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

PHSSC 9-2020
Tuesday, October 13, 2020
1:00 p.m.
Council Chamber
Niagara Region Headquarters, Campbell West
1815 Sir Isaac Brock Way, Thorold, ON

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

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Pages

1. CALL TO ORDER

2. DISCLOSURES OF PECUNIARY INTEREST

3. PRESENTATIONS

3.1. Regional Essential Access to Connected Health (REACH), Niagara - Healthcare, Homelessness & COVID in Niagara — 4 - 28
Dr. Karl Stobbe, Medical Director, REACH Niagara and David van Velzen, Executive Director, REACH Niagara

3.2. Current State in Long-Term Care and Addressing the Pandemic — 29 - 39
Henri Koning, Director, Seniors Services

4. DELEGATIONS

4.1. Referral of Motion - Decriminalization of Personal Possession of Illicit Drugs (PHD-C 9-2020 (Agenda Item 5.2))

4.1.1. Glen Walker, Executive Director, Positive Living Niagara — *40*
The delegation request is attached to this agenda item as PHD-C 13-2020.

4.1.2. *Justin Arcaro, Resident, City of Welland* *41 - 42*
The delegation submission is attached to this agenda item as PHD-C 14-2020.

This delegation request was received after the deadline. The request must be considered by Committee.

5. ITEMS FOR CONSIDERATION

5.1. PHD 8-2020 43 - 48
Occupational Therapists Request for Niagara Emergency Medical Services

5.2. PHD-C 9-2020 49 - 50
Referral of Motion - Decriminalization of Personal Possession of Illicit Drugs

5.3. PHD-C 12-2020 51
Motion from Councillor Rigby respecting Updates on COVID-19 and the Mandatory Face Covering By-law

6. CONSENT ITEMS FOR INFORMATION

6.1. PHD-C 10-2020 52 - 66
COVID-19 Response and Business Continuity in Public Health and Emergency Services

6.2. COM-C 29-2020 67 - 74
COVID-19 Response and Business Continuity in Community Services

6.3. COM 19-2020 75 - 79
Update on Community Based Capital Program and Early Years Capital Program Projects

6.4. PHD-C 11-2020 80 - 82
Decriminalization of Personal Possession of Illicit Drugs

6.5. CWCD 268-2020 83 - 87
Opioid Update Memo

7. OTHER BUSINESS

8. CLOSED SESSION

8.1. COM-C 30-2020
A Matter of a Proposed or Pending Acquisition or Disposition of Land by the Municipality - Niagara Regional Housing Acquisition of Property in the City of Niagara Falls (Confidential Report NRH 12-2020)

9. BUSINESS ARISING FROM CLOSED SESSION ITEMS

10. NEXT MEETING

The next meeting will be held on Tuesday, November 10, 2020, at 1:00 p.m. in the Council Chamber, Regional Headquarters.

11. 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 (email).

REACH Niagara – Healthcare, Homelessness and COVID in Niagara

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

October 13, 2020

Dr. Karl Stobbe, Medical Director, REACH Niagara

David van Velzen, Executive Director, REACH Niagara

Regional Essential Access to Connected Health, Niagara

Healthcare, Homelessness and COVID in Niagara

Dr. Karl Stobbe: Medical Director
David van Velzen: Executive Director

Goal: to connect marginalized people with existing available healthcare services

Population served: initially, homeless people in St. Catharines

Intervention: family medicine clinics in shelters

Care, education and research

REACH Organizational Development

- Incorporated 2019
- Charitable status 2019
- Interim board of directors

As of March 2020:

- One doctor, one nurse practitioner
- 3 shelter-based clinics, all in St. Catharines
- Planning for a Welland clinic, with an additional NP and MD

REACH collaborators

- McMaster University
- Brock University
- Niagara College
- Niagara EMS
- Niagara Region Public Health
- Niagara Region Mental Health
- Niagara Region Homelessness Services
- Niagara North Family Health Team
- Welland McMaster Family Health Team
- Niagara Falls Community Health Centre
- Niagara Medical Group Family Health Team
- Niagara Assertive Street Outreach Team
- Salvation Army Booth Center
- Southridge Shelter
- YWCA Niagara
- Hope Center
- Attachment and Trauma Treatment Centre for Healing (ATTCH)
- Community Addiction Services of Niagara (CASON)
- Fowler Family Foundation

REACH healthcare providers

Doctors

Karl Stobbe
Pam Kapend
Bob McMillan
Mo Moore

Nurse practitioners

Jane Carson
Erin Jarvis
Elise Suhadolc
Laurel Satov
Lois Barlow

REACH Services: Access to the System

- Family doctor, nurse practitioner and paramedic
- First contact with the system: care for 80% of problems
- Refer to specialists when needed
- Prevention: vaccination, pap tests, blood pressure treatment, etc.
- Complete forms to increase income
- Through collaboration:
  - Pharmacy
  - Dental
  - Foot care
  - Trauma counseling

Development

1. St. Catharines (largest population of poor/homeless):
   a) Salvation Army Booth Centre (Apr 2018)
   b) Southridge Shelter (Dec 2018)
   c) YWCA (June 2019)

2. COVID Mar 2020 - Added:
   a) YWCA Culp St
   b) High-risk shelter Niagara Falls
   c) COVID isolation shelter
   d) Consumption and Treatment Services (safe injection site)

3. Niagara Assertive Street Outreach Collaborative

Common health conditions we see:

- Mental health and addictions
- Chronic pain
- Skin conditions – rashes, spots, sores, infections
- Sexual health: infections, contraception, etc.
- Injuries: cuts, bruises, sprains, broken bones
- Diabetes, heart disease, lung disease
- Abdominal pain, headaches, arthritis
- Etc.

Safety

- Best care:
  - A single prescriber (or single clinic)
  - A single pharmacy

Qualitative Health Research
1–11

DOI: 10.1177/1049732319829434
journals.sagepub.com/home/qhr
SAGE

Health Care While Homeless: Barriers, Facilitators, and the Lived Experiences of Homeless Individuals Accessing Health Care in a Canadian Regional Municipality

Natalie Ramsay[1], Rahat Hossain[1], Mo Moore[1], Michael Milo[1], and Allison Brown[1]

Abstract

Persons struggling with housing remain significantly disadvantaged when considering access to health care. Effective advocacy for their needs will require understanding the factors which impact their health care, and which of those most concern patients themselves. A qualitative descriptive study through the lens of a transformative framework was used to identify barriers and facilitators to accessing health care as perceived by people experiencing homelessness in the regional municipality of Niagara, Canada. In-person, semi-structured interviews with 16 participants were completed, and inductive thematic analysis identified nine barriers and eight facilitators. Barriers included affordability, challenges finding primary care, inadequacy of the psychiatric model, inappropriate management, lack of trust in health care providers, poor therapeutic relationships, systemic issues, and transportation and accessibility. Facilitators included accessibility of services, community health care outreach, positive relationships, and shelters coordinating health care. Knowledge of the direct experiences of marginalized individuals can help create new health policies and enhance the provision of clinical care.

Adapting and Improving

- Ongoing: we seek input from shelters about the experience of their guests with REACH

- With our academic partners, we conduct surveys and research about how to improve care, and how our patients can direct the improvement

- Currently: 3 research papers and 2 quality improvement projects in process

Niagara: COVID, homelessness and healthcare

The concern:

Homelessness and poverty could be a risk for severe disease from COVID-19 due to:

- Stress/anxiety/mental health
- Drug/alcohol use
- Nutrition
- Lack of exercise

AND the congregated living conditions could increase spread

Niagara: COVID, homelessness and healthcare

The response:

A collaboration between:

- Niagara Public Health & Emergency Services
- Niagara Region Homelessness Services
- REACH Niagara
- McMaster University Family Medicine Program

Public Health & Emergency Services

- Advised regarding best practices
- Reviewed plans
- Inspected locations (shelters, clinics)
- Conduct COVID swabs in the COVID isolation shelter
- In the Safe Injection Site, work with physicians for diagnosis and treatment of skin infections

Niagara Homelessness Services

- Limited chance of spread
  - Lock-down shelters: no visitors or volunteers
  - New shelters for:
    - Vulnerable individuals – age or medical comorbidities
    - COVID isolation – those with symptoms are swabbed and kept isolated while awaiting results
    - High-needs individuals – chronically homeless and not in shelters
  - Reduced crowding – reduce population, head-to-toe sleeping, physical distancing
  - Enhanced cleaning
  - Supplied non-medical masks for staff and clients
  - Improved staff support
- Frequent communication with shelters including biweekly teleconferences
  - Ensuring screening tools were updated for employees and clients
  - Supported policy and procedure development to protect safety of clients

McMaster University Family Medicine Program

- By April, most non-emergency health services had shut down
- This affected Niagara's 20 Family Medicine Residents
- Meantime,
  - Many walk-in clinics were closed
  - Most homeless people don't have a family doctor
- In this population, 'non-emergencies' often become emergencies:
  - Uncontrolled blood pressure, diabetes, cardiac problems
  - Deteriorating mental health
  - Skin infections from injection drug use leading to heart, blood and bone infections

McMaster University Family Medicine Program

- The solution: Residents ‘attached’ to shelters – one resident per shelter at 7 locations.
  - Weekly video or phone clinics in some, daily check-in with staff in others
  - COVID symptom response – for public health
  - On-call: available to all shelters 8 a.m. – 9 p.m. 7 days a week
  - Resident supervision provided by McMaster faculty

Safe Injection Site Support

People come to use, don’t want to stay, don’t want to be identified, don’t want to speak with doctors. Staffed by EMS paramedics.

