- The Guelph-Wellington HART Hub will include an Intensive Housing and Treatment Team and Integrated Crisis Centre, co-located at Guelph Community Health Centre. Existing specialized mental health, addictions, and housing services will also be co-located and/or integrated with the Guelph-Wellington HART Hub, including Rapid Access Addiction Medicine (RAAM), the Flexible Assertive Community Treatment Team (FACTT), Guelph Community Health Care Pharmacy, Integrated Mobile Police and Crisis Team (IMPACT), Hive Health Services (which provides health services to people with HIV/AIDS as well as gender-affirming care), and Housing Support Workers from the County of Wellington.
- The Integrated Crisis Centre will include a 24/7 integrated crisis service, crisis stabilization beds, and medically supported withdrawal management beds. For people who identify as Indigenous, access to the Guelph-Wellington HART Hub will be supported through Indigenous Support Coordinators embedded within, and Indigenous Housing First Workers co-located with the Guelph-Wellington HART Hub.

# Toronto Public Health (Toronto)

- Toronto Public Health and several City of Toronto Divisions are proposing to establish a HART Hub that will include 24/7 Intake, Medical Monitoring and Referrals; Outreach, Wrap Around Services, and Supportive Housing Connection; Substance Use Treatment and Primary Care; Outpatient Medical Specialty Services.
- This HART Hub will respond to urgent and complex health needs in Toronto's downtown core including the drug toxicity epidemic and homelessness by increasing treatment and health care pathways for people who use drugs and/or who are experiencing homelessness, improving client-centered health service delivery, facilitating rapid access to treatment, recovery, and culturally appropriate wraparound and mental health and community supports.
- This Hub will bring both clinical and operational expertise in de-escalation approaches and partnerships which will offer increased reassurances and improve community safety and wellbeing by providing convenient and connected mental health and addictions services.
- Indigenous clients can access services directly or through several referral partners within Toronto that are focused on providing culturally appropriate care to Indigenous clients.
- The funding will enable supportive housing opportunities; the Hub will have access to affordable rental units through existing buildings owned by the City of Toronto.

# Hamilton Urban Core Community Health Centre (Hamilton)

## 430 Cannon Street East

- The objectives set for the Hamilton Urban Core HART Hub is to provide client-centered care for Hamilton's most vulnerable populations facing overlapping challenges related to mental health, addiction, homelessness, and barriers to care, while addressing key social determinants of health. The HART hub aims to serve individuals that are 18 years and older who are homeless or at risk of homelessness, require complex services, and are at high risk of fatal overdoses, with a special focus on vulnerable and marginalized groups, including BIPOC, 2SLGBTQIA+, Indigenous, and Francophone individuals.
- Onsite services will include: Comprehensive primary care and specialty services; culturally safe and relevant care for equity-deserving populations; mental health supports; social assistance and wrap around supports; employment support and pathways to education; social re-integration, skills building, and community sense of belonging.
- Other services proposed include: Safe Beds and Recovery Transition Beds to stabilize high-risk individuals immediately and provide a pathway for addictions recovery and community reintegration; and Therapeutic Recovery Maintenance, a unique pathway toward permanent housing paired with rent support, wrap around supports, integrated healthcare, and long-term case management.
- For Indigenous clients, collaboration with the local Aboriginal Health Access Centre will create a seamless care pathway.
- For the Black community, the Hub will integrate Black Health Cultural Ambassadors to engage communities, build trust, and partner with Black-led organizations to create culturally resonant care pathways aligned with the Afrocentric model of health and well-being.
- Services will be offered in multiple languages, with interpretation available to eliminate language barriers, including French, Somali, Spanish, Kiswahilli, Farsi, Mandarin, Pashto, Igbo, Cree, Inuktitut, Ojibway.

# NorWest Community Health Centre (Thunder Bay)

## 212 Miles Street East

- NorWest Community Health Centre (CHC) and partners are proposing a HART Hub model that leverages existing collaborations, and that will enable enhanced access to a suite of integrated, locally tailored health and human services supporting the treatment and recovery of individuals with complex service needs.
- Four clusters of services will be provided: Drop in/Intake Centres (basic needs such as food, laundry, clothing and showers); a low-barrier Mental Health and Substance Use Health Clinic (e.g., Hep C/HIV testing, IV antibiotics, advanced wound care); navigators and case managers will support access to social services, including housing and employment; cultural services provided through programming at the Centre, referrals to partner agencies, or by Elders and cultural practitioners.
- The Thunder Bay & District Hub will deliver client- and systems-based outcomes such as increased ability for clients to function independently through community-based supports; better integrated service delivery through on-site, integrated, and co-located services; stabilized or improved mental health outcomes through treatment and recovery care; and reduced pressure on hospitals and other services systems (including the justice system).
- Low barrier services will allow immediate and timely access to care. Referral pathways to the Hub will be developed from a number of access points, which include health services, social services, and the Care Bus.
- The organization's commitments are aligned with addressing the priorities of Noojmawing Sookatagaing. This includes addressing mental health and substance use, stigma and discrimination, embedding cultural care, and utilizing evidence based and trauma-informed practice.
- To support this work, dedicated staff such as Indigenous Health Associate, Cultural Practitioner and Indigenous Counsellor will be hired through St. Joseph's Care Group to lead this area of care for HART Hub clients. Clients will also have access to Elders/Knowledge Keepers, facilitated through the St Joseph's Care Group program.

