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

PHSSC 10-2020

Tuesday, November 10, 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. Homelessness Services Housing Focused Shelter Pilot — 3 - 18
Nicole Cortese, Coordinated Access Program Analyst and Maggie Penca, Manager, Homelessness Services

4. DELEGATIONS

5. ITEMS FOR CONSIDERATION

5.1. PHD 10 -2020 — 19 - 52
Niagara Emergency Medical Services (EMS) System Transformation Update 3

A presentation will precede the consideration of this item.

5.2. PHD 9-2020 — 53 - 58
By-law Enforcement Officer Appointments for Outdoor Second-hand Smoking and Vaping By-law

6. CONSENT ITEMS FOR INFORMATION

6.1. *COM-C 31-2020* *59 - 64*
COVID-19 Response and Business Continuity in Community Services

6.2. COM-C 32-2020 65 - 84
Niagara Regional Housing Emergency Loan and Grant Program

6.3. CWCD 290-2020 85
Ontario's Long-Term Care COVID-19 Commission – Interim Report

7. OTHER BUSINESS

8. NEXT MEETING

The next meeting will be held on Tuesday, December 8, 2020, at 1:00 p.m. in the Council Chamber, Regional Headquarters.

9. ADJOURNMENT

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

Homelessness Services Housing Focused Shelter Pilot

Public Health and Social Services Committee

November 10, 2020

Nicole Cortese, Coordinated Access Program Analyst

Maggie Penca, Manager, Homelessness Services

Homelessness Services Housing Focused Shelter Pilot

Nicole Cortese, Coordinated Access Program Analyst

Maggie Penca, Manager of Homelessness Services

Built for Zero Canada

- On July 23, 2019 Niagara Region was announced as a designated Built for Zero Canada community.
- Built for Zero Canada is an ambitious national change effort working toward an end to chronic homelessness.
- Chronic Homelessness = People currently experiencing homelessness and who experience at least one of the following:
  - Total of 6 months of homelessness over the past year; or
  - Recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months

BUILT FOR ZERO. CANADA

50 1970-2020 YEARS Niagara Region

Built for Zero Canada continued

Two objectives of Built for Zero include:

1. Develop a quality By-Name List as a record of all known individuals experiencing homelessness in the community, updated in real-time.

2. Establish a Coordinated Access system that standardizes a process for intake, assessment, referral, and prioritization of services based on need across all homelessness service providers in a community.

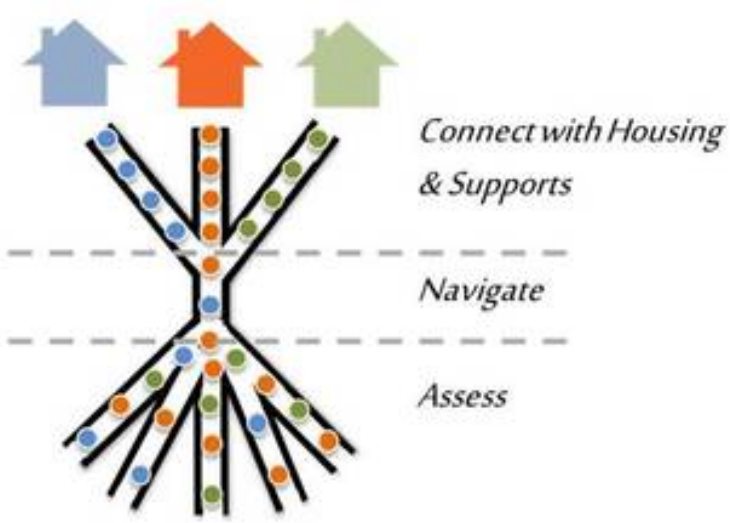
By-Name List

- A By-Name List is a best practice for an effective Coordinated Access system and critical to ending chronic homelessness

- A By-Name List is a **real-time** record of **all** people experiencing homelessness in your community.

Why is Coordinated Access Important to Ending Homelessness?

With out CA



With CA

HIFIS – Homeless Individuals and Families Information System

- Niagara's By-Name List is based on data collected through HIFIS- a web-based homeless management information system/database
- Most client information is shared across Niagara's homeless-serving providers (20+ community agencies)
- Staff record: client interactions, referrals made, housing history, participation in housing programs, and more
- Facilitates better coordination of services between staff at different locations and reduces duplication or the need for clients to tell their story multiple times

Housing Focused Shelter Pilot

- In June 2020 Niagara opened a Housing Focused Pilot Shelter
- Leveraged the By-Name List to select clients
  - Harm reduction and low barrier approach
  - Housing focused activities
  - Coordinated Access
- Using the By-Name List to become a By-Name Priority List:
  - Chronically Homeless
  - Indigenous
  - Sleeping rough
  - 55+ or Youth
  - Experiencing complex health issues
  - Common triage and assessment tools

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Housing Focused Shelter Pilot continued

- The pilot has been running for five months, with tremendous success to date.
- Pilot program clients were selected from the By-Name List
- Those selected experienced an average of **318** days of homelessness in the past year, **639** days of homelessness in the past **3** years and averaged a score of **8** on the VI-SPDAT
- This **14** bed housing focused shelter pilot has had **27** intakes to date, with **13** exits to permanent housing, of which nine of these clients remain successfully housed

Client Journey

- Client is an individual over age 55
- He had been homeless for 499 days with a VI-SPADT score of 9 (meaning he is chronically homeless and has high acuity needs)
- Has not seen a doctor in over 20 years and shared he has mental health diagnosis of schizophrenia
- Has been self medicating to cope with mental health issues by using methamphetamine and crack cocaine
- Has no ID
- Has no pharmacy, knew he needed to be on medication but didn’t know what kind or why
- Additionally identified some other underlying health issues
- No social or family connections

Client Journey continued

- Client spent 3.5 months at the housing focused shelter
- At his discharge he was connected to the following supports:
  - Health care through REACH Niagara
  - Medication and underlying health issues identified and supported
  - A pharmacy
  - Received dentures (100% covered) and was able to eat solid food again!
  - Got new ID
  - Received addiction support through harm reduction approach
  - Given support with basic life skills
  - Connected to Home for Good (supportive housing) 1:1 support for 2 years
  - Secured permanent housing

When this client moved in to his new home he stated: “ I finally feel like people treat me like I am human. Thank you”

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By-Name List Score Card

Today, on November 10, 2020, Niagara Region is excited to announce that we have completed our By-Name List score card with Built for Zero Canada and have a quality By-Name List!

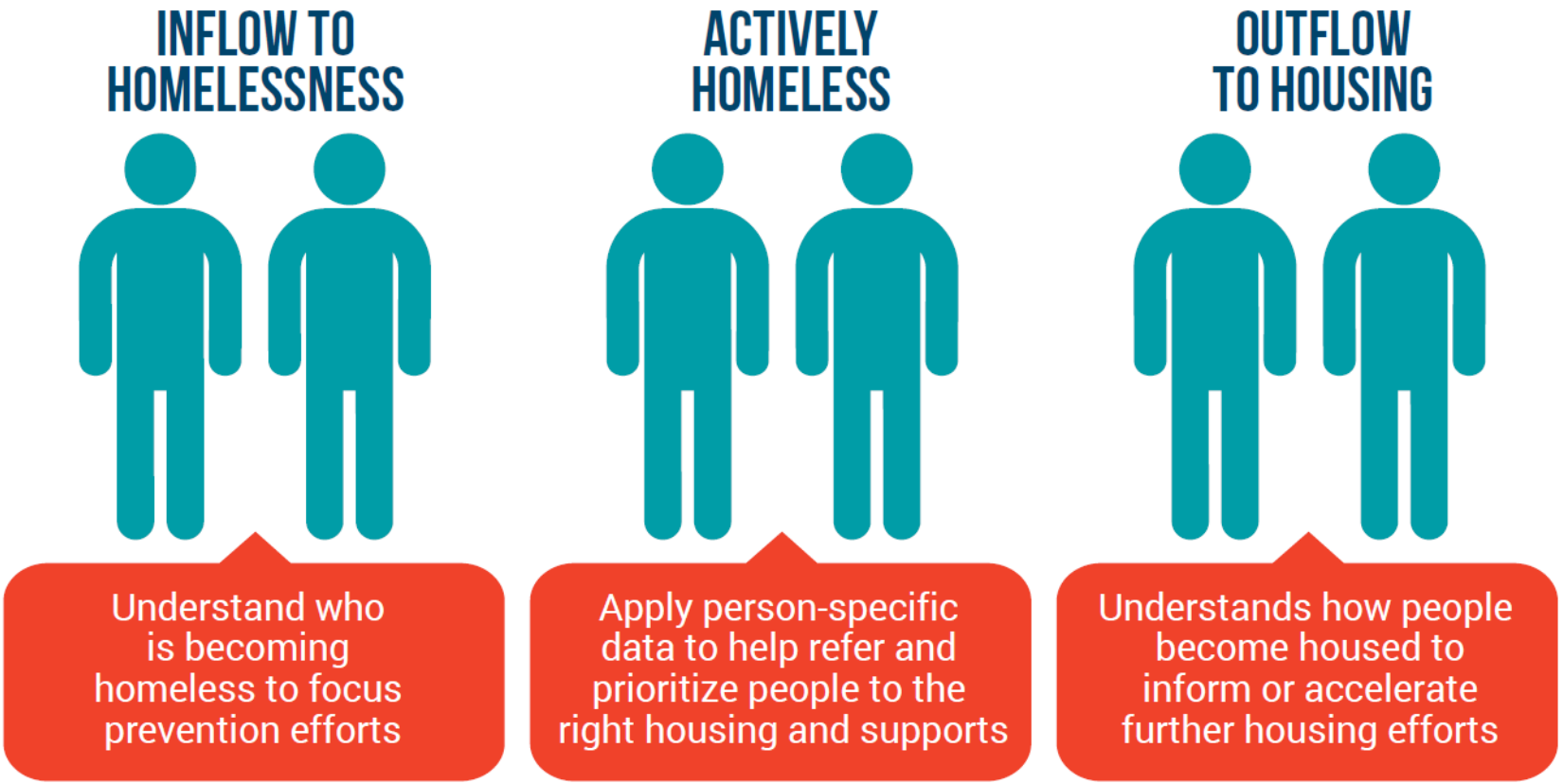
Niagara Region's quality By-Name List will be recognized nationally through Built for Zero Canada

The state of homelessness today in Niagara Region

BUILT FOR ZERO. CANADA

50 1970-2020 YEARS Niagara Region

What does this mean for Niagara?



BUILT FOR ZERO. CANADA

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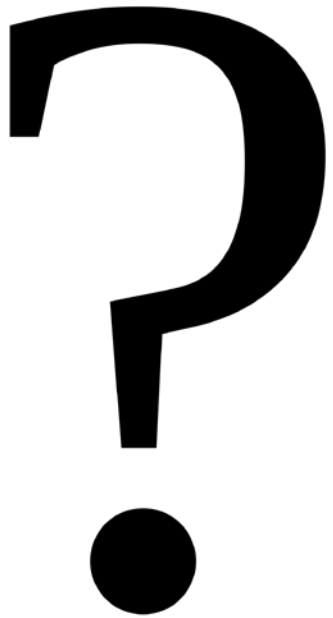
Where do we go from here?

- In 2021 Niagara Region will continue to focus efforts in transforming the homelessness system towards one that is directed through a Coordinated Access approach

- Applying the learnings we have gained through COVID-19 and the Housing Focused Pilot

- Developing a work plan that will focus on the BFZ best practices of Triage and Assessment, System Transformation, Policy and Process, Privacy and Quality Data, Data Driven System Change and decisions

Questions

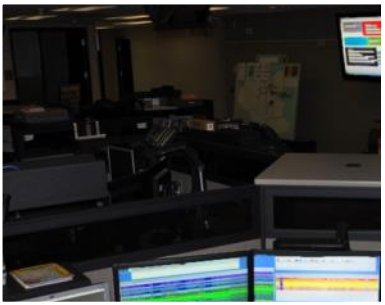
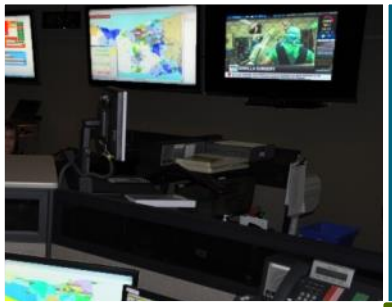
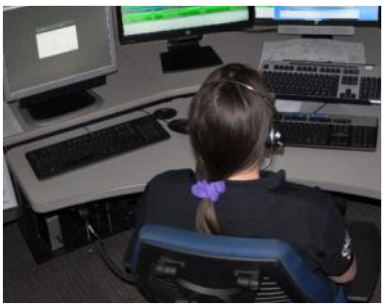
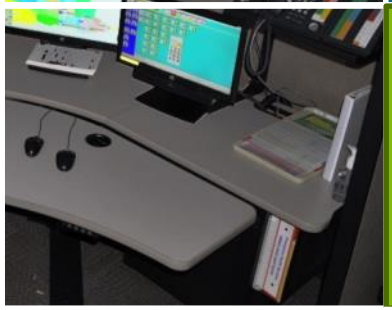