Resident roles:

1. COVID symptom response – for public health
2. Skin infections
   - Assessed by paramedics
   - Resident reviews, discusses with paramedic
   - Antibiotics are given to patient immediately
   - Antibiotic protocol created by Dr. Ali (head of Infectious Disease at Niagara Health System)

COVID Isolation Shelter Support (Niagara Region)

- Welcoming, low-barrier, high-support shelter.
- Increased staff, including some with healthcare backgrounds
- Residents worked with Niagara experts to develop in-shelter protocols for:
  - Opioid addiction
  - Alcohol withdrawal

REACH Niagara

- **Video clinics** – provide care while keeping shelters safe from COVID
  - Purchasing and installing computers, speakers, web-cams
  - Training shelter staff to start the video visits
  - Upgrading bandwidth at provider's location
- **iPad clinics, Phone clinics** where video not possible
- Manage **COVID results** while maintaining patient privacy rights
- Ensure supervision for residents, organize faculty on-call
- Liaise and **connect**; ensure all are working together:
  - Addiction providers (Dr. MacKay, Dr. Kimacovich)
  - Infectious disease expert (Dr. Ali)
  - Public health (Dr. Feller)
  - EMS (Karen Lutz and Rob Law)
  - Shelter managers and staff

REACH Niagara

“House Calls”

- People who lived in shelters but are now housed, but don’t have a doctor
- Not allowed into shelter clinics because of COVID
- Phone visits, with rare in-person visit (if required)

Niagara Assertive Street Outreach Team

- MD joins team huddle twice-weekly
- Very helpful for people discharged from shelters to the street, together we offer ongoing healthcare

Lessons Learned

- Collaboration
- Communication
- Challenges create opportunities

Next Steps

- Welland Hope Center clinic (Oct 2020)
- Alternate Funding Plan
- Clinic in Niagara falls (2021)

Regional Essential Access to Connected Health, Niagara

Healthcare, Homelessness and COVID in Niagara

Dr. Karl Stobbe: medical director
David van Velzen: executive director

https://reachniagara.com/

Current State in Long-Term Care and Addressing the Pandemic

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

October 13, 2020

Henri Koning, Director, Seniors Services

Niagara Region

Seniors Services

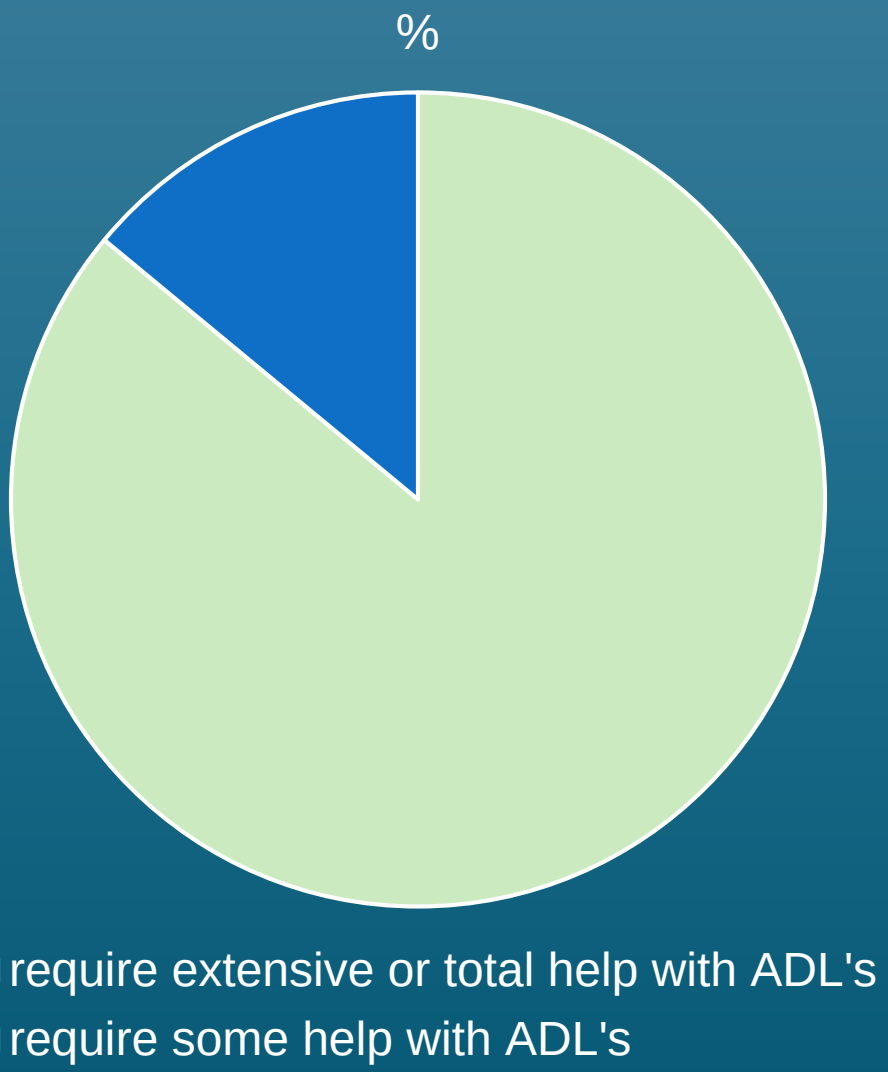
Current State in Long-Term Care and Addressing the Pandemic

Changing Profile of Long-term Care Residents

Residents are frail at the time of admission

- 86% have cognitive impairment
- 84% are incontinent
- 31% require extensive or total assistance with meal service
- 67% require extensive or total assistance with transfers
- 58% are over the age of 85
- 12% are over the age of 95

Resident Care Needs with Activities of Daily Living (ADL's) (bathing, grooming, dressing)



Increasing Medical Complexity of Residents

40% of residents need monitoring for an acute medical condition

Examples of medical complexity include:

- Chronic kidney disease
- Chronic parenteral support for nutrition and medication
- Chronic respiratory support
- Chronic wound management
- Co-morbidities (e.g. dementia, diabetes, heart disease, osteoporosis)

Optimizing Care

Analytics

- Leveraging data, clinical applications and business intelligence to support enhanced clinical care

Relational Care

- Leveraging resident and family input to ensure that care is individualized and aligned with residents' personal preferences

Preparing for a Pandemic
Three Key Success Factors: IPAC

I. Enhanced Infection Prevention and Control Practices

Public Health / Seniors Services Outbreak Improvement Project 2014
Focus:

(1) enhanced identification of outbreaks
(2) decreased length of outbreaks

Outcomes

- Significant improvement in surveillance and subsequent early identification of outbreaks and
- Enhanced ability to effectively implement IPAC measures to minimize spread of an outbreak
- The homes have sustained these improvements over the past 5 years

Preparing for a Pandemic
Three Key Success Factors: Supplies

II. Pandemic Supplies

- Seniors Services maintains a pandemic inventory of PPE (surgical masks, N95 masks, goggles, shields, gowns, wipes, disinfectant)
- System in place to avoid issues related to expired products

Outcomes

- LTC homes had enough PPE at the onset of the pandemic when supply chains were challenged and access was limited
- Access to supplies decreased anxiety among staff adjusting to working in a pandemic environment
- Have secured further pandemic supplies in preparation for a second wave this fall

Preparing for a Pandemic
Three Key Success Factors: Existing Practices

III. Building on Existing Practices: Analytics and Relational Care

- Leverage technology to monitor resident symptoms, to enhance the efficiency of twice daily febrile screening assessments, to optimize communication across the care team and to facilitate training and capacity building
- Recognizing the value of interpersonal connection and relationships and ensuring ongoing communication within the constraints of the pandemic (face time visits, phone calls, outdoor visits, indoor visits)

Outcomes

- Effective heightened surveillance – no transmission of the virus in the homes, no deaths related to covid-19 in the homes
- Communication plan developed for each resident in collaboration with residents and families

A New Normal:

A look at our long-term care homes during the COVID-19 pandemic.

A New Normal in LTC

Questions

From: Glen Walker
To: Norio, Ann-Marie
Subject: Public Health and Social Services Committee next week.
Date: Wednesday, October 07, 2020 4:42:40 PM
Attachments: image001.png

Ann-Marie

I would like to speak to the motion on decriminalization at the Public Health and Social Services Committee next week. Can you add me in as a speaker please. I would not have any slides of materials to share.

Sincerely

Glen Walker
Executive Director
Positive Living Niagara

120 Queenston St., St. Catharines, ON L2R 2Z3
Tel: 905-984-8684 Ext. 112 Fax: 905-988-1921
email: gwalker@positivelivingniagara.com

PLEASE VISIT OUR WEB SITE: www.positivelivingniagara.com

From: PF-Mailbox-01
To: Norio, Ann-Marie; Trennum, Matthew
Subject: FW: Online Form - Request to Speak at a Standing Committee
Date: Thursday, October 08, 2020 3:24:20 PM

From: Niagara Region Website
Sent: Thursday, 08 October 2020 15:24:12 (UTC-05:00) Eastern Time (US & Canada)
To: Clerks
Subject: Online Form - Request to Speak at a Standing Committee

Request to Speak at a Standing Committee

To reply, copy the email address from below and put into 'To'. (if resident entered their email address)

Name
Justin Arcaro

Address
[redacted]

City
Welland

Postal
[redacted]

Phone
[redacted]

Email
[redacted]

Organization

standing committee
Public Health and Social Services Committee

Presentation Topic
Item 5.2 of the agenda - Decriminalization of Personal Possession of Illicit

Drugs

Presentation includes slides
Yes

Previously presented topic
No

Presentation Details
I would like to speak to support the 'Referral of Motion - Decriminalization of Personal Possession of Illicit Drugs'. My goal is to put this motion in the broader context of legalization/decriminalization initiatives around Canada, the USA and around the world.

Video Consent
Yes

Subject: Occupational Therapists Request for Niagara EMS

Report to: Public Health & Social Services Committee

Report date: Tuesday, October 13, 2020

Recommendations

That Regional Council **APPROVE** the addition of two new full time permanent Occupational Therapist positions, using already-approved funding in the EMS operating budget.

Key Facts

- These positions are central to the Falls Intervention Team (FIT) as part of our Mobile Integrated Health model
- Occupational therapists were previously contracted through Hotel Diêu Shaver in temporary assignments
- Challenges exist in attracting occupational therapists to a temporary contracted role. This past year, EMS was able to fill only one of two positions
- With the onset of COVID-19 mid-March this year, Niagara EMS lost the one occupational therapist due to work refusal and returned to the Hotel Dieu Shaver
- The position of Occupational Therapist is already used in Public Health and is associated with CUPE 1757
- A recommendation is made to bring these positions internal as funded FTE’s to improve recruitment and management of occupational therapists dedicated to FIT, with a small reduction in cost.

Financial Considerations

The approved 2020 EMS Operating budget contained $166,013 in purchased services to accommodate contracting two Occupational Therapists. The 2020 budget was estimated based on internal regional wages as a benchmark; therefore, the approved budget is sufficient to cover the costs of the two FTE's with no incremental budget increase required.

Analysis

As most recently discussed in PHD 20-2019, the implementation of the Mobile Integrated Health teams has led to a reduction in patients being conveyed to hospitals, and instead patients are receiving more appropriate care that better meets their health needs, and places less pressure on the emergent care system. This in turn has resulted in a “bending of the curve” of actual call volumes to the end of 2019 as seen in Figure 1.