# Somerset West Community Health Centre (Ottawa)

## 55 Eccles Street

- The Ottawa HART Hub is designed as a low-barrier, trauma-informed, culturally responsive, 24/7 healthcare model that integrates primary care, mental health, substance use treatment, housing with supports, and health systems navigation. By combining targeted community outreach and co-located services, they will address increasing community needs and ensure individuals with complex health and housing challenges can access the care and support they need for stability, recovery, and long-term success.
- Proposed net new or expanded services include: Substance Use Management and Addictions Counselling, Group Counselling; Life Process Program; and Deep Trauma Healing Interventions.
- Through rapid referral pathways and partnerships, the following will be made available: withdrawal management beds; access to mental health and addictions programs; and community support.
- This HART Hub will continue serving Ottawa's urban residents within the downtown core but is accessible to anyone across Ottawa.
- Partnerships with Indigenous Practice Facilitators will ensure that Somerset West Community Health Centre develops and implements culturally responsive programming tailored to the needs of Indigenous and equity deserving groups.

# Community Healthcaring Kitchener-Waterloo (Kitchener-Waterloo)

## 44 Francis Street South

- The HART Hub will prioritize system navigation to ensure people can identify and access the care they need, increase the number of outreach teams, and enhance longer service hours, expand services (particularly mental health and addictions care), and add more locations served to meet the changing needs in our community.
- Services include: Mental Health Services; Addiction Care and Support; Shelter and Transition Beds; Primary Care; Supportive Housing; Social Services, ID, and Employment; Naloxone and Satellite Hubs will be located at carefully selected locations where the HART Hub's target population already gathers, including places where support for basic needs are provided.
- The Waterloo Region HART Hub will ensure distinct pathways are available for equity deserving groups to access culturally safe and relevant care from organizations that specialize in supporting a specific equity deserving community. For example, Indigenous people who choose an alternate way of treatment will be able to access cultural outreach services-from The Healing of the Seven Generations, land-based healing from Crow Shield Lodge, and supportive and affordable housing from K-W Urban Native Wigwam Project. At the same time, the HART Hub will make it easy for these agencies to easily refer their clients for specialized services offered by Implementation Partners.
- Local partnerships have been leveraged to secure fixed site transitional housing units and scattered site supportive housing units for HART Hub clients.

# Parkdale Queen West (Toronto)

## 168 Bathurst Street

- The Parkdale Queen West (PQW) Community Health Centre HART Hub will focus on clinical and social care services led by inter-professional care team with physicians, Nurse Practitioners, mental health practitioners, housing support workers, social workers and peer supports and offer comprehensive primary care, substance use treatment, housing and shelter support and mental health assessments. These services will include treatment planning and referrals to specialized services. Registered Nurses will provide triaging, acute care, preventive services, health and substance use assessments, and follow-up care, under the guidance of clinical leadership. Clinical case managers will work with each client to address deficits in their social determinants of health (such as lack of housing, income, employment and basic needs supports) thereby enhancing stabilization and recovery efforts.
- The Hub will provide rapid access to primary care and allied health services and providing essential stabilization services such as food security, money management, employment support, psychiatric care, access to treatment and outpatient addictions support. Housing partners will offer units in supportive housing environments, designed to accommodate the expansion of the Hubs clinical and social health services. In collaboration with hospitals, the Hub will enhance its efforts to divert individuals experiencing intoxication and drug overdose from emergency departments to stabilization sites managed by University Health Network and staffed by PQW and other partners.
- The Hub partners recognize the importance of addressing systemic racism and ensuring culturally competent care for all clients, particularly those from marginalized communities, including Black, Indigenous, and racialized populations. Indigenous clients will be provided with access to traditional healing practices alongside access to Western medical services. Hub partners will ensure spaces for ceremonies, smudging, and talking circles, creating an environment of healing and cultural respect.
- In addition to new supportive housing units, housing support would also be provided in continued partnership with St Michael's Homes (access to Transitional Housing Program for men) and PARC (access to their rent-geared-to-income).



# Regent Park (Toronto)

## 465 Dundas Street East

- The Hub will employ a Hub and Spoke model, with services also offered at partner locations (spokes). It will prioritize individuals who have experienced homelessness for over six months and face complex challenges, supporting their stabilization, treatment, and recovery.
- The Hub will support individuals to receive primary health care and intensive case management, and support clients with tenancy management and eviction prevention, and access services like psychiatric care, substance use treatment, and recovery programs.
- The Hub will serve individuals and families experiencing homelessness, mental illness, and addictions, including a significant portion of refugees. Special care will be provided to Indigenous clients by ensuring culturally relevant and appropriate supports. Regent Park CHC has made a commitment to the Indigenous Council to ensure that Indigenous Health remains in Indigenous hands.
- The HART Hub will formalize partnerships with Fred Victor, Unity Health, Inner City Health Associates, Covenant House, Margaret's Housing, St. Michael's Homes, Gerstein Crisis Services, Dixon Hall, and Fife House. These partnerships aim to address service gaps, improve access for the most vulnerable, and ensure continuity of care.
- At Regent Park CHC, advancing Black Health is an identified strategic priority. 100% of Senior Leadership roles are held by BIPOC individuals at Regent Park CHC is a true reflection of the diversity of communities that it serves and policies against discrimination are in place.
- Regent Park CHC, in partnership with the Downtown East Toronto Ontario Health Team, proposes to create the HART Hub, utilizing existing infrastructure to offer longer-term mental health and addictions supportive housing units, transitional housing units, and-crisis beds.