Niagara Emergency Medical Services System Transformation Update #3

Public Health & Social Services Committee

PHD 10-2020
November 10, 2020

Kevin Smith
Chief
Niagara Emergency Medical Services

System Transformation Update 3

PHSSC

November 10, 2020

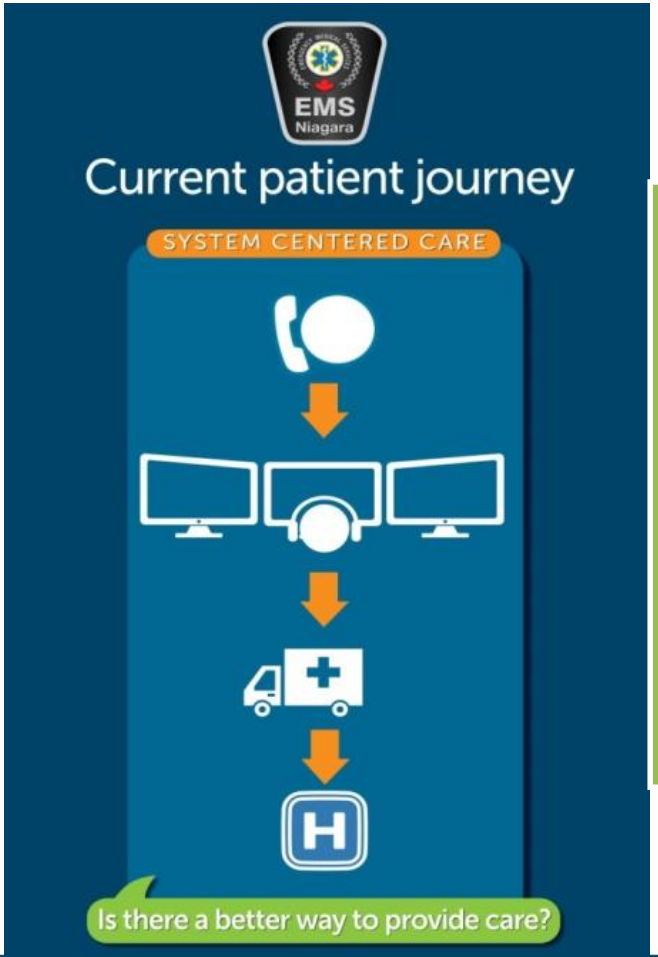



Background

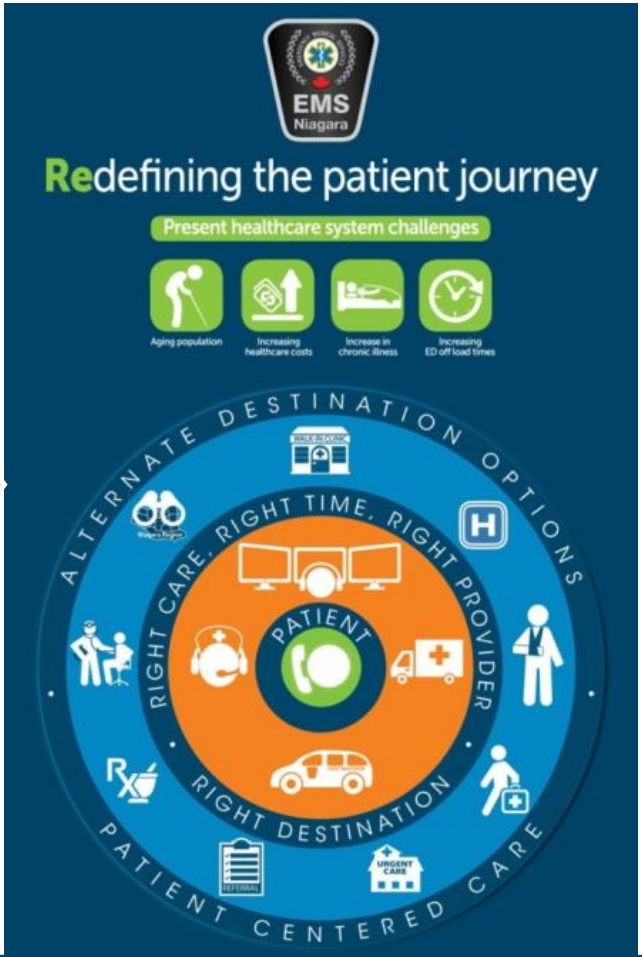
PHD 20-2019 – November 5, 2019

- Provided an update to the System Transformation undertaken by Niagara EMS as first directed by Council in PHD 17-2017
- On September 24, 2019, the final key system changes were initiated and the system has been under observation to assess the impact of this major transformation

The Future of NEMS



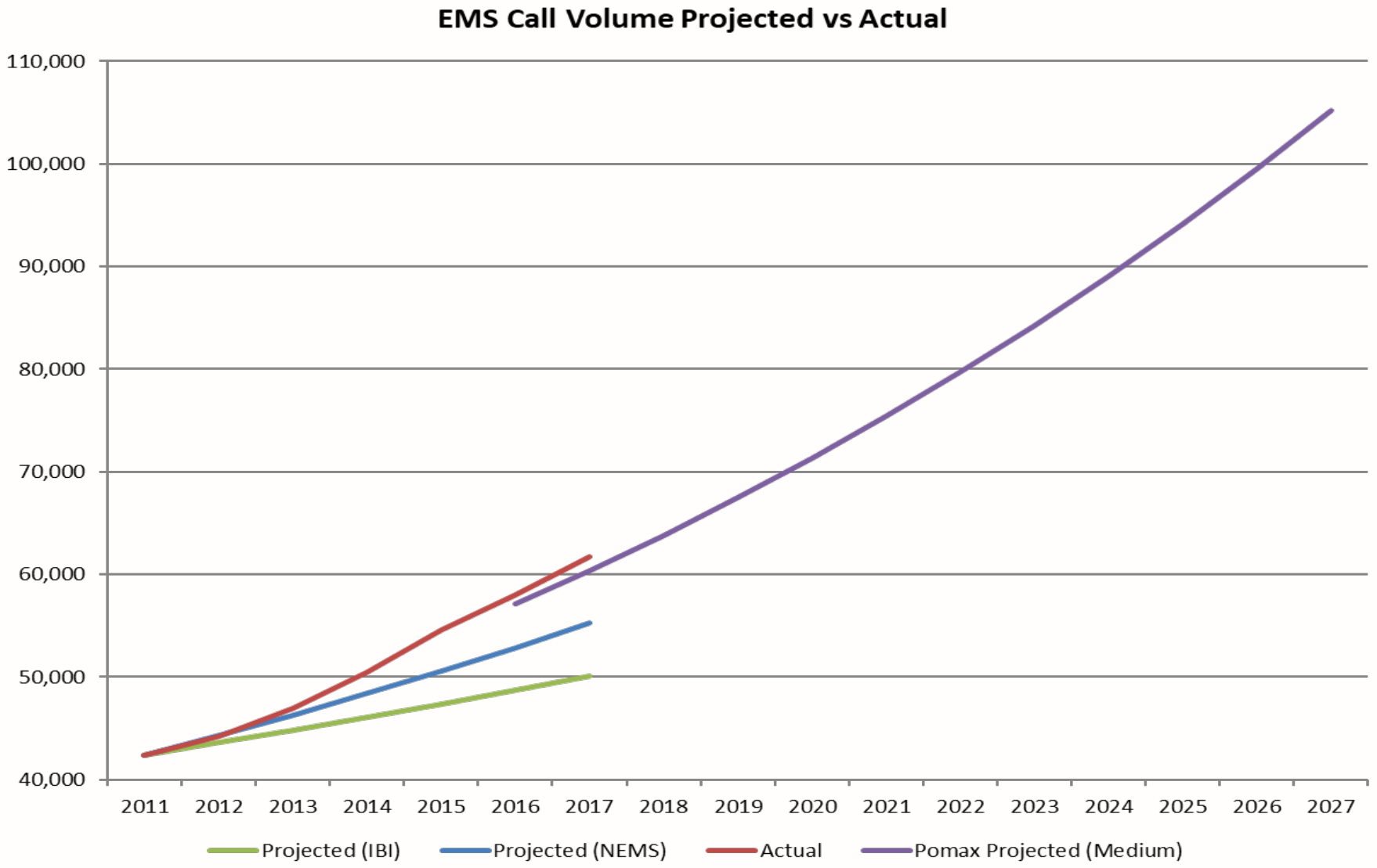
"Central to each (country's) vision is the concept of providing pre-hospital care as a system, rather than just a single service type, that can provide a flexible response to a wide range of patient complaints with other related healthcare providers. " (Sheffield, pg. 44)



System Transformation

3 Phases

1. Mobile Integrated Healthcare model - implemented Q2 2018
2. Evidence-based Clinical Response Plan – implemented September 24, 2019
3. Emergency Communications Nurse (ECN) secondary triage – implemented September 24, 2019

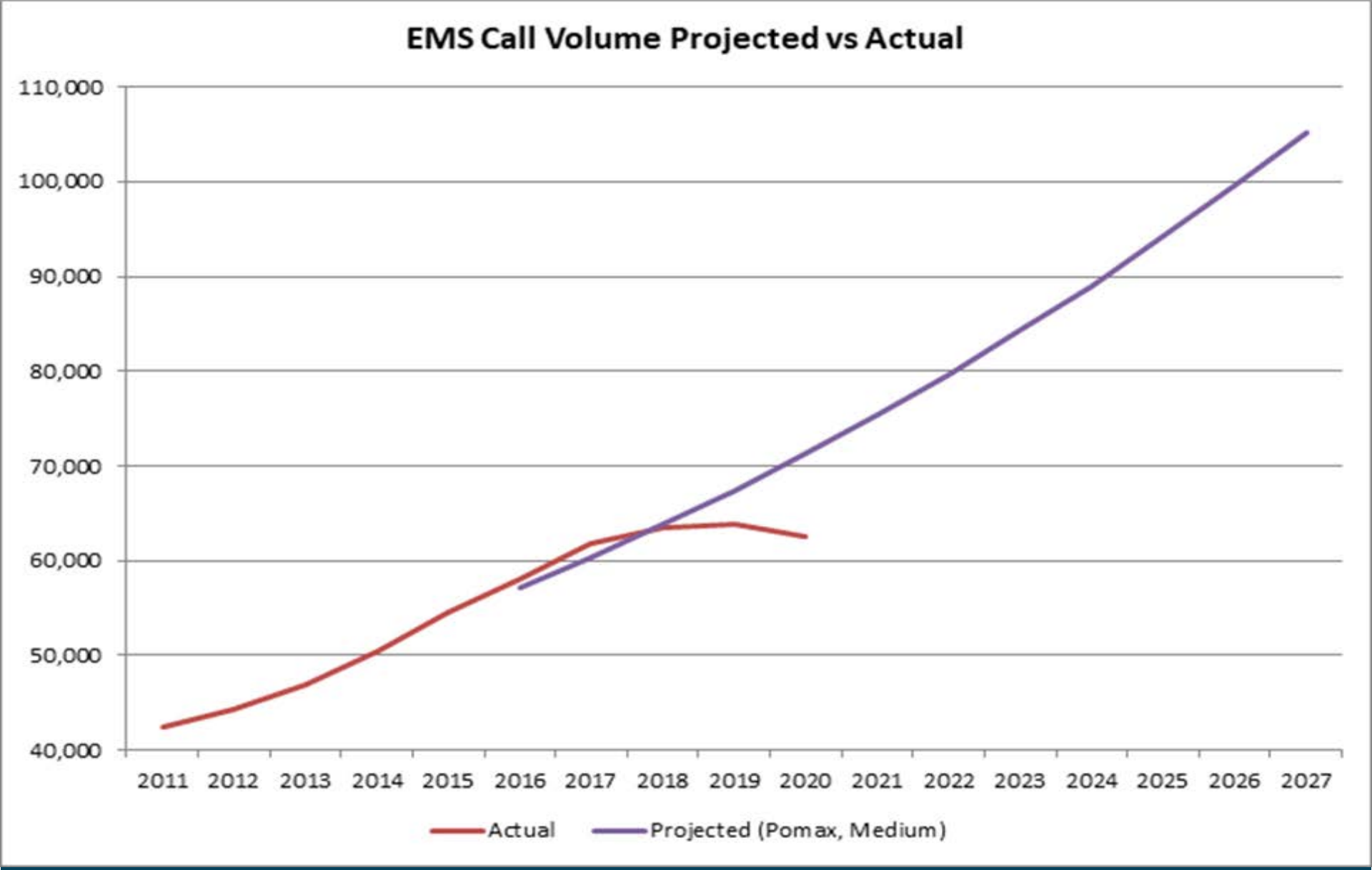

EMS Call Volume Projected vs Actual
110,000
100,000
90,000
80,000
70,000
60,000
50,000
40,000
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
2027
Projected (IBI)
Projected (NEMS)
Actual
Pomax Projected (Medium)

Top Five EMS Transports to EDs in Niagara (2013-2015)