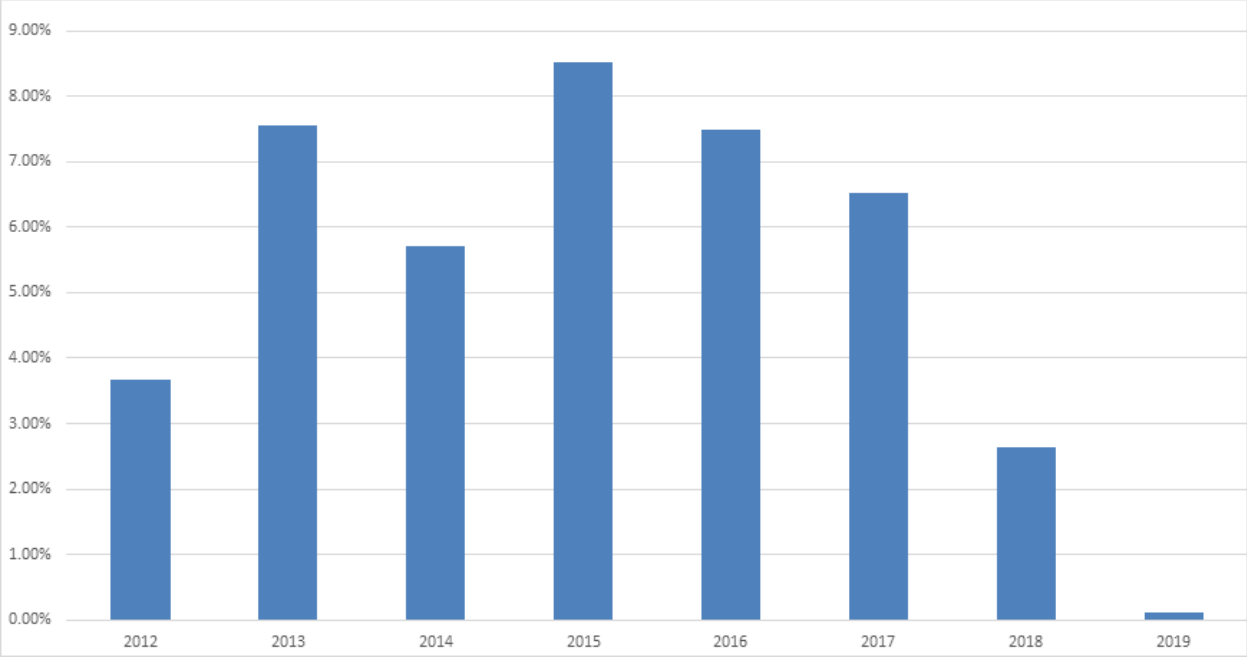


Figure 1 Call volume growth 2012-2019

One of the teams that has contributed to this bend of the curve is the FIT consisting of an occupational therapist and a paramedic, who respond in real time to 911 calls for persons who report a fall and require assessment and/or assistance with the fall. Previous to the introduction of the FIT, these callers either refused transport to the hospital if they were uninjured or were transported to the hospital. As per Niagara EMS patient care reports, more than half of unique 911 callers between 2016–2018 reported that factors other than medical conditions contributed to the fall. Such factors could include but are not limited to arranging for gait aids, educating patients in proper use, recommendations about changing a living environment or arranging for enhanced care offered by community service providers. It is not within the scope of the paramedic to make these recommendations however, it is within the scope of the occupational therapist to recommend strategies to decrease the incidence of repeat falls and risk of serious injury.

Since the inception of the FIT in 2018, increases in unique calls for falls have dramatically decreased as illustrated in Figure 2, evidence that this team is more effectively resolving underlying causes for falls, preventing future 911 calls.

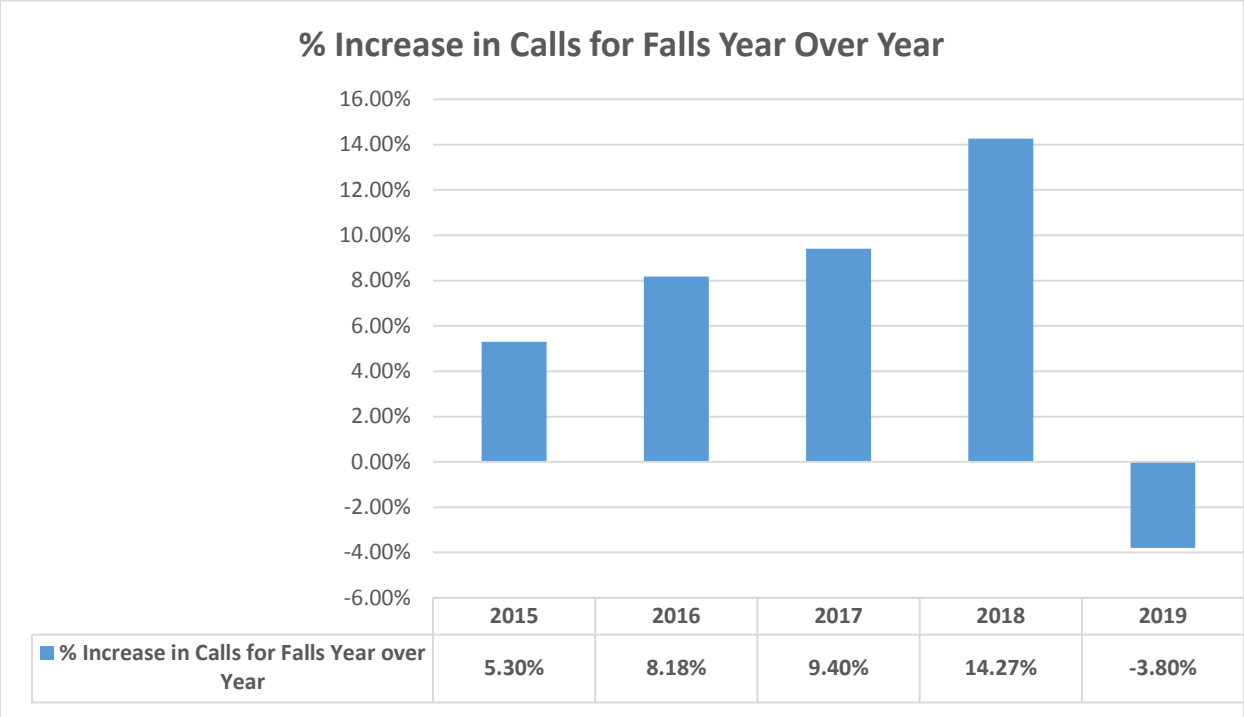


Figure 2 Call Volume Growth for Falls 2015-2019

The FIT not only responds to real time 911 calls for falls, but in between active calls also proactively visit fallers after receiving a referral from paramedics who encounter patients who have fallen at other times. Prior to the occurrence of a repeat fall, a visit will be arranged between the patient and the FIT in order to assess the patient's environment. The visit could result in meaningful changes and strategies to avoid additional falls or a referral to community health and social providers, thereby increasing safety and preventing serious injury from future falls.

Recruitment of Occupational Therapists through Contracted Services

Previous attempts at recruitment of occupational therapists collaboratively with the Hotel Diêu Shaver have not yielded many candidates despite concerted efforts to promote this unique opportunity. In five months of active recruitment, only one position was filled. The Government of Canada Job Bank (https://www.jobbank.gc.ca/marketreport/outlook-occupation/4168/ca) may offer some explanation as to the paucity of applicants as over the next ten years across Canada as it appears this is a highly competitive field for recruitment: the expected new job openings for occupational therapists will total 11,800 but there will only be 9,600 job seekers.

Additionally, data provided by the Region of Niagara, Growth Management Strategy indicate that over the next 20 years, Niagara's population is expected to increase by roughly 79,000 people or 17.8% and seniors 65 years old or greater will account for 60% of the population growth (approximately 47,000 people). The increase in the senior

population is the result of an aging baby boomer population and the migration of individuals 55 years and older from surrounding regions as they make the decision to retire in Niagara. This forecast indicates that planning to address falls more proactively in the face of an increasing number of seniors migrating to and currently living in Niagara could assist to ease the burden to Niagara EMS and the hospital system of increasing numbers of falls and ensuing transports to the emergency department for low acuity falls. From January 1, 2020 up to June 30, 2020, Niagara EMS responded to 3,718 seniors over the age of 65 who called 911 with a fall. With the addition of a possible 47,000 more seniors within the next 20 years, call volumes for falls will continue to increase, absent upstream innovative interventions such as the Falls Intervention Team.

Prior to the COVID-19 pandemic, work was underway to hire an additional occupational therapist and bring both positions internal as it was realized that continuation of contracted services afforded Niagara EMS minimal control over human resource issues and actually increased the cost of staffing.

Shortly after the COVID-19 pandemic was declared in March of this year, the occupational therapist seconded by Niagara EMS from the Hotel Diêu Shaver elected to withdraw services and return to the hospital environment leaving the position empty.

Posting the two positions as full time to a wider audience will improve recruitment of occupational therapists currently in secure full time positions elsewhere who may, however, want to be part of this innovative and high profile initiative. Indeed, the FIT was featured on a segment by the *CBC National* during an hour of programming highlighting innovative and novel approaches to addressing the impact of falls in Canada.

Alternatives Reviewed

Staff continues to participate in the development of the Niagara-Ontario Health Team (N-OHT). The future design of coordinated and integrated delivery of health services through the N-OHT may include resources such as the FIT occupational therapist in collaboration with other agencies. In the interim, the following alternatives were reviewed:

- Continue to contract as temporary positions through Hotel Diêu Shaver, which will not eliminate the challenges experienced with recruitment, control of human resource issues and increased costs. Likely this option will not allow filling the two occupational therapists positions for FIT, and so will result in more preventable falls in our community, leading to resident injury and suffering; including possible death, (falls in the elderly that lead to bone fractures have a high mortality rate). This option may also lead to increased EMS overtime costs if 911 calls due to falls lead to hospital overcrowding and lengthy ambulance offload delays.

- Post these two positions as temporary with the Region (not full time) to a wider audience. As evidenced, occupational therapists are in high demand making it unlikely a qualified occupational therapist will leave a permanent position and apply to a temporary position. Frequent turnover of temporary positions could also lead to avoidable training costs for new hires.

