



**THE REGIONAL MUNICIPALITY OF NIAGARA  
PUBLIC HEALTH & SOCIAL SERVICES COMMITTEE  
AGENDA**

**PHSSC 7-2020**

**Tuesday, August 4, 2020**

**1:00 p.m.**

**Meeting will be held by electronic participation only**

**All electronic meetings can be viewed on Niagara Region's website at:**

**<https://www.niagararegion.ca/government/council/>**

Due to efforts to contain the spread of COVID-19 and to protect all individuals, the Council Chamber at Regional Headquarters will not be open to the public to attend Committee meetings until further notice. To view live stream meeting proceedings, visit:  
[niagararegion.ca/government/council](https://www.niagararegion.ca/government/council)

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	<b>Pages</b>
<b>1. <u>CALL TO ORDER</u></b>	
<b>2. <u>DISCLOSURES OF PECUNIARY INTEREST</u></b>	
<b>3. <u>PRESENTATIONS</u></b>	
3.1 <u>Built for Zero Assertive Street Outreach Update</u> Carla Montana, Homelessness & Emergency Services Advisor and Shelly Mousseau, Program Manager, Gateway	3 - 9
<b>4. <u>DELEGATIONS</u></b>	
<b>5. <u>ITEMS FOR CONSIDERATION</u></b>	
5.1 <u>PHD 7-2020</u> Authorizing Assistance and Support Agreements to Combat COVID-19	10 - 14
<b>6. <u>CONSENT ITEMS FOR INFORMATION</u></b>	
6.1 <u>PHD-C 6-2020</u> COVID-19 Response and Business Continuity in Public Health & Emergency Services	15 - 29

6.2	<u>COM-C 22-2020</u> COVID-19 Response and Business Continuity in Community Services	30 - 33
6.3	<u>COM-C 23-2020</u> Niagara Regional Housing Quarterly Report April 1 to June 30, 2020	34 - 49
6.4	<u>COM-C 24-2020</u> Niagara Regional Housing 2019 Annual Report	50 - 53

**7. OTHER BUSINESS**

**8. NEXT MEETING**

The next meeting will be held on Tuesday, September 8, 2020 at 1:00 p.m.

**9. ADJOURNMENT**

If you require any accommodations for a disability in order to attend or participate in meetings or events, please contact the Accessibility Advisor at 905-980-6000 ext. 3252 (office), 289-929-8376 (cellphone) or [accessibility@niagararegion.ca](mailto:accessibility@niagararegion.ca) (email).

# Built for Zero

# Assertive Street Outreach

# Update

Public Health & Social Services Committee  
Presentation only – no corresponding report

August 4, 2020

Carla Montana, Homelessness & Emergency Services Advisor  
Shelly Mousseau, Program Manager, Gateway

# Alignment with Built for Zero

- Reach Unsheltered Homeless

NASO

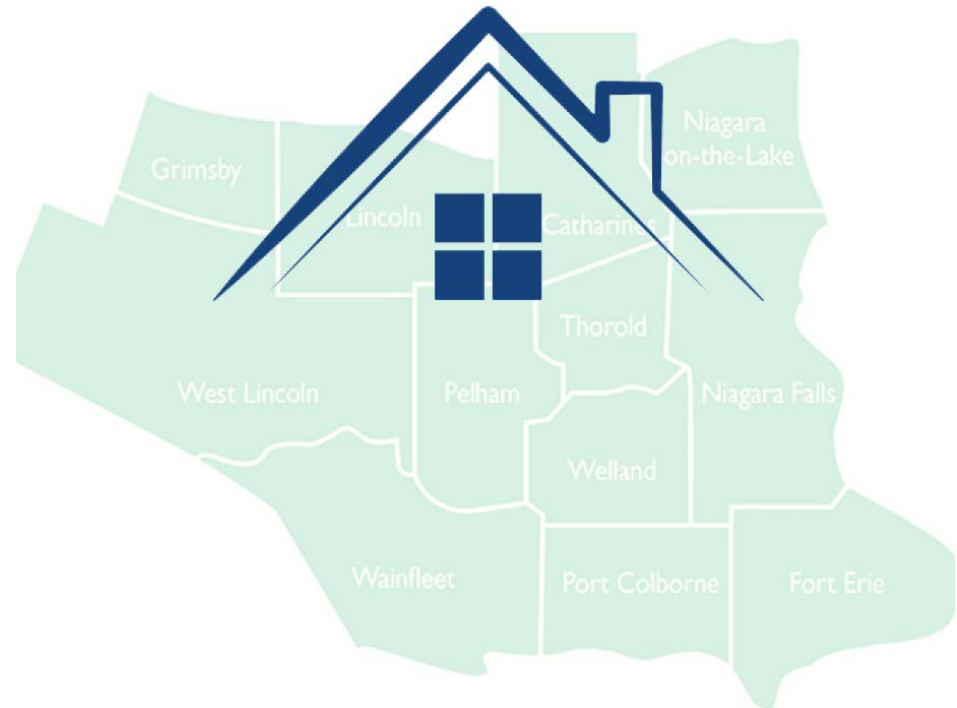


*LEAD AGENCY*



# Alignment with Built for Zero

- Regular Meetings
- HIFIS Data Reporting
- Mapping Hot Spots



**HIFIS / SISA**

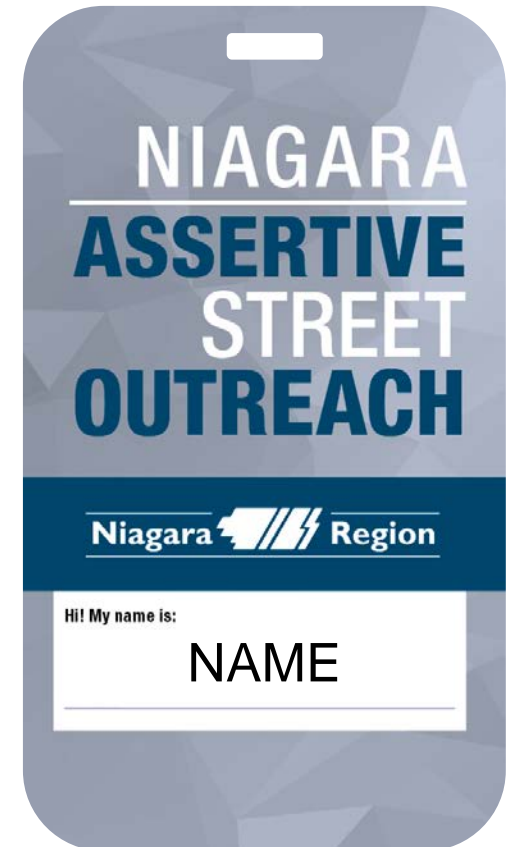
Homeless Individuals and Families Information System / Système d'information sur les personnes et les familles sans abri

# Supporting Community

- Professionalized Street Outreach
- Dr. Stobbe (REACH Niagara)
- NASO Hotline
  - On call via 211 Referral Service



**Ontario**



# Supporting Community

- Extended Service Coverage

Coverage	Weekdays	Weekends
7:00 AM to 7:00 PM	X	
9:00 AM to 4:30 PM		X

# Hot Spot Mapping Demonstration



# Questions?

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**Subject:** Authorizing Assistance and Support Agreements to Combat COVID-19

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, August 4, 2020

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## Recommendations

1. That the Medical Officer of Health & Commissioner (Public Health & Emergency Services) or his/her delegate, on behalf of the Board of Health, **BE AUTHORIZED** to enter into agreements with other local boards of health in Ontario for the provision and/or receipt of COVID-19 prevention services, including temporary assignment of human resources, in a form satisfactory to the Director of Legal & Court Services.
2. That this authorization **EXPIRE** when the COVID-19 pandemic is declared over by the World Health Organization.

## Key Facts

- The purpose of this report is to seek approval for the Medical Officer of Health & Commissioner (Public Health & Emergency Services) or their designate to enter into assistance agreements with other boards of health to support response to the current COVID-19 Pandemic.
- When case management and contact tracing around COVID-19 cases is delayed, it leads to ongoing transmission of the COVID-19 virus.
- Due to the unpredictability of the COVID-19 pandemic, some health units have faced challenges during surges of cases to have sufficient staffing resources to contain the virus in their respective jurisdictions.
- Given frequent movement of people across Ontario, uncontrolled COVID-19 outbreaks in neighbouring and nearby regions can lead to increased COVID-19 cases in Niagara and vice versa.
- A cross-jurisdictional assistance agreement will enable Niagara Region Public Health (NRPH) to manage workload pressures when facing acute surges of COVID-19 cases or other response work. Similarly, other local public health agencies will be able access NRPH support when their internal resources are exhausted, preventing the infections in those regions from spreading to Niagara or elsewhere.
- Ensuring timely ability to manage cases and trace contacts is also a provincial metric guiding reopening of the economy.
- Public Health staff are uniquely skilled and trained in case management of Diseases of Public Health Significance (DOPHS) and have the technological skills and ability

to access and report information in provincial data systems that provide critical surveillance.