Niagara	1	2	3	4	5
0<1 years	Resp. Distress	Seizure/Post Ictal	General Illness/ Weakness	Other Medical/ Trauma	Newborn/Neonatal
1-4 years	Seizure/Post Ictal	General Illness/ Weakness	Resp. Distress	Soft Tissue Pain/ Trauma/Edema	Other Medical/ Trauma
5-9 years	Musculoskeletal Trauma	Seizure/Post Ictal	Soft Tissue Pain/ Trauma/Edema	Behaviour/ Psychiatric	Resp. Distress
10-14 years	Musculoskeletal Trauma	Behaviour/ Psychiatric	Soft Tissue Pain/ Trauma/Edema	Syncope	Seizure/Post Ictal
15-19 years	Musculoskeletal Trauma	Behaviour/ Psychiatric	Alcohol Intoxication	Soft Tissue Pain/ Trauma/Edema	Drug Overdose
20-24 years	Musculoskeletal Trauma	Behaviour/ Psychiatric	Abdominal Pain NYD	Soft Tissue Pain/ Trauma/Edema	Seizure/Post Ictal
25-44 years	Musculoskeletal Trauma	Abdominal Pain NYD	Behaviour/ Psychiatric	Soft Tissue Pain/ Trauma/Edema	GI Problems/Pain/ Vomiting/Nausea
45-64 years	General Illness/ Weakness	Musculoskeletal Trauma	Abdominal Pain NYD	Soft Tissue Pain/ Trauma/Edema	Ischemic Chest Pain
65-74 years	General Illness/ Weakness	Resp. Distress	Musculoskeletal Trauma	Abdominal Pain NYD	GI Problems/Pain/ Vomiting/Nausea
75-84 years	General Illness/ Weakness	Musculoskeletal Trauma	Resp. Distress	GI Problems/Pain/ Vomiting/Nausea	Abdominal Pain NYD
85+ years	General Illness/ Weakness	Musculoskeletal Trauma	Resp. Distress	Soft Tissue Pain/ Trauma/Edema	GI Problems/Pain/ Vomiting/Nausea

Mental Health

Falls & Generally Unwell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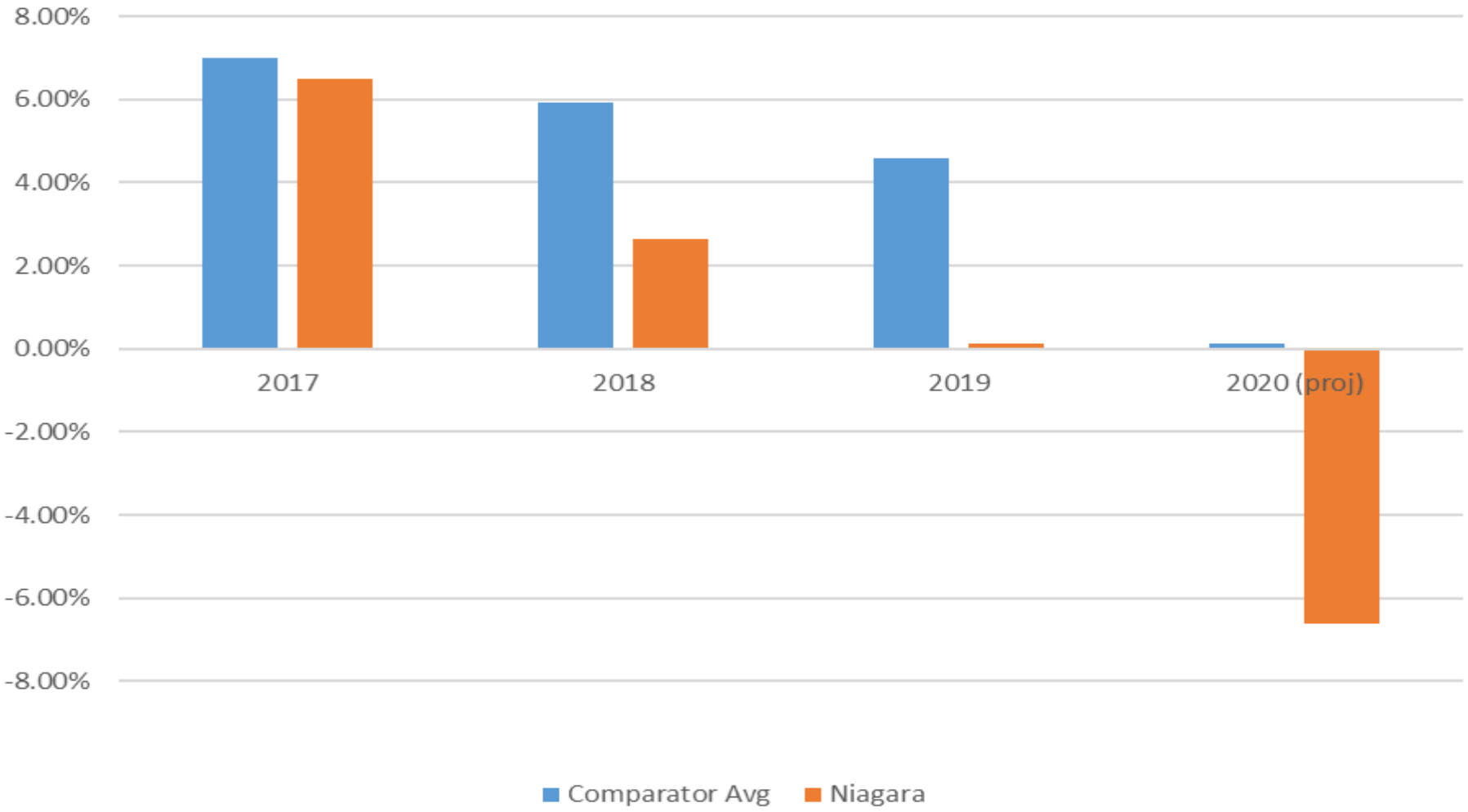
40,000
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
2027
Actual
Projected (Pomax, Medium)

Call Volume Growth
Niagara v. Provincial Comparators Average



“Unscheduled” Mobile Integrated Health Teams

Multidisciplinary teams – designed for purpose – alternative response to low acuity 911 calls and targeted populations:

- Falls Intervention Team (Paramedic/OT) – “FIT”
- Mental Health and Addictions Response Team (Paramedic/MH Nurse) – “MHART”
- Community Assessment and Response Team (Paramedic) –”CARE”
- Emergency Communications Nurse System (ECNS)
- Other
  - Palliative Care Teams
  - Consumption & Treatment Site
  - Shelters

One Year Post Full Implementation

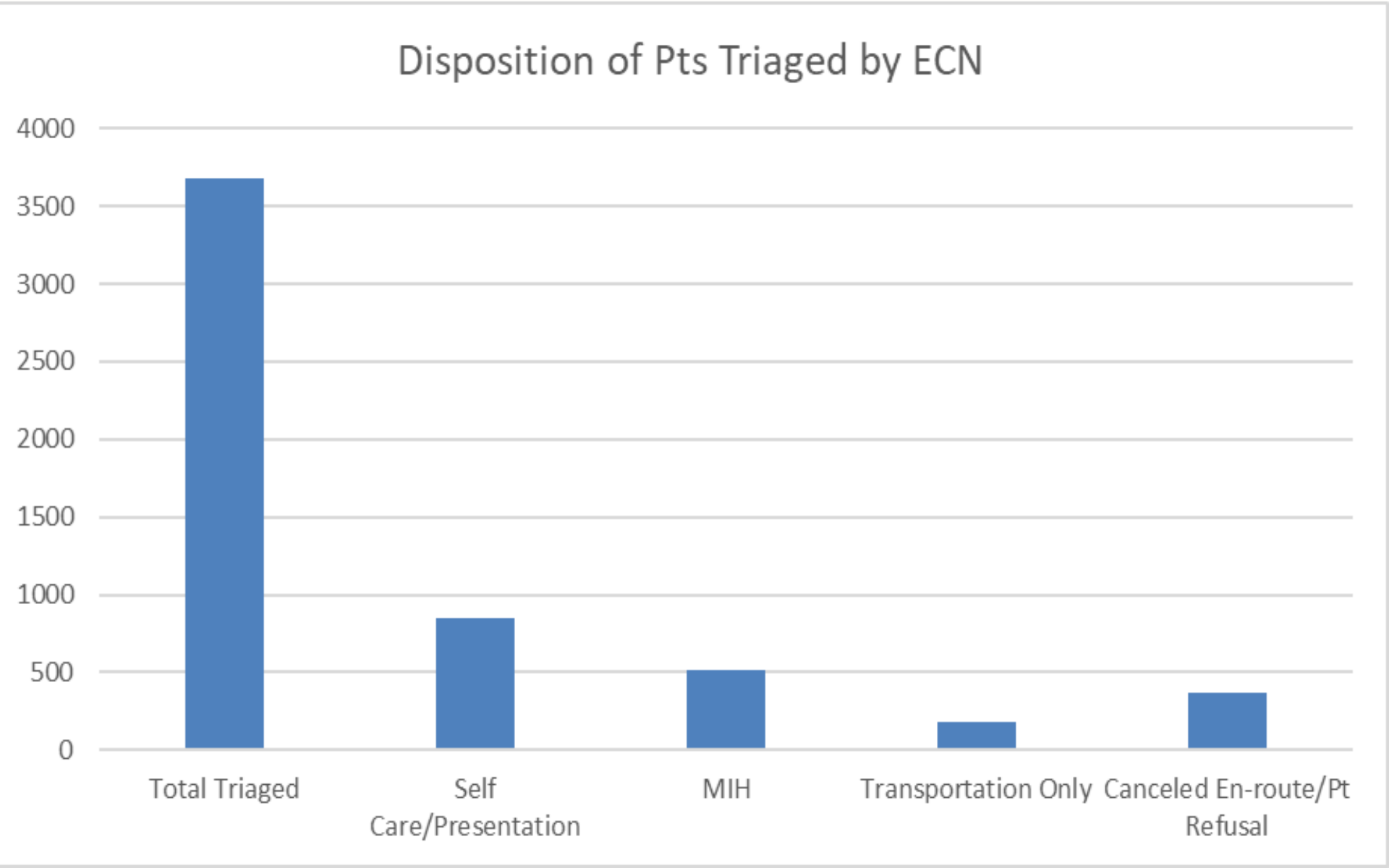
- ✓ 3.8% decrease in number of calls for falls in 2019 compared to the previous 2 years of increases of 9.4% and 14.2% respectively
- ✓ 6.3% decrease of transports to hospital for falls patients compared to the same time frame - meaning falls patients are receiving real time support resources to mitigate against future falls where hospitalization is required
- ✓ a decrease of 6.9% in transports of mental health patients to the emergency department despite an increase of 8.1% in the number of mental health related calls - meaning these patients are accessing real time alternative, more appropriate health care through the MIH teams
- ✓ more than 3000 referrals to community health and social services

One Year Post Full Implementation

ECNS Specific

- 62K unique 911 calls
- ECNs triaged 3,675 of these
- represents 5.92% of total call volume

= increased availability for paramedics to respond to high acuity calls


Disposition of Pts Triaged by ECN
4000
3500
3000
2500
2000
1500
1000
500
0
Total Triaged
Self Care/Presentation
MIH
Transportation Only
Canceled En-route/Pt Refusal

New Clinical Response Plan (CRP)

- Responses tailored to each Determinant rooted in Best Practice and Clinical Evidence
- Decreased risk through improved use of limited emergency resources – “Code Red” avoidance
- Decreased risk through decreased use of lights & siren from ~40% to ~10%
- Decreased consumption of municipal fire resources from ~20% to ~10%

Economic Analysis

- Conducted by Dr. Feng Xie, Health Economics Professor at McMaster University's Department of Health Research Methods, Evidence and Impact (HEI)
- MIH results in 50% fewer transports to ED for similar patient type
- traditional ambulance mean costs per minute of delivered service were estimated at $1.865
- MIH mean costs per minute of delivered service were estimated at $0.679
- this is 64% lower cost than traditional ambulance delivery model for same patient cohort

Economic Analysis

- Similar economic analysis underway for ECNS
- Early analysis of ECNS indicates reinvestment of $613K of emergency resource time over 1 year
- The decrease in call volumes and the alternate, more cost efficient MIH means of response results in cost avoidance of adding traditional ambulance resources

Projected Resource Requirements

Table 33: Ambulance and Paramedic Requirement Models - 10-year Time Frame

Paramedic Enhancements Levels	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	Totals
Low Growth Model 3.6% - Ambulances	2		1			1		1		1		1	7
Paramedic FTE	21.6		10.8			10.8		10.8		10.8		10.8	75.6
Supervisors		1.4		1.4		1.4			1.4		1.4		7
Emergency Response Units		1		1		1			1		1		5
Medium Growth Model 5.7% - Ambulances	2		1		1	1		2	1	1	1	1	11
Paramedic FTE	21.6		10.8		10.8	10.8		21.6	10.8	10.8	10.8	10.8	118.8
Supervisors		1.4		1.4		2.8		1.4	1.4		1.4		9.8
Emergency Response Units		1		1		2		1	1		2		8
High Growth Model 8.5% - Ambulances	2	1	1	1	1	1	2	2	1	2	2	2	18
Paramedic FTE	21.6	10.8	10.8	10.8	10.8	10.8	21.6	21.6	10.8	21.6	21.6	21.6	194.4
Supervisors		1.4		1.4		1.4		2.8		2.8		2.8	12.6
Emergency Response Units		1		1		1		2		2		2	9
Patient Based Model Ambulances	2					1					1		4
Paramedic FTE	21.6					10.8					10.8		43.2
Supervisors		1.4					1.4				1.4		4.2
Emergency Response Units		1					1				1		3

As per Pomax - PHD 27-2016

Cost Avoidance

- four 24-hour ambulances = $4.8M ($2.4M net) in offset operating costs to the Regional budget for each of the past two years
- Avoided need for increasing ambulance fleet = additional capital savings of approximately $1.2M (90% eligible for DC funding)

System Sustainability

- Success primarily found through refocusing of priorities
- System changes supported through reserve and temp, one-time funding
- Sustaining the advances made require investment
- Continued demand for expanding role in community safety ie modifications to 911 mental health and addicitions responses
- Recognition that 2020-21 continues to be a very difficult time to consider investments of program changes
- Outlay significantly less than traditional method

System Sustainability

In addition to reallocation of existing FTE

Recommended:

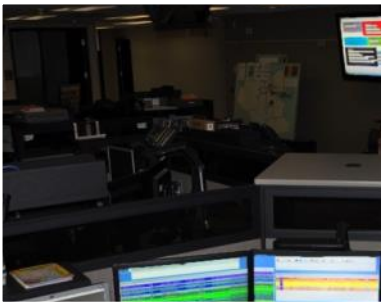
- Conversion of 4.8 Temp FTE's to permanent
- 6.75 new FTE
- Anticipated funding of >50% provided by the MOH
- Impact on the Regional levy is $238K best case - $834K worst case
- Further details will be provided as part of the 2021 operating budget.

