



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

PHSSC 11-2020

Tuesday, December 8, 2020

1:00 p.m.

Meeting will be held by electronic participation only

This electronic meeting can be viewed on Niagara Region's Website at:

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

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

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
3.1. <u>Impact of COVID-19 on the Ontario Works Caseload</u> Lori Watson, Director, Social Assistance & Employment Opportunities	3 - 20
4. <u>DELEGATIONS</u>	
5. <u>ITEMS FOR CONSIDERATION</u>	
6. <u>CONSENT ITEMS FOR INFORMATION</u>	
6.1. <u>COM-C 34-2020</u> COVID-19 Response and Business Continuity in Community Services	21 - 27

6.2.	<u>PHD-C 16-2020</u> COVID-19 Response and Business Continuity in Public Health & Emergency Services	28 - 44
6.3.	<u>COM 20-2020</u> Seniors Services Quality Improvement Report – July to September 2020	45 - 52
6.4.	<u>COM-C 33-2020</u> Activities related to Niagara’s 10-Year Housing and Homelessness Action Plan for September, October, November 2020	53 - 56
6.5.	<u>COM-C 35-2020</u> Niagara Regional Housing Q3 Report	57 - 75

7. OTHER BUSINESS

8. NEXT MEETING

The next meeting will be held on Tuesday, January 12, 2021, at 1:00 p.m.

9. ADJOURNMENT

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

Impact of COVID-19 on the Ontario Works Caseload

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

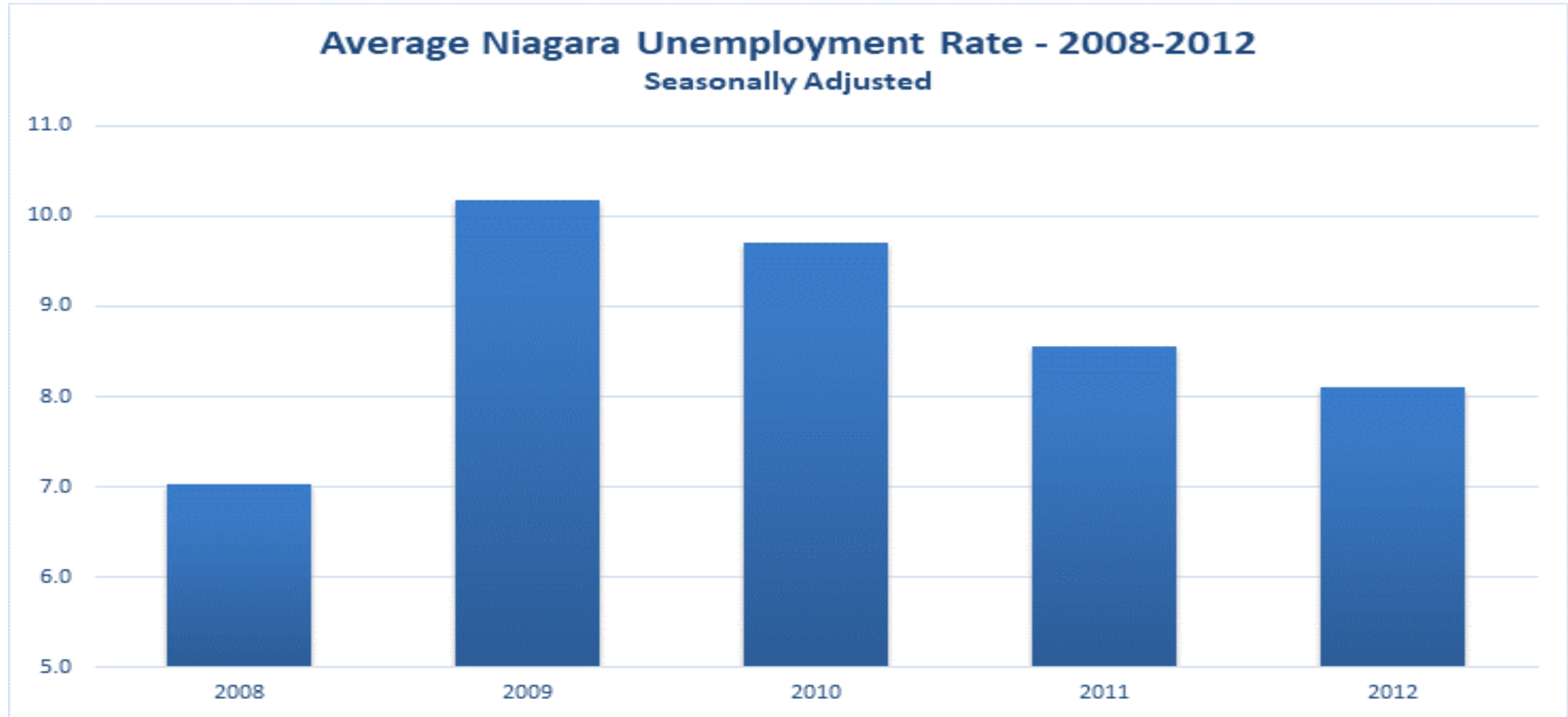
December 8, 2020

Lori Watson, Director Social Assistance & Employment Opportunities

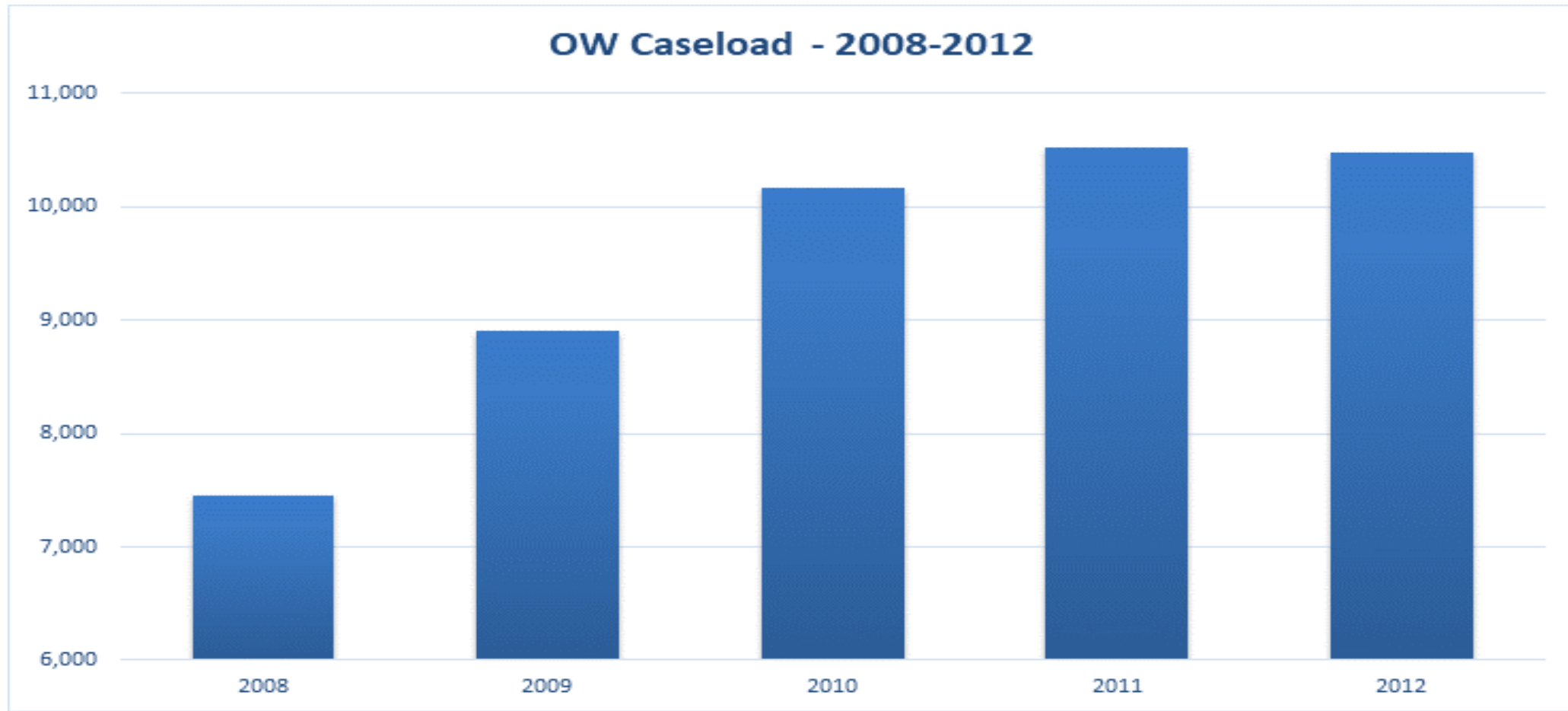
Impact of COVID-19 on the Ontario Works Caseload

- Historical impact of economic downturn on caseload
- Current impact of COVID-19 on caseload
- Anticipated caseload surge
- Preparing for a surge:
 - Provincial Recovery and Renewal Plan
 - Social Assistance and Employment Opportunities Recovery and Renewal Plan
- Employment Services Transformation