Relationship to Council Strategic Priorities

The approval of two full time occupational therapists supports Council Strategic Priorities of fostering *Healthy and Vibrant Communities* through the delivery of quality, affordable and accessible Mobile Integrated Health services, specifically the FIT. In addition, this model contributes to a *Sustainable and Engaging Government* with a high quality, efficient, fiscally sustainable and coordinated core delivery of prehospital services that reduce the requirement for ambulance responses to falls while aiming to prevent future system delivery costs for responses to falls.
The outcomes of an integrated health system promotes improved opportunities for *Healthy and Vibrant Communities* and contributes to less institutionalized care and more aging at home supports that can be provided safely.

Other Pertinent Reports

PHD 20-2019

_____

Prepared by:
Kevin Smith
Chief, Niagara Emergency Medical Services & Director, Emergency Services
Public Health & Emergency Services

_____

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

_____

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer (Acting)

This report was prepared in consultation with Karen Lutz-Gaul, Commander of Mobile Integrated Health, Niagara Emergency Medical Services, Jeff Garritsen, Labour Relations Manager, Michael Leckey, Program Financial Specialist

Administration
1815 Sir Isaac Brock Way, Thorold, ON L2V 4T7
905-980-6000 Toll-free: 1-800-263-7215

MEMORANDUM

PHD-C 9-2020

Subject: Referral of Motion – Decriminalization of Personal Possession of Illicit Drugs

Date: October 13, 2020

To: Public Health and Social Services Committee

From: Ann-Marie Norio, Regional Clerk

At its meeting held on September 17, 2020, Regional Council passed the following motion:

That the motion respecting Decriminalization of Personal Possession of Illicit Drugs **BE REFERRED** to the Public Health and Social Services Committee.

The motion respecting Decriminalization of Personal Possession of Illicit Drugs is noted below for Committee's consideration:

WHEREAS the Canadian Association of Chiefs of Police agree that police services remain committed to combatting organized crime and disrupting the supply of harmful substances coming into our communities by targeting drug trafficking and illegal production and importation, and further agree that diversion provides new opportunities to make positive impacts in communities. These impacts may include reducing recidivism, reducing ancillary crimes and improving health and safety outcomes for individuals who use drugs;

WHEREAS laws that criminalize people simply for using and possessing drugs have resulted in serious health and social harms, including forcing people into unsafe spaces and high-risk behaviours leading to HIV and HCV infection, resulting in criminal records that make it difficult to obtain employment and housing, and reinforcing negative stereotypes and judgements about people who use drugs;

WHEREAS some groups are more impacted by our drug laws than others, including people who are homeless and/or living in poverty, people with mental health and substance use issues, people from racialized groups, Indigenous people, women, and youth;

WHEREAS a public health approach to drugs would be based on principles and strategies that have been shown to support healthy individuals, families, and communities;

WHEREAS countries that have decriminalized personal drug use and possession and invested in public health interventions have seen results, including decreases in HIV and overdose, decreases in costs to the criminal justice system, and improved police/community relationships;

WHEREAS the evidence on the health and social harms of our current criminalization approach to illegal drugs as well as that of alternative approaches such as decriminalization and legal regulation strongly support the need to shift to a public health approach to drugs in Canada;

NOW THEREFORE BE IT RESOLVED:

1. That the federal government **BE URGED** to decriminalize the possession of all drugs for personal use, and scale up prevention, harm reduction, and treatment services;

2. That the federal government **CONVENE** a task force, comprised of people who use drugs, family members, and policy, research and program experts in the areas of public health, human rights, substance use, mental health, and criminal justice, to explore options for the legal regulation of all drugs in Canada, based on a public health approach; and

3. That this motion **BE CIRCULATED** to Minister of Health Patty Hajdu, Minister of Justice and Attorney General of Canada, David Lametti, the Canadian Association of Chiefs of Police, Deputy Premier and Minister of Health Christine Elliott, Attorney General, Doug Downey, Niagara's MPs and MPPs, Niagara's 12 local area municipalities, Niagara Regional Police Service, the Association of Municipalities of Ontario, and the Association of Local Public Health Agencies.

Respectfully submitted and signed by

_____

Ann-Marie Norio
Regional Clerk

To Ann-Marie Norio, Clerk, Region of Niagara

From Tim Rigby, Regional Councillor

Motion for consideration at Public Health and Social Services Committee:

UPDATES ON COVID-19 AND THE MANDATORY FACE COVERING BY-LAW

Whereas it is prudent and necessary for Niagara Regional Council to remain regularly apprised of the status of the need to continue with the mandatory face covering by-law; and

Whereas it is our desire as a Region to effectively learn how to live with the COVID-19 Virus safely.

NOW THEREFORE BE IT RESOLVED:

1. That the Region of Niagara Public Health Department **PROVIDE** an information report at each Public Health and Social Services Committee meeting providing data that would demonstrate if Niagara Region should or should not continue the enactment of the Mandatory Face Covering By-law (By-law 2020-46); and

2. That the report **INCLUDE** evidence from Provincial, Federal and International Health Agencies.

Public Health & Emergency Services
1815 Sir Isaac Brock Way, Thorold, ON L2V 4T7
905-980-6000 Toll-free: 1-800-263-7215

MEMORANDUM

PHD-C 10-2020

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

Date: October 13, 2020

To: Public Health & Social Services Committee

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

Current Status as of September 30, 2020

- The latest updates including statistics can be found at https://niagararegion.ca/covid19
- After cases increased upon moving to Stage 3 of reopening, cases have now surged in the GTA. In parallel, infections have also now markedly increased in Niagara as well as other parts of the province. This is likely due to many factors:
    - the public relaxing their vigilance against COVID-19 (e.g. heading out and working while sick),
    - travel between Niagara and areas with more cases (e.g. GTA), and
    - residents engaging in many social contacts with friends, co-workers, and extended family beyond their 10 person social circle.
- In order to avoid a repeat lockdown as has been instituted in China, Israel, South Korea, Australia, and the United Kingdom, it is critical that everyone redouble efforts around 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. And all of these measures must be practiced now with greater fidelity.
- Outbreaks in long term care homes and retirement homes have risen lately, with some more residents affected, but still far fewer than in April. As cases rise in the community, there are likely to be more cases that work or visit long term care and retirement homes, leading to more outbreaks.
- With the increase in cases in the community, Public Health capacity is being stretched in several ways:

  - Increased work to follow-up with each person infected with COVID-19 and all of their contacts,
  - Each person infected with COVID-19 typically now has a very large number of contacts as compared to in previous months, so each new case of COVID-19 is requiring more work for management.
  - A four-fold increase in calls/on-line chat requests by the public needing to be answered.
  - Increased cases in the community are leading to increased cases in persons associated with schools, child care, long term care, retirement homes, and other institutions. All of these require significant work by Public Health to prevent and/or manage outbreaks.
- Simulations of outbreaks to help prepare long term care and retirement homes are being discontinued as Public Health is now becoming overwhelmed with case management, contact tracing, public calls, and supporting schools.
- To deal with the surge of work associated with the new cases, Public Health is again scaling and stopping other program areas to focus on COVID-19. Programs such as vaccination and dental health are unlikely to be able to operate this year; other programs such as mental health and child health will need to be further scaled back, depriving vulnerable residents of needed support.
- Other Boards of Health in Ontario are investing additional funding into Public Heath to ensure a strong pandemic response, as well as the continuation of robust programs to support the health of the public from all other health issues which have been exacerbated by the Pandemic. Hamilton's Board of Health, for example, has authorized an additional 92 staff be hired in Public Health temporarily. York Region has authorized the hiring of 172 additional Public Health staff for 2 years, as well as 8 new permanent staff. Many other local public health agencies are also increasing staffing (e.g. Ottawa, Halton Region, Waterloo Region, Peel Region) with some adding additional permanent staff to complement (e.g. Toronto). Niagara Region Public Health is has been attempting to hire temporary positions (as opposed to permanent) to manage the pandemic response, but given the intense competition province-wide to hire staff, there has been only very limited success in recruitment. The impact of this could be exacerbation of health problems in Niagara relative to our peers.
- In Emergency Services, call volumes for EMS have largely returned to normal levels business and life has resumed.
- EMS is closely monitoring patient flow within local emergency departments and working with Niagara Health to ensure capacity and surge planning for anticipated COVID-19 related hospitalizations.

- Emergency Management continues to support both Regional and Local Area Municipal EOC's for coordinated response and business continuity planning.

Previous (September 8) 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. Currently 112 staff are work in COVID-19 emergency response (32% of staff complement in Public Health), as well as an additional 24 staff on contract to support the response. An additional 22 staff are being transferred to emergency operations for the start of October to deal with the recent surge in cases.

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 52 front line FTE as well as 10 FTE of support staff and 9 supervisory/leadership staff trained to support this, as needed. An additional 44 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. With Council’s approval received on August 13, 2020, there is now the ability to enter into assistance agreements with other local public health agencies to further expand capacity if needed. The case/contact/outbreak management 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 provides 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 43 FTE currently support the health care and social services sector within the Emergency Operations Centre, all redeployed from normal public health work.

3. **Supporting Schools & Child Care**. A new call line has been created to support schools, teachers, staff, and child care operators with keeping children safe in their reopening's. Supporting these sectors is a priority in terms of protecting vulnerable children as well as older staff who may work in these settings and are at risk of severe illness. However, it is also a priority given the potential for children to spread infections through families and through the large populations in schools which could trigger a second wave. As well, successful reopening of schools and child care is critical for our economic recovery to enable parents to return to work. This is a particular equity issue for women given the disproportionate role women play in child care. Approximately 40 staff, including the 20 new provincially-funded hires are supporting schools and child care.

4. **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 on 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

- Assistance agreements may be entered into with other local public heath agencies to prepare for managing the risk of a local surge of COVID-19 cases.

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.

Clinical Services Division (Excluding Mental Health)

Current State of Operations

Most efforts in this area normally focus on infectious disease prevention. Many staff (37 FTE of 84 total) have been reallocated to the Emergency Operations Centre for COVID-19 response. A further 11 staff are being reallocated to emergency operations for early October. This number has been scaled back as sexual health services as well as vaccination cold chain inspections have been scaled up, 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

It is a priority in the coming weeks to develop a plan to resume school vaccinations and enforcement of the *Immunization of School Pupils Act*. However, the recent surge of cases threatens the ability to restart vaccinations.

Operational Outlook

1 month & 3 months

- Return of staff to vaccination and sexual health programs to scale up operations in these areas.
- Attempt to resume school-based vaccinations.
- Plan for enforcement of the *Immunization of School Pupil's Act*.