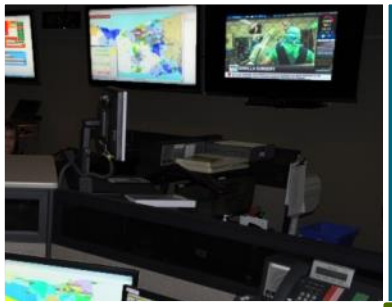
Cost Avoidance vs Investment

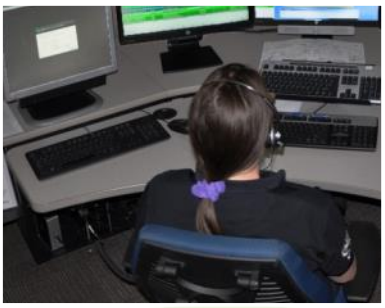
Avoidance	Investment
4 - 24 hour ambulances 32 FTE	4.8 Temp FTE – Perm 6.75 FTE – New *Previous investment 3 FTE • 1 Non union (2019) • 2 OT's (2020)
$2.4M Net	$238K – $834K Net *$140K Net
Total Levy Offset = $2.16M – $1.56M/year (*less $140K)	

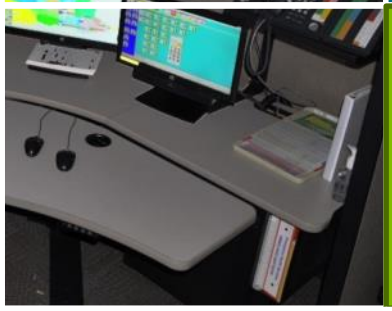
Provincial Consultation

- Staff continues to meet with Ministry officials
- MIH was a priority topic for Niagara Region during 2020 AMO
- Minister of Health Elliott briefed and aware of Niagara's leadership in provincial modernization of ambulance services









Thank you

STAR CARE
Begins with me

@NiagaraEMS

Subject: Niagara Emergency Medical Services System Transformation Update 3

Report to: Public Health & Social Services Committee

Report date: Tuesday, November 10, 2020

Recommendations

1. That the following report pertaining to the recent changes made to the delivery of services provided by Niagara EMS **BE RECEIVED** for information.
2. That the dedicated resources required for the sustainment of the System Transformation **BE REFERRED** for consideration as part of the 2021 budget process.

Key Facts

- From 2007 to 2016, Niagara was the municipality with the largest growth in EMS calls in Ontario at 55.6%, almost double the Provincial growth of 30%.
- Increased call volume growth resulted in Niagara EMS being challenged in its ability to provide an affordable, sustainable, high quality and reliable EMS system for Niagara residents.
- Without system-wide changes to the delivery of EMS services, or a large infusion of resources, increased 911 calls and demand on ambulance services were forecast to continue to grow unsustainably.
- Council directed a new approach rather than the traditional model of continuously adding ambulance resources.
- In September 2019, staff implemented the final phase of its System Transformation Project that has used science and evidence to develop a mobile integrated health (MIH) model of service delivery that incorporates advanced clinical response plans to best meet the needs of Niagara through emergency response as well as alternate care pathways for persons not needing immediate EMS response.
- Since implementation, results include reduced call volumes, improved response times for critically ill patients, reduced patient transports to hospital, increased access to appropriate services for mental health, elderly falls and other specific cohorts such as palliative patients.
- The implementation of a MIH model of system design permitted an expedited response to COVID-19 focused services such as community testing and support.
- The transformation to a MIH model provides the best opportunity for the sustainment of an affordable, high quality and reliable EMS system for Niagara.

- The system transformation has contributed to the avoidance of an estimated $4.8M per year ($2.4M net) in operating costs for each of the past two years.
- Sustaining the system transformation program for long term success will require the addition of 6.75 net FTE (11.55 permanent less 4.8 temporary) with a net impact to the levy between $238,500 to $834,000 depending on the level of funding that is committed from the Ministry.
- With the addition of the recommended FTE positions, this represents a net cost avoidance of $1.56M (net annual cost avoidance of $2,400,000 less worse case levy impact of $834,000) on future operating budgets.

Financial Considerations

Core components of the System Transformation Project (i.e. emergency communication nurses) was funded in 2019 through the Ambulance Dispatch Reserve (PHD 06-2018) and in 2020 one time funding (i.e. reserves and expected provincial funding) was provided to continue the observation of the system changes (CSD 78-2019).

A key outcome of the System Transformation is cost avoidance. To date, data indicates that the outcome of the system changes that are now one-year post full implementation has offset as many as four 24-hour ambulances that otherwise may have been required to maintain the same level of service over the past three years. At an operating cost of approximately $1.2M gross ($600K net of provincial 50/50 funding) for each additional 24 hour ambulance per year, this equates to $4.8M in offset operating costs per year representing a $2.4M (net) avoidance to the Regional budget for each of the past two years. Not adding additional ambulances also eliminated the need to increase the fleet and related equipment, which equates to additional savings on the capital budget of approximately $1.2M, of which 90% would be eligible for Development Charge funding.

In addition to the avoidance of costs otherwise needed for direct salaries for increased ambulance staffing, the changes have also had a positive impact as they relate to staff working conditions and economical impacts such as decreased overtime and missed meal breaks that requires monetary compensation when paramedics are unable to take their entitled break periods.

Dedicated resources are required to continue the System Transformation into 2021 and onward. There are currently 4.8 temporary FTE positions that would need to be converted to permanent positions to continue the program. The annual gross cost for these positions is approximately $486,000. Funding of $43,000 would be recovered through the Land Ambulance funding formula applied by the Ministry of Health (MOH)

for one of these positions. It is also anticipated that 100% funding or $400,000 would be granted for 3.8 of these FTE's as part of the MOH's Ambulance Communications funding. This latter funding source is yet to be confirmed. If the funding is not realized additional opportunities may exist to fund these positions from alternate sources and will continue to be explored, however, ultimately this may require funding from the Regional levy with a best case scenario of $43,000 to worst of $443,000.

In addition to the conversion of the above 4.8 FTE's to sustain the current System Transformation model, an additional 6.75 new permanent FTE's would be required to continue sustaining this program. The annual gross cost of these resources is estimated at $782,000. It is anticipated that funding would be provided by the Ministry of Health for at least half this cost, likely more as some of these resources are expected to qualify for 100% funding as part of the MOH's Ambulance Communications funding. The impact on the Regional levy is a best case scenario of $195,500 to worst of $391,000. Further anticipated funding details will be provided as part of the 2021 operating budget.

Implementing these modifications on a permanent basis so that these system improvements can be sustained on an ongoing basis is a consideration for the 2021 operating budget. They will be evaluated by staff in concert with all other budget pressures and mitigation options inclusive of the use of assessment growth to fund the call volume/response impacts related to growth in Niagara.

Analysis

In September 2019, the final components of the System Transformation Project were implemented to further the change in service delivery of pre-hospital health services for Niagara. A summary of the changes follows.

Clinical Response Plan (CRP)

- approved by Council, the CRP underpins the service's Response Time Performance Plan (PHD-07 2019)
- assigns resources based on both clinical needs and in the time required
- reduced the use of lights and siren responses to 10% (previously 40%)
- reduced demand on municipal fire services response to medical calls
- decreased risk, improved work conditions and maximized resource effectiveness

Mobile Integrated Health (MIH)

- new model of system design and delivery utilizing a multi-disciplinary approach with other health professionals (mental health nurses, occupational therapists) and community partners working alongside paramedics for targeted real-time response to specific 911 health needs (mental health, elderly falls)
- this approach not only reduces the requirement for a fully staffed ambulance and transports to hospital, it is designed to improve healthcare options and decrease reliance on EMS for subsequent unscheduled healthcare needs.

Emergency Call Nurse (ECN)

- nurses embedded in the NEMS dispatch centre conducting secondary triage on low acuity 911 calls and developing alternate options for health/social care where appropriate
- 25% avoidance of ambulance response
- improved connections to community health and social service providers

These changes were implemented to stabilize system demand that, if left unchecked, would continue to deteriorate the performance of ambulance services creating poor outcomes with increased risk. As seen in Figure 1, the projected system demand would have been unsustainable if the system was left status quo. The changes made with the implementation of system transformation indicate ‘bending the curve’ and creating the best possible opportunity for the sustained delivery of quality, safe and affordable 911 mobile integrated health services.

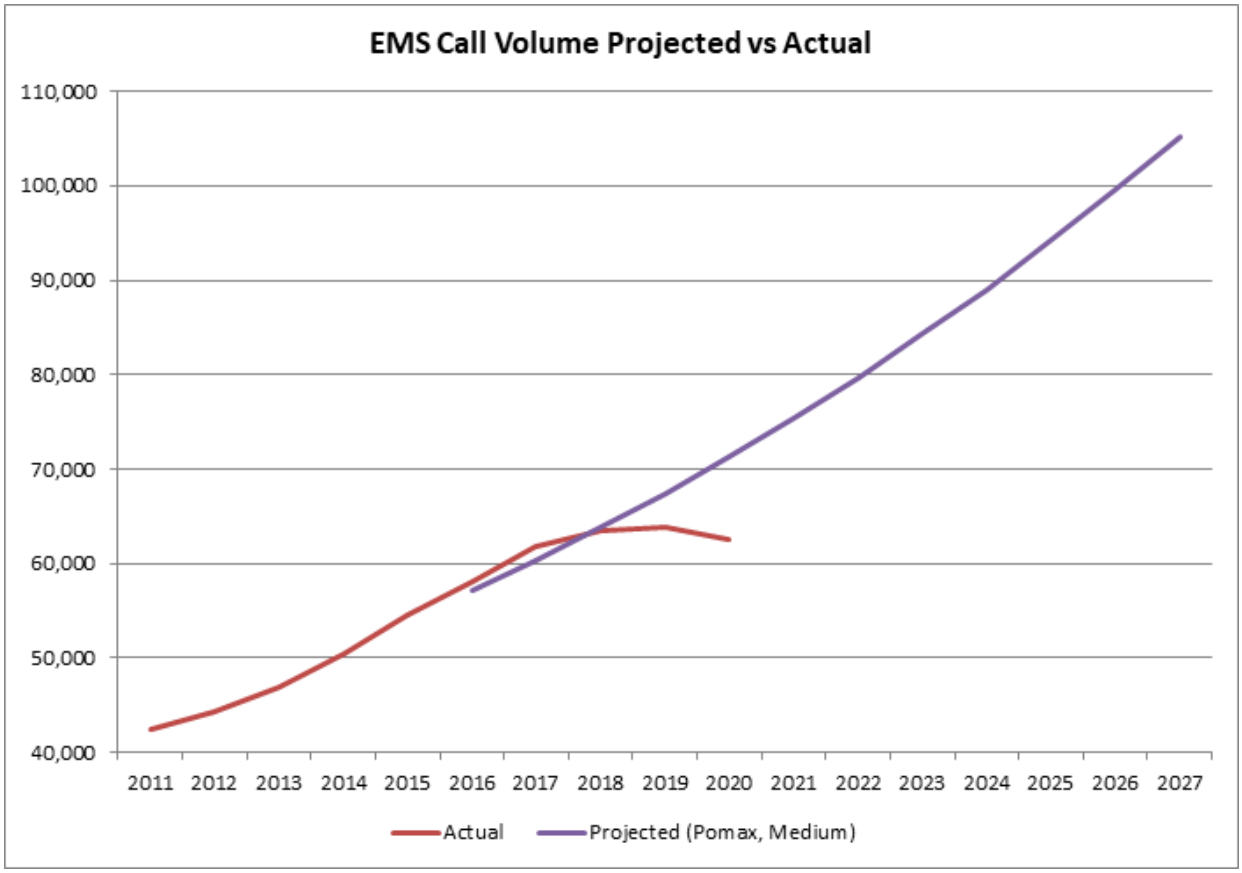


Figure 1. The negative growth in 2020 represents the first two months of the year (pre-COVID-19) as an annualized projection of -2%. Call volumes decreased by as much as 8% during the first 4 months of COVID-19 resulting in a YTD growth of -6.6%.

The above outcome is a result of a continued decrease in 911 call volume, a 1.2% decrease in 2019 in the number of patients transported to the hospital leading to a decrease in consumption time of ambulance resources and associated costs.