# South Riverdale Community Health Centre (Toronto)

## 1156 Danforth Avenue

- The South Riverdale HART Hub will aim to provide evidence-based health care, treatments, social services, and housing support for individuals struggling with addictions, mental health, housing and other related issues. Clients will have low-barrier access to primary care, mental health and addictions treatment with direct referral to housing and other support services.
- The Hub will serve clients with a variety of needs and a wide range of substance use and addictions treatment goals from pre-contemplation to post-recovery.
- The partners led by St. Michael's Homes will establish a drop-in space on Danforth that will provide access to food, shower, and basic supplies, as well as access to day treatment services offered by the Hub. The drop-in will serve as a low-barrier entry to HART Hub's complement of services with the availability of drop-in workers, addictions counselling, case management, voluntary trustee services, housing support and placement, assistance with social assistance, employment supports and psychotherapists on-site to support clients' immediate access to day treatment, support services and housing.
- The Hub will collaborate with Indigenous partners, 2-Spirited Peoples of the 1st Nation and Anishnawbe Health, to host culturally safe programming at the Hub's drop-in. Workers will support the use of traditional medicines in the space, connection to Elder support, and connections to specific services for 2-Spirited and Indigenous peoples such as counselling or support groups.
- Housing support will be provided by St. Michael's Homes, Alpha House, Salvation Army Harbour Light and Fontbonne Ministries.
- The Hub is proposing new supportive housing opportunities as well as a dedicated referral pathway for clients with mental health and substance use challenges to WoodGreen Community Services for permanent housing.



January 28, 2025

Christine Hogarth, MPP  
Chair, Standing Committee on Social Policy  
Whitney Block, Room 1405  
Toronto, ON M7A 1A2

Ministry of Health  
438 University Ave, 10th Floor  
Toronto, ON, M5G 2K8

[Submitted electronically via the Legislative Assembly of Ontario,  
Standing Committee on Social Policy invitation for written submissions  
& Ontario Regulatory Registry Proposal for Comment 24-HLTC044]

Members of the Standing Committee and staff of the Ministry of Health,

We commend the government on proposing of Bill 231 2024 An Act to enact or amend various Acts related to health care, particularly Schedule 4, which seeks to amend the Health Protection & Promotion Act's section 22, subsection 5.0.1 concerning Class Orders. This section of law was used in novel ways during the COVID-19 pandemic response, and review and adjustment of this provision is very sensible to ensure we appropriately balance protecting the freedom of the public with protecting the health of the population.

As we seek to support the government and Legislative Assembly to update this provision of the Health Protection & Promotion Act, we wish to highlight what we believe could be unintended impacts of the proposed legislated amendment. It is our recommendation that the Legislative Assembly not adopt these amendments as currently written, but rather convene a thorough and detailed review of this provision in order to develop a comprehensive modernization of this important public health measure.

**Sudbury**

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1.866.522.9200

**phsd.ca**

Public health orders under Section 22 are a longstanding public health tool that are used sparingly, but are essential when they are needed to protect the population. Variations of this exist in public health legislation across the country. We appreciate the government's recognition of the importance of this power, and that the general use of section 22 orders has not been proposed for amendment.

The Class Orders provision of section 22 was enacted after the first wave of SARS in 2003, and proclaimed on May 5, 2003. This legislation was a response to the real gaps in public health law that were identified during that first wave of SARS, and sought to ensure local public health had the tools to protect the population from a novel and deadly virus. As Dr. Sheila Basrur explained to the Standing Committee on Justice Policy on August 18, 2004 :

One of the elements that arose during SARS was our inability to issue orders on anything but a person-by-person, one-at-a-time kind of basis. There was an instance wherein we had an entire group of people who needed to be put into quarantine on a weekend. It was physically and logistically impossible to issue orders person to person on a Saturday afternoon for 350 people who happened to live in three or four different health units all at once, each with their own MOH, their own solicitors and so on. So now there is an amendment to the Act. Again, that was processed even between phases one and two of the SARS outbreak. So things can happen fast when the will is there, but also when the need is apparent, such that orders can be issued against a class of persons. In a future pandemic or other wide-scale emergency, that will be a very helpful provision so we can issue mass orders if necessary and if warranted under the circumstances.

This measure has been used in similar fashion by local public health authorities for two decades. As Dr. Basrur noted, an essential element of this measure is that it can be issued swiftly, typically within hours on the same day that a risk to the public arises.

This original use of Class Orders is different than the novel use it had during the COVID-19 pandemic response. Whereas the original use was for a targeted and localized group of tens to hundreds of persons, during the pandemic response it was applied to the entire population of a local health unit (tens to hundreds of thousands of people), or to all businesses within a local health unit. There are rightly concerns about the breadth of this power and questions about what checks and balances should be in place.

The proposed amendments to require notice and written approval of the Chief Medical Officer of Health for any Class Order has merit for the latter, novel and very broad use of a Class Order. In particular, for something like the pandemic response where there would be provincial leadership of the response, and a desire for consistency across the province,



there is a good argument for the Chief Medical Officer of Health to have a role to bring some alignment to local orders.

However, we believe the proposed amendments as written would undermine the original purpose of Class Orders, to enable swift action on fast-moving health threats that are of a local nature. Awaiting written approval of the Chief Medical Officer of Health would delay response, perhaps critically, of a tool that was designed for swift action. And the involvement of a provincial authority in a purely local matter is both inefficient and unsound.

We believe that legislation needs to distinguish between these two scenarios and tailor conditions for the use of each in light of the very different problems they are seeking to address. The language proposed in Bill 231 does not draw these distinctions, and so would address one problem (alignment and accountability over health unit-wide orders) at the expense of another (protecting the public from a rapidly-moving local infectious outbreak). In addition to this fundamental issue, we believe there are additional issues surrounding Class Orders that should be explored:

- Do Class Orders need additional checks and balances beyond the Chief Medical Officer of Health's review? Should there be civilian review? Should there be a post-hoc assessment of whether it was used appropriately, similar to what is done after use of the federal Emergency Act?
- How do we ensure appropriate provincial review does not unduly delay a class order of the more novel variety? Should there be timelines for the Chief Medical Officer of Health's review? An alternate approach could be to allow a Class Order to go into effect, but be rescinded by the Chief Medical Officer of Health upon their review.
- Should the legal standard for a Section 22 order applied to an individual, to a class of persons, or to the entire population of the health unit remain the same standard? Should the legal standard perhaps escalate with the breadth of its application? The Campbell Commission after SARS also raised questions in 2005 regarding the ambiguity of the current legal standards. There is opportunity to review this.
- The Campbell Commission also made recommendations around the logistics of issuing section 22 orders as well as their geographic scope. These recommendations have not been addressed as of this date.