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. All 61 staff have been returned to 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 6 FTE 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. For early October, 1 staff is being formally 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

- 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 have now been discontinued.
- 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. Of 35 staff, 34 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 69 of 144 staff in Family Health to support Emergency Operations. A further 10 staff are being redeployed to emergency operations for early October.

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
- 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 September 19, 2020:

- 359 registrants for online prenatal education
- 1,876 HBHC postpartum screens and assessments completed by PHN
- 1,391 HBHC home visits
- 417 Nurse Family Partnership visits
- 279 Infant Child Development service visits
- 515 Breastfeeding outreach visits
- 1,334 interactions with Niagara Parents (phone, live chat, and email)
- 129 moms received support and skill building through our cognitive behavioural therapy post-partum depression group
- 88 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.

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 34 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 have returned to expected values and operational response is normal. EMS has moved from the Monitoring stage of their Pandemic Protocol back to the Awareness stage following the recent increase in COVID-19 cases and the impact on resources. EMS is experiencing many staff in all areas of EMS operations needing to self-isolate due to family testing requiring business continuity procedures to be enacted. EMS continues to face pressures around personal protective equipment procurement as global shortages continue.

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

Ongoing support of current Emergency Operations Centres and recovery planning efforts. There are some elements of recovery planning that are begin implemented.

Respectfully submitted and signed by

_____

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MEMORANDUM

COM-C 29-2020

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

Date: October 13, 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 Day Trips

Recently, there has been a surge in community COVID-19 infection rates and a re-emergence of significant outbreaks in long-term care homes across the province. After careful consideration of the changing landscape, Seniors Services modified the precautions regarding “day trips” or outings with family and friends to include additional safeguards to prevent potential exposure of COVID-19 within Niagara’s long-term care homes. Precautionary measures include COVID-19 testing and a 72 hour isolation period.

Long-Term Care Covid-19 Outbreak Updates

Bi-monthly surveillance testing of staff (mandated by the Province of Ontario), triggered outbreaks at Woodlands of Sunset, Meadows of Dorchester, Rapelje Lodge and Linhaven during this reporting period. Through the implementation of outbreak measures within the home, staff were able to bring each outbreak to a successful close with no transmission to staff and residents.

A number of staff with identified symptoms were tested for COVID-19 as a precautionary measure (over and above the bi-monthly surveillance testing). In two

instances, employees' test results were positive and as such triggered COVID-19 outbreaks, including an outbreak at Deer Park Villa and Meadows of Dorchester. The Deer Park Villa outbreak was cleared by Public Health on October 1, 2020 and there was no transmission of COVID-19 to staff and residents. The Meadows of Dorchester outbreak was declared on October 2, 2020 and at the time of this report, Public Health had initiated contact tracing and the home has implemented all outbreak measures.

Additional Pandemic Pay Update

On October 1, 2020, the province announced that a temporary wage increase will be provided to personal support workers, including those who work within long-term care homes, and home and community care settings. The temporary wage increase has been set at $3.00 per hour.

Funding Updates for Long-Term Care Homes

On September 29, 2020, the province announced funding for long-term care homes to better prepare for and address future surges and waves of COVID-19. Funding has been geared toward many areas of need for long-term care homes including, emergency prevention and containment, staff recruitment and retention, infection prevention and control, and personal protective equipment (PPE). Details on the funding, such as Niagara Region's allocation and how and when the funding will flow to the Region, are still being received and will be shared when available.

Seniors Services – Seniors Community Programs

Seniors Services implemented a blended model of service for the Adult Day Program, which includes a virtual program option to clients as well as a half day in-person model of service. Virtual programming went live with nine active clients on September 14, 2020. On September 21, 2020 the half day in-person model of service began; clients were offered one day of programming a week. All active clients are able to supplement the in-person service with virtual programming. Appropriate use of PPE, screening measures, and infection prevention and control training, are in place to ensure the safety and well-being of staff and clients.

Virtual registration for the Healthy Safe and Strong Exercise Program was completed through the month of September. One hundred and seventy-two clients have registered to receive virtual programming for the fall.

In-home visits for clients of the Respite Companion program resumed in September. Screening and relevant Public Health guidance and protocols, and PPE requirements are in place. Starting on October 19, 2020, Respite Companions will provide services to two clients per week, due to an increase in the number of clients interested in participating in the program. The program will look to continue expanding the number of clients served depending on local cases of COVID-19 and community infection rates, as well as by gauging the willingness of families to accept service from a Respite Companion that is supporting multiple clients. During this current phase of the pandemic, a Respite Companion will see only one client per day, however, a Respite Companion may serve more than one client per week.

Outreach Services is continuing with over the phone service delivery while resuming in-home visits based on client need. Comparing data from March 2019 to September 2019 with 2020 data for the same period, shows a 28% increase in client contacts. Six hundred and twelve clients have been served between March 2020 and September 2020. Appropriate use of PPE and health and safety measures, based on guidance from Public Health, are in place to ensure the safety and well-being of staff and clients.

The Calls for Connection initiative, which utilizes Respite Companions to provide both a well-being screener and weekly social connection calls to clients, has been reaching out to clients who have not been able to access services due to COVID-19 restrictions. Currently there are 59 active clients who receive scheduled calls. Seniors Services plans to expand Calls for Connection into Niagara Regional Housing wellness collaborative buildings and hubs in October and November.

Deer Park Suites Assisted Living continues to adapt to the changes in COVID-19 cases, recommendations received through Public Health, as well as guidance received through the province. Restrictions for clients, in terms of day outings which includes community appointments and outings with family for the day, were eased as of August 11, 2020. Health and safety measures remain in place (e.g. screening, physical distancing, mask wearing, etc.), and relevant communication is shared with both residents and families.

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 September 18, 2020 180 individuals have been referred to the isolation facility with testing administered in shelter, resulting in negative findings to date.

On September 21, 2020, the federal government announced the Rapid Rehousing Initiative (RHI). The RHI is a $1 billion dollar capital investment program to help address urgent housing needs of vulnerable Canadians by rapidly creating new affordable housing. This program will support the acquisition of land and/or the conversion of existing buildings to permanent supportive housing, affordable housing, etc. The RHI is the newest initiative of the National Housing Strategy and will be available to municipalities, provinces, territories, Indigenous governing bodies and organizations, and non-profit organizations. The RHI does not provide operating funds to support any capital investments that are made and the expectation is to spend the funding received through this program by March 31, 2021. The federal government, in the next few weeks, will provide further details about program criteria and the application process for the RHI.

On September 21, 2020, the federal government also announced an additional $236.7 million through Reaching Home: Canada's Homelessness Strategy to help extend and expand the emergency response to the COVID-19 outbreak. Through this additional funding, Niagara Region will be receiving $1,705,346. This is in addition to Phase One of Reaching Home program funding that was provided in April 2020, through which Niagara Region received $1.25 million dollars to support the COVID-19 emergency response. Guidelines for the new additional funding, as well as further information on the timeline for spending this additional funding, are expected to be provided in the coming weeks.

Children's Services

Although the Ministry of Education permitted all licensed child care centres to reopen at full capacity as of September 1, 2020, the majority of Niagara's licensed child care service providers have reopened through a staggered approach in order to better accommodate for the increased capacity levels. EarlyOn centres remain closed to on-site visits; however, the centres are continuing to offer virtual services to children and families.

Most child care centres are reporting low enrollment numbers due to a number of factors which include, parental decisions to not return their children to child care, child care service providers ability to find qualified Registered Early Childhood Educators, and a shortage of staff due to employees being tested for COVID-19.

Children's Services is continuing to monitor the reopening of child care centres, which is expected to be completed by October 13, 2020. Further updates on the full number of

operational child care spaces will be provided once reopening is complete. Children's Services continues to provide funding to child care service providers to support their ability to remain open, as a result of the loss of revenue from parental fees.

Resource consultants, who provide specialized support to children with special needs, are conducting a blend of on-site and virtual visits to support children with identified needs in licensed child care programs. Home Visitor employees in Niagara Region's Home Child Care Program are conducting a combination of on-site and virtual visits with contracted home child care service providers. Virtual casework continues for families applying to receive child care subsidies. Registration for the ProKids Program has reopened, however the number of applications is significantly lower compared to September 2019.

On October 1, 2020, the provincial government updated the COVID-19 Screening Tool for Children in School and Child Care guidance. Children's Services will be working with licensed service providers to update and adjust their current screening tools to reflect these changes. Children's Services will be reviewing the new guidance to determine if there will be any financial implications.

As of October 5, 2020, the total number of child care spaces available is 3,907, across 135 licensed child care centres and 2 home child care programs across Niagara. Children's Services anticipates that approximately 20 licensed child care centres will reopen after Thanksgiving. Prior to the COVID-19 pandemic, there was a total of 11,595 licensed child care spaces across 169 child care centres, and 90 home based providers across Niagara. One licensed child care centre located in Lincoln, with a licensed capacity of 24 spaces, had to close temporarily due to having an insufficient number of staff needed to fully operate the centre. One licenced child care service provider that administered three child care centres in Niagara Falls, with a licensed capacity of 172 spaces, permanently closed due to stated concerns regarding financial capacity, and ability to keep staff and children healthy and safe. At this time, there is approximately 33 percent of licensed child care spaces operating from the overall licensed child care system.

Social Assistance & Employment Opportunities (Ontario Works)

As of August 2020, Niagara's OW caseload was 9,384. Overall, the average caseload has increased by 0.8% when compared to August of 2019.

As of July 31, 2020, the availability of the COVID-19 Discretionary Emergency Benefit, funded through the province, ended. Even though the benefit concluded, SAEO recognized that there is still a need for clients to access financial supports during the pandemic. Effective September 2020, SAEO expanded the list of eligible items under employment related expenses to include COVID-19 related items, as a temporary measure to support OW clients. Items include the delivery of essential supplies for those who are self-isolating, masks, cleaning supplies and sanitizer. The goal through this temporary measure is to improve a client's access to necessary supports and services and remove any barriers that a client may face, to continue assisting a client's life stabilization and employment activities during the pandemic. Funding to support this temporary measure is within SAEO's 2020 approved budget.

In September 2020, SAEO implemented the second phase of its staged recovery approach with a service delivery model that incorporates in-person, telephone and virtual services in both the Fort Erie and Port Colborne offices. This service delivery model has allowed SAEO to respond to the needs of high-risk clients while also supporting the health and safety of clients and staff across Niagara.