2008 Economic Downturn



2008 to 2012 Ontario Works Caseload



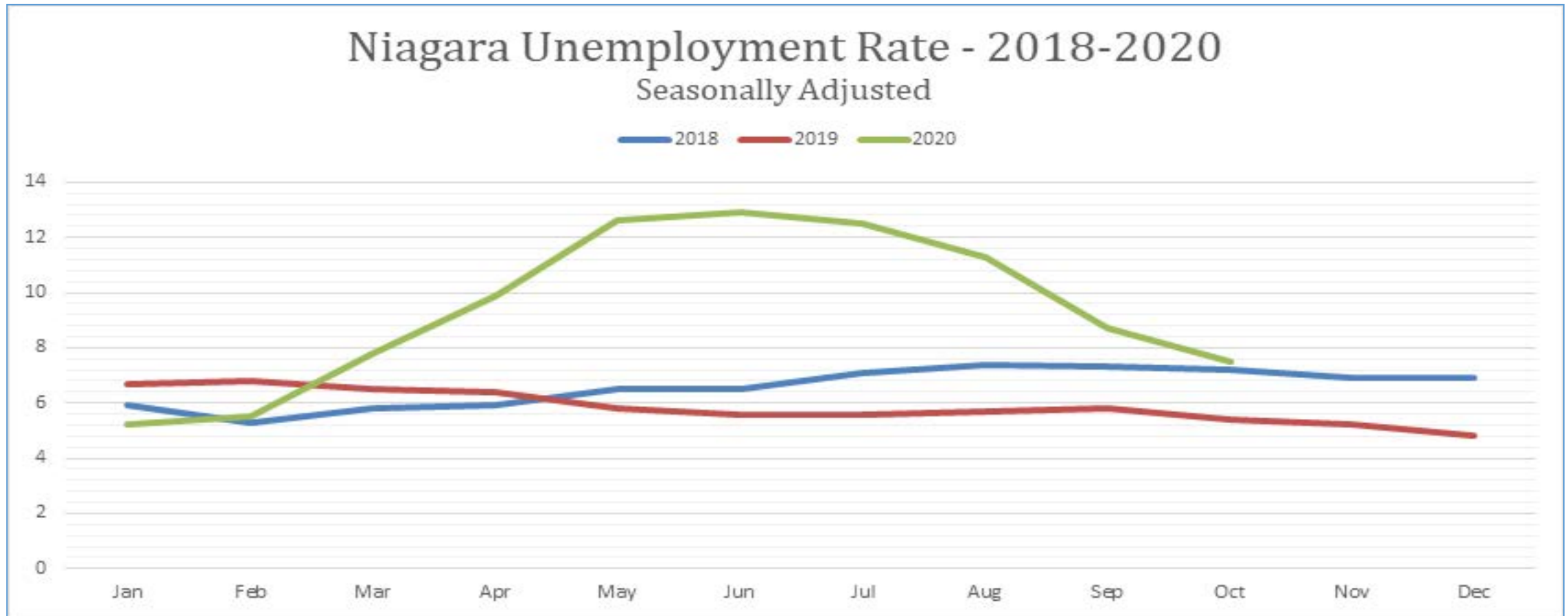
COVID-19

Federal Emergency and Recovery Benefits

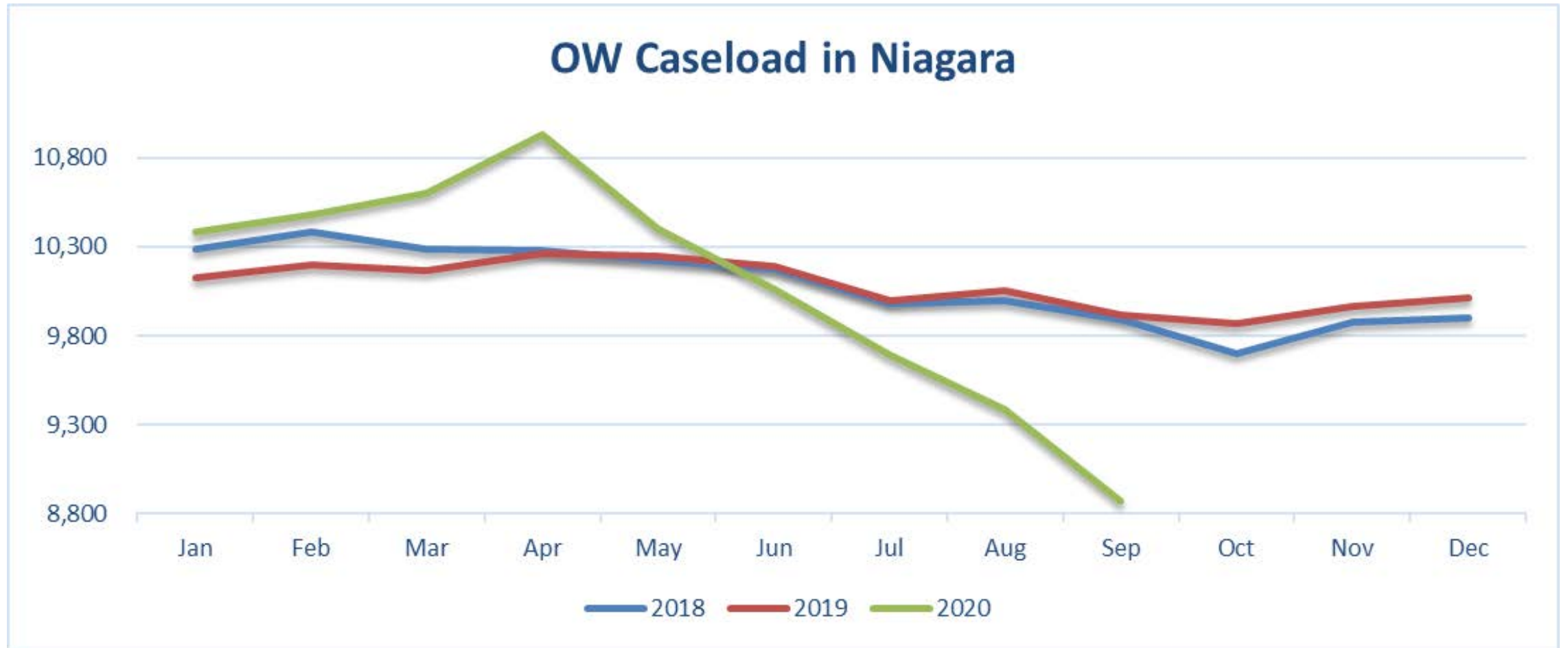


- Canada Recovery Benefit
- Canada Recovery Sickness Benefit
- Canada Recovery Caregiving Benefit
- Modified Employment Insurance (EI) Program