Relative to specific cohorts of patients including mental health and elderly falls, the impact of the system changes includes:

- 3.8% decrease in number of calls for falls in 2019 compared to the previous 2 years of increases of 9.4% and 14.2% respectively
- 6.3% decrease of transports to hospital for falls patients compared to the same time frame - meaning falls patients are receiving real time support resources to mitigate against future falls where hospitalization is required
- a decrease of 6.9% in transports of mental health patients to the emergency department despite an increase of 8.1% in the number of mental health related

calls - meaning these patients are accessing real time alternative, more appropriate health care through the MIH teams

- more than 3000 referrals to community health and social services as a result of the MIH teams

With respect to 911 call volume, from 2007 to 2016 Niagara was the municipality with the largest growth in EMS calls in Ontario, at 55.6%, almost double the Provincial growth of 30% (MOHLTC 2018). With the changes that have been implemented, Figure 2 provides data from comparator Ontario paramedic services to suggest that the change in Niagara is not a broad provincial phenomenon but rather supports that this is a result of the system changes in Niagara.

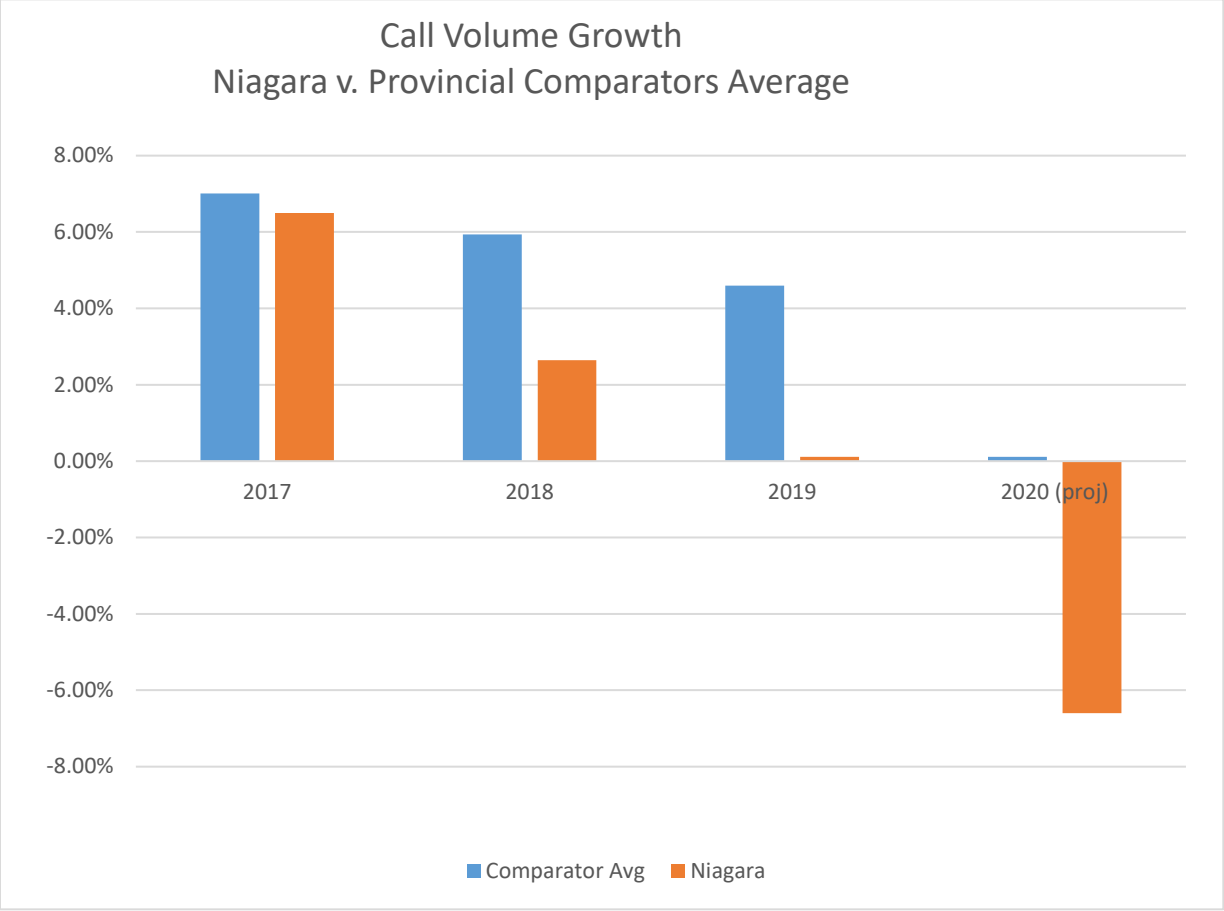


Figure 2 The negative growth represented in 2020 for the provincial comparators includes the decrease in call volumes inclusive of the effects of COVID-19. In absence of COVID-19 impact on call volume, Niagara would have a projected increase of -2%.

The comparator services referenced in Figure 2 added additional ambulances to meet the continued call demand at an average of 1.48 ambulances each year, equivalent of

$1.8M per year. Had Niagara opted to do nothing and allow the system to continue status quo, a similar situation to what the comparator municipalities experienced is likely to have occurred in Niagara, which would have required increasing the number of ambulances as detailed in Table 1.

Table 33: Ambulance and Paramedic Requirement Models - 10-year Time Frame

Paramedic Enhancements Levels	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	Totals
Low Growth Model 3.6% - Ambulances	2		1			1		1		1		1	7
Paramedic FTE	21.6		10.8			10.8		10.8		10.8		10.8	75.6
Supervisors		1.4		1.4		1.4			1.4		1.4		7
Emergency Response Units		1		1		1			1		1		5
Medium Growth Model 5.7% - Ambulances	2		1		1	1		2	1	1	1	1	11
Paramedic FTE	21.6		10.8		10.8	10.8		21.6	10.8	10.8	10.8	10.8	118.8
Supervisors		1.4		1.4		2.8		1.4	1.4		1.4		9.8
Emergency Response Units		1		1		2		1	1		2		8
High Growth Model 8.5% - Ambulances	2	1	1	1	1	1	2	2	1	2	2	2	18
Paramedic FTE	21.6	10.8	10.8	10.8	10.8	10.8	21.6	21.6	10.8	21.6	21.6	21.6	194.4
Supervisors		1.4		1.4		1.4		2.8		2.8		2.8	12.6
Emergency Response Units		1		1		1		2		2		2	9
Patient Based Model Ambulances	2					1					1		4
Paramedic FTE	21.6					10.8					10.8		43.2
Supervisors		1.4					1.4				1.4		4.2
Emergency Response Units		1					1				1		3

Table 1: POMAX recommended increase in front line staffing based on projected growth models.

As first reported in PHD 27-2016, using the forecast shown in Table 1, Niagara's growth, if assumed to be the medium model, would have required the addition of four 24 hour ambulances for an estimated cost of $4.8M per year ($2.4M net of provincial funding) with a further ambulance to be added in the 2021 operating budget for an additional $1.2M ($600K net on 2021 levy).

It should be noted that the model labeled in Table 1 as "Patient Based Model Ambulances" best describes the MIH model of system design, highlighting the reduction in the number of additional ambulances required compared to the status quo growth models.

The reduced volumes and avoidance of $6M in additional resources is in contrast to the realities of other municipalities who have seen continual increase in call volumes and presumably patient transports to hospital.

Despite the decrease in call volumes and patients transported to local emergency departments, Niagara hospitals continue to be challenged with timely transfer of care of patients from paramedics to hospital staff resulting in lengthy offload delay times. The St. Catharines Site of Niagara Health has been of particular concern having one of the highest rates of offload times provincially. The continued loss of EMS resources to hospital delays has hampered the system in advancing to meet response time

standards. It is worthy to note that during the height of the first wave of the COVID-19 pandemic, 911 call volumes decreased by as much as 9% and with hospitals scaling back on services during this period, offload delays were virtually eliminated. During this period, improvements in response times was observed, further suggesting a correlation of offload delays and EMS response times. Work continues with Niagara Health to improve transfer of care performance to ensure availability of emergency resources to respond to the community.

The delivery of a mobile integrated health model of service provides opportunities for cost efficiencies as high as 64%. An independent economic analysis of the NEMS MIH model was led by Dr. Feng Xie, Health Economics Professor at McMaster University's Department of Health Research Methods, Evidence and Impact (HEI). The findings identified that

- MIH results in 50% fewer transports to ED for similar patient type
- traditional ambulance mean costs per minute of delivered service were estimated at $1.865
- MIH mean costs per minute of delivered service were estimated at $0.679
- this is 64% lower cost than traditional ambulance delivery model for same patient cohort

Professor Xie has stated "This service model could be a promising and viable solution to meeting acute healthcare needs in the community, while significantly improving the efficient use of healthcare resources".

The cost of delivery in the MIH model is significantly lower, creating opportunities to invest further in sustaining this approach through the reallocation of existing resources and the strengthening of key areas of system delivery. To sustain these transformational changes and establish MIH as the stable (not temporary) model of service delivery for Niagara EMS, dedicated resources will be required for the ongoing delivery, management and optimization of the system.

The accomplishments recognized to this point have been realized through the realignment of existing human resources including frontline staff, logistics support, IT, training, management and administration to refocus efforts towards research, design, construct and implementation of this new system. The efforts of all staff are to be commended. However, sustainment of this refocusing is posing challenges as other key areas of the business have been realized as being under resourced or not permanently resourced. If Niagara is to continue in this new model of Mobile Integrated Health,

investments must still be made to ensure system sustainability for the foreseeable future.

Recognizing and appreciating the significant budget pressures for 2021, Niagara EMS will be submitting business cases for consideration as part of the 2021 operating budget process to ensure operational and fiscal sustainability in the delivery of this new model.

Alternatives Reviewed

Previous Councils have endorsed staff recommendations and instructed staff not to simply follow traditional EMS service models but to actively look for innovative ways to deliver mobile health services that are not only more efficient but also better meet the needs of Niagara residents who call 911. Without these transformational changes, system demand would likely have continued to grow at the previously forecasted rates and consideration would have to be made for the addition of traditional resources (more staffed ambulances) to meet this pressure, or providing longer response times for Niagara residents experiencing emergencies. The cost avoidance of $2.4M per year on the Regional tax levy would not have been realized and continuous investments of this magnitude would be likely for future budget years. In contrast, the investment of the recommended FTE’s provide a net cost avoidance of $1.56M.

Staff continue to participate in the development of the Niagara-Ontario Health Team of which Niagara EMS is to be a central agency in the enhanced coordination of the delivery of unscheduled and specialized health services such as mental health. The development and implementation of NEMS MIH model of service delivery aligns itself with the intentions of the provincial OHT restructuring and future opportunities for the pooling and provision of resources are likely to occur.

Relationship to Council Strategic Priorities

The System Transformation Project was a priority item for consultation with the Minister of Health during the 2020 Association of Municipalities of Ontario Conference. It further supports Council Strategic Priorities of fostering Healthy and Vibrant Communities through the delivery of quality, affordable and accessible MIH services. In addition, this model contributes to a Sustainable and Engaging Government with a high quality, efficient, fiscally sustainable and coordinated core delivery of MIH services that is possible only through enhanced communication, partnerships and collaborations with the community. An integrated health system promotes improved opportunities for Healthy and Vibrant Communities and contributes to reduced institutionalized care and

more aging at home supports. The new model of service delivery fosters engagement and collaborative planning to provide an integrated health service for Niagara communities.

Other Pertinent Reports

PHD 17- 2014 - EMS System Performance Sustainability
PHD 17- 2015 - EMS System Performance Sustainability
PHD 05- 2016 - Niagara EMS Master Plan
PHD 08- 2016 - Master Plan Award of RFP
PHD 19- 2016 - Niagara EMS Mobile Integrated Health Community Paramedic Update
PHD 21- 2016 - 2016 Update to EMS System Performance Sustainability
PHD 05-2017 - Niagara Emergency Medical Services Pomax Master Plan Review
PHD 17-2017 - Niagara Emergency Medical Services System Design Changes
PHD 19-2017 - NEMS Resource Investment
PHD 07-2019 - Response Time Performance Plan
Presentation to PHSSC August 6, 2019 – System Transformation Update
PHD 20-2019 - System Transformation Update 2
PHD 08-2020 - Occupational Therapists Request

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

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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 Jeff Garritsen, Labour Relations Manager and Michael Leckey, Program Financial Specialist

Subject: By-law Enforcement Officer Appointments for Outdoor Second-hand Smoking and Vaping By-law

Report to: Public Health and Social Services Committee

Report date: Tuesday, November 10, 2020

Recommendations

1. That the following Regional staff **BE APPOINTED** as By-law Enforcement Officers for the purpose of enforcing Niagara Region By-law No. 112-2013, as amended, to Protect Children and Vulnerable Persons from Exposure to Outdoor Second-hand Smoke:
   - William Dwyer
   - Jesse Edsall
   - Jean-Marc Lemay
   - Ken MacLean
   - Rob Misener
   - Diana Teng

2. That the necessary by-law **BE PREPARED** and **PRESENTED** for Council's consideration.

Key Facts

- By-law No. 112-2013 was amended August 2019 to include electronic cigarettes and cannabis as prohibited substances, in addition to prohibited places where tobacco could be used. The list of prohibited places was also expanded to include nine metres from entrances/exits to public buildings, beaches and recreational trails.
- Niagara Region By-law No. 112-2013, section 4(1) provides authority to Council to appoint officers to enforce the by-law.
- Officers utilize a progressive enforcement approach when implementing the by-law which includes education, warnings, and charges, as necessary for the offence.