## **Financial Considerations**

In the event that NRPH staff are supporting other local Ontario local public health agencies or vice versa, agreements will preferably be negotiated to allocate staff costs to the agency receiving support. However, in an emergency when such cost-sharing cannot be arranged, it is possible that Niagara Region could benefit from staff of another agency working for Niagara Region Public Health with their home agency continuing to pay all costs. In the opposite arrangement, Niagara Region might continue to provide annual salary provisions to Niagara Region Public Health staff while doing non-Niagara Region Public Health work.

At this time, provincial funding models for COVID related costs have not been formally established. Public Health staff anticipate, based on multiple communications from the Ministry of Health, that all public health COVID-19 expenses will be paid for by the Province at 100%.

Prior to committing Regional staff resources for redeployment to other Ontario local public health agencies, efforts will be made to ensure mechanisms are in place for Regional costs not covered by provincial funding, are able to be recovered from the other Ontario health units. It should be noted that if the Province does not reimburse 100% of these costs and costs are material, staff will bring forward a report to outline the costs and impacts on the Regional levy.

## **Analysis**

At a few points in previous months, some local public health agencies in Ontario have faced unusual surges of cases of COVID-19 that have temporarily overwhelmed their ability to complete timely case management and contact tracing. When COVID-19 cases are not effectively contained in one region, it puts the entire province at risk from infections spreading elsewhere.

To address this risk, many local public health agencies who have had few cases of COVID-19 have lent their services to support other parts of the province with more acute challenges. At least three other regions have benefited from these arrangements to bring their local surges under control. Niagara Region Public Health has not participated in these given our inability to enter into such arrangements without a

lengthy approval process. Fortunately, Niagara Region Public Health has successfully managed to control COVID-19 cases using internal resources thus far.

Given the difference in local public health agency staffing levels, the variation in the number of cases and contacts across the province, and the unpredictability of the pandemic, it is reasonable to expect that some local public health agencies may continue to need additional staffing to support effective case and contact tracing of the COVID-19 pandemic from time to time during acute surges. A local agency's ability to respond in a timely manner and efficiently manage the pandemic is highly dependent on the number of skilled staff who are trained and who are deployed to the pandemic response, along with the volume of cases and contacts requiring follow up. To add further complexity, large-scale outbreaks, which often result in an immediate surge in cases, pose a significant challenge to communities where resources are limited, therefore making containment of the virus difficult.

Niagara Region Public Health has done very well at redeploying staff across the department to operationalize a call centre and support case management and contact tracing. Under normal conditions, the Infectious Disease program operates with 10 full time equivalent staff. As a result of the pandemic, NRPH has redeployed at varying amounts during the pandemic, with an additional 43 FTE with various skill sets currently deployed to provide outbreak management, case management and contact tracing. The average number of COVID-19 cases per day is 6.3 and we have successfully managed 42 outbreaks as of July 14. At present, our current response time is 100% of cases followed up within one business day as well as 100% of contacts successfully reached within a 24 hour period (data extracted July 14). If staffing pressures were to be overwhelmed, the ability to refer and leverage alternative staffing resources would be instrumental to ensuring timely contact tracing of Niagara residents, to slow the spread of infection. As well, ensuring 90% of cases and contacts are reached within 24 hours is a provincial metric for reopening the economy, and ensuring Niagara maintains its excellent performance here is necessary to ensure Niagara does not move backwards in the reopening framework.

Public Health staff already have a level of expertise so that minimal training is need when staff are redeployed to other health unit jurisdictions. They also have unique knowledge and skill in outbreak management, case management and contact tracing, with the ability to connect cases (epi-link) in order to determine the source of the virus. This expertise is unparalleled and worth leveraging in the face of a pandemic to ensure vulnerable populations are protected and to mitigate fatalities in communities.

## **Alternatives Reviewed**

In the event case and contact management capacity exceeds NRPH current staffing levels, NRPH could reach out to Public Health Ontario (PHO) for support. However while PHO is able to assist with contact follow-up, they cannot conduct the initial case management and contact tracing.

NRPH also has a mutual assistance agreement with a group of other local public health agencies (Hamilton, Haldimand-Norfolk, Brant County, Halton Region, and Waterloo Region). In the scenario of a surge of cases across this part of the province, however, all these local public health agencies might be overwhelmed at the same time.

## **Relationship to Council Strategic Priorities**

Early identification and notification of COVID19 cases and contacts by skilled staff is imperative to limiting and/or stopping the spread of infection in the community. It also has a direct impact on Council's strategic priority for a Healthy and Vibrant Community. Failure to provide timely case management and contact tracing follow up can lead to further spread of COVID19 infection. Additionally, timely follow up is required to meet the Ministry's expectations and standards, which are used for provincial strategic decision making with respect to opening the region in a phased approach—progress to Stage 2 and Stage 3 reopening was predicated in part on Niagara Region Public Health's excellent record of timely case management and contact tracing. The region being provincially provisioned to move into the next phase will support local businesses and economic growth while opening the doors for future planning.

## **Other Pertinent Reports**

MOH 03-2011 Public Health as an Emergency Service

By-law 06-2011 "A By-law to Appoint Acting Medical Officers of Health and Obtain from or Give Assistance to Other Public Health Units for Emergencies or Urgent Projects, and the accompanying Mutual Aid Agreement".

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**Prepared by:**

Carolyn Whiting  
Infectious Disease Supervisor  
Clinical Services

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**Recommended by:**

M. Mustafa Hirji, MD, MPH, FRCPC  
Medical Officer of Health &  
Commissioner (Acting)  
Public Health & Emergency Services

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**Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Beth Brens, Manager Program Financial Support.*

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**MEMORANDUM**

**PHD-C 6-2020**

**Subject:** COVID-19 Response and Business Continuity in Public Health & Emergency Services (August 2020)

**Date:** August 4, 2020

**To:** Public Health & Social Services Committee

**From:** M. Mustafa Hirji, Medical Officer of Health & Commissioner (Acting)

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**Current Status as of July 24, 2020**

- The latest updates including statistics can be found at <https://niagararegion.ca/covid19>
- Niagara began to see an increase in COVID-19 cases starting in mid-July. From averaging just under 2 cases per day, Niagara has shifted to averaging just under 5 cases per day July 18–24. This is likely due to the increased interaction amongst persons linked to reopening of the economy, coupled with complacency and fatigue to practicing personal behaviours that slow the spread of infection.
- This trend parallels with trends seen in other parts of Ontario (Ottawa, Peel Region, Windsor-Essex, Simcoe-Muskoka, etc.), other provinces in Canada (Quebec, Manitoba, British Columbia, Alberta), and many other countries around the world (Germany, Spain, Australia, Israel, South Korea, etc.) of a resurgence of cases as the economy re-opens.
- As we try to find the balance between a reopened economy, ongoing surges of cases of COVID-19 followed by attempts to bring them back under control are to be expected.
- Outbreaks in long term care homes and retirement home continue to be relatively controlled with few cases. Ongoing enhanced inspections are continuing to support better IPAC measures. As well, simulations of outbreaks are now being run with these homes to stress test their outbreak practices and help them prepare for the eventuality of a future outbreak.
- In Emergency Services, call volumes for EMS are returning to normal levels business and life resumes. Fortunately, due to reduced hospital offload delays during the previous 12 weeks, Emergency Services is meeting all system performance metrics under the new Mobile Integrated Health model. As volumes continue to return to pre-COVID-19 levels, staff are closely monitoring hospital

delays as the volumes increase. Refer to PHD 05-2020 from last month's meeting for further details. The Emergency Management staff continue to support the Regional EOC activities and provide liaison activities with local area municipality CEMC's and multiple stakeholders.

- Until there is broad immunity throughout the population, COVID-19 will circulate more as we open society more. It remains critical to re-emphasize the importance of physical distancing, hand hygiene, wearing face coverings when one cannot keep distance from others, and being very mindful of one's own health so one can get tested if any symptoms develop. All of these measures protect a person, and the community more widely.
- As Niagara enters Stage 3 of the provincial reopening framework, Public Health & Emergency Services is watching closely for whether the current increase in cases can be levelled off with existing efforts, or whether additional measures may be needed to bring control back to the COVID-19 outbreak. .

### **Previous (June 3) Summary on Business Continuity (Updates Underlined)**

Public Health & Emergency Services deliver essential services year-round to impact the health and health equity of Niagara residents, and to pursue Council's strategic goal of building a Healthy and Vibrant Community. During the current pandemic, the department is playing a central role in the response to protect and mitigate the impacts of COVID-19, while also continuing the essential work around all other health issues that continue to affect residents.

While COVID-19 has commanded the primary focus of Public Health and society at large, it is important to remember that most of the pre-existing health issues continue to exist and are responsible for more deaths (4,500 per year in Niagara) than the projected number of deaths from COVID-19 in Niagara (250–1,000 deaths).

Activity in Public Health & Emergency Services reflects focusing on COVID-19 response, while also ensuring ongoing service to protect the health in other essential areas.

### ***Public Health Emergency Operations Centre for COVID-19***

#### **Current Status of Operations**

Public Health began work in response to COVID-19 on January 8, 2020. As volume of activities grew, the Public Health Emergency Operations Centre was partly activated on



January 28, 2020 to ensure coordination of work and central leadership. By March 9, staff had begun to be redeployed from regular duties to supporting the activities of the Emergency Operations Centre, which was fully activated at this time.