Unemployment Rate 2018 to 2020

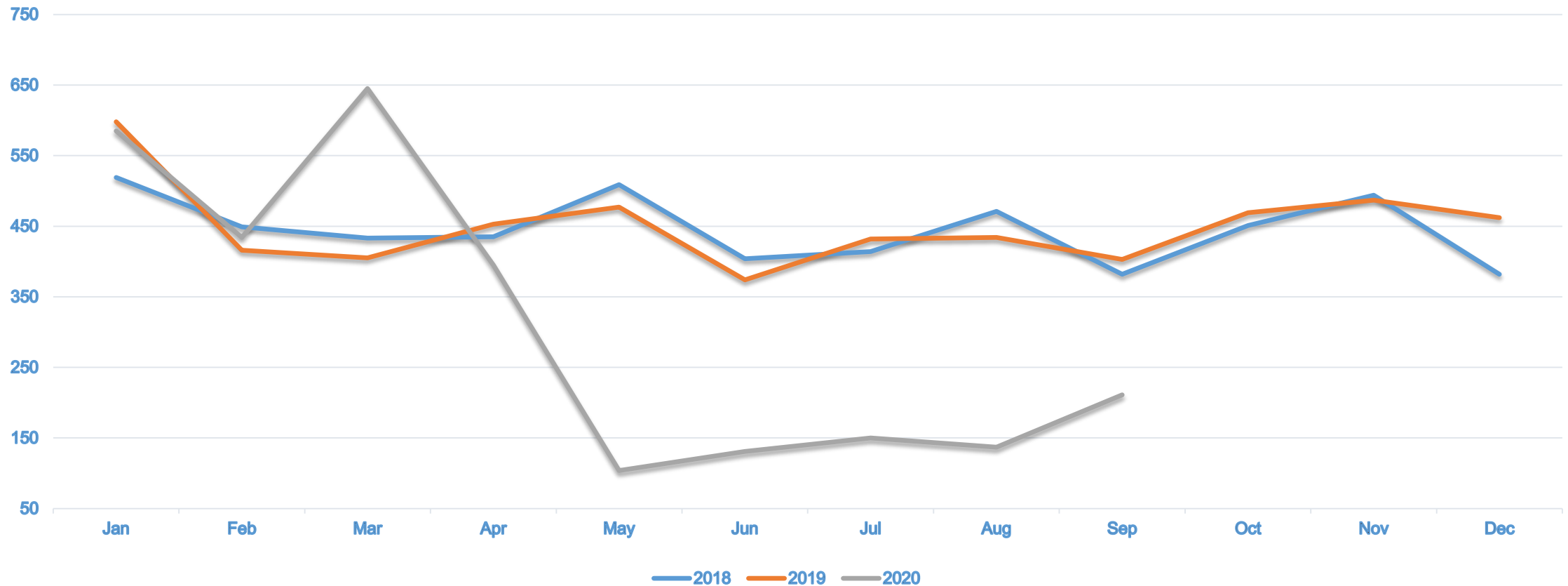


Ontario Works Caseload 2018 to 2020

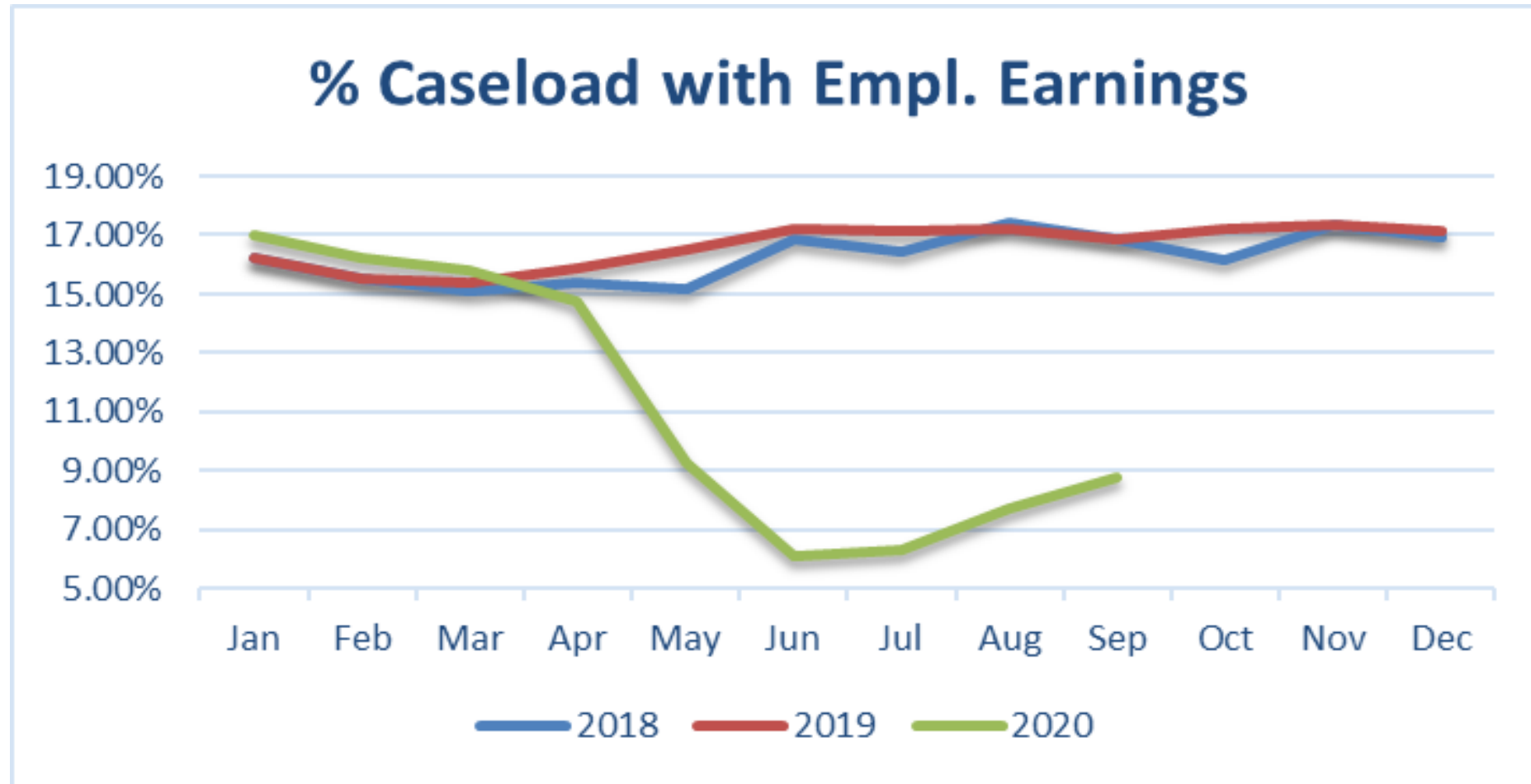


New Applications 2018 to 2020

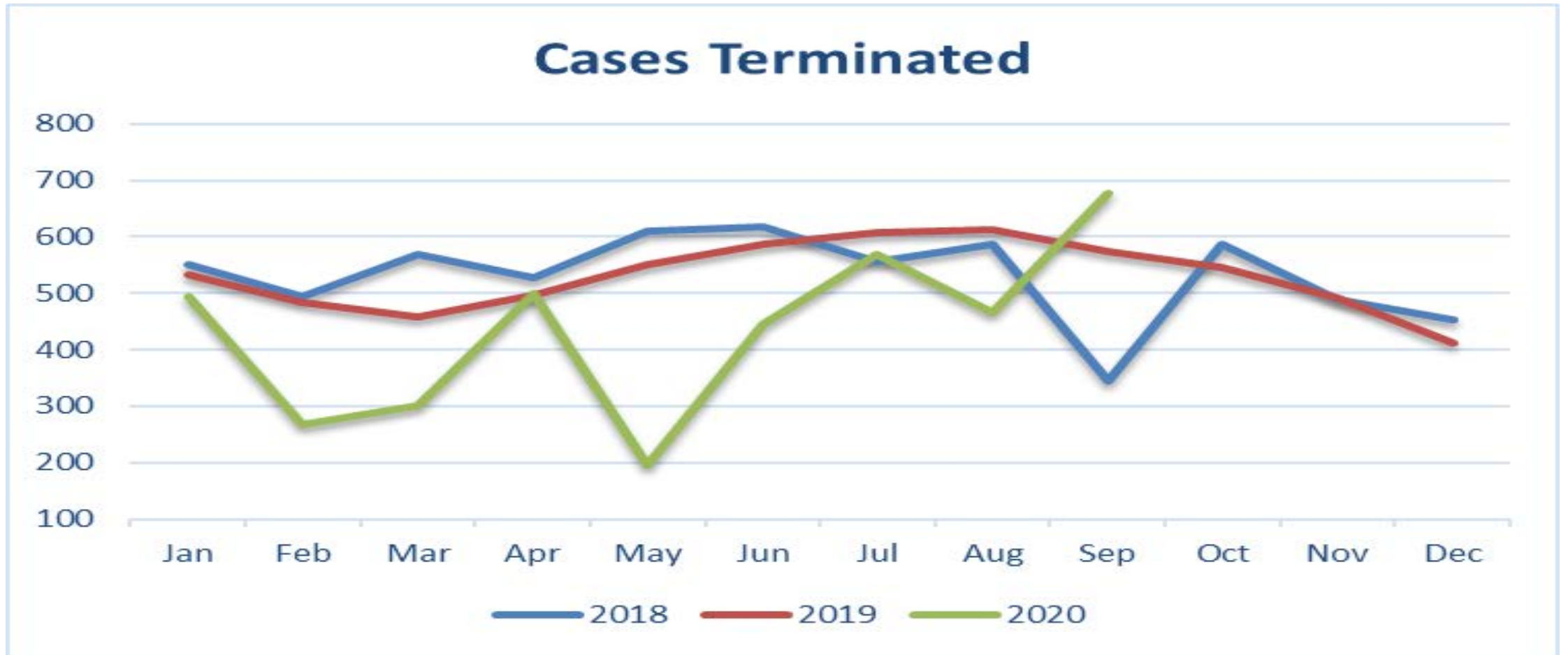
Number of applications processed



Percentage of Ontario Works Caseload with Earnings 2018 to 2020



Case Terminations 2018 to 2020



Impact of Poverty

People living in poverty have been disproportionately impacted during the pandemic. Low-income populations are more likely to:

- Live in overcrowded communities
- Be impacted by the change in the employment landscape; and
- Work in industries that increase their proximity to the public

Average length of time on assistance has increased from 37 months to 41 months

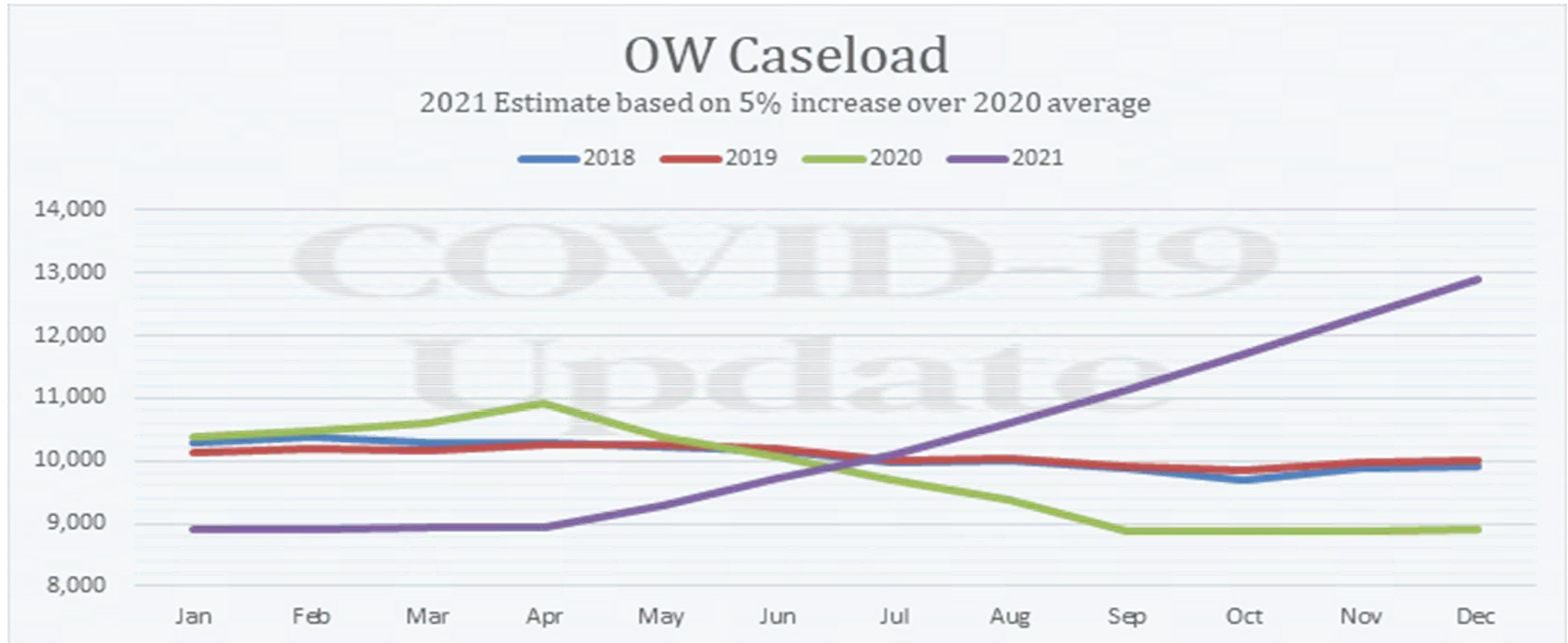
Expanding Access to Benefits

SAEO adapted local policy to improve access and remove barriers:

- Participation Related Expenses (bus pass, telephone)
- Housing Stability Benefits (rent arrears, last months rent, moving)
- Ontario Works Adult Denture Services Program