We believe that the issue of section 22 orders including class orders is complex and warrants thorough and careful examination. We commend the government for its leadership to better define the conditions in which class orders should be used. We advise

the Legislative Assembly that a broader review is warranted to study the many issues that are associated with his important public health measure. A comprehensive and transparent review could strengthen our public health system, better balance protecting individual freedoms with protecting the public's health, and build public confidence in public health and section 22 orders specifically.

We appreciate the opportunity to provide feedback, and we look forward to an opportunity to support the government and Legislative Assembly to achieve their vision for Class Orders, while also strengthening our public health system as a whole. Our staff would be pleased to speak further to you about our thoughts and to support you any way possible as you seek to optimize this amendment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Signoretti', with a long horizontal flourish extending to the right.

Mark Signoretti  
Chair, Board of Health

Cc: Lesley Flores, Clerk, Standing Committee on Social Policy  
Kieran Moore, Chief Medical Officer of Health  
Kate Bingham, Associate Medical Officer of Health  
Local MPPs  
Local Boards of Health  
M. Mustafa Hirji, Acting Medical Officer of Health & CEO, Public Health Sudbury & Districts

# South East Health Unit

formerly



## Board of Health Briefing Note

<b>To:</b>	South East Health Unit Board of Health
<b>Prepared by:</b>	Dr. Linna Li, Deputy Medical Officer of Health - East
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and Chief Executive Officer
<b>Date:</b>	Wednesday, February 26, 2025
<b>Subject:</b>	<b>Adult Dental Fund</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	No action required.
<b>Background and Current Status</b>	<p>Across Ontario, there is a lack of financial support for adult dental services for those who are not eligible for coverage through alternative provincial programs (Healthy Smiles, Senior's Dental, Ontario Works), and who do not have workplace insurance.</p> <p>For the past 11 years, the legacy LGL health unit has applied to the United Way of Leeds and Grenville (UWLG) for an annual grant that creates a fund for adults with dental emergencies; this fund is called the Emergency Adult Dental Treatment Fund (EADTF). People see a dentist in the community and the dentist bills the health unit. In the 2022/2023 funding year, 132 clients received services through this program. The program runs for as long as there is still funding; after the funds run out, it is put on pause until funding is received again in the subsequent year.</p> <p>There are reporting requirements for the fund, which is completed by the Program Manager and the Finance Manager. UWLG also requires that we:</p> <ul style="list-style-type: none"> <li>◆ Allow the UWLG to:             <ul style="list-style-type: none"> <li>○ use the health unit's logo on promotional, social media, website, and printed materials related to the programming they are helping to fund; and</li> <li>○ use the health unit's logo in their annual report</li> </ul> </li> <li>◆ The health unit must:             <ul style="list-style-type: none"> <li>○ note UWLG funds in the audited financial statements;</li> <li>○ commit to collaboration within the UWLG's network;</li> </ul> </li> </ul>



	<ul style="list-style-type: none"><li>○ publicly recognize the UWLG semi-annually, for their support for the health unit and the specific programming they have helped to fund; and</li><li>○ have visible signage, logo, and recognition of UWLG on premises.</li></ul> <p>There have not been any issues with meeting these requirements.</p> <p>For the 2025/2026 funding year, we have applied for \$30,000.</p>
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February 28, 2025

Item #6



**United Way**  
Kingston, Frontenac  
Lennox and Addington

Ms. Sarah Donnelly  
South East Health Unit  
Dental Treatment Assistance Fund  
221 Portsmouth Avenue  
Kingston, ON K7M 1V5

Ref#: Em\_25\_04

Dear Ms. Donnelly:

*Sarah*

On behalf of the United Way of KFL&A, we are pleased to inform you that funding in the amount of **\$25,000** has been approved through the 2025 **Emergency Assistance Fund**, to continue support of the **Dental Treatment Assistance Fund** program for residents of KFL&A. Please find a cheque enclosed for this amount.

This funding is intended to support direct fee-for-service payments made to dentists for treatment of up to \$400 per client, aged 18 years or older, who require emergency dental treatment for the relief of pain, infection and/or trauma, and have no dental insurance and declare a financial need.

Funding has been allocated by geography, and is based on need, as follows:

- \$16,250 – Kingston
- \$3,750 – Frontenac County
- \$5,000 – L&A County

Please continue to provide regular update reports, due June 30<sup>th</sup>, September 31<sup>st</sup>, and December 31<sup>st</sup>, 2025. Each report should include the number of adults and youth that have been treated in each of KFLA geographic areas, as well as an account of grant funds utilized.

We would also appreciate that you let us know how you intend to recognize this grant and tag United Way KFLA on any social media. Our accounts include:

Twitter: @unitedwaykfla  
Facebook: United Way of Kingston, Frontenac, Lennox & Addington  
Instagram: United Way KFLA  
Youtube: unitedwaykfla

Thank you for the work you do to address the issue of dental health and poverty in our community. If you require any further information or assistance, please feel free to contact me at 613-329-9171.