### **Significant Initiatives or Actions Taken**

There are three principle lines of response to COVID-19:

1. **Case, Contact, and Outbreak Management.** Public Health is following-up with every person diagnosed with COVID-19 to ensure they are isolated and no longer infecting others. Public Health identifies all contacts of that person who may also have been infected, and arranges for those contacts to be isolated as well. That way, if they develop illness, they cannot have exposed anyone. By isolating all persons who may be infected with COVID-19, the chain of transmission can be broken. Case and contact management will be critical to ensuring ongoing control of COVID-19 transmission if and when physical distancing measures are relaxed.

A critical subset of this work is advising and supporting the management of outbreaks in long term care homes, retirement homes, and other health care facilities. We have seen that most cases and deaths in Niagara, Ontario, and Canada as a whole have occurred in these settings. Better protecting them and supporting these facilities to manage outbreaks are our top priority.

Public Health usually has 12 staff working on case, contact, and outbreak management year-round for 75 diseases of public health significance (e.g. measles, influenza, salmonella, HIV). Within the Emergency Operations Centre, this has been scaled-up to 56 front line FTE as well as 20 FTE of support staff and 9 supervisory/leadership staff trained to support this, as needed. An additional 30 staff are trained to support case & contact management, but have been deployed back to their home programs given the lower number of cases currently being identified. In addition, Public Health is further expanding its capacity by “out sourcing” some of this work to staff offered by the Public Health Agency of Canada and to medical students. A further potential enhancement would be the ability to enter into assistance agreements with other local public health agencies. The operation now works 7 days a week, 08:00 to 20:00.

2. **Supporting Health Care & Social Services Sector.** The health care and social services sectors play an essential role in supporting those most vulnerable,

including diagnosing and caring for those who contact COVID-19. Public Health has been working with the sector to advise and support protocols that will minimize risk of infection to both clients and staff. We are also helping health care providers acquire personal protective equipment and testing materials.

An additional role around supporting the health care system has been to enable Niagara Health to maximize the capacity of its COVID-19 assessment centres. Public Health has been temporarily assessing and prioritizing persons concerned about COVID-19 for testing at the assessment centres. Public Health is in the process of transitioning this effort to primary care providers so that Public Health staff can shift to focus even more on other elements of COVID-19 response. A dedicated health care provider phone line supports health care providers in providing advice and latest recommendations around COVID-19.

Approximately 20 FTE currently support the health care and social services sector within the Emergency Operations Centre, all redeployed from normal public health work.

3. **Public Messaging.** Given the rapidly changing landscape of COVID-19. Public Health seeks to provide the public with the information to address their fears and concerns, as well as to understand their risk and how to protect themselves. These efforts include a comprehensive web site library of frequently asked questions, an information phone line to speak to a health professional that operates 09:15 to 20:30 on weekdays and 09:15 to 16:15 on weekends, an online chat service with health professionals that operates during the same hours, social media, and approximately 15 media requests per week. Daily, Public Health has over 20,000 interactions with the public across all channels.

Approximately 10 staff have been redeployed from usual public health operations to support the Emergency Operations Centre with public messaging.

In addition to these lines of work, there is significant work around data entry, customizing data systems and process management to make the above three lines of work as efficient and effective as possible. As well, there are comprehensive planning teams, logistics teams, a finance and administration team, and liaison activities. Approximately 45 staff have been reallocated to these activities.

Finally, existing mass immunization plans are being updated and preparedness is underway for if and when a COVID-19 vaccination is available.

## **Operational Outlook**

### 1 month

- Case & Contact Management capacity readied for deployment as cases increase with increased economic and social interactions

### 3 months to 6 months

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response. The expectation is that current emergency operations would continue with emphasis shifting based on provincial response.
- Assistance agreements may be entered into with other local public health agencies to prepare for managing the risk of a local surge of COVID-19 cases.

## ***Clinical Services Division (Excluding Mental Health)***

### **Current State of Operations**

Most efforts in this area normally focus on infectious disease prevention. Many staff (70.5 FTE of 84 total) have been reallocated to the Emergency Operations Centre for COVID-19 response. However, work is now underway to scale-up sexual health services as well as vaccination cold chain inspections, the latter in preparation for vaccination against influenza. Current operations are focused on

- case and contact management of sexually transmitted infections
- case and contact management of significant infectious diseases (e.g. tuberculosis, measles)
- distributing provincial vaccination stockpiles to primary care
- inspection primary care for appropriate cold chain with respect to vaccinations
- advising primary care around complex immunization scenarios
- emergency contraception
- outreach to marginalized populations around vaccination and sexual health

### **Services/Operational Changes**

- Cessation of immunization clinics
- Cessation of school vaccinations

- Cessation of enforcing the *Immunization of School Pupils Act*
- Cessation of supplying the public with immunization records
- Cessation of sexual health clinics
- Cessation of health promotion around vaccinations
- Cessation of health promotion around healthy sexuality

## **Operational Outlook**

1 month & 3 months

- Return of staff to vaccination and sexual health programs to scale up operations in these areas.

6 months

- If schools re-open in the fall, school-based vaccinations may resume.

## ***Mental Health***

### **Current State of Operations**

Mental Health supports clients in the community who would often otherwise need to be hospitalized. This work is critical to keep people out of the hospital and ensure health system capacity for those with COVID-19. As well, given current challenges around loss of employment, anxiety, and social isolation, delivery of mental health services is more important than ever. 61.8 of 65 staff remain in their role with Mental Health.

### **Services/Operational Changes**

- Shift of some in-person clinics to remote delivery
- Reduction in some volume of work to shift 10 FTE to Emergency Operations and to provide mental health case management in shelters.

## **Operational Outlook**

- 2 staff have returned to Mental Health from emergency operations. Anticipate no changes to current operations over the next 6 months.

## ***Environmental Health***

### **Current State of Operations**

Several lines of inspection that were discontinued due to closures of certain sectors (e.g. food services, personal services, recreational pools) have resumed as those sectors reopen. In addition, other sectors of inspection remain more important than ever (e.g. infection control inspections of long term care homes and retirement homes). No staff remain completely deployed to support Emergency Operations. However, almost all staff are supporting emergency operations in their home program by inspecting COVID-19 prevention measures as part of their normal inspection work, or taking on roles around non-COVID-19 infection prevention normally done by staff redeployed to Emergency Operations. Currently staff focus upon

- Investigation of animal bites for rabies prevention
- Investigation of health hazards
- Foodborne illness complaints
- Food premises complaints
- Infection prevention and control lapse investigations
- Inspection of reopened food premises
- Inspection of housing and infection prevention amongst temporary foreign workers
- Support and advice to private drinking water and small drinking water system operators
- Inspection of reopened recreational water establishments
- Inspection of reopened personal services settings
- Surveillance and prevention of West Nile Virus, Lyme Disease, and other vector born diseases
- Investigation of adverse water quality
- Supporting businesses and other partners with infection prevention and control, especially as many businesses move to re-open
- Supporting operators with other unique health risks from resuming after a period of extended closure, such as flushing and managing stale water in pipes

### **Services/Operational Changes**

- ~~Reduction of food services inspections~~
- ~~Reduction of personal services inspections where services remain prohibited~~
- Increase of infection control investigations of long term care facilities and retirement homes

- Simulations of outbreaks with long term care facilities and retirement homes to increase their preparedness for outbreaks
- Refocusing infection control investigations of day cares to focus on very frequent inspection of those that remain operational

## **Operational Outlook**

### 1 month

- Continuing with intense inspections of long term care facilities and retirement homes, as well as other congregate living locations (e.g. group homes)
- Additional inspections of local farms and workplaces where transmission is likely.
- Loosening of social restrictions has necessitated resumption of inspections of food services, personal services, beaches, and other areas, and this will only increase.

### 3 month & 6 month

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response.

## ***Chronic Disease & Injury Prevention***

### **Current State of Operations**

Chronic illnesses are responsible for 70% of ill health and lead to more deaths (75,000 deaths per year in Ontario) than are likely to be caused by COVID-10 (Ontario government projects 3,000 to 15,000 deaths from COVID-19). Chronic diseases are likely to be exacerbated during this period of social restrictions. As well, since chronic disease make one more likely to suffer severe illness from COVID-19, mitigating chronic diseases remains a high priority.

Efforts are being consolidated around three areas:

1. Mental health promotion. This reflects the greater risk of persons suffering mental health challenges including suicide during this time.
2. Substance use prevention. This reflects the risk of greater substance use while people are unemployed and lack other means of recreation.

3. Health eating and physical activity. The goal is to ensure physical activity despite current social restrictions, and support healthy eating when mostly fast food is available to purchase for take-out.

The above three priorities align with the underlying causes of most ill health and most deaths in Canada. 39.8 of 45 staff remain in their role supporting work on these health issues.

### **Services/Operational Changes**

- Consolidation of resources around the previously mentioned three priorities
- Elimination of engagement of populations in-person
- Elimination of activities in schools, workplaces, and other public settings
- Cessation of most cancer prevention work
- Cessation of most healthy aging work
- Cessation of most injury prevention work
- Expansion of role of Tobacco Control Officers to also enforce Provincial emergency orders around physical distancing

### **Operational Outlook**

1 month

- Continuing new initiatives
- Working with partners on new opportunities enabled by the pandemic

3 month & 6 month

- Resumption of workshops for smoking cessation
- Roll-out of major suicide-prevention initiatives
- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response. Loosening of social restrictions will enable delivery of programming with more direct engagement.