Launched a temporary Low-Income Housing Stability Benefit

Anticipated Ontario Works Caseload Surge



Provincial Social Assistance Recovery and Renewal Plan

Preparing for a surge in Ontario Works caseload

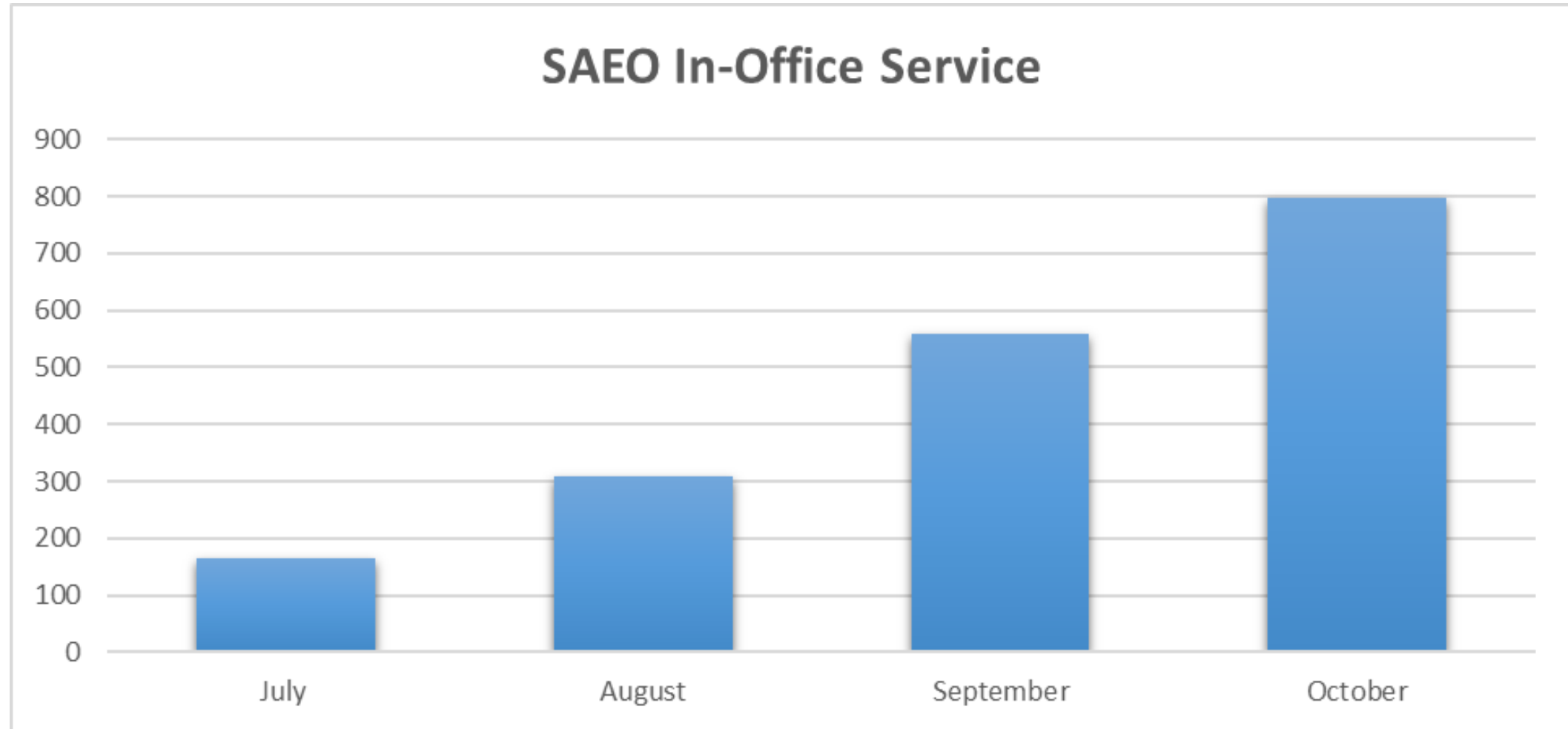
Accelerated Digital Solutions

- Direct deposit, reloadable payment card, electronic document management

Centralized and automated delivery

- Launching centralized intake February 2021

Providing In Person Service



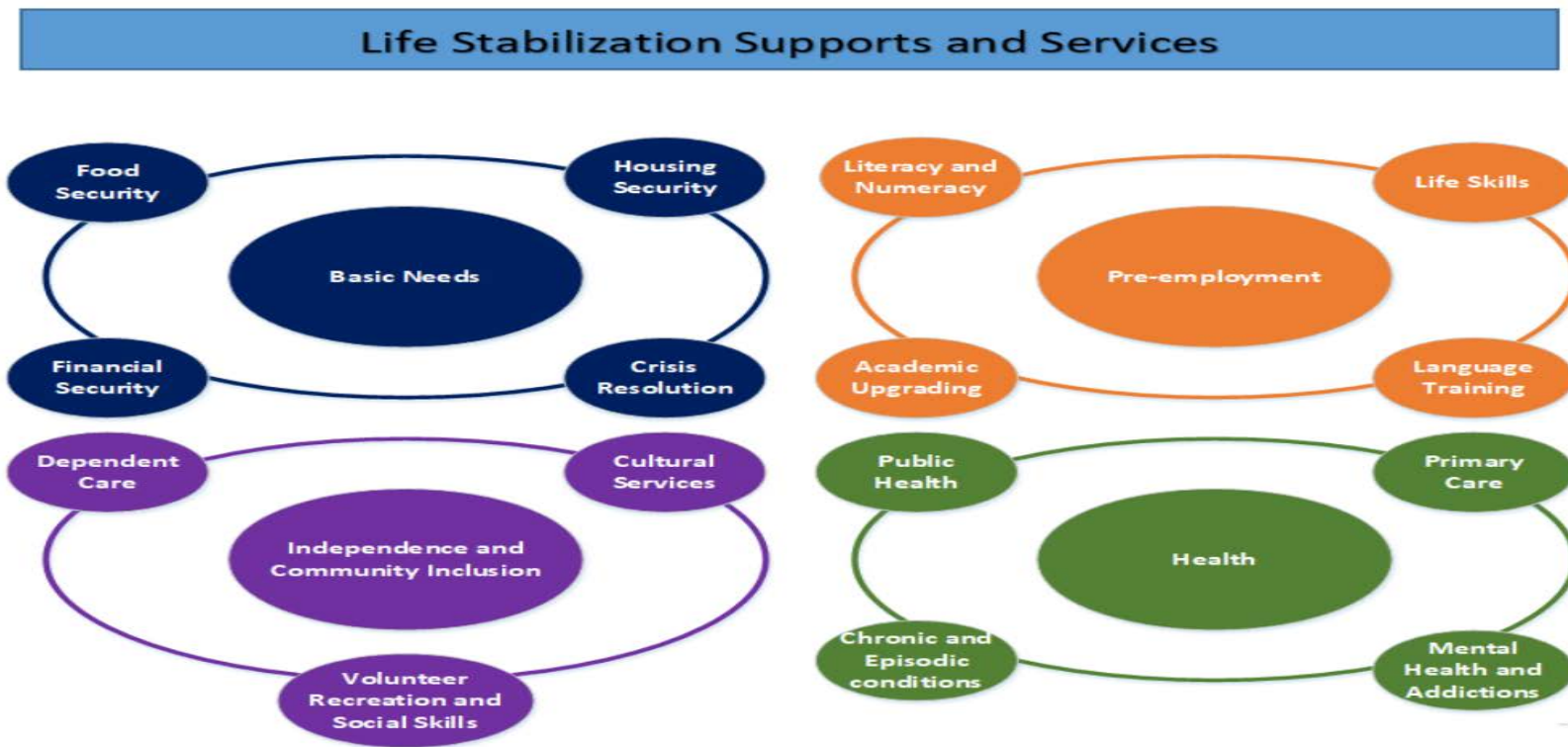
Social Assistance and Employment Opportunities

Assessing Client Needs

	2019	2020
Health - Physical	17.3%	28%
Health Psychological	17.5%	28.5%
Addictions	6.6%	10.6%
Domestic Violence	2.1%	3%
Housing Stability	7%	10.4%

Social Assistance and Employment Opportunities

Connecting Clients to Community Resources and Services



Employment Services Transformation

- Effective January 1, 2021 Ontario Works employment services will be integrated into Employment Ontario to create more streamlined supports that are locally delivered and focused on improving outcomes for all job seekers
- Working closely with the Ministry of Children, Community and Social Services, Ministry of Labour, Training and Skills Development and the new service system manager FedCap to ensure our clients receive the best employment supports
- Provide updates regarding service delivery changes related to redefined roles and performance measures over the next several months.

MEMORANDUM

COM-C 34-2020

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

Date: December 8, 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 four active outbreaks within Regionally operated long-term care (LTC) homes. Increased community spread of COVID-19 increases the risk for outbreaks in LTC homes. Staff, essential caregivers and visitors to LTC homes, despite all the precautions they may be taking, can still bring COVID-19 into the homes and spread the virus to the residents. The protocols put in place across Niagara's eight LTC homes have supported efforts to keep residents and staff safe for many months. Despite these best efforts to keep COVID-19 out of Regional facilities, we are experiencing first hand, in this second wave, the challenge and unpredictability of this virus.

Each of the LTC homes in an active outbreak have been working very closely with Public Health and have implemented all required measures in order to bring the outbreak to a close. Seniors Services continues to ensure that all infection prevention and control measures are in place, and there remains adequate staffing and availability of necessary personal protective equipment (PPE) to support all required outbreak protocols.

In addition to the outbreaks at Gilmore Lodge and Meadows of Dorchester, Public Health declared outbreaks at both Rapelje Lodge, on November 21, 2020 and at The Woodlands of Sunset, on November 23, 2020, identifying single positive cases further to routinely scheduled staff surveillance testing. These two homes are also working closely with Public Health to ensure that all appropriate outbreak management measures are in place and all resident families have been notified.

Provincial Guidance and Directives: Visiting, Outings, Testing

Recently, the province issued guidance and directives to further mitigate the risk of COVID-19 for residents, staff and families in LTC homes. The guidance is issued in accordance with the levels outlined in the provincial COVID-19 Response Framework and as such, LTC homes across Niagara must follow the guidance applicable to Orange-Restrict level regions.

Effective November 16, 2020, all general visits at LTC homes across Niagara have been suspended. Resident outings including short stay absences and temporary absences have also been suspended, however, essential medical appointments continue to be permitted. Seniors Services acknowledges that these restrictions are very difficult for residents and families, and continues to work together with residents and families to coordinate virtual visits, window visits and ensure ongoing communication is facilitated.

Under new provincial guidelines, essential caregivers are permitted to continue to come to a LTC home at this time. An essential caregiver provides direct care to a resident, such as providing assistance with feeding, mobility, cognitive stimulation, or meaningful connections to support emotional well-being. Each resident may designate an essential caregiver if they require one. LTC homes ask anyone who is considering taking on the role of an essential caregiver for a resident, to consider their personal health and their susceptibility to the virus in making their decision. To ensure the safety of residents, staff and families, essential caregivers complete training relevant to their specific essential care role as well as training on the safe use of PPE and hand hygiene.

The province has also issued an updated Minister's Directive for COVID-19 testing. All essential caregivers are now required to complete weekly COVID-19 testing and to provide evidence of their negative test result as part of their active screening process upon entry to a LTC home. The updated Directive for COVID-19 testing also requires staff surveillance testing to be increased from twice monthly to weekly. Each of the Niagara Region LTC homes provide COVID-19 testing for all staff on-site. With the

revised testing requirements, homes will be completing approximately 6,000 COVID-19 tests each month. Seniors Services is currently reviewing the logistics of completing this volume of testing in-house each month and the associated staffing pressures this might create.

Provincial Commitment to Increased Hours of Direct Care to LTC Residents

On November 2, 2020, the province announced a commitment to increasing the hours of direct care for each LTC resident to an average of four hours per day. Direct hands-on care is provided by nurses or personal support workers to support individual clinical and personal care needs of a resident. Seniors Services is awaiting further details on how this commitment will be implemented, staffing strategies that will be put in place by the Ministry of Long-Term Care as part of this commitment, and if there will be any funding implications.

Additional Funding for Infection Prevention and Control (IPAC)

In October, Niagara Region received additional funding of \$774,050 for LTC homes to support minor capital improvements directly linked to improving IPAC practices. According to the funding requirements, eligible IPAC measures that funding can be directed toward include (but are not limited to) minor renovations to support physical distancing, plumbing or water supply cleaning and repair, HVAC systems upgrades or repairs and / or replacement of furniture and equipment that cannot be fully cleaned.

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 November 15, 2020, 277 individuals have been referred to the isolation facility with testing administered in shelter, resulting in negative (COVID-19 testing) findings to date.

In collaboration with Regional Essential Access to Connected Healthcare Niagara, the Niagara North Family Health Team, Welland McMaster Family Health, and the McMaster University Family Medicine Residency Program, nine flu immunization clinics were offered, throughout the month of November, across multiple locations commonly accessed by the homeless population in Niagara, including emergency shelters and breakfast programs. In addition to this, flu shots were also provided by Niagara

Assertive Street Outreach staff to individuals living in encampments. In total, 101 flu shots were provided to the homelessness system.

Niagara Region, the City of Niagara Falls and Niagara Regional Housing are collaborating on the development of an innovative bridge and permanent supportive housing project in Niagara Falls. The project will leverage a surplus building provided by the City of Niagara Falls. The Bridge Housing project will support individuals in Niagara that are living in a state of chronic homelessness, and who have also demonstrated significant high need in the areas of mental health, addictions, and physical health. The new facility will include up to 21 beds of temporary bridge housing for individuals preparing for permanent housing and permanent supportive housing, as well as three beds dedicated to recuperative care. The recuperative care beds would ensure that homeless individuals, recently discharged from hospital, have access to necessary care beyond what an emergency shelter can support. A range of services will be offered at the facility, including 24/7 case management support services, mental health and addictions programming, meals, primary care support on site, and adult experiential learning.

The facility, estimated at a cost of \$3.7 million, will be developed with renovation funding provided by the Ministry of Municipal Affairs and Housing (MMAH) through Phase 2 of the Social Services Relief Fund, an in-kind property transfer and building permit fees waivers from the City of Niagara Falls, and a funding contribution from Niagara Region. The MMAH funding program stipulates that the project must be completed and ready for occupancy by December 31, 2021, therefore, a design-build approach will be taken to renovate the building to meet the strict timelines.

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 September 1, 2020. EarlyON Child and Family Centres remain closed to on-site visits; however, the centres continue 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 1,725 child absent days in the month of October 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 number has been reduced by more than half from what was reported in September of 2020, mostly due to the change in the COVID-19 operational guidelines around screening and symptoms. This does not include any absent days incurred by children for regular occurrences such as illness, injury, vacation, etc. The absences have resulted in a system's cost of approximately \$232,700 to Children's Services in the past two months alone. Children's Services continues to support 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.

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.

At the end of October 2020, there were approximately 5,070 child care spaces operating across 160 licensed child care centres and 75 home child care providers in Niagara. Although there were roughly 11,035 licensed child care spaces available across Niagara by the end of October, the continued shortage of qualified Registered Early Childhood Educators and the parental decisions to not return their children to child care due to the pandemic, has meant that many child care centres are not operating at their full licensed capacity. At this time, approximately 46 percent of licensed child care spaces are operational from the overall licensed child care system. 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 in Niagara.

Social Assistance & Employment Opportunities (Ontario Works)

On September 30, 2020, the provincial government announced the first phase of the Social Assistance Recovery and Renewal Plan. The province will be focusing on improved access to employment and training services, developing new tools and modern service options, and ways to process financial assistance faster. Based on many process improvements already implemented and continuous efforts to align services with emerging provincial policy, Social Assistance & Employment Opportunities (SAEO) is well positioned to move forward with the first phase of the Social Assistance Recovery and Renewal Plan.

In October, SAEO made a number of temporary policy adjustments in order to respond to the needs of OW and Ontario Disability Support Program (ODSP) clients during the pandemic:

- Expanding the Housing Stability Benefit exceptional circumstances criteria to allow for flexibility in responding to individual and family housing crisis
- Providing up to an additional \$600 of coverage for OW clients accessing denture services (in addition to the fees outlined in the Niagara Region Adult Denture Services Program fee guide)
- Expanding participation related benefits to improve access to supports and services and remove barriers (e.g. bus pass, phone, clothing, masks, cleaning supplies, sanitizer, etc.).