Sincerely,

*Kim Hockey*

Kim Hockey  
Vice President, Community Impact

**United Way** Kingston, Frontenac, Lennox Addington  
417 Bagot Street, Kingston ON K7K 3C1  
613-542-2674 uway@unitedwaykfla.ca  
Charitable Registration Number: 125978270RR0001

[www.unitedwaykfla.ca](http://www.unitedwaykfla.ca)

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**From:** allhealthunits <allhealthunits-bounces@lists.alphaweb.org> on behalf of alPha communications <communications@alphaweb.org>  
**Sent:** February 20, 2025 2:08 PM  
**To:** AllHealthUnits@lists.alphaweb.org  
**Cc:** board@lists.alphaweb.org  
**Subject:** [allhealthunits] February 2025 InfoBreak

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**PLEASE ROUTE TO:**

**All Board of Health Members**

**All Members of Regional Health & Social Service Committees**

**All Senior Public Health Managers**

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**February 20, 2025**

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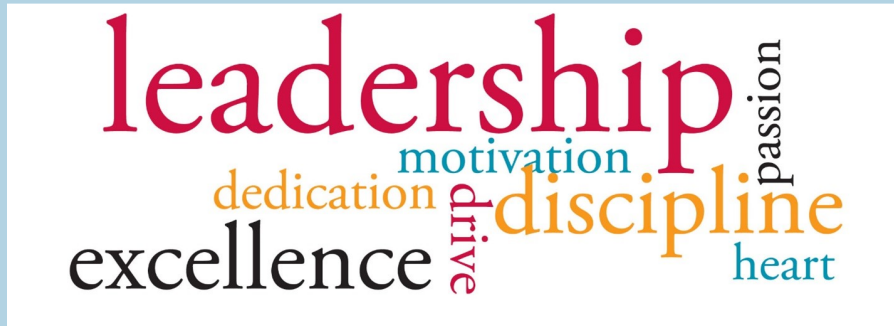
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## February 2025 InfoBreak

*This update is a tool to keep alPha's Members apprised of the latest news in public health including provincial announcements, legislation, alPha activities, correspondence, and events. Visit us at [alphaweb.org](http://alphaweb.org).*

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## Leader to Leader - A message from alPHa's Chair - February 2025



“Leadership is not about a title or a designation.  
It’s about impact, influence and inspiration.”

The [alPHa Board of Directors](#) and alPHa staff continue to be actively engaged on your behalf. This month, the alPHa Board of Directors met in their governance role guided by alPHa’s [Strategic Plan](#) with a focus on being the leading, unified voice for Ontario’s public health system. alPHa’s ask of Ontario’s policy influencers and decision-makers is for their support for the goals and objectives of public health, with sustained, sufficient resources to ensure sustainability for Ontario’s locally based network of public health agencies. Here are two recent submissions:

- [alPHa Ontario 2025 Budget Hon. Peter Bethlenfalvy, Minister of Finance](#), and
- [alPHa Public Health Matters Hon. Sylvia Jones, Ontario’s Deputy Premier and Minister of Health](#)

The alPHa 2025 Online Winter Symposium, Section meetings and Workshops were a resounding success! The events were engaging for all participants with polling, facilitated Q&A, and breakout sessions. Thank you to everyone who participated, and to the Simcoe Muskoka District Health Unit (co-host sponsor), speakers, moderators, video submissions, Dalla Lana School of Public Health, and Eastern Ontario Health Unit. Special thanks for planning and choreographing an exceptional event to Loretta Ryan, alPHa Chief Executive Officer (CEO) and alPHa staff.

The symposium commenced with an impressive showcase of local public health videos. Keynote, Pete Bombaci of GenWell, spoke on being a catalyst for action to meaningfully improve long-term health and well-being, reduce costs to the healthcare system, increase social cohesion and inclusivity, and drive economic and community benefit.

An informative lineup of topics followed throughout the day. Principals of StrategyCorp, Sabine Matheson and John Perenack, provided insight into the current political situation and offered strategies. alPHA's 1st year anniversary report of the [2024-2027 Strategic Plan](#), facilitated by Maria Sánchez-Keane, was interactive and informative on the progress of alPHA's accomplishments. The South East Health Unit shared their challenges and opportunities, along with what to expect next, as the newly merged health unit moves forward.

The merger conversation carried forward in the afternoon at the Boards of Health Section meeting with the chairs of the newly merged boards of health: Jan O'Neill, Chair, Board of Health, South East Health Unit; Michelle Boileau, Chair, Board of Health, Northeastern Public Health; Ron Black, Chair, Board of Health, Haliburton Kawartha Northumberland Peterborough Health Unit; and John Bell, Acting Chair, Board of Health, Grand Erie Public Health. Their informative updates were complemented by a presentation on governance roles and responsibilities from James LeNoury, Principal, LeNoury Law, alPHA Legal Counsel, Doug Lawrance, Chair, Northwestern Health Unit, and Ann-Marie Kungl, Chair, Board of Health, Simcoe Muskoka District Health Unit.

Two pre-symposium workshops were value-added. Tim Arnold's interactive *Leading Change: The 5 Tensions to Manage Successful Transformation* discussed leadership skills to help manage current and future challenges during this time of change for public health. The second workshop, *Harnessing the Power of 'Where' for Public Health Discussions* by Esri Canada, had a series of presentations of case studies and dynamic discussions, attendees learned how geographic data, real-time maps, and new innovations in geographic technology are connecting Canadian public health teams to uncover local drivers of health inequity, strengthen health emergency preparedness, and improve collaborative decision-making.

Anticipation is building for the alPHA 2025 AGM and Conference in-person in Toronto. This is a tremendous opportunity to network, and to continue the important conversation on the role of local public health in the province's resilient public health system and its demonstrated role for the public health of all Ontarians.

At the Rural Ontario Municipal Association 2025 ROMA Conference in January, it was great to have the chance to connect with many of you. Along with Loretta Ryan, alPHA's CEO, I was also pleased to meet and have a productive discussion with Robin Jones, President of the Association of Municipalities of Ontario (AMO), who also serves on the Board of Health for South East Health Unit.

Perhaps I will see you at The Ontario Public Health Convention TOPHC 2025 in March or at the alPHa 2025 AGM and Conference in June. If you are at either of these events, I look forward to the opportunity to connect.