## ***Family Health***

### **Current State of Operations**

There continues to been redeployment of roughly half of 121 FTE in Family Health to support Emergency Operations.

Families in Niagara are burdened now more than ever to try to provide safe and healthy care, environments and opportunities for children. The Family Health division continues to provide essential services for families with a small number of staff. Limited services are provided by phone, live chat and virtual access to nurses through **Niagara Parents** where families can seek support with breastfeeding, parenting, pregnancy, postpartum mental health and child health issues.

Efforts are now underway to plan with schools on how school health programming may be delivered this fall. The Healthy Babies Healthy Children program has begun transitioning back to in-person visits with physical distance to better support families, as well as in-person screening in the hospitals. The Nurse Family Partnership has also been able to transition to mostly in-person visits using physical distance having maintained visiting at pre-COVID levels for the prior 3 months with more virtual visits. Figure 1 shows an example of how Family Health has continued to support our most vulnerable clients through the pandemic.

Staff are focusing their efforts on the following areas:

- Prenatal/postnatal support
- Supporting vulnerable families
- Parenting supports
- Providing enrollment and information towards emergency dental care

Home visiting programs for some of our most vulnerable families are also offering virtual support to assist with

- adjusting to life with a new baby,
- addressing parenting concerns,
- promoting healthy child development,
- accessing other supports and services as they are available, and
- assessing for increased risk related to child protection



## Services/Operational Changes

- Cessation of dental screening
- Cessation of dental services
- Cessation of breastfeeding clinics
- Cessation of well baby clinics
- Cessation of school health activities
- Shifting all prenatal/postnatal support to virtual options from in-person service
- Shifting home visits to remote connections

For the period of March 16, 2020 to July 11, 2020:

- 254 registrants for online prenatal education
- 1,100 HBHC postpartum screens and assessments completed by PHN
- 927 HBHC home visits
- 352 Nurse Family Partnership visits
- 185 Infant Child Development service visits
- 358 Breastfeeding outreach visits
- 848 interactions with Niagara Parents (phone, live chat, and email)
- 185 moms received support and skill building through our cognitive behavioural therapy post-partum depression group
- 95 families received support and skill building through Triple P Individualized Parent Coaching

## Operational Outlook

1 month

- Resume breastfeeding clinics

3 month & 6 month

- Future operations will depend on Provincial policy decisions around COVID-19 response. Loosening of social restrictions will enable delivery of programming with more direct engagement, as well as engagement within schools.
- Resumption of dental clinics and fluoride varnish administration is also being planned for the fall.
- Positive Parenting Program being planned for resumption in the fall. There has been high uptake to virtual class options.

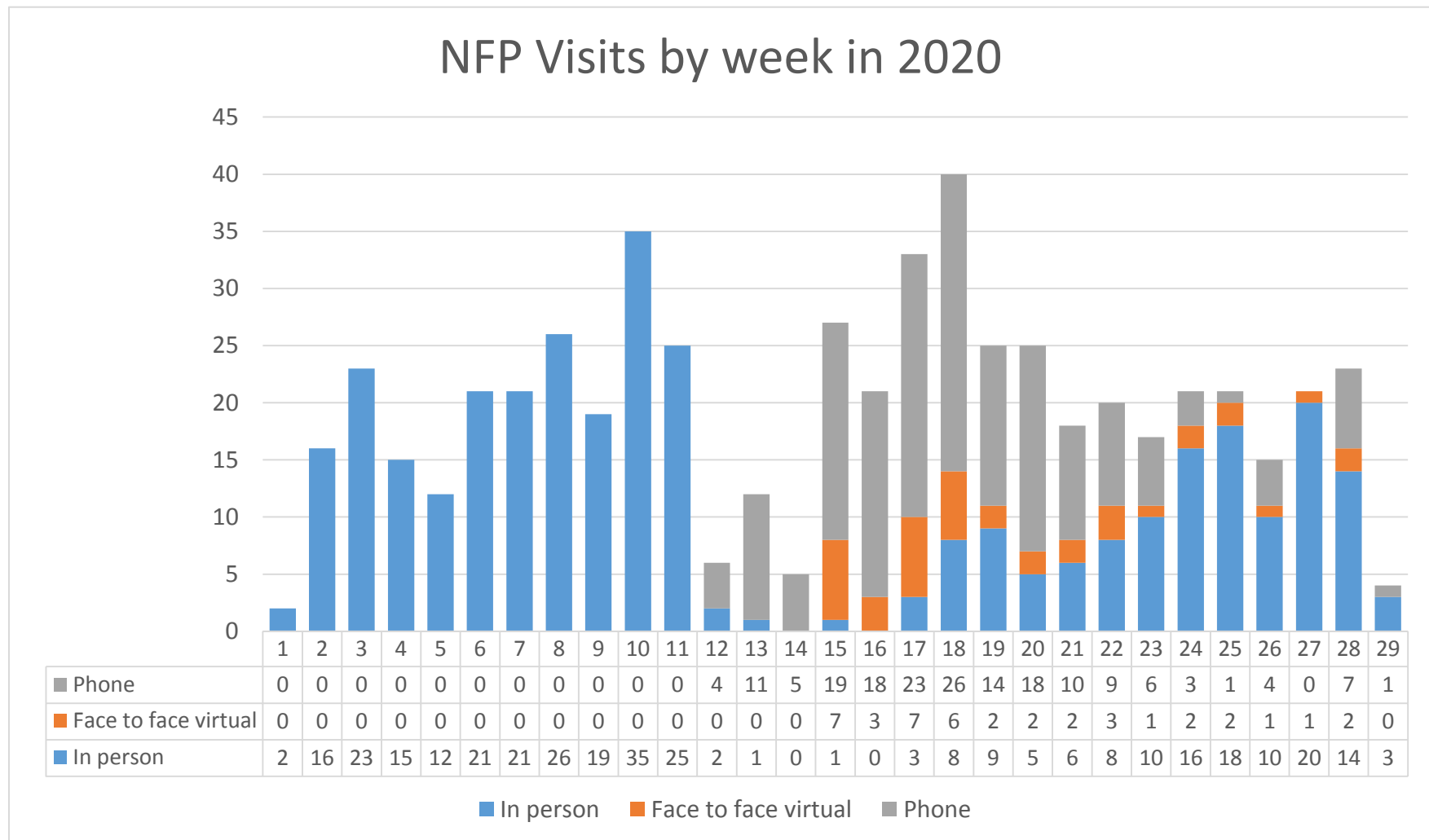


Figure 1. Visits by the Nurse Family Partnership program, according to type of visit. The program was able to maintain service to clients except for a 3 week interruption.

## ***Organizational and Foundational Standards***

### **Current State of Operations**

Organizational and Foundational Standards supports the data analytics, program evaluation, quality improvement, professional development, communications, engagement, and customer services activities of Public Health. There has been redeployment of 35 of 39 staff to Emergency Operations. Ongoing activity includes

- Opioid surveillance reporting
- Active screening of staff at Regional buildings
- Managing data governance and privacy issues

### **Services/Operational Changes**

- Cessation of public health surveillance work
- Cessation of most public health communications and engagement work
- Cessation of public health data analytics
- Cessation of expanded implementation of electronic medical record system
- Cessation of all public health quality improvement work
- Cessation of Public health applied research
- Cessation of evaluating public health programs
- Cessation of public reception service in Public Health buildings
- Scaling back data governance initiative

### **Operational Outlook**

- Expectation is that resources will remain reallocated to Emergency Operations for at least 6 months.

## **Emergency Medical Services**

### **Current State of Operations**

Emergency Medical Services (EMS) continues to dispatch land ambulance services to the population calling 911, as well as modified non-ambulance response to 911 calls as appropriate (the System Transformation Project). At present, call volumes are slightly below baseline, and operational response is normal. There are some paramedics who have been exposed to COVID-19 and must be off work to protect their patients and co-

workers. EMS is facing increased pressures around personal protective equipment procurement given global shortages.

### **Services/Operational Changes**

- Providing enhanced community support through COVID-19 specific programs (refer to PHD 05-2020 for additional details)

### **Operational Outlook**

1 month

- The Pandemic Plan for response prioritization remains in place in case there is a resurgence of cases in Niagara. This is a unique plan to Niagara, enabled by Niagara's local control and tight integration of both ambulance dispatch and the land ambulance services.

3 month & 6 month

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response, and the subsequent circulation of COVID-19 in the population. Higher COVID-19 circulation would create demand for more calls to 911 as well as increase risk for EMS staff who must be off work due to COVID-19 infection or exposure. As 911 calls increase and/or staff are unable to work, the Pandemic Plan will prioritize which calls continue to be served, and which 911 calls receive a modified response (e.g. phone call and advice from a nurse) or no response.

### ***Emergency Management***

#### **Current State of Operations**

Emergency Management is currently fully deployed to supporting the Regional Emergency Operations Centre and advising the Public Health Emergency Operations Centre. Emergency Management is also deeply engaged with supporting emergency operations teams at the local area municipalities, as well as other key stakeholders (e.g. Niagara Regional Police, fire services, Canadian Forces). The CBNRE team has also been supporting emergency operations part time. Paramedics are also assisting with staffing the shelter system.