Niagara Regional Housing (NRH)

The pandemic has exacerbated many additional health and well-being concerns, particularly related to mental health and addictions. NRH is noticing these concerns first-hand, as many tenants are experiencing increased mental health issues, addiction and social crises, that are often heightened by the effects of poverty and poverty-related issues. In-person supports from traditional agencies that provide supports to tenants, such as mental health services, continue to be extremely limited and many tenants are uninterested in, or unable to access, virtual supports.

NRH continues to deliver programs, supports and services as effectively as possible within the context of changing provincial and regional guidelines (e.g. pick-up breakfasts, delivery of craft / recipe / activity kits, after school programming with in-person homework help, weekly newsletters with puzzles and games, bulletin board bingo, etc.). New initiatives include a partnership with CyberSeniors and Niagara College to distribute refurbished laptops and tablets to tenants in senior and integrated communities in order to equip them for virtual programs and supports. Another partnership with Niagara College is providing intense programming in St. Catharines' Scott Street community, which has experienced a high number of negative social issues.

Construction continues with five new units being developed on Ormond Street / St. David's Road in Thorold and 73 new units on Hawkins Street in Niagara Falls. NRH's development team is also working on the application for the Rapid Housing Initiative (RHI) that will be submitted in early December through the RHI project stream. This

funding is hoped to support the full capital requirement for 25 new units on the POA lands in Welland that have been purchased by NRH.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

MEMORANDUM

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

Date: December 8, 2020

To: Public Health & Social Services Committee

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

Current Status as of November 26, 2020

- The latest updates including statistics can be found at <https://niagararegion.ca/covid19>
- Globally, much of the northern hemisphere to experience a resurgence of COVID-19.
- Most countries in Europe [have reinstituted national lockdowns](#) to bring COVID-19 back under control, while other countries are instituting geographic lockdowns.
- As Canada grapples with the surge of cases, most provinces have instituted province-wide measures that resemble partial lockdowns, including BC, Alberta, Manitoba, and Quebec, as well as the territory of Nunavut. [BC has now introduced a mask mandate](#) for indoor spaces, while [Alberta has instituted a partial mandate](#).
- Similar to the rest of the world, the [surge in cases in Ontario](#) that began in mid-August continues. Ontario, however, is choosing to take a regional approach to COVID-19 restrictions rather than province-wide measures.
- Ontario has instituted a lockdown in Toronto and Peel Region, partial lockdown measures in other regions (including Hamilton, and Halton) and progressively lower restrictions in other areas depending on COVID-19 circulation, as well as health care and public health capacity.
- Niagara continues to be in the Restrict-Orange level of the provincial framework.
- However, Ontario is neighbouring areas with much higher cases including Hamilton, Halton Region, Erie County (New York), and Niagara County (New York). This puts Niagara at particular danger.

- Additionally, given the lockdowns in Peel Region and Toronto, and the high quality of local amenities as well as relative openness of Niagara, there could be an influx of visitors to Niagara from these higher risk areas.
- The two largest drivers of cases remaining high in Niagara are the following:
 - Persons continuing to have active social lives with many close contacts, leading to infection spreading through a large social network. Provincial guidance since October 2, and local advice since late-September has been that [people should limit their in-person social interactions to just their households](#). Restaurants and other venues where people congregate socially is a prime driver of this spread, where people often socialize beyond their households.
 - Persons continuing to go about their social interaction and attending work despite having some symptoms of illness. This is leading to infection spreading to many more people. People must isolate at the first signs of infection, even very mild symptoms (e.g. runny nose, sore throat, nasal congestion) to ensure that they are not spreading an infection around, and get tested. Workplaces must actively screen their employees for symptoms to ensure that they are not allowing an ill person into the workplace. Although the province has regulations to prevent this, those regulations are being inadequately enforced. Public Health has been advocating to the province for better enforcement of existing rules in order to avoid needing to institute new rules if cases rise further.
- [Outbreaks in long term care homes and retirement homes](#) remain increased, with more residents affected, but still far fewer than in April. As cases rise in the community, there are likely to be more cases that work or visit long term care and retirement homes, leading to more outbreaks.
- With the increase in cases in the community, Public Health capacity is being stretched in several ways:
 - Increased work to follow-up with each person infected with COVID-19 and all of their contacts,
 - Each person infected with COVID-19 typically now has a very large number of contacts as compared to in previous months, so each new case of COVID-19 is requiring more work for management.
 - Increased cases in the community are leading to increased cases in persons associated with schools, child care, long term care, retirement homes, and other institutions. All of these require significant work by Public Health to prevent and/or manage outbreaks.

- To deal with the surge of work associated with the new cases, Public Health has again scaled back and stopped other program areas to focus on COVID-19. Programs such as vaccination and dental health are unlikely to be able to operate this year; other programs such as mental health and child health will need to be further scaled back, depriving vulnerable residents of needed support. The limits of scaling back other work to find capacity have been reached now; no further opportunities for redeployment remain.
- Other [Boards of Health in Ontario are investing](#) additional funding into Public Health to ensure a strong pandemic response, [as well as the continuation of robust programs](#) to support the health of the public from all other health issues which have been exacerbated by the Pandemic. Niagara Region Public Health is attempting to hire temporary positions (as opposed to permanent positions similar to our peers) to manage the pandemic response, but given the intense competition province-wide to hire staff, there has been only limited success in recruitment. For example, it took over 3 months to recruit the complete complement of 20 new nurses for the enhanced school health program funded by the Ministry of Health. After over 3 months, Niagara remains unable to recruit a replacement Associate Medical Officer of Health. Given a highly competitive job environment where qualified staff are in demand by hospitals, long term care, primary care, and public health in every region of the province, Niagara Region has proven not to be sufficiently competitive to secure needed staff in this environment. The impact of this could be exacerbation of health problems in Niagara relative to our peers.
- In Emergency Services, call volumes for EMS have largely returned to normal levels as business and life has resumed.
- EMS is closely monitoring patient flow within local emergency departments and working with Niagara Health to ensure capacity and surge planning for anticipated COVID-19 related hospitalizations.
- Emergency Management continues to support both Regional and Local Area Municipal EOC's for coordinated response and business continuity planning.

Previous (November 19) Summary on Business Continuity

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

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

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

Public Health Emergency Operations Centre for COVID-19

Current Status of Operations

Public Health began work in response to COVID-19 on January 8, 2020. As volume of activities grew, the Public Health Emergency Operations Centre was partly activated on January 28, 2020 to ensure coordination of work and central leadership. By March 9, staff had begun to be redeployed from regular duties to supporting the activities of the Emergency Operations Centre, which was fully activated at this time. Currently 131 staff work in COVID-19 emergency response (35% of staff complement in Public Health), as well as an additional 42 staff on contract to support the response with 31 additional staff being recruited.

Emergency Operations are currently in the process of being transitioned to the new temporary Pandemic Response Division to consolidate most pandemic response activities, and streamline reporting lines and management processes. This was explained in more detail in [CWCD 299-2020](#).

Significant Initiatives or Actions Taken

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

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

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

Public Health usually has 12 staff working on case, contact, and outbreak management year-round for 75 diseases of public health significance (e.g. measles, influenza, salmonella, HIV). Within the Emergency Operations Centre, this has been scaled-up to over 100 staff. In addition, Public Health is further expanding its capacity by “out sourcing” some of this work to staff offered by the Public Health Agency of Canada. With Council’s approval received on August 13, 2020, there is now the ability to enter into assistance agreements with other local public health agencies to further expand capacity if needed. However, with most parts of the province experiencing surges of cases, it is unlikely Niagara will be able to leverage the support of others. The case/contact/outbreak management operation now works 7 days a week, 08:00 to 20:30.

2. **Supporting Health Care & Social Services Sector.** The health care and social services sectors play an essential role in supporting those most vulnerable, including diagnosing and caring for those who contract COVID-19. Public Health has been working with the sector to advise and support protocols that will minimize risk of infection to both clients and staff.

A dedicated health care provider phone line supports health care providers in providing advice and latest recommendations around COVID-19.

Approximately 5 FTE currently support the health care and social services sector within the Emergency Operations Centre, all redeployed from normal public health work.

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

Since the reopening of schools, the school health team has

- Managed over 1000 clients who are cases or contacts of COVID-19 and associated with a school
 - Provided 350 consultations to schools
 - Provided, on average, 5 engagements with each school
 - Conducted, on average, 4 in-person visits a week to schools in Niagara to do proactive infection prevention work
 - Supported 145 school staff with virtual professional development around preventing COVID-19
 - Provided resources that have been accessed over 10,000 times (on-line or in hard copy) by school staff or school boards.
4. **Public Messaging.** Given the rapidly changing landscape of COVID-19. Public Health seeks to provide the public with the information to address their fears and concerns, as well as to understand their risk and how to protect themselves. These efforts include a comprehensive web site library of frequently asked questions, an information phone line to speak to a health professional that operates 09:15 to 20:30 on weekdays and 09:15 on 16:15 on weekends, an online chat service with health professionals that operates during the same

hours, social media, and approximately 15 media requests per week. Daily, Public Health has over 20,000 interactions with the public across all channels.

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

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

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

Operational Outlook

1 month

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

3 months

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

3 months to 6 months

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response. The expectation is that current emergency operations would continue with emphasis shifting based on provincial response.

Clinical Services Division (Excluding Mental Health)

Current State of Operations

Most efforts in this area normally focus on infectious disease prevention. Many staff (60 FTE of 84 total) have been reallocated to the Emergency Operations Centre for COVID-

19 response. ~~This number has been scaled back as sexual health services as well as vaccination cold chain inspections have been scaled up, the latter in preparation for vaccination against influenza.~~ Current operations are focused on

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

Services/Operational Changes

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

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

Operational Outlook

1 month & 3 months

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

Mental Health

Current State of Operations

Mental Health supports clients in the community who would often otherwise need to be hospitalized. This work is critical to keep people out of the hospital and ensure health system capacity for those with COVID-19. As well, given current challenges around loss of employment, anxiety, and social isolation, delivery of mental health services is more important than ever. With the resurgence of COVID-19, some staff have again been redeployed to the COVID-19 response, affecting waiting times for Mental Health services. Two staff returned to Mental Health have once again been reassigned to pandemic response.

Services/Operational Changes

- Shift of some in-person clinics to remote delivery
- Reduction in some volume of work to shift 6 FTE to provide mental health case management in shelters.

Operational Outlook

- With the resurgence of COVID-19, staff have been redeployed to COVID-19 response, and likely will remain redeployed for several more weeks.
- Mental Health services are expected to continue to have long waiting times given loss of staff to COVID-19 response.

Environmental Health

Current State of Operations

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

Emergency Operations. For early October, 1 staff person has been formally redeployed to emergency operations. Currently staff focus upon

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

Services/Operational Changes

- Increase of infection control investigations of long term care facilities and retirement homes
- Simulations of outbreaks with long term care facilities and retirement homes to increase their preparedness for outbreaks have now been discontinued
- Refocusing infection control investigations of day cares to focus on very frequent inspection of those that remain operational
- Inspections conducted as part of COVID-19 case and outbreak investigations in workplaces and public settings

Operational Outlook

1 month

- Continuing with intense inspections of long term care facilities and retirement homes, as well as other congregate living locations (e.g. group homes)

- Additional inspections of local farms and workplaces where transmission is likely.
- Loosening of social restrictions has necessitated resumption of inspections of food services, personal services, beaches, and other areas, and this will only increase

3 month & 6 month

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

Chronic Disease & Injury Prevention

Current State of Operations

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

Efforts are being consolidated around three areas:

1. Mental health promotion. This reflects the greater risk of persons suffering mental health challenges including suicide during this time.
2. Substance use prevention. This reflects the risk of greater substance use while people are unemployed and lack other means of recreation.
3. Health eating and physical activity. The goal is to ensure physical activity despite current social restrictions, and support healthy eating when mostly fast food is available to purchase for take-out.