As of September 27, 2020, the Canada Emergency Response Benefit (CERB) transitioned to a modified Employment Insurance (EI) program. Those receiving the modified EI program are eligible for a taxable benefit at a rate of at least $500 per week, or $300 per week for extended parental benefits. People claiming EI benefits for job loss would be eligible for at least 26 weeks. The EI program will also allow people with 120 hours of insurable work or more to qualify by providing a temporary, one-time credit of 300 insurable hours for those claiming EI regular and work-sharing benefits. People claiming EI special benefits (e.g. maternity, parental, sickness, compassionate care, and family caregiver), will be provided with a temporary, one-time credit of 480 insurable hours. The modifications to the EI program also include setting the unemployment rate at 13.1 percent across Canada (contributing to the formula for benefits eligibility), and freezing EI insurance premium rates for two years.

On October 1, 2020, the federal government passed legislation for three new temporary recovery benefits. The benefits would apply retroactively to begin as of September 27, 2020 and will be available between September 27, 2020 and September 25, 2021.The three new temporary benefits are:

- The Canada Recovery Benefit that will provide $500 a week for up to 26 weeks, to workers who are self-employer or are not eligible for EI who still require income support. This would support people who have not returned to work due to COVID-19

or whose income has dropped by at least 50%. Recipients must be available and looking for work, and must accept work where it is reasonable to do so.
- The Canada Recovery Sickness Benefit that will provide $500 per week for up to two weeks for people who do not have access to paid sick leave, and to make it easier to stay home if there is a need to self-isolate due to COVID-19.
- The Canada Recovery Caregiving Benefit that will provide $550 per week per household for up to 26 weeks. The benefit will be available for people who are providing care for a child, family member, or dependent who is not attending school, daycare, or other care facilities because they are closed as a result of COVID-19 or because they are at high-risk if they contract COVID-19.

Staff are working to ensure that the OW caseload is updated to better understand a client's readiness for employment and any necessary referrals that a client may require to address barriers (e.g. housing, mental health, etc.).

On September 30, 2020, the provincial government announced the first phase of the Social Assistance Recovery and Renewal Plan. Through this Plan, the province will be focusing on improved access to employment and training services, developing new tools and modern service options, and ways to process financial assistance faster. Based on many process improvements already implemented and continuous efforts to align services with emerging provincial policy, SAEO is well positioned to move forward with the first phase of the Social Assistance Recovery and Renewal Plan. SAEO will provide updates on these recently announced changes as additional details become available.

Niagara Regional Housing (NRH)

NRH continues to deliver essential services, in all business streams, while taking all the necessary safety precautions and protocols. NRH has reintroduced in-suite maintenance in NRH units. Community programs in NRH units have also resumed, with after school programs in Welland's McLaughlin Street community. The after school programs include scheduled in-person homework help for a maximum of three children, and the delivery of craft/recipe kits. Other communities that also normally have after school programs will receive weekly activity kits, however, in-person programming will not be provided as United Way has discontinued funding that was allocated towards in-person programming.

NRH has coordinated on-site programs like BBQs, balcony bingo and porch visits, in place of programs that were cancelled or being held virtually. Adult masks were

distributed to every NRH unit that included instructions on how to properly wear a mask along with Niagara Region's Public Health contact information.

NRH has obtained a priority hearing at the Landlord and Tenant Board, which recently reopened virtually, in order to resolve a significant tenant related issue. The backlog of pre-COVID-19 hearings have been scheduled to resume at the end of September.

NRH has partnered with Niagara College to have a security student offer friendly reminders about COVID-19 guidelines to tenants, in an effort to reduce any social issues resulting from claims of non-compliance.

The NRH intensification project in Hawkins Street is currently progressing as planned, on budget, and without any delays. Currently, there is a shortage of some building materials needed for the project, however, NRH is working closely with the general contractor of the project to secure these materials and prevent any delays.

NRH continues to assist housing providers (e.g. providers of non-profit and cooperative housing) by sharing relevant communication materials (e.g. signs/posters), updates from the Ministry of Municipal Affairs and Housing, the Landlord and Tenant Board, as well as steps NRH is taking to respond throughout the pandemic. The Provider Advisory Committee, which acts as a liaison between housing providers and NRH, began meeting virtually which has allowed for greater opportunity for ongoing discussions within the group.

Respectfully submitted and signed by

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Adrienne Jugley, MSW, RSW, CHE
Commissioner

Subject: Update on Community Based Capital Program and Early Years Capital Program Projects

Report to: Public Health and Social Services Committee

Report date: Tuesday, October 13, 2020

Recommendations

1. That this report **BE RECEIVED** for information.

Key Facts

- On November 16, 2017, the Ministry of Education (MEDU) announced $157 million in capital funding over two years for purpose-built child care through new construction, renovations, retrofits and additions to promote the creation of up to 5,000 new licensed child care spaces in community-based facilities for children aged 0 to 4 years.
- Locally, Niagara Region Children's Services received $6.4 million in Community Based Capital Program (CBCP) funding to support six capital projects (five licensed child care centres and one child and family centre).
- A second provincial capital funding program, Early Years Capital Program (EYCP) flowed from the Ministry of Education directly to three local school boards approved for five school-based child care capital build projects and retrofits for care of children aged 0 to 4 years.
- Combined, the provincially funded capital programs will create an additional 475 licensed child care spaces in Niagara, of which 70 spaces will be for the care of infants.
- As the local licensed child care system continues to expand, service managers will be challenged to financially support the operation of the additional spaces within the existing child care budget allocation from the province and continue to strive to ensure affordability for families.

Financial Considerations

The Community-Based Early Years and Child Care Capital Program (CBCP) provides 100% capital funding from the Ministry of Education. Locally, Niagara Region Children's Services received $6.4 million in funding to support six projects (five licensed child care centres and one child and family centre). The funding has supported the creation of 230

new licensed child care spaces across Niagara, consisting of: 20 infant, 90 toddler, 120 preschool spaces.

The EYCP funding was also flowed directly by the province to three local school boards who were approved for five school-based child care capital build projects. The funding supports the creation of 245 new licensed child care spaces in schools consisting of: 50 infant, 75 toddler, and 120 preschool age spaces.

While the capital funding is 100% provincially funded, no additional operating dollars were provided to the local system and on April 26,2019, the MEDU asked Niagara Region Children's Services, as the local service system manager, to confirm support for ongoing operations funding within the current provincial base budget allocation for the newly created spaces.

Analysis

On November 16, 2017, the Ministry of Education announced the 2017-18 Community-Based Early Years and Child Care Capital Program, an investment of $157 million in capital funding over two years for purpose-built licensed child care centres. The funding supported new construction, renovations, retrofits and additions with the goal to create up to 5,000 new licensed child care spaces in community-based facilities for children aged 0 to 4 years across Ontario.

In response to the province's request for capital funding applications, four Niagara service providers applied for child care and/or EarlyON Child and Family Centre capital funding, and Niagara Region additionally submitted an application for the St. Catharines Regional Child Care Centre.

On April 5, 2018, Children's Services received funding of $6.4 million to support six projects (one service provider received approval for two different projects) to create an additional 230 licensed child care spaces across Niagara, consisting of: 20 infant, 90 toddler, and120 preschool spaces. To date, four of the capital build projects have been completed, including the project at the St. Catharines Regional Child Care Centre (as per approval of COM 01-2018 Request for Community-Based Child Care Capital Build Funding).

The following table provides more information indicating the municipality, recipient agency, the project type (addition to existing building and/or renovation of an existing space) number of additional licensed child care spaces, and project status.

Municipality	Agency Name	Project Type	Child Care Spaces	Status
Fort Erie	Fort Erie Native Friendship Centre	Addition	72	Complete
		Addition (EarlyON Child and Family Centre)	N/A	Complete
Grimsby	Kidzdome Preschool	Addition/Renovation	78	In progress
Niagara-on-the-Lake	Niagara Nursery School	Addition	15	Pending
Pelham	A Child's World Family Care Services of Niagara	Renovation	25	Complete
St. Catharines	Niagara Region	Addition/Renovation	40	Complete

The construction at Kidzdome Preschool in Grimsby is nearly complete, with an anticipated opening the first week of November, pending a successful MEDU licensing inspection.

The capital build projects are required to be completed by December 31, 2020, however, due to a number of local challenges, including some associated with the COVID-19 pandemic, the Niagara Nursery School project in Niagara-on-the-Lake will not meet the provincial deadline. At this time, the project is awaiting approval from the MEDU for a funding extension, which would allow for the provincial funding to be accessed beyond 2020, until the completion of the project.

In addition to the CBCP, on January 6, 2017, the MEDU launched the EYCP, giving school boards an opportunity to request capital funding to support the creation of new child care spaces or child and family centre projects that are associated with a larger school capital project. Three local school boards were approved for capital funding to support five capital projects in schools. The funding supports the creation of 245 new licensed child care spaces in schools consisting of: 50 infant, 75 toddler and 120 preschool age spaces. To date, one of the five EYCP capital projects was completed in September 2019, and another project is anticipated to be completed in October 2020. Two additional EYCP builds will be completed in 2021, and the last project is anticipated to be completed in 2022.

Combined, the EYCP and CBCP capital funding will support the creation of an additional 475 licensed child care spaces in Niagara, of which 70 spaces will be for infant care. This will help meet a local priority of increasing the total number of licensed infant spaces, to address the critical demand in Niagara. As of August 31, 2020, of the 11,830 licensed child care spaces in Niagara, 258 are available for infants.

Niagara Region Children's Services, in its role as service system manager of the local licensed child care system, has been monitoring the impacts of COVID-19 on the system, working with licensed child care service providers, and developing mitigation strategies to address the following challenges:

No increase in annualized provincial child care funding

While the additional 475 licensed child care spaces are a welcome addition to the current system, Niagara Region Children's Services will be expected to financially support the operation of the additional spaces within the existing child care budget allocation from the province. Because the provincial government is not anticipated to provide any additional child care funding to the existing base budget, as the system grows, the annual child care funding allocated to licensed child care service providers per licensed space will be reduced. While Children's Services is working to mitigate the anticipated budgetary impacts, the lack of increased funding will likely cause some licensed child care service providers to increase parent fees for child care to make up for the reduction in annual funding and to address increasing costs associated with operating a licensed child care centre. However, it should also be noted that the provincial government has also introduced the Ontario Childcare Tax Credit, which is intended to assist low to middle income families with child care costs through the tax return process.