### **Services/Operational Changes**

- Cessation of preparedness activities to focus fully on current response to COVID-19.

### **Operational Outlook**

1 month

- Ongoing support of current Emergency Operations Centres while also assisting local area municipalities around other anticipated non-COVID-19 emergencies

3 month

- Ongoing support of current Emergency Operations Centres while also increasingly supporting recovery planning efforts

6 month

- Ongoing support of current Emergency Operations Centres and recovery planning efforts. There may be some elements of recovery planning that can begin to be implemented by this date.

Respectfully submitted and signed by

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M. Mustafa Hirji, MD MPH FRCPC  
Medical Officer of Health & Commissioner (Acting)  
Public Health & Emergency Services

**Subject:** COVID-19 Response and Business Continuity in Community Services

**Date:** August 4, 2020

**To:** Public Health & Social Services Committee

**From:** Adrienne Jugley, Commissioner, Community Services

This memo provides continued updates on the measures Community Services has taken to ensure the ongoing delivery of essential services during the COVID-19 pandemic, and the alternate approaches used to support those most vulnerable in Niagara.

### **Seniors Services – Long-Term Care**

#### *Resident Visiting*

The Province of Ontario announced that long-term care homes can move to the next stage of resident visiting. Outdoor visit parameters have loosened and indoor visiting programs have been permitted as of July 22, 2020. The following visit protocols are being operationalized across all Niagara Region Long-term Care Homes:

<b>Indoor Visits</b>	<b>Outdoor Visits</b>
<ul style="list-style-type: none"> <li>• All visits must be scheduled</li> <li>• Two visitors permitted at a time</li> <li>• Each visitor must pass active screening (including taking temperature) prior to the visit</li> <li>• Each visitor must complete COVID-19 testing within 14 days of the visit and provide attestation of a negative result</li> <li>• Each visitor is required to bring and wear a mask</li> <li>• Each visitor will be required to follow infection prevention and control measures including using hand sanitizer and ensuring physical distancing</li> </ul>	<ul style="list-style-type: none"> <li>• All visits must be scheduled</li> <li>• Two visitors permitted at a time</li> <li>• Each visitor must pass active screening (including taking temperature) prior to the visit</li> <li>• Visitors will no longer be required to complete COVID-19 testing prior to visiting</li> <li>• Each visitor will be provided a surgical mask to wear by the home and must wear the mask throughout the time in the home</li> <li>• Each visitor will be required to follow infection prevention and control measures including using</li> </ul>

Indoor Visits	Outdoor Visits
<ul style="list-style-type: none"> <li>Designated visiting areas will be disinfected between visits</li> </ul>	<p>hand sanitizer and ensuring physical distancing</p> <ul style="list-style-type: none"> <li>Designated visiting areas will be disinfected between visits</li> </ul>

Homes continue to provide window visits, telephone and FaceTime visits to support those families who are unable to come into the home. Please note that if a home enters into an outbreak all non-essential visitations are suspended.

### *Linhaven Outbreak*

Linhaven Long-Term Care Home was declared in COVID-19 outbreak by Public Health on July 11, 2020 due to the identification of positive cases through bi-monthly surveillance testing of staff, as mandated by the Province. At the time of declaration, staff quickly implemented all necessary outbreak measures (e.g. heightened surveillance, increased PPE requirements, resident self-isolation, etc.). Subsequent surveillance testing of all residents resulted in a small number of residents, who were asymptomatic, similarly testing positive.

*Shortly after receiving these results, these positive cases (staff and residents) were retested twice and received two negative results.*

On July 14, 2020, a different symptomatic employee tested positive for COVID-19. In light of outbreak measures already in effect within the home, the risks associated with transmission to residents or other staff, related to this case, is considered low. At the time of writing this memo, there remains one staff positive case, no resident cases and the anticipated date of which the outbreak will be declared over is July 29, 2020.

Staff continue to work diligently with Public Health and have received direction to lift some of the restriction measures. All families and residents have been provided regular communication updates throughout the duration of the declared outbreak.

### **Homelessness Services & Community Engagement**

Homelessness Services continues to operate the full emergency shelter system, overflow hotel rooms, the self-isolation facility and an enhanced street outreach service. As of July 22, 2020, 131 individuals have been referred to the isolation facility with testing results, to date, negative.

## **Children's Services**

Effective July 27, 2020, the Ministry of Education will permit all licensed child care centres to move from the current capped classroom size of 10 (includes children and staff), to a classroom size of 15 children, excluding staff. While the increase in classroom size is welcome news for families seeking to access licensed child care, it is anticipated that licensed child care service providers will likely struggle to quickly increase capacity due to a shortage of qualified staff. The screening of children and enhanced cleaning and disinfecting protocols are placing further stress on staffing capacity of many licensed child care centres that were already facing staffing shortages prior to the pandemic.

As of July 20, 2020, the total number of child care spaces available is 1,477, across 55 licensed child care centres and 53 home child care providers across Niagara. Prior to the COVID-19 pandemic, there was a total of 11,595 licensed child care spaces in 169 centres and 90 home based providers across Niagara. At this time, there is approximately 10 percent of licensed child care spaces operating from the overall licensed child care system.

Children's Services is working with Public Health and both local school boards to better understand how the various learning models being considered for the school year will impact the child care system, as approximately 60% of child care centres are located in Niagara schools. Additionally, there are 94 before and after school care programs located in schools, which access shared space (classrooms, gymnasium, washrooms) that will also be impacted by these plans.

## **Social Assistance & Employment Opportunities (Ontario Works)**

As of July 20, 2020, three of five SAEO offices resumed scheduled in-person appointments (St. Catharines, Welland and Niagara Falls offices). SAEO's re-entry plan is a staged approach beginning with the introduction of a blended service delivery model to respond to the needs of high-risk individuals (e.g. those experiencing or at-risk of homelessness, those living with mental illness and/or addictions, etc.), and continues to prioritize the health and safety of staff and clients through enhanced infection prevention and control measures. Specific measures include plexi-glass at points of contact, IPads for screening upon entry to the buildings, newly designed interview stations that maintains the two metres required for physical distancing, enhanced cleaning protocols, and signage, floor decals and directional queuing for staff and clients.



SAEO continues to develop a comprehensive contingency plan to respond to a potential increase in demand for social assistance, once the federal Canada Emergency Response Benefit (CERB) has ended.

### **Niagara Regional Housing (NRH)**

NRH continues to develop recovery plans to support the re-introduction of all services (including in-suite maintenance beyond emergency/life-safety measures, unit inspections, in-person supports and community programs), and identify and offer additional supports to vulnerable tenants. Common rooms located in multi-unit buildings are now open during High Heat alerts, with guidelines posted and enhanced cleaning and disinfection protocols in place.

Outdoor activities and summer camps in select NRH public housing communities have been made available to tenants using a hybrid model of service delivery (i.e. in-person activities and take-home activity kits).

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**Prepared by:**

Michelle Johnstone  
Project Manager  
Community Services

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**Recommended by:**

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

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**Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Darlene Edgar, Director of Children's Services, Kim Eros, Associate Director of Clinical and Support Services, Seniors Services, Katie Macoretta, Manager Social Assistance and Employment Opportunities, and Sandy Dupuis, Manager of Compliance and Community Engagement.*



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July 24, 2020

Ann-Marie Norio, Regional Clerk  
Niagara Region  
1815 Sir Isaac Brock Way  
Thorold, ON L2V 4T7

Dear Ms. Norio,

At their July 24, 2020 meeting, the Niagara Regional Housing Board of Directors passed the following motion as recommended in attached report NRH 9-2020:

***That Niagara Regional Housing Quarterly Report April 1 to June 30, 2020 be APPROVED and FORWARDED to the Public Health and Social Services Committee and subsequently to Regional and Municipal Councils for information.***

Your assistance is requested in moving report NRH 9-2020 through proper channels to Regional Council.

Sincerely,

A handwritten signature in black ink, appearing to read "Walter Sendzik", with a long horizontal line extending to the right.