The above three priorities align with the underlying causes of most ill health and most deaths in Canada. Of 35 staff, 29 remain in their role supporting work on these health issues.

Services/Operational Changes

- Consolidation of resources around the previously mentioned three priorities
- Elimination of engagement of populations in-person

- Elimination of activities in schools, workplaces, and other public settings
- Cessation of most cancer prevention work
- Cessation of most healthy aging work
- Cessation of most injury prevention work
- Expansion of role of Tobacco Control Officers to also enforce Provincial emergency orders around physical distancing

Operational Outlook

1 month

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

3 month & 6 month

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

Family Health

Current State of Operations

There continues to be redeployment of 79 of 144 staff in Family Health to support Emergency Operations. As well, 20 school health staff while not formally redeployed, work overwhelmingly in COVID-19 response. In addition, most staff working in normal assignments are managing the exacerbated harms from the pandemic on other health issues.

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

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

Staff are focusing their efforts on the following areas:

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

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

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

Services/Operational Changes

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

For the period of March 16, 2020 to November 14, 2020:

- 491 registrants for online prenatal education
- 2,420 HBHC postpartum screens and assessments completed by PHN
- 1,678 HBHC home visits
- 742 Nurse Family Partnership visits
- 408 Infant Child Development service visits
- 652 Breastfeeding outreach visits

- 1,659 interactions with Niagara Parents (phone, live chat, and email)
- 170 moms received support and skill building through our cognitive behavioural therapy post-partum depression group
- 117 visits to families received support and skill building through Triple P Individualized Parent Coaching

Operational Outlook

1 month

- Resumption of breastfeeding clinics has been halted due to redeployment of staff to support COVID-19 again.

3 month & 6 month

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

Organizational and Foundational Standards

Current State of Operations

Organizational and Foundational Standards supports the data analytics, program evaluation, quality improvement, professional development, communications, engagement, and customer services activities of Public Health. There has been redeployment of 34 of 39 staff to Emergency Operations. Ongoing activity includes

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

Services/Operational Changes

- Cessation of public health surveillance work

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

Operational Outlook

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

Emergency Medical Services

Current State of Operations

Emergency Medical Services (EMS) continues to dispatch land ambulance services to the population calling 911, as well as modified non-ambulance response to 911 calls as appropriate (the System Transformation Project). At present, call volumes have returned to expected values and operational response is normal. EMS has moved from the Monitoring stage of their Pandemic Protocol back to the Awareness stage following the recent increase in COVID-19 cases and the impact on resources. EMS is experiencing many staff in all areas of EMS operations needing to self-isolate due to family testing requiring business continuity procedures to be enacted. EMS continues to face pressures around personal protective equipment procurement as global shortages continue.

Services/Operational Changes

- Providing enhanced community support through COVID-19 specific programs (refer to PHD 05-2020 for additional details)
- Additional requests by the Province for EMS to supplement community support through enhanced Mobile Integrated Health services – 100% funding for any new initiatives approved by the LHIN

Operational Outlook

1 month

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

3 month & 6 month

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

Emergency Management

Current State of Operations

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

Services/Operational Changes

- Cessation of preparedness activities to focus fully on current response to COVID-19.
- A mid-response review is being conducted by staff to assess the functionality and effectiveness of emergency management coordination internally and with external stakeholders, primarily LAM EOC's to identify what is/has worked well

and opportunities to improve emergency management coordination as the emergency continues

Operational Outlook

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

Recommended by:

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

Submitted by:

Ron Tripp, P. Eng
Acting, Chief Administrative Officer

Subject: Seniors Services Quality Improvement Report – July to September 2020
Report to: Public Health and Social Services Committee
Report date: Tuesday, December 8, 2020

Recommendations

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

Key Facts

- The purpose of this report is to provide Committee and Council with highlights of quality initiatives and outcomes for the third quarter of 2020 for Seniors Services. Areas of focus in this quality report include key updates on:
 - Ontario's Long-Term Care COVID-19 Commission Report and associated topics including:
 - Staffing in Long-Term Care Homes
 - IPAC Capacity Building and Partnerships
 - Ongoing Family Access to LTC Homes: Essential Caregivers

Financial Considerations

The Ministry of Long-Term Care (MLTC) and Ontario Health West are the primary sources of funding for the Seniors Services division. Other funding sources include user fees and levy. The activities referenced in this report are expected to exceed the originally approved 2020 operating budget. Additional funding from the province has supported increased costs due to implementation of pandemic related orders, directives and guidance. However these incremental costs have exceeded the budget and are not fully addressed through additional provincial funding. The shortfall is being presented to the Ministry and has been regularly reported to council.

Analysis

As the pandemic unfolds there are many issues arising that have operational implications for Senior Services. This report seeks to provide context on a few of these emerging issues and the respective impact on long-term care.

Ontario's Long-Term Care COVID-19 Commission

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 Commission is expected to submit their final report to government by April 30, 2021. The Commission provided recent communication in advance of the final report because now that the second wave of COVID is upon us, there is a sense of urgency as the virus presents a particularly high level of risk in long-term care homes.

The recommendations fall under three key areas of focus:

1. Increase Staffing

- increase the supply of PSW's and address the requirement for an appropriate staff mix
- more full-time positions must be created to ensure staffing stability and retention and resident continuity of care
- develop and implement a comprehensive human resources strategy
- increase permanent funding to support a minimum daily average of four hours of direct care per resident per day
- ensure that families and caregivers have ongoing, safe and managed access to LTC residents

2. Strengthen Healthcare Sector Relationships and Collaboration

- where there are LTC homes likely to have difficulties (whether based on past experience, high infection rates in the surrounding communities or other data) a collaboration model should be mandated immediately (i.e. hospitals, Public Health and LTC Homes)
- formalize relationships proactively – clearly define supports and surge capacity for each LTC home to quickly mobilize when an emergency situation arises

3. Improve IPAC Measures

- Ensure every LTC home has a dedicated IPAC (Infection Prevention and Control) lead
- enhance LTC ministry resources and capacity to provide compliance support
- provide highest priority access to testing and quick turn-around of results for residents and staff
- residents who are COVID-positive, especially in older homes, should be given the option to transfer to alternate settings (i.e. hospital) to avoid further transmission of the virus and to help them recover

The Commission's final report will provide an account of what happened in the first wave of the pandemic and provide a broad range of recommendations that deal with pre-COVID systemic challenges and factors that contributed to COVID-related outcomes in LTC homes.

The Ministry has provided a response to some of the recommendations made in the report with respect to: staffing, IPAC capacity building and partnerships, and ongoing family access to homes.

Staffing in Long-Term Care Homes

Long-Term Care Homes have been advocating for an increase in direct care staffing for many years. Ontario's Long-Term Care COVID-19 Commission confirmed the need for enhanced front-line staff in preliminary recommendations.

The provincial government announced on November 2, 2020 that staffing in long-term care homes across Ontario will be increased to four hours per resident per day. The province pledged to achieve that standard by 2024-2025. The lengthy time line on the implementation is, in part, because meeting the new standard will involve training a significant number of new personal support workers, registered practical nurses and registered nurses.

Currently there is a health human resource shortage across the province including in Niagara. Long-Term Care Homes across Niagara currently have many vacant positions. A recent local Health Human Resources survey identified that there are currently 460 PSW vacancies, 17 RPN vacancies and 78 RN vacancies in LTC homes across Niagara. In order to address these existing vacancies, as well as the additional positions required to meet the four hours per day standard, there will need to be a concerted focus on recruiting more health care workers in Niagara and on training many more future health care workers.

Work has been initiated with the District School Board of Niagara through the Skills Catalyst Funding Agreement to support an enhanced class of personal support worker students this January, and the Region's Seniors Services division is pleased to be able to provide support to this effort through the offering of student placements. Seniors Services is also participating in the Provincial Health Force Ontario program that incents new graduates to pursue a career in Long-Term Care.

The move to a four hour per resident day standard will have a significant positive impact on resident care in Long-Term Care Homes. To ensure that homes are able to fill

current and future vacancies, Seniors Services will continue to work in collaboration with Human Resources, Communications, AdvantAge and post-secondary institutions in support of creative recruitment and training efforts.

IPAC Capacity Building and Partnerships

The MLTC has announced a new infection prevention and control initiative, with associated funding, to support IPAC staffing, training and partnerships.

IPAC Hubs are local networks that will be established to support capacity building in LTC homes and congregate settings. They will enable access to IPAC expertise, collaborative assistance and just-in-time advice, guidance and direct support on IPAC practices for both prevention and response. The IPAC hubs will work in partnership with Public Health and Public Health Ontario.

The expected role of LTC homes in the IPAC Hubs is to build on existing infection, prevention and control programs and expertise through the Hub model as follows:

- IPAC delivery/programming in the home as per Hub expectations
- Collaboration with the hub to optimize IPAC
- Disseminating knowledge, expertise and assistance from the hub
- Providing access to education programs to enhance knowledge and skills of staff

Seniors Services will be moving forward as part of this IPAC Hubs program.

Ongoing Family Access to LTC Homes: Essential Caregivers

Essential caregivers are a new concept introduced by the Ministry of Long-Term Care (MLTC) during the pandemic. Essential Caregivers are defined as essential visitors designated by the resident and / or their substitute decision maker. Their role is to provide direct care to a resident that may include feeding assistance, mobility assistance or cognitive stimulation. Essential Caregivers are usually family members but may also be friends, privately hired caregivers, paid companions and / or translators.

The MLTC details that each resident may designate a maximum of two caregivers and that this designation has to be submitted to a home in writing.

To mitigate risk of transmission of COVID19, essential caregivers are now required to be COVID tested weekly. They are required to provide proof that they have tested negative for COVID-19 within the previous week and not subsequently tested positive each time they actively screen upon entry to the home.

Essential caregivers, unlike infection prevention and control practices prior to the pandemic, are now permitted to continue to come to a home during an outbreak and / or if the resident they are caring for is in isolation. However, essential caregivers are not permitted to visit a second resident who is self-isolating or symptomatic and / or a second home in outbreak.

Long-Term Care Homes provide education to all essential caregivers including training on how to safely provide the type of care they will be assisting with (e.g. feeding assistance training). To support the continued safety of residents and staff in this unprecedented time, all essential caregivers are also required to regularly review the visitors' policy and to complete infection prevention and control training with a focus on safe donning and doffing of personal protective equipment and effective hand hygiene.

As we see increased community spread of illness in Niagara, there have been a number of COVID positive cases among essential caregivers at the regional long-term care homes. Essential caregivers, like staff, must follow universal masking and eye protection protocols to decrease the risk of transmission of the virus to residents. LTC Homes continue to work with the province and Public Health to strike a balance between safety of residents and the unintended consequences to residents if they are unable to access essential caregiver support. The most recent change to testing guidance has introduced weekly COVID-19 testing for all essential caregivers with a requirement to provide evidence of a negative test result as part of the active screening process.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community – supporting the delivery of quality care to Niagara's Senior population.

Other Pertinent Reports

- COM 13-2020 Seniors Services Quality Improvement Report – January to March 2020

Prepared by:

Kim Eros
Associate Director Clinical and Support
Services, Seniors Services
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Henri Koning, Director Seniors Services, Michelle Johnston, Project Manager, Community Services, Jordan Gamble Program Financial Analyst, Corporate Services, Carol Rudel Administrator Seniors Community Programs, Jennifer Butera Outreach Services Program Manager, Viviana Menendez Central Support Services Administrative Lead, Jennifer Laughher Administrative Lead, Seniors Community Programs.