Financial Considerations

The Ministry of Health provides funding for the Tobacco Protection and Enforcement program at 70% with the approved gross budget of $662,828 for 2020. This funding covers the cost for five full-time Tobacco Control Officers (TCOs), one full-time Program Assistant,

12 part time youth test shoppers and one full-time Manager. Staff supported through this funding are responsible for the promotion, education, enforcement of the *Smoke Free Ontario Act, 2017* (***SFOA***), and Niagara Region's Smoke Free By-law No. 112-2013.

There are no financial implications from appointing TCOs to enforce the By-law No. 112-2013.

Analysis

The *SFOA* and Niagara Region By-law No. 112-2013 were amended, and aligned to include cannabis and vaping as prohibited substances where tobacco is prohibited. The *Municipal Act*, 2001, S.O. 2001, c.25, s. 115 provides municipalities the authority to develop by-laws to prohibit/regulate smoking of tobacco, e-cigarettes, and cannabis in public places and workplaces.

Appointment of the TCOs as By-law Enforcement Officers provides them with authority to enforce By-law No. 112-2013. As officers, they are able to utilize provisions contained in the *Provincial Offences Act*, R.S.O. 1990, c. P. 33 and the *Municipal Act*, 2001, S.O. 2001, c.25.

Enforcement of By-law No. 112-2013 consists of providing education, warnings, and then progresses into charges, as appropriate. Complaints are received through the Tobacco Hotline (phone or online). The World Health Organization (WHO) found that voluntary implementation of tobacco control policy in Spain, and the United Kingdom have resulted in limited protection for the community.[1] WHO has identified that effective tobacco control policy requires dedicated resources to support enforcement.[2]

[1] World Health Organization. Making Cities Smoke-Free. Geneva, Switzerland. Tobacco Free Initiative and WHO Centre for Health Development (Kobe Centre). 2011. [cited 2020 Aug 17]. Available from: https://www.who.int/tobacco/publications/second_hand/making_cities_smoke_free/en/

[2] World Health Organization. Making Cities Smoke-Free. Geneva, Switzerland. Tobacco Free Initiative and WHO Centre for Health Development (Kobe Centre). 2011. [cited 2020 Aug 17]. Available from: https://www.who.int/tobacco/publications/second_hand/making_cities_smoke_free/en/

Alternatives Reviewed

Local area municipalities (LAM) through Municipal By-law Officers are also authorized to enforce By-law No. 112-2013. LAM By-law Officers are responsible for multiple by-laws, and have limited capacity to enforce By-law No. 112-2013. Niagara Region's TCOs currently enforce the *SFOA*, and enforcement of By-law No. 112-2013 aligns these responsibilities and provides a dedicated response to tobacco, vaping and cannabis complaints.

Relationship to Council Strategic Priorities

The Tobacco Control Program supports Council's strategic priority related to health and vibrant communities. As smoking is the leading cause of preventable death with 16,000 from tobacco use each year in Ontario.[3]

Other Pertinent Reports

- PHD 02-2019 – Outdoor Second-Hand Smoking By-law Amendment
- PHD 01-2019 – Cannabis Legalization
- PHD 13-2018 – Comprehensive Tobacco Control Report
- PHD 07-2018 – Cannabis Legalization
- PHD 01-2018 – Smoke-Free Ontario Modernization
- PHD 04-2017 - Ontario Student Drug Use and Health Survey Results
- PHD 09-2016 Revised - Cannabis Regulation and Control

Prepared by:
Diana Teng
Manager, Chronic Disease and Injury Prevention
Public Health and Emergency Services

Recommended by:
M. Mustafa Hirji, MD MPH RCPC
Medical Office of Health/Commissioner (Acting)
Public Health and Emergency Services

[3] Dobrescu A, Bhandari A, Sutherland G. Dinh T. The cost of tobacco use in Canada, 2012. Ottawa, ON: The Conference Board of Canada; 2017.

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

This report was prepared in consultation with Gillian Chappell, Health Promoter, David Lorenzo, Associate Director, Chronic Disease and Injury Prevention and reviewed by Dr. Mustafa Hirji, Medical Officer of Health (Acting).

Appendices

Appendix 1 By-law No. 112-2013 – TCO Designation

THE REGIONAL MUNICIPALITY OF NIAGARA

TO APPOINT BY-LAW ENFORCEMENT OFFICERS TO ENFORCE
BY-LAW NO. 112-2013
A REGIONAL BY-LAW TO PROTECT CHILDREN AND VULNERABLE PERSONS
FROM EXPOSURE TO OUTDOOR SECOND-HAND SMOKE

WHEREAS subsection 115(1) of the *Municipal Act, 2001,* S.O. 2001, c.25 as amended provides that a municipality may prohibit or regulate the smoking of tobacco in public places*;*

AND WHEREAS it is necessary to appoint certain Regional staff as by-law enforcement officers for the purposes of enforcement of by-law 112-2013, as may be amended from time to time;

AND WHEREAS by-law 112-2013 as amended states that the provisions of by-law 112-2013 respecting smoking in an outdoor public place "shall be enforced by any authorized person as designated by the Niagara Region or an area municipality".

NOW THEREFORE BE IT RESOLVED THAT:

1. That for the purposes of enforcement of Regional By-law No. 112-2013, as amended, the following persons are hereby appointed as "authorized persons" pursuant to section 4 of By-law 112-2013 as amended and are hereby designated as By-law Enforcement Officers for the purpose of enforcement of By-law 112-2013 as amended:

   William Dwyer
   Jesse Edsall
   Jean-Marc Lemay
   Ken MacLean
   Rob Misener
   Diana Teng

2. This appointment takes effect on the day it is authorized.

PASSED, a majority of the members of the Regional Council assenting hereto, this ____ day of November, 2020

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THE REGIONAL MUNICIPALITY OF NIAGARA
Original Signed By:

_____
(James Bradley, Regional Chair)

Original Signed By:

_____
(Ann-Marie Norio, Regional Clerk)

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

MEMORANDUM

COM-C 31-2020

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

Date: November 10, 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

Long-Term Care COVID-19 Outbreak Updates

At the time of writing this report, there are two active outbreaks within regionally operated long-term care (LTC) homes.

Meadows of Dorchester

Public Health declared an outbreak at Meadows of Dorchester on October 2, 2020, triggered through a case identified in bi-monthly surveillance testing of staff (mandated by the Province of Ontario). The initial cluster of staff that were impacted at the onset of this outbreak have now returned to work. Two of the four units in the home are now out of outbreak.

The outbreak has not been cleared in the remaining two units as a further positive test result was identified through employee surveillance testing. In recent days, the home has identified a further positive case (employee/student/essential caregiver category) and as such, it has been determined, through an abundance of caution, that the declared outbreak should remain active. Public Health and the home continue to work together to bring this outbreak to a close.

Gilmore Lodge

Public Health declared an outbreak at Gilmore Lodge on October 22, 2020. The home took immediate steps to respond to the outbreak by suspending all visits (with the exception of essential caregivers), isolating all residents under full contact and droplet precautions, and obtaining additional PPE to ensure an adequate supply was available within the home. Public Health initiated contact tracing, and any staff who had contact with a positive case or presumptive case was put in isolation. While this resulted in a significant number of staff being sent home to isolate, staffing challenges were addressed by bringing in qualified and trained Regional casual and part time staff, staff contracted through agencies, and through additional hours of support from leadership staff.

At the time of writing this report, 13 positive staff cases and 17 positive resident cases have been identified. Unfortunately, as an added challenge, the area most impacted by the outbreak is a dementia care unit, where patient wandering is to be expected, and which may have contributed to the number of resident cases. One-to-one care to try to manage those most challenging to redirect continues, and staff are doing everything they can to reduce the risk of further transmission.

In addition to physician care, Seniors Services has arranged for a nurse practitioner to assess and monitor all residents on this dementia care unit to ensure any further signs of illness are identified promptly, and care and treatment are provided accordingly. Most residents have mild symptoms, however, COVID-19 has a compounding impact on these residents due to their existing health conditions, especially for those who are already facing ‘end of life’.

This outbreak will continue until no additional cases are identified and the date of onset of any case is at least 14 days prior. Seniors Services has been working very closely with Public Health, and have implemented all required outbreak measures in order to bring this outbreak to a speedy close. All impacted resident families have been notified and are provided with regular updates so they remain informed of the efforts Seniors Services is taking to resolve this outbreak. Seniors Services has also ensured residents can continue to connect with family members virtually.

This outbreak reinforces that increased community spread of COVID-19 can lead to an increase in the risk of outbreaks in LTC homes. Staff, essential caregivers and visitors to LTC homes, despite all the precautions that they may be taking, can still bring COVID-19 into the homes and spread the virus to the residents. Seniors Services is

continuing efforts to reinforce and remind both staff and families about the risks of increased community spread of COVID-19 to LTC homes, and continue to look for additional preventative measures that can be implemented, above Public Health and Provincial direction.

Drive By Testing for Staff

All eight of Niagara's regionally operated LTC homes have implemented a new practice of providing testing for staff who develop mild symptoms through a "drive by" COVID-19 swabbing system at the homes. This allows for expedited testing given the long wait times at assessment centres, and avoids staff having to attend the assessment centres.

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 October 26, 2020, 215 individuals have been referred to the isolation facility with testing administered in shelter, resulting in negative (COVID-19 testing) findings to date.

Niagara Region received confirmation on October 26, 2020, that the Region will receive $3,013,826 as part of Phase 2 of the Social Services Relief Fund from the Province of Ontario. The Social Services Relief Fund has been provided to municipal service managers for improving homeless shelters and creating opportunities for longer-term housing that will continue to protect vulnerable individuals from COVID-19. Niagara's allocation includes $2,000,000 in capital funding that must be spent by December 31, 2021 and an additional $1,013,826 in operating dollars to continue supporting the needs of the homelessness system during the COVID-19 pandemic, which must be spent by March 31, 2021.

Niagara Region has also been working to develop a robust winter plan to support homeless clients during the winter months. The plan takes into consideration the additional requirements needed as a result of the COVID-19 pandemic. Details of this plan were provided to Regional Council on Friday, October 23, 2020 and will also be discussed during the Public Health and Social Services Committee meeting on November 10, 2020.

Children's Services

Niagara's licensed child care service providers have reopened centres through a staggered approach, after the Ministry of Education permitted all licensed child care centres to reopen at full capacity on September 1, 2020. EarlyON Child and Family Centres remain closed to on-site visits; however, the centres are continuing to offer virtual programs and services to children and families, with a small number of centres reopening to support supervised access visits for families that are involved with Family and Children's Services Niagara.

Licensed child care centres and home child care programs have documented 3,404 child absent days in the month of September that were directly related to COVID-19. These absent days were either for testing, due to children exhibiting COVID-19 like symptoms, or due to isolation by a child or family member. This does not include any absent days that were incurred by children for regular occurrences such as illness, injury, vacation, etc. The absences have resulted in a system's cost of approximately $155,000 to Children's Services. Children's Services has supported licensed child care service providers with this cost through one-time support from COVID-19 relief funding. Children's Services expects this to rise as COVID-19 cases continue to increase and more testing is conducted, and isolation is directed.

At the time of writing this report, it can be noted that Children's Services experienced a COVID-19 outbreak at the Welland Regional Child Care Centre in October. There was one case associated with this outbreak, and while a single classroom was closed for a period, as directed by Public Health, the outbreak successfully came to a close at the end of the required 14 days and the classroom has since reopened.

Children's Services is continuing to monitor the reopening of child care centres and also continues to provide funding to child care service providers to support their ability to remain open.

As of October 27, 2020, there are approximately 4,800 child care spaces operating across 164 licensed child care centres and 75 home child care providers across Niagara. 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. At this time, there is approximately 41 percent of licensed child care spaces operating from the overall licensed child care system.

Social Assistance & Employment Opportunities (Ontario Works)

As of September 2020, Niagara's OW caseload was 8,872. Overall, the average caseload has decreased by 0.8% when compared to September of 2019.

With the introduction of federal temporary recovery benefits (e.g. the Canada Emergency Recovery Benefit) in April 2020, the social assistance intake line saw a decrease in the number of calls through April and August 2020, with an average of 620 calls per month compared to the pre-COVID average of 1,200. However, in September 2020 the calls increased to 900 and it is anticipated that for October 2020 the number of calls will exceed 1000. The two main drivers for this increase can be attributed to the discontinuance of the Canada Emergency Recovery Benefit, and the inability for many people to obtain employment. Over 20% of people applying have not previously been in receipt of social assistance.

In September 2020, SAEO implemented a blended service delivery model that incorporates in-person, telephone and virtual services to respond to the needs of high-risk clients In September, 560 clients received in-person service and by the end of October, the number of clients receiving in-person services is expected to exceed 800.

The scale and timing of the overall impact to intake for social assistance and the OW caseload will depend on the speed and nature of economic recovery, federal policy and public health factors. SAEO continues to effectively and efficiency implement rapid responses to respond to the needs of clients.