Stay tuned for the Annual General Meeting Package, which contains the Call for Resolutions, Distinguished Service Award nominations, and Boards of Health elections information.

Thanks to each of you for your individual and collective commitment, and for support to alPHa as we all work to advance the cause of a resilient, sufficiently resourced, local public health system in Ontario.

Trudy Sachowski  
Chair, alPHa Board of Directors

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**Resources from the 2025 Winter Symposium, Section Meetings, and Workshops are now available!**



Thank you to all of the alPHa Members who attended this year's Winter Symposium. We were glad to see so many of you engaged in discussions and dialogue on key public health issues. A special thanks goes to alPHa Chair, Trudy Sachowski, for chairing the event. We would also like to thank BOH Section Vice Chair, Tammy DeGiovanni, and COMOH Section Chair, Dr. Lianne Catton, for chairing their meetings.



A huge shoutout goes to Obadiah George from the Dalla Lana School of Public Health and Andy Morrisson from the Eastern Ontario Health Unit for their generous event and technical support. The event would not have been possible without them!

Thank you to all those who submitted videos from their public health units. We had a strong response and we greatly appreciate your participation.

Lastly, we would like to note and thank the ALPHA staff for all of their work to make the Symposium, workshops, Section meetings, and Board meeting a success.

Presentations from this year's Winter Symposium are now available (please see below for more information from Tim Arnold and GenWell). Please note, you will need to log in to the members' side of the website to view the presentations. You can do so [here](#). Please note, we are continuing to receive these, so check back often. Additionally, we will be featuring the Resources from the Esri Canada workshop in next month's newsletter.

If you have not yet filled out the after-event survey, there is still time to do so. You can be entered into a draw for a gift card. The link to the survey is [here](#) and the final date to fill it out is Friday, February 28.

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## **Leading Change - The 5 Tensions to Manage Successful Transformation**



It was an honour to facilitate the "Leading Change" workshop at the Winter Symposium. Thank you (once again) for allowing me to support you in your leadership development journey.

To ensure the learning is put into action, visit [www.timarnold.ca/resources](http://www.timarnold.ca/resources). Once you click the "Leading Change Resources", you can download key slides and a personal action plan from the workshop. You'll also find an 11-question assessment to further your insights, and information on purchasing my recent book, "[Leading Change](#)."

Don't let the workshop be "one-and-done"! Subscribe to "The Leaders' Edge" at [www.timarnold.ca/newsletter](http://www.timarnold.ca/newsletter). This monthly newsletter provides actionable insights and DIY team activities to empower your success at work and in life.

Here's how to reach Tim on social media: [Click here for his LinkedIn](#) page, and [click here for his Instagram](#) page.

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## GenWell Resources



We would like to thank Pete Bombaci, CEO and Founder, GenWell, for presenting to the EAs/AAs on Tuesday, February 11 and for being the keynote speaker for the alPHa Winter Symposium on Friday, February 14. It was wonderful to hear from him!

The following resources have been available to alPHa Members. These are:

- [Presentation](#)
- GenWell Social Health Toolkit
- GenWell Connection Event (May 2-4)
- GenWell Case for Support - A call for your public health unit to participate in a workshop or speaking opportunity.



- GenWell Social Health Workshop Overview - Please note, any alPHA Member who books a social health workshop before the end of February will receive a 25 per cent discount.
- A compilation of the GenWell Social Health Toolkit, GenWell Connection Event, GenWell Case for Support, and GenWell Social Health Workshop is available [here](#).
- [Other workshops that GenWell offers](#)

## alPHA's Strategic Plan



alPHA actively represents all of Ontario's boards of health, medical officers and associate medical officers of health, and senior public health managers. The association is a unified voice and a trusted advisor on public health, advances the work of local public health through strategic partnerships and collaborations, supports the sustainability of Ontario's local public health system, and delivers member services to local public health leaders. alPHA's Strategic Plan was launched a year ago and acts as a foundational document to achieve the organization's goals and objectives. Thank you to all those who participated in the discussion on how your association is implementing the Strategic Plan.

We would like to thank Maria Sánchez-Keane for leading the session!

alPHA's 2024-2027 Strategic Plan is available [here](#).

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## Thank you, Executive Assistants/Administrative Assistants!

**alPHA**  
Association of Local  
PUBLIC HEALTH  
Agencies

### Executive Assistant/Administrative Assistant Workshop February 11, 2025

The 2025 Executive Assistant (EA)/Administrative Assistant Workshop (AA), that is taking place **online 1 p.m. to 4 p.m. on February 11**, features **Pete Bombaci** from GenWell and is **\$149+HST**. Public health unit staff are facing new and increasing challenges to staying connected both inside and outside of the workplace, resulting in increased mental and physical health challenges. His talk is titled **Building A More Connected Canada Where Everyone Thrives**. It will help you to deepen your understanding of the growing issues of social isolation, disconnection and loneliness, your impact on individuals and society and the power of human connection in the workplace. The workshop will also include an update on alPHA activities.

**About Pete Bombaci:** Pete is the founder of GenWell and is proud to be leading a movement that he truly believes can make the world a happier and healthier place. Formerly the Canadian Country Director for Movember Canada, Pete led an amazing team of people responsible for raising \$142 million dollars over five years, and putting a much needed lens on men's health. Having spent time in the for-profit and not-for-profit worlds, Pete believes that there is a great opportunity to combine the interests of business, schools, government, foundations and individuals in the solution to the disconnected world that we find ourselves in today.