Qualified staff shortage

Prior to the COVID-19 global pandemic, the province was already facing a critical shortage of qualified Registered Early Childhood Educators to care for children attending licensed child care. This staffing crisis has been exacerbated by COVID-19, as some qualified staff have elected not to return to work in these uncertain times, while others are on medical leave due to underlying health issues and their risk to the virus. This means that it is very possible that the newly created licensed child care spaces will be difficult to staff and some could remain vacant for some time, due to insufficient qualified staffing. With the reopening of the child care system, Niagara Region Children's Services is actively monitoring system capacity, family uptake of available

spaces, child care fees and staffing challenges in the system, and commits to providing Council with regular updates in the months ahead.

Alternatives Reviewed

This report is initiated by staff to provide Council with information related to a service enhancement.

Relationship to Council Strategic Priorities

The provision of accessible and quality early learning programs and services supports Council's focus on Supporting Businesses and Economic Growth

Other Pertinent Reports

- COM 1-2018 Request for Community-Based Child Care Capital Build Funding
- CWCD156-2018 Ministry of Education Announcement
- COM 30-2019 School Based Child Care Capital Projects

Prepared by:
Sandra Noel
Manager
Community Services

Recommended by:
Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:
Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Lori Bell, Manager, and reviewed by Darlene Edgar, Director.

Public Health & Emergency Services
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905-980-6000 Toll-free: 1-800-263-7215

MEMORANDUM

PHD-C 11-2020

Subject: Decriminalization of Personal Possession of Illicit Drugs

Date: October 13, 2020

To: Public Health & Social Services Committee

From: Dr. Andrea Feller, Associate Medical Officer of Health

Background:

Addiction is a disease, often tracking back to childhood adversity and trauma(s). We now have a strong understanding of the neurodevelopmental physiology involved and adverse childhood experiences are estimated to account for 40-60% of the risk of development of substance-use disorders in North America.

Education that has focused on drug avoidance, such as Drug Abuse Resistance Education (DARE), have been shown to be ineffective and perhaps harmful. Criminalization of drug use has not reduced the use of, or harms from, drugs and causes harms, including:

- Stigma and harsh judgment of people who use drugs
- Criminal records that impair people's ability to recover from addiction
- Difficulty accessing harm reduction and treatment services, which can lead to bloodborne infections such as HIV
- Disproportionate impacts on vulnerable individuals, including people experiencing poverty or homelessness, and people from racialized groups.

Current Approach in Canada:

Increases in harm reduction and treatment services for people who use drugs, including availability of Naloxone, supervised consumptions sites (SCSs), medical substitution therapy, and provision of sterile drug use equipment have become common. Niagara's utilization of these options is appropriately proportionately higher than the provincial average, and police services have already moved to decreased drug criminalization in practice. These are important investments and efforts, but opioid-related harms continue to increase. Readiness is high. Last month, the Public Prosecution Service of Canada (PPSC) issued a directive strongly discouraging prosecution of simple

possession. This is a critical step and formalizes the current common practice, but is not enough to ensure decriminalization.

Decriminalization of Possession of Illicit Drugs and Global Experience:

Decriminalization is the removal of criminal penalties for the individual use and possession of drugs. It is not legalization; the manufacturing, distribution, and sale of illicit drugs remains illegal.

Many organizations in Canada, and internationally, support decriminalization, including the Canadian Association of Chiefs of Police, the Canadian Public Health Association, the Centre for Addiction and Mental Health, and the World Health Organization.

Portugal decriminalized all drugs in 2001, leading to reduced problematic drug-use, no increase in drug-use since decriminalization, fewer people incarcerated for drug offences, more people in treatment for substance dependence, reduced incidence of HIV, reduced drug-related deaths, and still had an estimated reduction in the social costs of drug use of 18%.

Portugal's decriminalization occurred after two years of increasing investment in prevention, harm reduction, and treatment services for people who use drugs. Drug-use remains an administrative offense, with diversion to health services practiced for those identified with problematic substance-use.

Other countries with varying levels of decriminalization of drug-use have seen mixed and less conclusive results due to differing contexts and approaches.

- Australia's diversion programs showed high completion rates and a reduction in any further drug offences, but net widening was observed initially. Net widening:
    - When the number of people implicated in the criminal justice system increases after implementation of a diversion scheme, which could result in increased prosecution despite decriminalization
    - Effects were reduced through clear communication to the police and public about the purpose of the diversion program, increasing flexibility of the program, and increasing the threshold quantities for personal possession; these measures were in place early in Portugal, and net widening was avoided there
- The Czech Republic decriminalized personal possession of drugs originally in 1990, subsequently increasing criminalization in 1999 due to political pressures, with analyses finding increases in social and enforcement costs and no reduction in drug use with the increased criminalization
- The Netherlands decriminalized small amounts of drugs, with mixed results, including low use and harm from opioids and high use of MDMA and amphetamines

- Mexico instituted some drug decriminalization policies in 2009, with associated diversion practices, however the amount considered “personal possession” was very small and there was limited implementation, with unclear results

Norway has begun a diversion scheme and intends to make more sweeping changes in 2021, and New Zealand has introduced legislation requiring police to consider the potential benefits of providing health services instead of prosecution.

Altogether, decriminalization does not lead to increased substance use. There is good information available to guide decriminalization policy attempts to ensure the benefits outweigh any risks, including the importance of prevention, harm reduction, social support and other interventions, similar to those existing in Niagara, which are likely key to maximizing success.

Key Points:

- The current layered approaches around substance use are critical but will not be enough
- Net widening, a potential risk of decriminalization, can likely be avoided through clear communication to the police and public, high threshold quantities for classification as personal possession, and flexible diversion policies
- Decriminalization policies in the context of increased investment in prevention, health promotion, harm reduction, treatment, and supportive (e.g. housing, employment) services reduce drug-related harms and likely also decrease societal costs
- Consideration for and review of broader implementation of decriminalization, safe supply, and other innovative approaches is well supported by the evidence

Respectfully submitted and signed by

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Andrea Feller, MD, MS, FAAP, FACPM
Associate Medical Officer of Health

Niagara Region

PUBLIC HEALTH
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MEMORANDUM

CWCD 268-2020

Subject: **Opioid Work Update**

Date: **October 2, 2020**

To: **Board of Health**

From: **Dr. Andrea Feller, Associate Medical Officer of Health**

We have important updates around the opioid overdose epidemic.

1. While finalized data have been lagging during the pandemic, we have continued to monitor EMS data and preliminary hospital and ED visit data. As noted previously, the data have shown that at best, there would be no improvements this year. However, the data are now clearly showing ongoing significantly worsening volumes for EMS calls, and an increasing trend in ED visits. Preliminary data show an increase in hospitalizations as well. It is very good that the public are calling EMS, and we need to continue to encourage this practice.

2. Deaths data are now available until May. We have complete data (trends and themes) for January through March, and have begun to analyze that. We anticipate receiving complete data for April through May imminently.

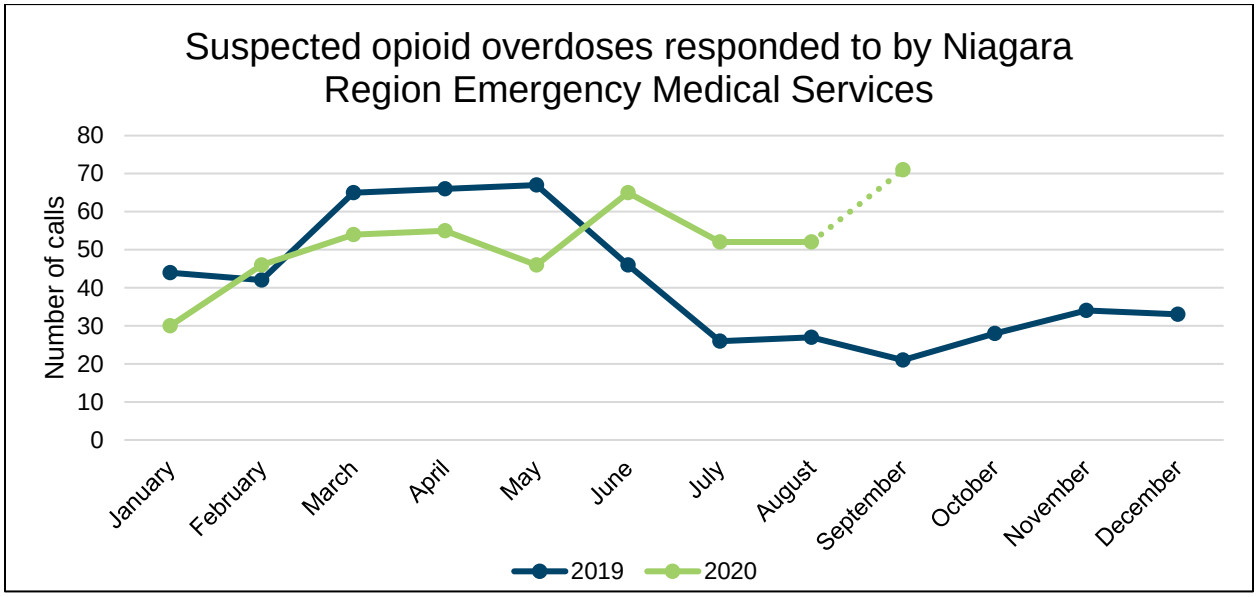
3. Naloxone distribution and use has also increased, which is critically important. **We encourage all persons to never use alone, and to make sure you have naloxone.**

4. OPENN updates: Four advisories have gone out this year. The Substance Use Prevention report is in the final stages. OPENN's prioritizations amongst the recommendations based on feasibility and anticipated impact are nearly done and workplan development, and sharing back with the community are the final steps.

5. NRPH is extremely grateful to the Ministry of Health and Public Health Ontario for their willingness to support our community. With them, we are striving to have quicker access to deaths data, support for assessment towards another SCS in Niagara, if the community is ready, and information to help OPENN with their safer supply workgroup efforts.