Niagara Regional Housing (NRH)

The Housing Access Centre received over 1,300 calls in just four days after a mail out was provided to applicants that promoted the Canada Ontario Housing Benefit (COHB). This portable rent benefit assists applicants on the Centralized Waiting List, which is maintained by NRH, in paying rent to their current landlord within the private market. This benefit is timely as many households are anxious about moving during the COVID-19 pandemic.

NRH staff have been working on mapping out and configuring each common room within NRH buildings in an effort to provide a safe space for more services/programs to return safely. Outside and virtual programs have continued to take place on a limited basis.

NRH expects to be able to manage any rent and arrears impacts due to COVID-19 within the 2020 budget. Incremental operating costs due to COVID-19 have also been accommodated within the budget for 2020, as a result of deferred maintenance costs and decreased move outs (also caused by the COVID-19 pandemic). Anticipated incremental COVID-19 costs for 2021 are included in the NRH Board approved operating budget, which relate primarily to cleaning, security and PPE costs. These costs will be funded by the Municipal Safe Re-Start funding announced by the Province of Ontario. The 2021 budget is still subject to Regional Council approval.

As per the Regional by-law, NRH now requires tenants and visitors to wear a mask in the common areas of NRH buildings, including common rooms, elevators, laundry rooms, lobbies, hallways, garbage/recycling rooms and any other space that could be shared by others. NRH has communicated this update to Housing Providers. As mentioned in the previous report, all NRH households have received reusable masks.

Respectfully submitted and signed by

_____
Adrienne Jugley, MSW, RSW, CHE
Commissioner

Niagara Regional Housing

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1815 Sir Isaac Brock Way
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Phone: 905-682-9201
Toll Free: 1-800-232-3292
(from Grimsby and beyond Niagara region only)

Main Fax: 905-687-4844
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Fax – Contractors: 905-682-8301
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October 23, 2020

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

Dear Ms. Norio,

At their October 23, 2020 meeting, the Niagara Regional Housing Board of Directors was informed that the attached report NRH 14-2020 would be forwarded to Council for information.

Your assistance is requested in moving report NRH 14-2020 through proper channels to Regional Council.

Sincerely,

Councillor Walter Sendzik
Chair

Niagara Regional Housing

REPORT TO: Board of Directors of Niagara Regional Housing

SUBJECT: Niagara Regional Housing Emergency Loan and Grant Program

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RECOMMENDATION

That the Niagara Regional Housing Board of Directors **RECEIVE** the implementation plan of the new Emergency Loan and Grant Program to support Social Housing Providers and forward to Niagara Region Council for information.

PURPOSE

To provide Niagara Regional Housing Board and Niagara Regional Council with the details for the creation and implementation of an Emergency Capital Repair Loan Program (the "Program") for non-profit and co-operative housing providers in the Region.

KEY FACTS

- On March 20, 2020 Report 20-188-4.3, the Niagara Regional Housing Board of Directors approved the Capital Loan and Grant Program in principle.
- Niagara Regional Housing worked with staff from the Niagara Region to begin establishing connections between NRH and the Niagara Region Grants and Incentives initiative, including sharing information regarding the Capital Loan and Grant Program.
- NRH, with the approval of the Board of Directors, will implement the program commencing January 1st, 2021.
- In the proposed Program Agreement, those social housing providers that could exit the social housing system at End of Agreement/Mortgage (EOA/M) would be eligible to apply for loan assistance, and conditions could be set that require them to remain a part of the Region's social housing system for a period of 15 years post EOA/EOM, and as such these providers may not request to leave the program (via a de-listing request to the Ministry).
- Two housing projects have already required financial assistance via a loan from NRH to address emergent capital needs. As of January 2021, an additional provider will enter into a loan agreement with NRH due to emergency repairs. Upon approval of this Board report, existing loans will be converted to the Loan and Grant Program in Q1 of 2021.

Summary

A comprehensive framework has been developed to guide the process of applications, review, awarding, and roles and responsibilities in reference to the Capital Loan and Grant Program.

Applications (Appendix 1) for the program will be accepted during the months of January through June. During this time a review committee will be established and trained.

Drawing on knowledge and expertise, members of the Review Panel will be engaged in the Niagara Regional Housing Application to the Loan and Grant awarding process. Specifically the review panel members will:

- Review and score all proposals (written) using an agreed upon scoring matrix ;
- Participate in discussions, bringing particular knowledge and judgement to support decision making;
- Make recommendations to determine successful proponents who will be successful in obtaining funds through the Capital Loan and Grant Program

The Review Panel will consist of up to 6 members. The representation may include the following:

- Service Manager - NRH
- Research/Academia;
- Members of the NRH Board of Directors
- Finance

Members of the Review Panel will be appointed by the Service Manager. Niagara Regional Housing will appoint the Panel based on relevant skills and experience. All members will be required to sign an oath of confidentiality and a conflict of interest declaration (Appendix 2) in addition to agree to the committee terms of reference (Appendix 3).

Qualified applications must be received in the first half of the year and will be shared with the Review Committee. Committee members will review, score and make final recommendations to the Committee Chair and CEO of Niagara Regional Housing.

In order to qualify for review, business case applications must confirm that the following conditions have been met, providers must:

- transfer any funds that they have in accumulated or operating surpluses to their capital reserve fund;
- retain, or demonstrate a plan to achieve, a threshold of three years capital reserve contributions in their reserve fund; and
- expend any funds in excess of the three year threshold to support all or a portion of the emergency capital repair.
- Submit a copy of the most recent preventative maintenance log which is less than 6 months old
- Submit a copy of an updated 10 year capital plan

The Review Committee will evaluate the below criterion and determine a score for each field using a pre-established scoring template. Scoring guidance can be found on the scoring template (Appendix 4).

- Priority of work requested
- Impact that eligible expenses will have on future building sustainability
- Governance of Housing Provider
- Financial Position of Housing Provider
- Whether the Building Condition Assessment (BCA) indicates the element is necessary
- Qualified Assessor supports requested project
- Long Term capital needs of the provider and the financial resources needed to address those needs
- Capital Expenditures Over the Last 3 years
- Current Capital Reserve balance
- Current Accumulated Surplus /Other reserve balance
- RGI/ Service level standards targets
- The requirement of a deficit reduction plan are being met
- Other specific conditions as identified on the conditions section of the agreement

Based on the recommendations of the Committee, available budget and urgency of the project, funding will be awarded to the successful applicants no later than September 1.

Successful applicants will need to submit their selection for a successful tender, along with contract and draw schedules. Work on successful projects are eligible to begin on or after January 1 of the following year. Projects must be completed prior to December 31 in the year construction begins.

Loan repayment may be forgiven up to 25% of the total loan value where housing providers meet the agreed upon time lines for the completion of the capital work for which the loan was granted, and where housing providers adhere to the loan terms including the provision of RGI units

CONSIDERATIONS

Financial

The business case and intake process will inform the Loan & Grant budget request as part of the program implementation in 2022 in conjunction with the results of the overall Grants and Incentives review currently being conducted by the Niagara Region.

Two housing projects are in the process of being provided loans for urgent emergency capital repairs totalling up to $2.5 million, with the repair work to be completed before the end of 2020. These projects will be transferred into the Loan & Grant Program once it is created, with the 25% grant portion of up to $625,000 to be funded out of NRH 2020 in-year operating surplus.

In addition, the proposed 2021 operating budget for NRH includes a one-time budget request of $375 thousand, fully funding by the NRH reserve, for an urgent emergency capital project that cannot wait for formal project creation due to the urgent nature of the required repairs. The $375 thousand represents the 25% grant portion of $1.5 million in proposed total project costs. Similarly, This project will be transferred into the Loan & Grant Program once it is created.

Corporate

Timing of the call for business cases and the approval process must be adhered to closely as budgetary implications for the following year must be approved by Council.

Governmental Partners

In "A Home For All", Niagara Region articulates its vision for a 10-year community action plan to help people find and sustain housing. One of the goals identified in this action plan is to increase opportunities and options across the housing continuum. A key objective of which is to retain, protect, and increase the supply of affordable housing.

By implementing the Emergency Loan and Grant Program, NRH is demonstrating is commitment to the goal by focusing on the key objectives to keep and protect the supply of affordable housing in Niagara.

Housing Services Corporation has been a supporter of this program and developed the loan framework in consultation with NRH.

Public and or Service Users

Ensuring that existing social housing stock in Niagara remains a safe and affordable place for those who need it across Niagara is a priority. By investing into the stability of existing stock Niagara Regional Housing contributes to the updated 10 year Housing and Homelessness Action Plan goals and our shared commitment to provide affordable housing in Niagara Region.

ANALYSIS

Niagara Regional Housing is well positioned to successfully roll out the Capital Loan and Grant Program. With the reserves accumulated to date in combination with the approved end to the surplus sharing agreement, the budgetary requirements indicated by the 2018 Building Condition Assessment can be met. Additionally, within the reserves is an amount that has been identified specifically to address emergency repairs that affect the habitability of existing provider stock.

With the set Policy (Appendix 5) and procedure, the Loan and Grant Program is set up to provide fair and equitable access for providers to the Loan and Grant Program.

Collecting business cases in the year prior to work beginning is purposeful and allows the budgetary projections needed to ensure that all approved projects will be funded without risk to the corporation.

ALTERNATIVES REVIEWED
N/A

ORIGIN OF REPORT

This report has been brought forward by staff

Submitted by:

Donna Woiceshyn
Chief Executive Officer

Approved by:

Walter Sendzik
Chair

This report was prepared by Jenny Shickluna Manager Housing Programs in consultation with Donovan D'Amboise, Program Financial Specialist and Donna Woiceshyn, Chief Executive Officer.

Appendix 1 - Loan and Grant Business Case Template
Appendix 2 - Review Committee Conflict of Interest
Appendix 3 - Review Committee Terms of Reference
Appendix 4 - Review Committee Scoring Guide
Appendix 5 - Loan and Grant Program Policy

Niagara Regional Housing Capital Loan and Grant Program
Draft Business Case Template

Date	
Housing Provider legal name	
Legal address	
Housing project	
Operating agreement expiry date	
Date funding required	

Loans provided under the program may only be used to finance capital repairs to the housing complex; there is no ability to use any portion of the loan for any other purpose. In order to qualify for the program funding, a housing provider must demonstrate that:

- the proposed capital work is required;
- the proposed remediation is the most cost effective approach; and that
- the work cannot proceed without financial support.

As this Program is intended to fund capital repairs which could otherwise not be funded by the housing provider, in order to access these funds the provider must first:

- transfer any funds that they have in accumulated or operating surpluses to their capital reserve fund;
- retain, or demonstrate a plan to achieve, a threshold of three years capital reserve contributions in their reserve fund; and
- expend any funds in excess of the minimum threshold to support all or a portion of the (emergency) capital repair.
- Have a preventative maintenance log is included and in less than 6 months old
- Have an updated 10 year capital plan

Social housing providers may not submit additional requests until 3 years after the termination of the current loan agreement, unless there are unforeseen and extraordinary circumstances that can be substantiated.

The business Case must be completed in its entirety and submitted no later than (the closing date)

Please be aware that the document you submit is final and the following regulations will be upheld in all circumstances:
(1) no employee or agent of Niagara Regional Housing is authorized to amend or waive the requirements of the business case document in any way;
(2) under no circumstances shall it rely upon any information or instructions from anyone other than the assigned representative; and,
(3) neither the Niagara Regional Housing, its employees, nor its agents shall be responsible for any information or instructions given to the Bidder, with the exception of information or instructions provided in writing by way of addendum by NRH

Business Case

Each Loan Application must be accompanied by a business case. It is recommended that a template Business Case be created in order to ensure the consistency of information received and to support housing providers in doing their due diligence to support the Loan Application.

Key fields to be included in the Business Case include:

1. Executive Summary: Short description of the proposal

2. Housing Provider Information
    a. Legal name
    b. Project name
    c. Project address
    d. Building mandate or client group (where applicable)

3. Background of Proposed Capital Work and Rationale for necessary expenditure

4. Roles and Responsibilities of Parties Involved: A description of the people involved in the project, including their roles and responsibilities

5. Existing Residents: Identify the impact the work required will have on residents, and include a relocation plan if residents will be temporarily relocated as a result of the request.

6. Project Capital Budget

    a. Breakdown of the amount of funding requested (Itemized costs, quote for cost if available)
    b. Rationale for necessary expenditure
    c. Provide a three year capital budget for work required (provide as an attachment).
    d. Create a detailed development budget as an appendix including costs for development, repairs and administration (provide as an attachment).
    e. Describe in detail how the work required will be funded and how the housing provider will deal with current financial obligations under their housing mortgages, including any early redemption charges and/or any accrued penalty charges.
    f. Describe any other funding which might directly impact housing provider's current financial obligations and may require approval from the Region (i.e., bridge financing, construction financing, secondary financing, severances or partial discharges).

7. Financial Position: Provide financial statements and operating budget, describe how the provider will be financially viable post loan and indicating the provider's ability to repay the loan after mortgage expiry. Outline actions which will be undertaken to improve

financial viability (i.e. increase rents, reduce operating expenses). Include details of any existing loans, including discharge date (if loans exist, please append the agreement)

8. Project schedule, including draw schedule (if known)

9. Risks/constraints to the project: Describe any environmental concerns, shared facilities agreements, NIMBY, issues with adjacent properties.