Councillor Walter Sendzik  
Chair



## Q2 (April 1 to June 30, 2020) to Board of Directors

### Recommendation:

**That Niagara Regional Housing Quarterly Report April 1 to June 30, 2020 be APPROVED and FORWARDED to the Public Health and Social Services Committee and subsequently to Regional and Municipal Councils for information.**

Submitted by:

Approved by:

Donna Woiceshyn  
Chief Executive Officer

Walter Sendzik  
Chair

### Directors:

**Walter Sendzik, Chair**  
Regional Councillor  
St. Catharines

**Gary Zalepa, Treasurer**  
Regional Councillor  
Niagara-on-the-Lake

**Tom Insinna**  
Regional Councillor  
Fort Erie

**James Hyatt, Vice-Chair**  
Community Director  
St. Catharines

**Betty Ann Baker**  
Community Director  
St. Catharines

**Betty Lou Souter**  
Community Director  
St. Catharines

**Karen Blackley, Secretary**  
Community Director  
Thorold

**Barbara Butters**  
Regional Councillor  
Port Colborne

**Leanne Villella**  
Regional Councillor  
Welland

## Q2 (April 1 to June 30, 2020)

### HIGHLIGHTS:

#### Application Activity

**444** received & processed



#### Work Orders

**2,302** issued



#### Capital Program

37 purchase orders issued

1 public tender closed

6 projects ongoing



#### Rent Arrears

= \$110,958.69

or

**8.60%** of the monthly rent charges



#### Community Resources & Partnerships

offered supports to

**742**

new referrals



**44**

partners

#### Non-Profit Housing Programs

**62%** deemed HEALTHY



#### Rent Supplement / Housing Allowance

**1,465**

units

**10**

new landlords



#### Niagara Renovates



- Inspections have started up again
- 8 homeowners approved for funding

#### Welcome Home Niagara

**5** homeowners received assistance

**1** was an NRH tenant



#### Housing First Project

**9**

Individuals / families housed



#### Appeals

= **0**

on hold due to COVID-19



#### New Development



Hawkins/Dell

- Tambro broke ground on June 17

## Q2 (April 1 to June 30, 2020)

### ***V**ISION*

That the Niagara community will provide affordable, accessible and quality housing for all residents

### ***M**ISSION*

To expand opportunities that make affordable housing an integral part of building healthy and sustainable communities in Niagara

As the administrator of social housing for Niagara Region, Niagara Regional Housing (NRH) works to fulfill our vision and mission through six main areas of responsibility:

1. [Public Housing \(NRH Owned Units\)](#)
2. [Non-Profit Housing Programs](#)
3. [Rent Supplement Program](#)
4. [Affordable Housing Program](#)
5. [Service Manager Responsibilities](#)
6. [Housing Access Centre and Centralized Waiting List](#)



**Definitions** can be found in the attached Reference Sheet.

## Q2 (April 1 to June 30, 2020)

### 1. Public Housing (NRH Owned Units)

#### DAY-TO-DAY MAINTENANCE:

In Q2, **2,302 work orders** were issued, representing \$638,074.15. \$11,595.81 of this amount was charged back to tenants who were held responsible for damages.

	2019-Q2	2019-Q3	2019-Q4	2020-Q1	2020-Q2
# of work orders issued	3,084	3,111	3,675	2,575	2,302

#### CAPITAL PROGRAM:

The Capital Program is responsible for maintaining the Public Housing (NRH Owned Units) asset and planning for future sustainability.

In Q2, 37 purchase orders were issued and one public tender closed.

The Capital Program was responsible for six capital projects and 37 purchase orders valued at \$576,271:

- six projects
  - Carlton Street – replacement of balconies and railings
  - 4900 Buckley – exterior insulation and finish system – canopies
  - 52 Ormond – building renovations
  - 10 Old Pine Trail – bathroom replacements (currently on hold)
  - Powerview/Galbraith/Wallace – bathrooms
- 37 RFPs and RFQs – various consulting services, elevator investigations, health and safety repairs, structural repairs (roofing) and pavement retrofits

As of June 30, 2020, \$517,409 of the \$8,454,858 budget (excluding emergency) has been committed and or actually spent (6.12%).

#### TENANT MOVE OUTS:

##### Move Outs By Reason

Health	2
Long Term Care Facility	10
Deceased	15
Private Rental	5
Voluntarily Left Under Notice	1
Eviction – Tribunal	0

NRH Transfer	7
Moved to Coop or Non-Profit	0
Bought a House	1
Left Without Notice	2
Other/None Given	14
Cease to Qualify	0
<b>TOTAL</b>	<b>57</b>

## Q2 (April 1 to June 30, 2020)

In Q2, there were **57 move outs**. None involved eviction orders granted under the Ontario Landlord Tenant Board (LTB).

	2019-Q2	2019-Q3	2019-Q4	2020-Q1	2020-Q2
# of move outs	86	57	71	62	57

### ARREARS:

NRH Housing Operations actively works to reduce rent arrears but saw a continued increase in 2020-Q2 due to COVID-19 and tenant job loss while they await provincial benefits.

	Jun 30, 2019	Sept 30, 2019	Dec 31, 2019	Mar 31, 2020	Jun 30, 2020
Rent charges for the month	\$1,257,090.00	\$1,267,460.00	\$1,286,793.00	\$1,302,721.00	\$1,289,907.00
Accumulated rent arrears	\$34,004.39	\$35,549.21	\$36,134.21	\$71,135.25	\$110,958.69
Arrears %	2.71%	2.80%	2.81%	5.46%	8.60%

### INSURANCE:

In Q2, there was one claim settled, two claims expected to exceed the \$25,000 deductible and three statement of claims served.

### COMMUNITY RESOURCES AND PARTNERSHIPS:

In Q2, we had partnerships with **44 community agencies** across Niagara. As a result of these partnerships, more than 200 support and enrichment activities were offered to tenants at NRH sites. Each partnership contributes to tenant lives and, in turn, the success of the Public Housing community as a whole:

- On-site community events, programs, workshops and activities were cancelled during the pandemic in accordance with provincial guidelines, however many partners found creative solutions to assist tenants during the lockdown.
  - The RAFT and Faith Welland distributed activity kits to family communities to keep children engaged in positive activities while after school programming was closed
  - Faith Welland gave out adult workbooks and hosted virtual competitions to reduce isolation in seniors communities
  - The Caring and Connecting Pen Pal Initiative provided pen pal letters that were warmly received by seniors
  - CyberSeniors and Castle promoted virtual activities and workshops for tenants who have internet access
  - Community Care of St. Catharines and Thorold donated care packages to a high-risk seniors building with no on-site supports. The packages included masks, hand sanitizer, gloves, gift certificates for taxis and groceries and a note of support from Community Care.

## Q2 (April 1 to June 30, 2020)

NRH is working with partners to determine how to safely open in-person programs as soon as possible.

Also during Q2, NRH Community Programs Coordinators (CPCs) made **538 wellness calls** to check on tenants who are particularly vulnerable during the pandemic and offered supports to **742 new referrals of tenants in need of assistance**. Of those new referrals, **43% were considered medium-high need**, (e.g. child safety concerns, eviction, social issues, cognitive concerns). In particular, there was an increase in the number of tenants needing help with supports, referrals to other agencies and social issues.

## 2. Non-Profit Housing Programs

As administrator of social housing for Niagara Region, NRH provides legislative oversight for **60 Non-Profit Housing Programs (non-profit and co-operative)**. Operational Reviews are conducted to determine the overall health of each.

	2019-Q2	2019-Q3	2019-Q4	2020-Q1	2020-Q2
<b>Healthy</b>	40	40	39	37	37
<b>Routine Monitoring</b>	17	17	18	21	21
<b>Intensive Monitoring</b>	1	1	1	0	0
<b>Pre-PID (Project in Difficulty)</b>	1	1	1	1	1
<b>PID (Project in Difficulty)</b>	1	1	1	1	1
<b>TOTAL</b>	<b>60</b>	<b>60</b>	<b>60</b>	<b>60</b>	<b>60</b>

NRH Housing Programs staff continue to work with Housing Providers as they move toward End of Operating Agreements (EOA) / End of Mortgage (EOM).



## Q2 (April 1 to June 30, 2020)

### 3. Rent Supplement Program

In Q2, there were **1,465 Rent Supplement/Housing Allowance units** across Niagara. In the Rent Supplement program, tenants pay 30% of their gross monthly income directly to the private landlord and NRH subsidizes the difference up to the market rent for the unit. The Housing Allowance program is a short-term program that provides a set allowance to help applicants on the wait list.

	2019-Q2	2019-Q3	2019-Q4	2020-Q1	2020-Q2
<b>Fort Erie</b>	32	32	30	32	31
<b>Grimsby</b>	26	24	22	18	22
<b>Lincoln (Beamsville)</b>	11	11	13	14	14
<b>Niagara Falls</b>	239	240	239	237	226
<b>Niagara-on-the-Lake</b>	5	5	5	5	4
<b>Pelham</b>	19	19	19	17	17
<b>Port Colborne</b>	62	65	64	67	64
<b>St. Catharines</b>	780	773	778	798	751
<b>Thorold</b>	61	56	57	61	61
<b>Welland</b>	203	200	198	192	259
<b>West Lincoln</b>	15	15	16	16	16
<b>TOTAL</b>	<b>1,453</b>	<b>1,440</b>	<b>1,441</b>	<b>1,457</b>	<b>1,465</b>

Variance in the Rent Supplement program are a reflection of fluctuation between agreements ending and new agreements taken up with landlords.

An **In-Situ Rent Supplement Program** has been developed to engage new landlords and offer applicants on the Centralized Waiting List an opportunity to receive Rent-Geared-to-Income assistance where they currently live. This removes the need for moving related expenses and broadens the network of landlords in business with NRH.

In Q2, NRH initiated new agreements with **10 new landlords**.

### 4. Affordable Housing Program

#### NIAGARA RENOVATES PROGRAM:

The Niagara Renovates program provides assistance to low-to-moderate income homeowners for home repairs, accessibility modifications and the creation of secondary suites in single family homes.

Niagara Renovates inspections for new applicants for the 2020-2021 funding cycle have commenced. Inspections of completed work are being verified by homeowner photograph; formal inspections will take place as soon as possible and will include all areas inside and

## Q2 (April 1 to June 30, 2020)

outside of the home to ensure compliance with program guidelines. Issues will be identified and a detailed Inspection Report provided to the homeowner.

NRH received \$545,920 through the Ontario Priorities Housing Initiative (OPHI) for all three streams of the program.