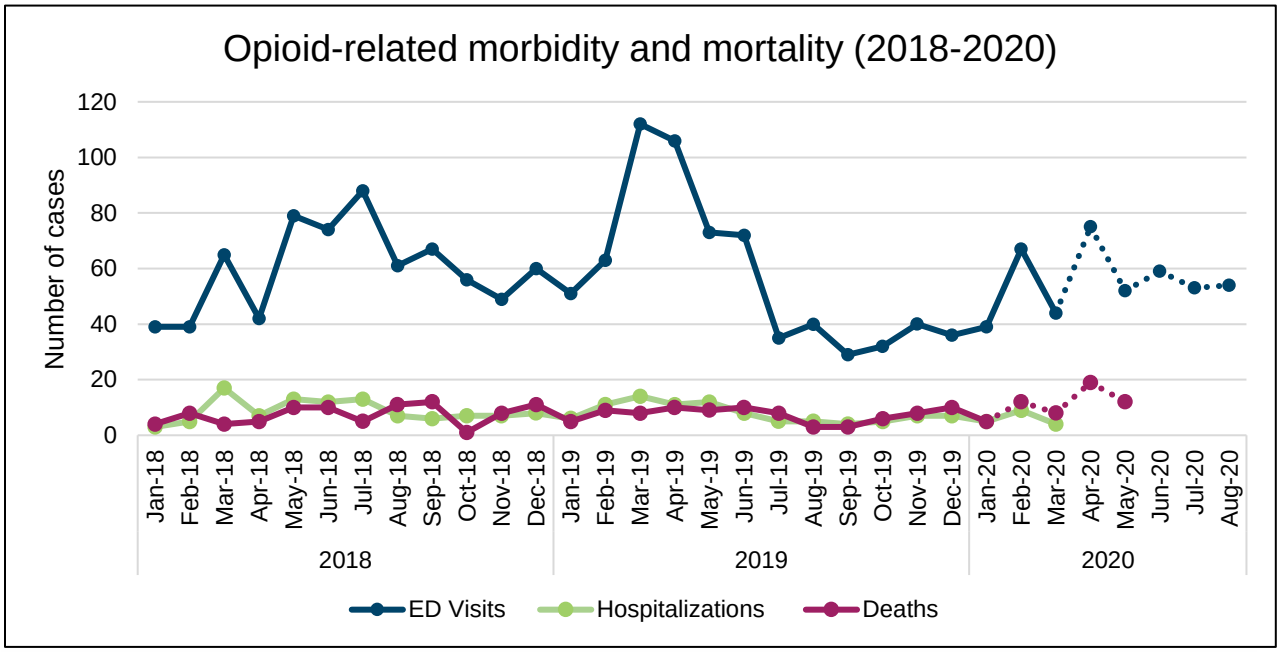
6. The website is updated as data becomes available. These updates are available through NRPH's site (in addition to elsewhere on the Region's site). https://www.niagararegion.ca/living/health_wellness/alc-sub-abuse/drugs/overdose-prevention.aspx

7. For this report, we have included some **preliminary** data (in broken lines) in addition to the data found on the website. A summary of opioid-related population health outcome and naloxone distribution data available to date follows.



Data source: Niagara Emergency Medical Services, 2019-2020

- In 2019, there were 499 suspected opioid overdoses that were responded to by EMS. This was an average of 42 calls per month
- From January to August 2020, there were 400 suspected opioid overdoses that were responded to by EMS. This is an average of 50 calls per month
    - As of September 29, 2020, there have been 71 suspected opioid overdoses that were responded to by EMS this month. This is a record high for monthly calls.



Data source: National Ambulatory Care Reporting System, 2018-2020; Discharge Abstract Database, 2018-2020; Office of the Chief Coroner of Ontario, 2018-2020.

Note: ED visit data from April 2020 and onward is considered preliminary and should be interpreted with caution; Death data for 2020 is considered preliminary and should be interpreted with caution

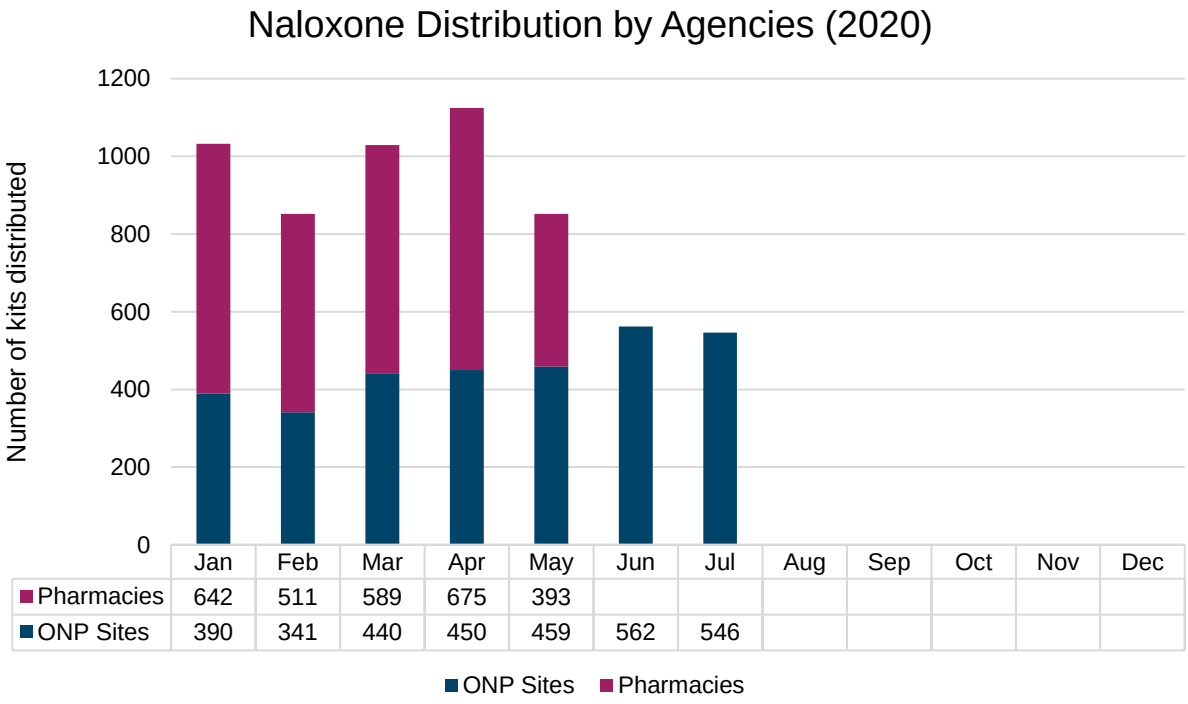
Emergency Department Visits and Hospitalizations

- In 2018, there were a total of 719 opioid poisoning emergency department (ED) visits, and 105 hospitalizations. This was an average of 60 ED visits per month and 9 hospitalizations per month
- In 2019, there was a total of 689 opioid poisoning ED visits and 95 hospitalizations. This was an average of 57 ED visits per month and 8 hospitalizations per month
- From January to August 2020, there have been 456 opioid poisoning ED visits. This is an average of 57 ED visits per month
- From January to March 2020, there have been 18 hospitalizations. This is an average of 6 hospitalizations per month

Deaths

- In 2018, there were 89 opioid overdose deaths. This was an average of 7 deaths per month
    - Fentanyl was the most common type of opioid present at the time of death (present in 79% of deaths), followed by methadone (present in 18% of deaths)

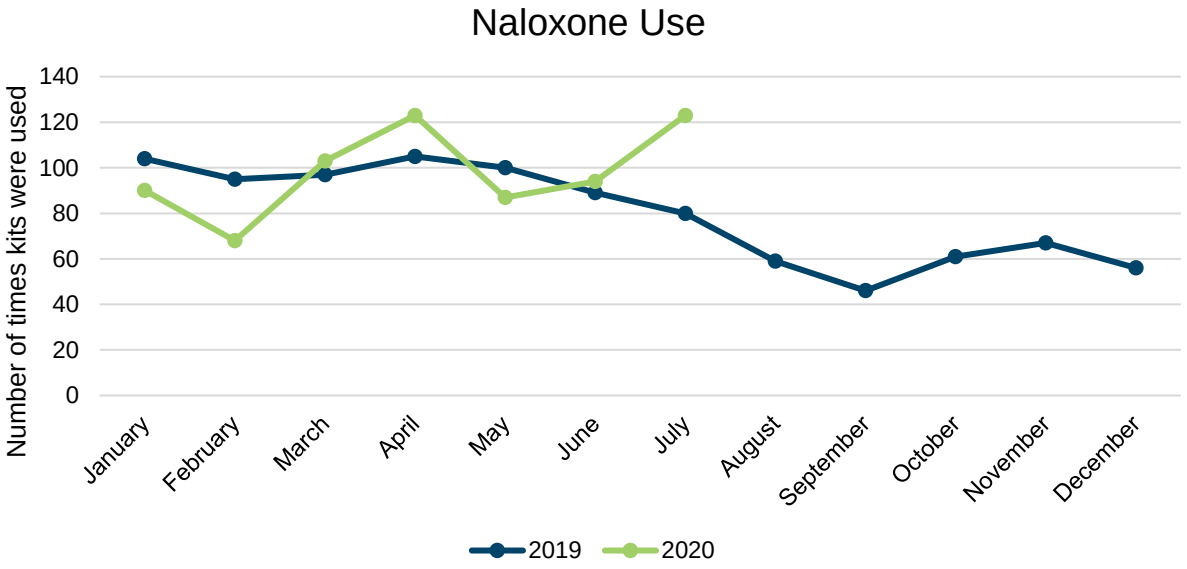
- In 2019, there were 89 opioid overdose deaths. This was an average of 7 deaths per month
    - Fentanyl was the most common type of opioid present at the time of death (present in 52% of deaths), followed by carfentanil (present in 46% of deaths)
- From January to May 2020, there have been 56 opioid overdose deaths. This is an average of 11 deaths per month
    - January to March themes are consistent with previous years in terms of using while alone. Cocaine use was higher than in the past. Full information will be updated once second quarter analysis is available.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pharmacies	642	511	589	675	393							
ONP Sites	390	341	440	450	459	562	546					

Data source: Niagara Region Public Health, 2020; Ministry of Health, 2020.

Note: Data for naloxone distribution from Canadian Addiction Treatment Centres is unavailable for 2020 while pharmacy data is only available up until the end of May 2020



Data source: Niagara Region Naloxone Distribution and Use [2019-2020].

- In 2019, there were over 13,500 naloxone kits distributed by pharmacies, Ontario Naloxone Program sites, and the Canadian Addiction Treatment Centres in Niagara.
    - Naloxone kits were reported to be used 959 times during this time
- From January to July 2020, there were over 6,000 naloxone kits distributed by pharmacies and Ontario Naloxone Program sites in Niagara (data are incomplete)
    - Naloxone kits were reported to be used 688 times during this time

We will continue to keep you updated. Other pertinent correspondence is listed below:

CWCD 429-2019

Respectfully submitted and signed by

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Andrea Feller, MD, MS, FAAP, FACPM
Associate Medical Officer of Health