Appendices

Appendix 1 Seniors Services Report Card 2020

Appendix 1 Seniors Services Report Card Q3 2020

Seniors Long Term Care Home Metrics

Measures	Definition	2019 Q4	2020 Q1	2020 Q2	2020 Q3
Resident Satisfaction Survey	This metric provides a measure of resident perception of services and overall rating of a great place to live. The survey is issued annually. In 2019 the average for the eight Niagara Region LTC Homes was 95%. The 2019 MBN average for upper-tier municipalities was 93%.				94
Pressure Ulcers	This is a measure of the number of residents with worsened stage 2-4 pressure ulcers. (provincial average: 2.6%).	2.96	2.91	2.71	3.02
Outbreaks	The resident home area may be declared in outbreak by Public Health if two or more residents residing in the same resident home area have two or more consistent infectious symptoms (in 2019 the total number of outbreaks was 16). ⁱ	3	6	3	9
% of Residents who have fallen in the last 30 days	This is a measure of the percent of residents who sustained a fall in the last 30 days. (provincial avg: 16.40%)	16.65	17.01	17.15	17.49
% of Residents with New Fractures	This is a measure of the percent of residents who sustained a fracture during this quarter. (provincial avg: 1.4%)	1.075	1.36	1.13	1.30

Seniors Community Programs

Measures	Definition	2019 Q4	2019 Q1	2020 Q2	2020 Q3
Number of unique individuals served in 2019-2020	Individual is counted once in a calendar year regardless of the number of services one individual may be accessing.	1614	1611	1247	1263
% satisfied with overall services	Average across all Seniors Community Programs.				
# of complex case consultations	Multi-agency collaboration is required to support the diverse needs of the individual in developing a community plan of support/care.	4	11	2	12

ⁱ For COVID-19, Public Health will declare an outbreak if a single resident or staff test positive for COVID-19. Two of the nine outbreaks in Q3 were COVID-19 outbreaks. Each outbreak was associated with a single COVID-positive case.

MEMORANDUM**COM-C 33-2020**

Subject: Activities related to Niagara's 10-Year Housing and Homelessness Action Plan for September, October, November 2020

Date: December 8, 2020

To: Public Health and Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

Further to council direction in October (COM 40-2019), staff continue to provide regular updates about activities, local targets, outcomes and challenges related to Niagara's 10-Year Housing and Homelessness Action Plan (HHAP), as new information is available. The following highlights activities related to the HHAP in September, October, and November 2020:

- Beginning in October a second landlord engagement specialist position was funded. Landlord engagement specialists recruit landlords to work with programs such as Housing First and assist service providers and program participants to have positive relationships with landlords in order to sustain successful tenancies.
- On November 3, 2020 Niagara became one of 23 Canadian communities in the Built for Zero Canada (BFZ-C) movement to have quality real-time, person-specific data for everyone experiencing chronic homelessness. Niagara can now coordinate support and services to end homelessness for these individuals and families, and can use the system level data on inflow, outflow, and total active homelessness to inform improvement projects and monitor trends and progress to achieving functional zero chronic homelessness.
- In November, Niagara's Built for Zero Away Team selected three improvement projects to be completed by spring 2021 to support homeless system transformation and achievement of 'functional zero' chronic homelessness. The Housing and

Homelessness Action Plan (HHAP) Housing Focused Shelter Working Group is also contributing to these projects. The improvement projects include:

- Expanding diversion to the whole shelter system
 - Increasing shelter discharge to permanent housing
 - Expanding the use of VI-SPDAT assessments across the homelessness system
- In October, Niagara launched a Supported Transitional Housing Working Group as part of the HHAP. This group will support the transformation of transitional housing in Niagara's homeless serving system by increasing use of nationally recognized best practices, developing program and system level policies, and introducing coordinated access for transitional housing. Seven transitional housing providers are participating.
- In November, the shelter diversion pilot expanded to the YWCA shelter. Now four local shelter providers are using a common formal diversion process as part of the pilot. Shelter diversion supports individuals seeking access to emergency shelter to find and secure safe alternatives to emergency shelter that may be available to them (for example, staying with family or friends). Diversion can help people facing homelessness to maintain their supports in the community while reducing demand for emergency shelter beds. It is mainly successful for youth and first time shelter stayers.
- Niagara Region, the City of Niagara Falls and Niagara Regional Housing (NRH) are collaborating on the development of an innovative Bridge and permanent supportive housing project in Niagara Falls. The project will leverage a surplus building provided by the City of Niagara Falls. The Bridge Housing project will support individuals in Niagara that are living in a state of chronic homelessness, and those who have also demonstrated significant high need in the areas of mental health, addictions, and physical health. The new facility will include up to 21 beds of temporary bridge housing for individuals preparing for permanent housing and permanent supportive housing, as well as three beds dedicated to recuperative care.

The recuperative care beds would ensure that homeless individuals, recently discharged from hospital, have access to necessary care beyond what an emergency shelter can support. A range of services will be offered at the facility, including 24/7 case management support services, mental health and addictions programming, meals, primary care support on site, and adult experiential learning. The facility, estimated at a cost of \$3.7 million, will be developed with: renovation funding provided by the Ministry of Municipal Affairs and Housing (MMAH) through Phase 2 of the Social Services Relief Fund; an in-kind property transfer and building permit fee waivers from the City of Niagara Falls; and a funding contribution from Niagara Region. The MMAH funding program stipulates that the project must be completed and ready for occupancy by December 31, 2021, therefore, a design-build approach will be taken to renovate the building to meet the strict timelines.

- Niagara Regional Housing awarded the contract for the Affordable Housing Master Plan in early November, with work beginning immediately. The Master Plan will provide a long-term road map to ensure the sustainability of existing affordable housing stock and outline the future needs for housing in Niagara.
- Construction began on the units on Ormond Street, which will provide six net new units of affordable housing.
- Construction continues on the Hawkins St. development in Niagara Falls. The two apartment buildings will provide 73 units of community housing for applicants on the NRH waitlist, including 10 Housing First units. The build is 25% complete, on budget and on schedule for occupancy January 1, 2022.
- NRH and Niagara Region staff continue to work with the development community to explore innovative housing solutions that address the costs of affordable housing, such as modular construction, shipping container homes, and smaller homes including micro condominiums.
- NRH is currently developing an application to the Canadian Mortgage and Housing Corporation Rapid Housing Initiative program for community housing funding. This proposed build is crucial to help with the great need for single rent-geared-to-income

units in Niagara. The submission will include a modular build that is shovel-ready and able to meet the tight timelines required for the funding.

- NRH and Niagara Region staff continue to provide data and other support for local area municipalities working on affordable housing plans and policies.
- The Planning and Development Services Department is retaining the Canadian Centre for Economic Analysis to update the housing and housing affordability data and analysis previously completed in 2019. The 2019 analysis provided base data for the updated Housing and Homelessness Action Plan and was intended to be used for the housing strategy component of the new Niagara Official Plan. However, due to the recent amendment to the Provincial Growth Plan, updates are needed to conform to new employment and population forecasts to the year 2051. The update will include data on affordable housing requirements, core and deep core housing need at the regional and local area municipal level, and for different submarkets, income levels and job categories. The analysis will also evaluate demographic and economic trends in Niagara that persisted prior to the pandemic and the potential structural shifts in the economy as a result of the COVID-19 crisis.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner



Mailing Address:
P.O. Box 344
Thorold ON L2V 3Z3

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

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

Main Fax: 905-687-4844
Fax – Applications: 905-935-0476
Fax – Contractors: 905-682-8301
Web site: www.nrh.ca

November 27, 2020

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

Dear Ms. Norio,

At their November 27, 2020 meeting, the Niagara Regional Housing Board of Directors passed the following motion as recommended in attached report NRH 16-2020:

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

Your assistance is requested in moving report NRH 16-2020 through proper channels to Regional Council.

Sincerely,

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

Councillor Walter Sendzik
Chair



Q3 (July 1 to September 30, 2020) to Board of Directors

Recommendation:

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

Submitted by:

Donna Woiceshyn
Chief Executive Officer

Approved by:

Walter Sendzik
Chair

Directors:

Walter Sendzik, Chair
Regional Councillor
St. Catharines

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

Tom Insinna
Regional Councillor
Fort Erie

James Hyatt, Vice-Chair
Community Director
St. Catharines

Betty Ann Baker
Community Director
St. Catharines

Betty Lou Souter
Community Director
St. Catharines

Karen Blackley, Secretary
Community Director
Thorold

Barbara Butters
Regional Councillor
Port Colborne

Leanne Villella
Regional Councillor
Welland

Q3 (July 1 to September 30, 2020)

***V**ISION*

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

***M**ISSION*

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

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

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



Definitions can be found in the attached Reference Sheet.



Q3 (July 1 to September 30, 2020)

1. Public Housing (NRH Owned Units)

DAY-TO-DAY MAINTENANCE:

In Q3, **2,656 work orders** were issued, representing \$1,840,535.80. \$42,806.95 of this amount was charged back to tenants who were held responsible for damages.

	2019-Q3	2019-Q4	2020-Q1	2020-Q2	2020-Q3
# of work orders issued	3,111	3,675	2,575	2,302	2,656

Work orders continue to be lower due to COVID-19; regular maintenance has resumed within COVID guidelines.

CAPITAL PROGRAM:

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

In Q3, 52 purchase orders were issued and four public tenders closed.

The Capital Program was responsible for 12 capital projects and 52 purchase orders valued at \$1,825,000:

- 12 projects
 - Carlton Street – replacement of balconies and railings
 - 4900 Buckley Avenue – exterior insulation and finish system – canopies
 - 52 Ormond Street North– building renovations
 - 10 Old Pine Trail – bathroom replacements
 - Powerview Avenue/Galbraith Street/Wallace Street – bathrooms
 - 12 St. David's Road East – building renovations
 - Various locations - upgrading heating systems
 - 300 Davy Street – parking lot replacement
 - 3874 Portage Road – parking lot replacement
- 49 RFPs and RFQs – various consulting services, elevator investigations, health and safety repairs, structural repairs (roofing) and pavement retrofits

As of September 30, 2020, \$2,144,800 of the \$8,454,858 budget (excluding emergency) has been committed and or actually spent (25%).



Q3 (July 1 to September 30, 2020)

NRH 16-2020
20-194-2.6.
November 27, 2020
Page 3 of 11

TENANT MOVE OUTS:

Move Outs By Reason

Health	8	NRH Transfer	9
Long Term Care Facility	12	Moved to Coop or Non-Profit	1
Deceased	24	Bought a House	2
Private Rental	12	Left Without Notice	2
Voluntarily Left Under Notice	2	Other/None Given	17
Eviction – Tribunal	1	Cease to Qualify	0
		TOTAL	90

In Q3, there were **90 move outs**. One involved an eviction order granted under the Ontario Landlord Tenant Board (LTB) for Arrears and was enforced by the Sherriff.

	2019-Q3	2019-Q4	2020-Q1	2020-Q2	2020-Q3
# of move outs	57	71	62	57	90

ARREARS:

NRH Housing Operations actively works to reduce rent arrears but saw a continued increase in 2020-Q3 due to COVID-19 and tenants not paying rent due to the provincial no eviction order.