**Eight homeowners** are currently approved for funding and NRH is working toward streamlining the program as we become more proficient at working under the COVID-19 rules.

### HOMEOWNERSHIP PROGRAM – “WELCOME HOME NIAGARA”:

The Homeownership program assists low-to-moderate income rental households to purchase their first home by providing a down payment loan.

In April 2020, NRH received \$100,000 through the Ontario Priorities Housing Initiative (OPHI) program.

In Q2, **five homeowners** received assistance through Welcome Home Niagara. **One of these was an NRH tenant.**

	2019-Q2	2019-Q3	2019-Q4	2020-Q1	2020-Q2
# of homeowners assisted	4	6	7	4	5

### HOUSING FIRST PROGRAM:

The Housing First program helps people move quickly from homelessness to their own home by providing supports to help difficult to house individuals find and keep housing.

In Q2, **nine individuals/families** were housed through the Housing First program. Since 2012, Housing First has helped 460 individuals/families.

	2019-Q2	2019-Q3	2019-Q4	2020-Q1	2020-Q2
# of individuals/families housed	23	15	16	13	9
# of Housing First units (at quarter end)	198	197	202	199	201

17 of these Housing First units were created with NRH's new development at 527 Carlton Street in St. Catharines.

## Q2 (April 1 to June 30, 2020)

### RENTAL HOUSING (NEW DEVELOPMENT):

#### NRH New Development

<b>Hawkins Street/Dell Avenue, Niagara Falls</b>		
Ontario Priorities Housing Initiative (OPHI)	\$3,600,000	
NRH Reserves	\$3,061,500	
Regional Development Charges	\$14,132,500	
Canada Mortgage & Housing Corporation Seed Funding	\$106,000	
<b>TOTAL</b>	<b>\$20,900,000</b>	<b>73</b>

#### Hawkins Street/Dell Avenue

- Kickoff meeting with Tambro & Construction team held May 28 via zoom
- Consultant kickoff meeting held June 8 via zoom
- Issued for Construction (IFC) drawings released by Raimondo and distributed to construction team June 10
- Building Permits obtained June 12
- Tambro site mobilization started the week of June 15
- Tambro broke ground on site June 17
- Contract documents signed by NRH June 29
- Achieved milestones required for the release of 50% of Ontario Priorities Housing Initiative (OPHI) funding (documents have been submitted)
- Site trailer set up on Building A site (north east corner of lot)
- Fencing (ready fence and silt fence) installed around the perimeters of both sites
- Surveying completed (benchmarks, building locations, property lines)
- Site shaping/grading – top soil removed from both sites; Building A parking lot has been brought down to sub-base and is ready for base prep
- Conflicting trees have been removed from site via Tambro
- Storm and sanitary piping delivered to site
- Water main has been connected to the city main and roughed into building location (stubbed up in mechanical room location)
- Started excavation for footings at Building A

**Q2 (April 1 to June 30, 2020)**

**AFFORDABLE HOUSING UNIT #'S BY MUNICIPALITY:**

<b>Fort Erie</b>		<b>Grimsby</b>		<b>Lincoln (Beamsville)</b>		<b>Niagara Falls</b>	
NRH Owned	116	NRH Owned	55	NRH Owned	61	NRH Owned	884
Housing Providers	389	Housing Providers	0	Housing Providers	41	Housing Providers	828
Rent Supplement	31	Rent Supplement	22	Rent Supplement	12	Rent Supplement	239
New Development	0	New Development	0	New Development	0	New Development	140
<b>NOTL</b>		<b>Pelham</b>		<b>Port Colborne</b>		<b>St. Catharines</b>	
NRH Owned	40	NRH Owned	0	NRH Owned	88	NRH Owned	1,017
Housing Providers	0	Housing Providers	0	Housing Providers	139	Housing Providers	1,666
Rent Supplement	5	Rent Supplement	19	Rent Supplement	64	Rent Supplement	775
New Development	0	New Development	0	New Development	35	New Development	346
<b>Thorold</b>		<b>Welland</b>		<b>West Lincoln (Smithville)</b>		<b>Region-wide</b>	
NRH Owned	29	NRH Owned	394	NRH Owned	0	NRH Owned	2,684
Housing Providers	85	Housing Providers	425	Housing Providers	86	Housing Providers	3,659
Rent Supplement	57	Rent Supplement	194	Rent Supplement	15	Rent Supplement	1,433
New Development	46	New Development	167	New Development	0	New Development	734*

Note: there are no affordable housing units in Wainfleet

December 31, 2019

\*166 New Development units are NRH Owned

## Q2 (April 1 to June 30, 2020)

### 5. Service Manager Responsibilities

#### APPEALS:

In Q2, **no appeals** were heard – they have been on hold due to COVID-19 but will be resuming virtually in Q3.

	2019-Q2	2019-Q3	2019-Q4	2020-Q1	2020-Q2
# of appeals	12	10	11	11	0

#### INVESTMENTS:

See Appendix 1 – Investment Report

### 6. Housing Access Centre & Centralized Waiting List

#### APPLICATION ACTIVITY:

# of Applications Received & Processed	444	# of Eligible Applications	425
# of Special Provincial Priority Status Applications	65	# of Ineligible Applications	19
# of Urgent Status Applications	78	# of Cancelled Applications	316
# of Homeless Status Applications	100	# of Applicants Housed	116

In Q2, **316 households were removed** from the Centralized Waiting List because they were no longer eligible, they found alternate housing or we were unable to make contact.

## Q2 (April 1 to June 30, 2020)

### CENTRALIZED WAITING LIST:

		2019- Q2	2019- Q3	2019- Q4	2020- Q1	2020- Q2
		# of households				
<b>A</b>	<b>Rent-Geared-to-Income (RGI) waiting list:</b>					
	Niagara resident RGI waiting list	4,926	5,012	5,154	5,322	5,264
	Applicants from outside of Niagara	849	897	977	1,045	1,078
	<b>TOTAL RGI waiting list:</b>	<b>5,775</b>	<b>5,909</b>	<b>6,131</b>	<b>6,367</b>	<b>6,342</b>
	<b>Housing Allowance:</b> a set allowance to help applicants on the waiting list with affordability in the private market until housed in an RGI unit	742	747	742	739	723
<b>A1</b>	<b>RGI waiting list demographics:</b>					
	Seniors	2,344	2,362	2,455	2,514	2,487
	Adults no dependents	1,881	1,922	1,979	2,041	2,026
	Adults with dependents	1,550	1,625	1,697	1,812	1,829
<b>A2</b>	<b>RGI list further segmented (#'s included in A &amp; A1):</b>					
	<b>SPP – Special Provincial Priority (Ministry Priority):</b> helps victims of violence separate permanently from their abuser	148	165	148	146	142
	<b>URG – Urgent (Local Priority):</b> for applicants with mobility barriers and/or extreme hardship where their current accommodation puts them at extreme risk and/or causes hardship	109	130	142	152	144
	<b>HML – Homeless (Local Priority):</b> provides increased opportunity for placement to homeless households	1,012	1,007	1,075	1,145	1,119
	<b>SUP – Supportive/Transitional:</b> provides targeted, provisional services to assist individuals to transition beyond basic needs to more permanent housing	11	12	16	23	10
<b>B</b>	<b>In addition, NRH manages:</b>					
	<b>Overhoused:</b> households who are living in subsidized accommodation with more bedrooms than they are eligible for	176	181	174	176	173
	<b>Transfer:</b> households who are currently living in subsidized accommodation and have requested a transfer to another provider	573	603	613	635	637
	<b>TOTAL RGI households on waiting list managed by NRH:</b>	<b>6,524</b>	<b>6,693</b>	<b>6,918</b>	<b>7,178</b>	<b>7,152</b>
<b>C</b>	<b>NRH maintains a waiting list for market rent units (62 Non-Profit Housing Programs):</b>					
	<b>Market:</b> applicants who have applied for a market rent unit in the Non-Profit Housing Programs portfolio	723	752	784	810	805
	<b>TOTAL households on waiting list managed by NRH:</b>	<b>7,274</b>	<b>7,445</b>	<b>7,702</b>	<b>7,988</b>	<b>7,157</b>
	<b>TOTAL individuals on waiting list managed by NRH:</b>	<b>12,577</b>	<b>13,059</b>	<b>13,587</b>	<b>14,197</b>	<b>14,180</b>

**Note:** the above chart includes only those who apply to the Centralized Waiting List and does not capture the full number of those in need of affordable housing in Niagara.