The Winter Symposium is co-hosted by alPHA and Simcoe Muskoka District Health Unit

**alPHA** Association of Local PUBLIC HEALTH Agencies  
**simcoe muskoka** DISTRICT HEALTH UNIT

With generous support from:

**EOHU** Eastern Ontario Health Unit  
**BSEO** Bureau de santé de l'est de l'Ontario  
**Dalla Lana** School of Public Health  
**genwell** HUMAN CONNECTION MOVEMENT  
**esri** Canada

Thank you to all those who attended the Executive Assistant/Administrative Assistant (EA/AA) Workshop. It was a huge success and it's all thanks to your enthusiastic participation! On Tuesday, February 11, EAs/AAs gathered together to increase collaboration and enhance creativity and productivity. We hope you were all able to take some time for yourselves and that you will take what you've learned from GenWell and apply it both inside and outside the workplace. alPHA would like to thank Melanie Dziengo for her leadership and planning on this workshop and Melissa Ziebarth, from Renfrew County and District Health Unit, for her assistance. Additionally, your support for alPHA Member Representatives does not go unnoticed. Thank you for all that you do! Please do not forget to fill out your after-event survey that was sent to you by e-mail. The final date to complete it is Tuesday, February 25.

**2025 alPHa Pre-Budget Submission**



On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Organizations, alPHa sent in a submission to provide input on the financial requirements for a stable, locally based public health system as part of this year’s pre-budget consultation. To read more, click [here](#).

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**Rural Ontario Municipal Association (ROMA) Conference recap**





alPHa would like to congratulate the Association of Municipalities of Ontario (AMO) on a very successful ROMA conference that took place from January 19-21 in Toronto with approximately 2,000 delegates.

Many alPHa members were in attendance, including alPHa representatives - Trudy Sachowski, Chair and Loretta Ryan, Chief Executive Officer. Trudy and Loretta had numerous interactions at the ROMA Conference including a meeting with Robin Jones, President, AMO and an opportunity to speak with the Hon. Sylvia Jones, Minister of Health. These are two of the many interactions that took place to continue to actively position and profile local public health with municipal officials and their staff.

Here are some of the AMO documents that were highlighted at the event:

- [Public Awareness Campaign – Provincial Election](#)
- [Municipalities Under Pressure: The Growing Human and Financial Cost of Ontario’s Homelessness Crisis](#)
- [Pre-Budget Submission](#)

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## TOPHC 2025





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

### Important dates

- March 26: In-person Convention
- April 2: Virtual Convention

This year’s theme is: Insight to Impact: Leveraging evidence & collective expertise to advance public health practice.

TOPHC brings together a multi-disciplinary community of public health professionals to prevent illness and improve health, by sharing the latest research and information, promoting best practices, and advancing evidence-based public health initiatives and policies. This is a unique opportunity to build and refine practical skills, learn best practices, keep up with new and emerging developments in the field, and network with peers across Ontario. To learn more, click [here](#).

## GenWell: Who, What, and Why?

The infographic is titled "genwell HUMAN CONNECTION MOVEMENT". It features a blue background with white and orange text and icons. The content is organized into several sections: a main introductory paragraph, "WHO ARE WE?", "FOUNDED IN:", "GOAL TO CONNECT:", "WE WORK IN:" (with icons for Schools, Workplaces, Communities, Seniors Organizations, and Municipalities), "WHAT DO WE DO?", "WHY DO WE DO IT?", and "CONTACT US:" (with social media icons for email, website, and Instagram).

**genwell**  
HUMAN CONNECTION MOVEMENT

We're diving into the **who, what, and why** of GenWell to give you a snapshot of what we're trying to accomplish. Reach out and get connected with us to learn more.

**WHO ARE WE?**  
GenWell, a registered Canadian not-for-profit, is Canada's **Human Connection Movement**. It's mission is to make the world a happier and healthier place by emphasizing the importance of **face-to-face social connection**. By **educating, empowering, and catalyzing** everyone in Canada, GenWell encourages proactive steps to improve **health, happiness, longevity**, and society as a whole.

**FOUNDED IN:**  
**2016**

**GOAL TO CONNECT:**  
**41M** 🇨🇦

**WE WORK IN:**  
SCHOOLS WORKPLACES COMMUNITIES SENIORS ORGANIZATIONS MUNICIPALITIES

**WHAT DO WE DO?**  
GenWell has developed signature annual campaigns with the ambition to catalyze a broad cross-section of people across Canada to join in activities that build and deepen our connection as humans and as a society.  
**Learn more at:**  
<https://genwell.ca/campaigns/>  
We have also developed customized programming to teach and practice human connection in settings that naturally bring together priority demographic groups and facilitate interaction.  
**Learn more at:**  
<https://genwell.ca/programs/>

**WHY DO WE DO IT?**  
• **More than 50%** of Canadians feel lonely on a regular basis.  
• Canadian businesses lose an est. \$40 billion annually due to the impact of disconnection and loneliness  
Research clearly demonstrates that **social isolation, disconnection, and loneliness** are associated with a greater incidence of major psychological, cognitive, and physical morbidities, and lower perceived quality of life.  
Most Canadians do not understand the **importance of human connection and social health** as a **positive, proactive, and inclusive** way to sustain and improve our mental and physical health.

**CONTACT US:**  
✉ [info@GenWellProject.org](mailto:info@GenWellProject.org) 🌐 [www.GenWell.ca](http://www.GenWell.ca) 📷 @GenWellProject

This month, GenWell is giving you a snapshot of what they are trying to accomplish. This infographic covers who they are, what they do, and why they do it. Ultimately, their goal is “to make the world a happier and healthier place by emphasizing the importance of face-to-face social connection.” To learn more, click [here](#).

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## Boards of Health: Shared Resources



A resource [page](#) is available on alpha's website for Board of Health members to facilitate the sharing of and access to information, orientation materials, best practices, case studies, by-laws, Resolutions, and other resources. **In particular, alpha is seeking resources to share regarding the province's Strengthening Public Health Initiative, including but not limited to, voluntary mergers and the need for long-term funding for local public health.** If you have a best practice, by-law or any other resource that you would like to make available via the newsletter and/or the website, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) and for posting in the appropriate library.