10. Include a copy of the most recent preventative maintenance log (most recent inspection must less than 6 months old)

11. Include a copy of an updated 10 year capital plan

12. Contacts

13. Board approval

Please note: Successful projects will awarded no later that AUGUST 1. Tenders must be completed and the job awarded no later than November 15. All jobs must be completed between January and December of the project year.

14. Signatures

Draft CONFIDENTIALITY / CONFLICT OF INTEREST FORM
Capital Loan and Grant Application: Evaluation Team Members

Printed Name of Evaluation Team Member:

You have been identified as a Team member for the above Business Case Evaluation. Please read the following information on confidentiality and conflict of interest to see if you have any problem or potential problem serving on this Team.

Confidentiality
Please note that as a Team member, all information received, reviewed and discussed from and about prospective providers as part of this Team is strictly **confidential** and may not be discussed with anyone who is not a member of the Evaluation Team or an NRH representative involved in the award process.

No Team member is authorized to amend or waive any of the requirements of the business case documents, or communicate any related information or instructions in any manner to prospective providers. The language within the business case states that the prospective bidders have been notified that
(1) no employee or agent of the Niagara Regional Housing is authorized to amend or waive the requirements of the business case document in any way;
(2) under no circumstances shall it rely upon any information or instructions from anyone other than the assigned representative; and,
(3) neither the Niagara Regional Housing, its employees, nor its agents shall be responsible for any information or instructions given to the Bidder, with the exception of information or instructions provided in writing by way of addendum by NRH

Code of Conduct
The Code of Ethics/Conflict of Interest policy for the Review Panel is “members shall avoid conflict of interest or unethical behavior”.

Conflict of Interest
No member of a Team shall participate in the evaluation if that Team member or any member of his or her immediate family:

- has direct or indirect financial interest in the award of the contract to any proponents
- is currently employed by, or is a consultant to or under contract to a proponent
- is negotiating or has an arrangement concerning the future employment or contracting with any proponent: or
- has an ownership interest in, or is an officer or director of, any proponent.

Please sign below acknowledging that you have received and read this information. Return a copy of the form to the Purchasing representative by the deadline provided. If you have a conflict or a potential conflict, please contact your manager or the Service Manager to discuss.

I have read and understand the provisions related to conflict of interest and confidentiality when serving on an Evaluation Team. If any conflict of interest arises during the review process, I will immediately report it to an NRH representative.

Signature: _____ **Date:** _____

NRH Capital Loan and Grant Review Panel
Draft Terms of Reference

Background

Purpose and Role of Review Panel Members

Drawing on knowledge and expertise, members of the Review Panel will be engaged in the Niagara Regional Housing Application to the Loan and Grant awarding process. Specifically the review panel members will:

- Review and score all proposals (written) using agreed upon scoring matrix;
- Participate in discussions, bringing particular knowledge and judgement to support decision-making;
- Make recommendations to determine successful proponents who will be successful in obtaining funds through the Capital Loan and Grant Program

Membership and Selection of Members

The Review Panel will consist of up to 6 members. The representation may include the following:

- Service Manager- NRH
- Research/ academia;
- Members of the NRH Board of Directors
- Finance

Members of the Review Panel will be appointed by the Service Manager. Niagara Regional Housing will appoint the Panel based on relevant skills and experience (professional or voluntary) in line with the following selection criteria.

- No conflict or perceived conflict of interest that might prevent a very candid and thorough evaluation; specifically no relationship with an existing housing provider that has an agreement with NRH
- Professional qualifications and over 5 years of experience within the human services/housing services industry. Possible evidence of stature in the field includes experience in the field, membership on committees, boards, and/or advisory boards, involvement in community activities, academia etc.
- Knowledge of housing issues/context to engage in discussions to support a healthy and sustainable housing continuum in Niagara
- Have knowledge to contribute to discussions regarding needs within the Niagara
- Availability to contribute sufficient time to the full process

Structure

The Review Panel provides recommendations through the Manager of Housing Programs to the CEO, Niagara Regional Housing in the role of System Service Manager. The Manager of Housing Programs will chair the Review Panel.

Frequency of Meetings

The Review Panel will meet a maximum of 3 times (per funding envelope) between June and Spetember annually, unless otherwise necessary at the call of the Chair**.** We are looking at approximately 15 -20 hours per funding envelope. A reviewer may have more than one funding envelope.

Proposed Approach

Activity	Timelines
1. RFPs issued	January
2. Submission deadline:	June 1
3. Conflict of Interest Form submitted	Members must submit prior to review of applications
4. Reviewers receive orientation package and submissions	June/July
5. Review committee orientation meeting- one to one will be optional	Spring
6. Reviewers review written submission and to submit questions or clarifications based on written review	June/July
7. Email individual scoring	No later than August 1
8. Review committee deviation meeting – to confirm individual scores and confirm highest ranking proponent per zone	August
9. Communication of awards	No later than September 15

Confidentiality

Meetings are a forum for review panel members to be open and candid in discussing items that support the Service Manager in ensuring that the successful proponents meet the criteria outlined in the business case/application.

If through the discussion an item is identifed as confidential, the item will be noted. Members are expected to respect the privacy of committee participants and agree not to disclose information including views expressed by individuals during confidential item discussion. Records of discussion will respect the principle of non-attribution.

Decision Making

Niagara Regional Housing is designated by the Niagara Region, as the Service Manager, responsible for the local managemnet, sustainability and viability of non-profit and cooperative housing providers under agreement with NRH.

Review panel members will provide advice and recommendations to NRH. NRH will take into consideration the advice and recommendations provided by the Review Panel, when making final decisions.

Recorder/Minutes/Agenda

The Chair will set the agenda in collaboration with members of the Review Panel, and based on deliverables and timelines.

Recording and distribution of meeting minutes is the responsibility of the NRH.

Criterion	Description	Reviewer Notes	Score	Percent weight overall

Opening Criterion: ○ transfer any funds that they have in accumulated or operating surpluses to their capital reserve fund; ○ retain, or demonstrate a plan to achieve, a threshold of three years capital reserve contributions in their reserve fund; and ○ expend any funds in excess of the three year threshold to support all or a portion of the emergency capital repair. A copy of the most recent preventative maintenance log is included and is less than 6 months old A copy of an updated 10 year capital plan	Yes or No questions one point each Failure to meet these requirements may disqualify applicants		/5	

Priority of work requested	Does the work address Health and Safety, Accessibility, Overall building viability Is the work essential now to meet legislation? Is the work essential to building viability?			
Impact that eligible expenses will have on future building sustainability	Will this make the building safer, increase accessibility or extend the life of the property?			
Governance of Housing Provider	Is the board in good standing? Are there outstanding items from last operational review that have not been addressed or remediate? Outstanding legal issues?			
Financial Position of Housing Provider	Is the organization in good financial standing operationally?			
Whether the BCA indicates the element is necessary	Has this project been identified in the most recent Building Condition Assessment?			
Qualified Assessor supports requested project	If this project was not identified in the building condition assessment, has it been deemed necessary by a qualified consultant with an accompanying professional report.			
Long Term capital needs of the provider and the financial resources needed to address those needs	Based on the most recent building condition assessment, preventative maintenance log and 10 year capital plan, are the resources of the organization sufficient to address these needs? Will contribution to the current project impact the ability to fulfill future needs?			
Capital Expenditures Over the Last 3 years	Have the capital expenditures over the previous three years addressed either urgent issues or projects identified by the BCA, preventative maintenance or the 10 year capital plan?			
Current Capital Reserve balance /Accumulated Surplus /Other reserve balance	Are the current surplus/reserve balances sufficient to pay for the current project and still maintain the minimum reserve threshold?			
RGI/ Service level standards targets	Is the organization currently meeting SLS? Are the actively working toward fulfilling service level standards?			
The requirement of a deficit reduction plan are being met	Do they have a current deficit reduction plan? Are the requirements being met?			
Other specific conditions as identified on the conditions section of the agreement	TBD			

DRAFT Capital Loan and Grant Policy

Policy Owner	Niagara Regional Housing, Programs Division, Manager Housing Programs
Approval Body	Niagara Regional Housing Board of Directors
Approval Date	
Effective Date	
Review by Date	

1. Policy

This policy has been created to provide parameters and details regarding the Niagara Regional Housing Loan and Grant Program.

2. Purpose

The purpose of the Program is to provide loans to housing providers to allow them to address necessary and emergency capital repairs where their current capital reserves are insufficient to allow them to fund these repairs while maintaining the reserve balance necessary to address planned expenditures.

3. Scope

This policy applies to the administration of the Loan and Grant program by Niagara Regional Housing as well as all applicants and recipients of the program.

3.1. Roles and Responsibilities

It is the role of the Manager, Housing Programs to administer the program in conjunction with the Niagara Regional Housing team to administer this program.
Manager of Housing Programs- final approval of application, monitor budget, oversee compliance
Asset Administrator -Receive and assess application, assisting and recommending approval to Manager, Housing Programs
Housing Administrators- to review and monitor compliance to the terms of the agreement within provider operations.

4. Program Details

In order to qualify for the loan, housing providers will be required to complete an application and business case. Loans provided will be registered on title but, as required under the *Housing Services Act, 2011* ("HSA"), loans will be non-performing until the primary mortgage is paid in full. The approval of loans is subject to ministerial confirmation from lender. As the loan agreement template, policy and procedure are approved by Board and Council; housing providers are prohibited from negotiating terms, conditions and processes

DRAFT Capital Loan and Grant Policy

Loan repayment may be forgiven up to 25% of the total loan value where housing providers meet the agreed upon timelines for the completion of the capital work for which the loan was granted, and where housing providers adhere to the agreement terms; including the provision of RGI units.

Due to the fact that loans are intended to address capital repairs, loan agreements will be executed for a three (3) year period, or until EOA/M, whichever comes first. This will allow a proactive planning approach given that many providers will require work that spans more than one fiscal year to meet critical repair needs.

NRH will make payments for capital works in increments with the remainder of the funding held in trust for the housing provider where capital work is in progress and supported by invoices as the work is completed. A draw schedule will be determined at the beginning of the project.

Once a housing provider has reached EOA/M, they will borrow money from traditional lenders to undertake larger and longer-term capital repairs which will directly support long term building sustainability and repay NRH. Alternately, if a new mortgage is not procured, the provider will enter into a repayment agreement with Niagara Regional Housing.

Repayment will begin within 60 days of the mortgage discharge and will include a principal amount as well as interest calculated at the Canada Bond rate or 2%, whichever is higher.

Program Eligibility

All housing providers within the Niagara Region are eligible for funding under the Program. Those providers which are not subject to the terms and conditions of the HSA will be required to enter into an agreement with NRH in order to access this funding. The terms of this agreement will include the commitment of up to 25% of units in the building being RGI and that the waiting list will be accessed when there are RGI vacancies. Federal providers will agree to maintain their current targets and remain in a reporting relationship with NRH.

In order to qualify for the program funding, a housing provider must demonstrate that:

- the proposed capital work is required;
- the proposed remediation is the most cost effective approach; and that
- the work cannot proceed without financial support.

Each request for funding will be reviewed to ensure that it meets at least one of the eligible program costs. The housing provider must review, agree to and sign the Loan Agreement in order for funding to be issued.

DRAFT Capital Loan and Grant Policy

Eligible Project Costs
In order to be eligible for funding under the Program, the proposed repair or replacement must meet at least one of the following two criteria:

1. Health and Safety: Building elements are hazardous, may lead to loss of life or critical injury or threaten the health or well-being of residents and staff.

2. Building Deficiency Mitigation / Structural Integrity: Current and ongoing conditions or deficiencies that lead to the deterioration of the building's structure integrity.

Additional items beyond the scope of these two criteria may be considered on a case-by-case base, where appropriately justified by a business case.

Awarding Funding
All business cases will be reviewed for eligibility and suitability by a Review Committee selected by NRH.

The Review Panel will consist of up to 6 members. The representation may include the following:
- Housing sector representatives (current and/or retired);
- Research/ academia;
- Service Manager- NRH
- Members of the NRH Board of Directors

Members of the Review Panel will be appointed by the Service Manager. Niagara Regional Housing will appoint the Panel based on relevant skills and experience (professional or voluntary) in line with the selection criteria as outlined in the Review Committee Terms of Reference.
Social housing providers may not submit additional requests until 3 years after the termination of the current loan agreement, unless there are unforeseen and extraordinary circumstances that can be substantiated.
Successful applicants must agree to e=remain a social housing provider for a period of no less than 15 years.

Default of Loan Agreements
Providers who in default of their agreement will be subject to the penalties as outlined in the HSA.

DRAFT Capital Loan and Grant Policy

5. Related Policies

Approval History

Approver(s)	Approved Date	Effective Date

Revision History

Revision No.	Date	Summary of Change(s)	Changed by

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

MEMORANDUM

CWCD 290-2020

Subject: **Ontario's Long-Term Care COVID-19 Commission – Interim Report**

Date: **October 30, 2020**

To: **Regional Council**

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

The provincial government launched a commission into COVID-19 in Ontario's long-term care system in September 2020. The intent of the commission is to provide the government with guidance on how to improve the long-term care system and better protect residents and staff from any future outbreaks.

The Ontario Long-Term Care COVID-19 Commission released their first interim letter to the Minister of Long-Term Care on October 23, 2020.

The letter provides a summary of what the Commission has heard to date, and offers some early recommendations given that Ontario is now in the second wave.

Respectfully submitted and signed by

_____
Adrienne Jugley, MSW, RSW, CHE
Commissioner