## Q2 (April 1 to June 30, 2020)

### ESTIMATED WAIT TIMES:

CITY	SENIORS Age 55 and older		SINGLES Age 16-54		HOUSEHOLDS WITH DEPENDENTS			
	Bachelor	1 Bed	Bachelor	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed
	Y E A R S							
Fort Erie	-	11	3	7	2	2	6	-
Grimsby	-	5	-	-	-	-	-	-
Lincoln	-	6	-	10	6	10	-	-
Niagara Falls	5	7	-	18	5	5	12	16
Niagara-on-the-Lake	-	6	-	-	-	-	-	-
Port Colborne	-	8	-	12	5	3	4	-
St. Catharines	-	5	9	16	3	3	3	11
Thorold	-	7	-	13	3	11	-	-
Welland	-	6	7	16	7	3	8	7
West Lincoln	-	5	-	-	10	6	-	-

- no units of this size available in this community

January 2020

Please note:

- wait time information can fluctuate and is an approximation only
- wait times may not reflect the actual time one may wait for affordable housing

**Quarterly Report on Cash / Investments for Period Ending June 30, 2020**

	<b>This Quarter Balance</b>	<b>Last Quarter Balance</b>	<b>Variance \$</b>	<b>Variance %</b>	<b>Comments</b>
<b>CURRENT BANK ACCOUNT</b>					
Royal Bank account used for day-to-day operations for the owned units. Also to cash flow various short terms programs funded by Prov and Fed gov't usch as development, homeownership and capital repair programs.	<b>6,248,805.63</b>	<b>2,873,337.94</b>	<b>3,375,467.69</b>	<b>117.48%</b>	Since the February 2016 transition to PeopleSoft, day-to-day accounts payable transactions are paid by the Region through PeopleSoft. Reconciliation of the due to the Region account will be performed on a quarterly basis to transfer amounts due to the Region.

<b>INVESTMENTS</b>					
Various investment vehicles are used to protect and optimize the cash that is held for specified purposes. Investments are both short-term and long-term in nature. These funds are intended to ensure continued growth without capital erosion by inflation.					
Current Instruments:	2 Year GIC, \$188,000; due date is 08/17/2020; interest rate of 2.65% to 2.74%				
RBC High Interest Savings Account = \$5,577,342	2 Year GIC, \$376,000; due date is 08/20/2020; interest rate of 2.60% to 2.65%				
	2 Year GIC, \$264,280; due date is 08/21/2020; interest rate of 2.53%				
<b>Total</b>	<b>6,444,508.04</b>	<b>6,437,236.81</b>	<b>7,271.23</b>	<b>0.11%</b>	



## Q2 Report on Reserves as at June 30, 2020

COM-C 23-2020

NRH 9-2020  
20-191-3.4. App. 1  
July 24, 2020  
Page 2 of 2

Description	Balances at December 31, 2019	Year-to-date Net Transfers from (to) Operating	Year-to-date Capital Transfers	Balance at June 30, 2020	Forecasted Net Transfers Forecast from (to) Operating	Forecasted Balance at December 31, 2020
<b>NRH Owned Units Public/Local Housing Corp:</b>						
Jubilee/Broad oak	287,569	36,000	-	323,569	36,000	359,569
Fitch Street	350,040	44,500	-	394,540	44,500	439,040
Carlton	210,000	40,500	-	250,500	40,500	291,000
Other Owned Units	5,140,075	650,000	(2,311,513)	3,478,562	649,999.98	4,128,562
<b>NRH Owned Units Public/Local Housing Corp TOTAL</b>	<b>5,987,684</b>	<b>771,000</b>	<b>(2,311,513)</b>	<b>4,447,171</b>	<b>771,000</b>	<b>5,218,171</b>
<b>Niagara Regional Housing:</b>						
Emergency Capital Funding for Housing Providers	3,199,268	770,463	-	3,969,731	770,463	4,740,195
Title Normalization for NRH Owned Units	712,381	-	-	712,381	-	712,381
New Initiatives, other social housing purposes and any new deposits are added to this category	4,316,390	(250,000)	(2,944,080)	1,122,310	-	1,122,310
<b>Niagara Regional Housing TOTAL</b>	<b>8,228,039</b>	<b>520,463</b>	<b>(2,944,080)</b>	<b>5,804,422</b>	<b>770,463</b>	<b>6,574,886</b>
<b>Total NRH Capital Reserves</b>	<b>\$ 14,215,723</b>	<b>\$ 1,291,463</b>	<b>\$ (5,255,593)</b>	<b>\$ 10,251,593</b>	<b>\$ 1,541,463</b>	<b>\$ 11,793,056</b>
<b>NRH Rent Supplement:</b>	266,301	(8,500)	-	257,801	(8,500)	249,301
<b>NRH Stabilization Reserves TOTAL</b>	<b>\$ 266,301</b>	<b>\$ (8,500)</b>	<b>\$ -</b>	<b>\$ 257,801</b>	<b>\$ (8,500)</b>	<b>\$ 249,301</b>
<b>NRH Employee Future Benefits:</b>	792,733	-	-	792,733	-	792,733
<b>NRH Future Liability Reserves TOTAL</b>	<b>\$ 792,733</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 792,733</b>	<b>\$ -</b>	<b>\$ 792,733</b>
<b>Total</b>	<b>\$ 15,274,757</b>	<b>\$ 1,282,963</b>	<b>\$ (5,255,593)</b>	<b>\$ 11,302,127</b>	<b>\$ 1,532,963</b>	<b>\$ 12,835,090</b>

Interest no longer applied by approval of Regional Council (CSD 02-2013).

503 NRH Owned Units Public/Local Housing Corp: This reserve was set-up by the Board of Directors as a Reserve Fund in September 2004 for capital expenses related to the NRH owned units. This reserve includes specific reserve balances to support 3 properties (Jubilee/Broad oak, Fitch, Carlton) based on the reserve fund studies completed to ensure sustainable. The balance is for all other owned units.

### 502 Niagara Regional Housing

This reserve includes three major elements: (1) Emergency Capital Funding for Housing Providers - *intent to support capital repair program for housing providers; surplus from housing programs should be directed to this component of the reserve* (2) Title Normalization for NRH Owned Units (3) New Initiatives / New Development

NRH Rent Supplement: This fund was set-up by the Board of Directors in December 2008 (year end) for a new Rent Supplement program. This Rent Supplement program is budgeted annually and withdrawal from the Reserve matches that year's expenditures.

NRH Employee Future Benefits: This fund was set-up by the Board of Directors in 2011 to fund Employee Future Benefits. (retiree benefits, sick leave, vacation. etc.).

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**MEMORANDUM**

**COM-C 24-2020**

**Subject: Niagara Regional Housing 2019 Annual Report**

**Date: August 4, 2020**

**To: Public Health and Social Services Committee**

**From: Ann-Marie Norio, Regional Clerk**

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Further to correspondence dated July 24, 2020, received from Niagara Regional Housing (NRH), respecting the NRH 2019 Annual Report (attached as Appendix 1), NRH has prepared a video highlighting their 2019 accomplishments that can be viewed by copying the link provided below and pasted into your browser.

<https://www.youtube.com/watch?v=q3Qrl8G5nx8&feature=youtu.be>

Respectfully submitted and signed by

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Ann-Marie Norio  
Regional Clerk



**Mailing Address:**  
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**Street Address:**  
Campbell East  
1815 Sir Isaac Brock Way  
Thorold ON

Phone: 905-682-9201  
Toll Free: 1-800-232-3292  
(from Grimsby and beyond Niagara region only)

Main Fax: 905-687-4844  
Fax – Applications: 905-935-0476  
Fax – Contractors: 905-682-8301  
Web site: [www.nrh.ca](http://www.nrh.ca)

July 24, 2020

Ann-Marie Norio, Regional Clerk  
Niagara Region  
1815 Sir Isaac Brock Way  
Thorold, ON L2V 4T7

Dear Ms. Norio,

In compliance with Section 11.3. of The Regional Municipality of Niagara/Niagara Regional Housing Operating Agreement, please see attached the NRH 2019 Annual Report on the Corporation's activities and achievements, consisting of a two-page memo with an embedded short video report.

Your assistance is requested in moving report NRH 10-2020, the NRH 2019 Annual Report, through the Public Health & Social Services Committee to Regional Council for information.

Sincerely,

A handwritten signature in black ink, appearing to read "Walter Sendzik", with a long horizontal line extending to the right.

Councillor Walter Sendzik  
Chair

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## **MEMORANDUM**

**Date:** July 24, 2020

**To:** Niagara Regional Housing Board of Directors

**From:** Donna Woiceshyn, Chief Executive Officer

**Subject:** NRH 2019 Annual Report

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As the Board is aware, last year's Annual Report video was very positively received by Regional Council and in the community. Its style enabled NRH to provide a quick snapshot of our business, while retaining the viewer's interest and attention.

Staff decided to build on last year's success with another video, which will be available on the NRH website and the link will be emailed to stakeholders.

We tried to keep the video as engaging as possible to highlight the year's many successes, the hard work of NRH staff and partners, and the impact our work has on the community.

Please let me know if you have questions.



# ANNUAL REPORT 2019

## Message from the NRH Board Chair



Niagara Regional Housing is more than just housing – it's an organization that offers hope for a better future. Community housing benefits

our region at every level. When people have the housing they need, it improves physical and mental health, education and employment outcomes. At the neighbourhood level, housing improves social cohesion and economic development, can lead to a reduction in crime and allows individuals the opportunity to manage their lives and raise their families.

Since its creation by Niagara Region in 2002, NRH has been dedicated to providing and supporting quality community housing throughout Niagara. In 2020, we will be moving to a new stage, as we embrace human services integration through NRH's alignment into Community Services at Niagara Region. This new model presents even more new and encouraging opportunities to solve the problem of homelessness and housing in our region.

I am excited about the future, as NRH continues to find new ways, more partners and new ideas to accelerate the building and improved maintenance of social housing in our communities.

I hope you enjoy this video of our accomplishments: [2019 Annual Report](#)

Sincerely,  
Walter Sendzik | NRH Chair