Resources available on the alpha website include:

- [Orientation Manual for Boards of Health](#) (Revised Jan. 2024)
- [Review of Board of Health Liability, 2018](#), ([PowerPoint presentation, Feb. 24, 2023](#))
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)

- [Legal Matters: Updates for Boards of Health](#) (Video, June 8, 2021)
- [Obligations of a Board of Health under the Municipal Act, 2001](#) (Revised 2021)
- [Governance Toolkit](#) (Revised 2022)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Canadian Centre on Substance Use and Addiction](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System](#) (2021)
- [The Municipal Role of Public Health\(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

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**Calling all Ontario Boards of Health: Level up your expertise with our training courses designed just for you!**



Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

### **BOH Governance training course**

Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

### **Social Determinants of Health training course**

Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Speakers are Monika Turner and Loretta Ryan.

Reserve your spot for in-person or virtual training now! Visit [our website](#) to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

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## Affiliates update

# Affiliates

Association of Local Public  
Health Agencies

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[Ontario Dietitians in Public Health](#) (ODPH) is pleased to share the announcement that Dr. Valerie Tarasuk, Professor Emeritus, University of Toronto, was appointed to the Order of Canada. This prestigious recognition is a testament to Dr. Tarasuk's outstanding contributions to research on household food insecurity in Canada. As principal researcher of [PROOF](#) (an interdisciplinary research program), her research and advocacy has influenced evidence-based policy across Canada and internationally. Her research has informed ODPH's comprehensive health promotion approaches to food insecurity across Ontario's local public health agencies. Congratulations to Dr. Tarasuk!

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## alpha Correspondence





Through policy analysis, collaboration, and advocacy, alPHA's Members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. A complete online library of submissions is available [here](#). These documents are publicly available and can be shared widely.

- [alPHA Letter - PH Matters Infographic #4](#)
- [alPHA Submission - 2025 Ontario Budget](#)

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## ***Ontario Public Health Directory: January 2025 update***



The [Ontario Public Health Directory](#) has been updated and is available on the alPHA website. Please ensure you have the latest version, which has been dated as of **January 14, 2025**. To view the file, log into the alPHA website.

Please note, we will be updating the directory again soon with regards to the recently announced mergers.

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## **Upcoming DLSPH Events and Webinars**

# Dalla Lana

## School of Public Health

- [Black Health Lecture Series](#) (Feb. 25, Mar. 4, Mar. 26)
- [Health Inc Seminar Series: Why wellness sells](#) (Mar. 5)
- [CQuIPS+ Masterclass: Motivate Improvement in Your Hospital by Telling a Compelling Story with Data](#) (Mar. 7)
- [Health Summit: Charting a course to accessible, equitable & high quality public health care](#) (Mar. 8)

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### BrokerLink Insurance



Please note, alpha's partnership with Aviva is no longer in place. All Members who are with Aviva are encouraged to explore insurance with BrokerLink.

In partnership with alpha, [BrokerLink](#) is proud to offer preferred home and auto insurance rates for members, click [here](#) to get a quote. Do you have questions about understanding your car insurance renewal? Our advisors are here to help. Learn about renewing car insurance, and a few of the most common reasons why it's important to always review your annual insurance policy [here](#).



**Insurance for Groups**

## Annual Insurance Review



BrokerLink Insurance offers members exclusive discounts on home and auto insurance. Through this group insurance plan, members benefit from comprehensive coverage, superior customer service, and insurance that is customized to fit your needs.

Many individuals will receive their policy renewal documents in the mail prior to their renewal date and file them away. However, a lot could have changed in the last 12 months and this is your opportunity to make any updates to your policy before it resets for another year. Always take the time to review your insurance policies before their renewal date.

**Here are some reasons why:**

- You might not have adequate coverage**

It is a good time to go over your limits on your coverage and ensure your policies are up-to-date. Take note of the rebuild/replacement value of your home – is it current? Did you start up a home-based business which requires additional coverage? Are there any gaps in coverage?
- Changes to your home or property**

Your insurance policy needs to reflect any changes that you have made in the past year. Did you do any home renovations? These could include updates to bathrooms or kitchen, adding a garden shed, extending the deck, putting in a swimming pool – all these improvements need to be reflected on your policy. Also, if you have replaced any big ticket items such as the furnace, hot water tank, appliances – these need to also be updated on your policy to ensure you have proper coverage.
- You might be missing out on savings**

Renewals are a good time to make sure you are not missing out on any discounts or programs that could be applied to your policy. Insurance companies often introduce new programs or opportunities for savings throughout the year so this is the time to explore if any apply to you. If you are going to see an increase in your premium, ask your broker to shop your insurance with their other markets to ensure you are placed with the right insurance provider. Check your deductible limits to ensure they still fit your needs.
- Have you made a big purchase?**

If you have made a big purchase or inherited an expensive item within the last year, you may want to consider scheduling the item on your policy. Scheduling a valuable item provides piece of mind knowing that it is covered. It also means that these items are not limited to your home policy limits and will ensure you have full coverage.

**Rest Assured, BrokerLink Has You Covered\***  
To learn more and for your free, no-obligation quote, contact us today.

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## ALPHA's mailing address

**Please note our mailing address is:  
PO Box 73510, RPO Wychwood  
Toronto, ON M6C 4A7**

For further information, please contact [info@alphaweb.org](mailto:info@alphaweb.org).

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## News Releases

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

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Our mailing address is:  
PO Box 73510, RPO Wychwood  
Toronto, ON M6C 4A7  
Canada

Want to change how you receive these emails?  
You can [update your preferences](#) or [unsubscribe](#)