	Sept 30, 2019	Dec 31, 2019	Mar 31, 2020	Jun 30, 2020	Sept 30, 2020
Rent charges for the month	\$1,267,460.00	\$1,286,793.00	\$1,302,721.00	\$1,289,907.00	\$1,295,815.00
Accumulated rent arrears	\$35,549.21	\$36,134.21	\$71,135.25	\$110,958.69	\$113,204.57
Arrears %	2.80%	2.81%	5.46%	8.60%	8.74%

INSURANCE:

Nothing to report for Q3.

COMMUNITY RESOURCES AND PARTNERSHIPS:

Due to COVID-19, in Q3, we had partnerships with only **six community agencies** across Niagara. As a result of these partnerships, 15 support and enrichment activities were offered to tenants at NRH sites. Each partnership contributes to tenant lives and, in turn, the success of the Public Housing community as a whole:

- RAFT summer camps began in four NRH Public Housing communities (Old Pine Trail/Manchester/Rykert in St. Catharines and Warden and Waters in Niagara Falls) in July. They had 152 children attend and reported that there were no issues with adhering to COVID-19 guidelines.



Q3 (July 1 to September 30, 2020)

NRH 16-2020
20-194-2.6.
November 27, 2020
Page 4 of 11

- Faith Welland opened After School programs in Welland's McLaughlin community in September, with scheduled in-person homework help for a maximum of three children and the delivery of craft/recipe kits
- There was a dramatic increase in social issues attributed to anxieties and lack of supports related to COVID-19. Some communities experienced such disturbing social issues that NRH had to transfer several tenants and request that hearings to evict the perpetrators be prioritized at the Landlord Tenant Board, which reopened virtually in September.
- Common Rooms were only open during High Heat alerts, with guidelines posted and increased cleaning.

Also during Q3, NRH Community Programs Coordinators (CPCs) offered supports to **534 new referrals of tenants in need of assistance**. Of those new referrals, **35% were considered medium-high need**, (e.g. child safety concerns, eviction, social issues, cognitive concerns). In particular, there was a continued increase in the number of tenants needing help with social issues, supports and referrals to other agencies, however most of these agencies were either virtual or unavailable due to COVID-19. CPCs reported that many tenants were uninterested or unable to access virtual supports.

Eviction Prevention and supports have been extended to Housing Providers and the Rent Supplement program on a pilot basis through Ontario Priorities Housing Initiative (OPHI) funding. There is one full-time Community Program Coordinator (CPC) for Non-Profits/Co-operatives and one dedicated half to Rent Supplement and half to assisting with NRH-Owned units.

2. Non-Profit Housing Programs

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

	2019-Q3	2019-Q4	2020-Q1	2020-Q2	2020-Q3
Healthy	40	39	37	37	38
Routine Monitoring	17	18	21	21	18
Intensive Monitoring	1	1	0	0	2
Pre-PID (Project in Difficulty)	1	1	1	1	1
PID (Project in Difficulty)	1	1	1	1	1
TOTAL	60	60	60	60	60

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

Q3 (July 1 to September 30, 2020)

3. Rent Supplement Program

Rent Supplement/Housing Allowance

In the Rent Supplement program, tenants pay 30% of their gross monthly income directly to the private landlord and NRH subsidizes the difference up to the market rent for the unit. The Housing Allowance program is a short-term program that provides a set allowance to help applicants on the wait list. In Q3, there were **1,663 Rent Supplement/Housing Allowance units** across Niagara.

Canada-Ontario Housing Benefit (COHB)

The COHB is a portable rent benefit that helps applicants on the Centralized Waiting List pay their rent to their current landlord in the private market. In Q3, 230 applications for were sent to the Ministry of Municipal Affairs and Housing on behalf of Niagara residents in need of housing. To date, **206 have been accepted**.

In-Situ Rent Supplement

An In-Situ Rent Supplement program has been developed to engage new landlords and offer applicants on the Centralized Waiting List an opportunity to receive Rent-Geared-to-Income assistance where they currently live. This removes the need for moving related expenses and broadens the network of landlords in business with NRH. In Q3, NRH initiated new agreements with **3 new landlords**.

	2019-Q3	2019-Q4	2020-Q1	2020-Q2	2020-Q3
Fort Erie	32	30	32	31	31
Grimsby	24	22	18	22	21
Lincoln (Beamsville)	11	13	14	14	12
Niagara Falls	240	239	237	226	220
Niagara-on-the-Lake	5	5	5	4	4
Pelham	19	19	17	17	17
Port Colborne	65	64	67	64	61
St. Catharines	773	778	798	751	712
Thorold	56	57	61	61	61
Welland	200	198	192	259	302
West Lincoln	15	16	16	16	16
COHB Region-wide					206
TOTAL	1,440	1,441	1,457	1,465	1,663

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



Q3 (July 1 to September 30, 2020)

NRH 16-2020
20-194-2.6.
November 27, 2020
Page 6 of 11

4. Affordable Housing Program

NIAGARA RENOVATES PROGRAM:

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

Niagara Renovates inspections for new applicants for the 2020-2021 funding cycle have commenced. Inspections of completed work are being verified by homeowner photographs and formal inspections will take place as soon as possible and will include all areas inside and outside of the home to ensure compliance with program guidelines. Issues will be identified and a detailed Inspection Report provided to the homeowner.

NRH received \$545,920 through the Ontario Priorities Housing Initiative (OPHI) for all 3 streams of the program.

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

HOMEOWNERSHIP PROGRAM – “WELCOME HOME NIAGARA”:

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

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

In Q3, **seven homeowners** received assistance through Welcome Home Niagara.

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

HOUSING FIRST PROGRAM:

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

In Q3, **seven individuals/families** were housed through the Housing First program. Since 2012, Housing First has helped 467 individuals/families.

	2019-Q3	2019-Q4	2020-Q1	2020-Q2	2020-Q3
# of individuals/families housed	15	16	13	9	7
# of Housing First units (at quarter end)	197	202	199	201	195



Q3 (July 1 to September 30, 2020)

NRH 16-2020
20-194-2.6.
November 27, 2020
Page 7 of 11

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

RENTAL HOUSING (NEW DEVELOPMENT):

NRH New Development

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

Building A – 55 units

- Masonry completed on 1st level
- Structural steel installed for 1st level
- Mechanical and electrical rough in work ongoing
- 2nd floor Coreslab installed and grouted up to Gridline H (half of the building)

Building B – 18 units

- Foundations completed and site backfilled for concrete slab
- Underground plumbing completed and inspected by city of Niagara Falls
- Main level concrete slab poured
- Masonry block installation started



Q3 (July 1 to September 30, 2020)

NRH 16-2020
20-194-2.6.
November 27, 2020
Page 8 of 11

AFFORDABLE HOUSING UNIT #'S BY MUNICIPALITY:

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

Note: there are no affordable housing units in Wainfleet

*166 New Development units are NRH Owned

as at December 31, 2019

Q3 (July 1 to September 30, 2020)

5. Service Manager Responsibilities

APPEALS:

In Q3, NRH began hearing appeals virtually. Adapting to this new process went well and **15 appeals** were heard (12 upheld, 3 overturned).

	2019-Q3	2019-Q4	2020-Q1	2020-Q2	2020-Q3
# of appeals	10	11	11	0	15

INVESTMENTS:

See Appendix 1 – Investment Report

6. Housing Access Centre & Centralized Waiting List

APPLICATION ACTIVITY:

# of Applications Received & Processed	604	# of Eligible Applications	581
# of Special Provincial Priority Status Applications	76	# of Ineligible Applications	23
# of Urgent Status Applications	88	# of Cancelled Applications	315
# of Homeless Status Applications	96	# of Applicants Housed	128

In Q3, there was a 36% increase in the number of applications processed (compared to Q2) and **315 households were removed** from the Centralized Waiting List because they were no longer eligible, they found alternate housing or we were unable to make contact.

Q3 (July 1 to September 30, 2020)

CENTRALIZED WAITING LIST:

		2019- Q3	2019- Q4	2020- Q1	2020- Q2	2020- Q3
		# of households				
A	Rent-Geared-to-Income (RGI) waiting list:					
	Niagara resident RGI waiting list	5,012	5,154	5,322	5,264	5,296
	Applicants from outside of Niagara	897	977	1,045	1,078	1,129
	TOTAL RGI waiting list:	5,909	6,131	6,367	6,342	6,425
	Housing Allowance: a set allowance to help applicants on the waiting list with affordability in the private market until housed in an RGI unit	747	742	739	723	702
A1	RGI waiting list demographics:					
	Seniors	2,362	2,455	2,514	2,487	2,506
	Adults no dependents	1,922	1,979	2,041	2,026	2,049
	Adults with dependents	1,625	1,697	1,812	1,829	1,870
A2	RGI list further segmented (#'s included in A & A1):					
	SPP – Special Provincial Priority (Ministry Priority): helps victims of violence separate permanently from their abuser	165	148	146	142	128
	URG – Urgent (Local Priority): for applicants with mobility barriers and/or extreme hardship where their current accommodation puts them at extreme risk and/or causes hardship	130	142	152	144	135
	HML – Homeless (Local Priority): provides increased opportunity for placement to homeless households	1,007	1,075	1,145	1,119	1,134
	SUP – Supportive/Transitional: provides targeted, provisional services to assist individuals to transition beyond basic needs to more permanent housing	12	16	23	10	11
B	In addition, NRH manages:					
	Overhoused: households who are living in subsidized accommodation with more bedrooms than they are eligible for	181	174	176	173	157
	Transfer: households who are currently living in subsidized accommodation and have requested a transfer to another provider	603	613	635	637	660
	TOTAL RGI households on waiting list managed by NRH:	6,693	6,918	7,178	7,152	7,242
C	NRH maintains a waiting list for market rent units (62 Non-Profit Housing Programs):					
	Market: applicants who have applied for a market rent unit in the Non-Profit Housing Programs portfolio	752	784	810	805	808
	TOTAL households on waiting list managed by NRH:	7,445	7,702	7,988	7,157	8,050
	TOTAL individuals on waiting list managed by NRH:	13,059	13,587	14,197	14,180	14,429

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

ESTIMATED WAIT TIMES:

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

- no units of this size available in this community

January 2020

Please note:

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

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

	This Quarter Balance	Last Quarter Balance	Variance \$	Variance %	Comments
CURRENT BANK ACCOUNT					
Royal Bank account used for day-to-day operations for the owned units. Also to cash flow various short terms programs funded by Prov and Fed gov't usch as development, homeownership and capital repair programs.	9,845,711	6,248,806	3,596,906	57.56%	Since the February 2016 transition to PeopleSoft, day-to-day accounts payable transactions are paid by the Region through PeopleSoft. Reconciliation of the due to the Region account will be performed on a quarterly basis to transfer amounts due to the Region.

INVESTMENTS					
Various investment vehicles are used to protect and optimize the cash that is held for specified purposes. Investments are both short-term and long-term in nature. These funds are intended to ensure continued growth without capital erosion by inflation.					
Current Investments:					
RBC High Interest Savings Account	6,478,957	5,601,934	877,024	15.66%	
2 Year GIC, \$188,000; due date is 08/17/2020; interest rate of 2.65% to 2.74%	-	197,592	(197,592)	-100.00%	GICs matured at the end of August 2020 and deposited into the High Interest Savings Account. At the time of writing this report, reinvestment options are being examined in alignment with the NRH investment policy.
2 Year GIC, \$376,000; due date is 08/20/2020; interest rate of 2.60% to 2.65%	-	394,690	(394,690)	-100.00%	
2 Year GIC, \$264,280; due date is 08/21/2020; interest rate of 2.53%	-	276,470	(276,470)	-100.00%	
Total	6,478,957	6,470,685	8,272	0.13%	

Q3 Report on Reserves as at September 30, 2020

Description	Balances at December 31, 2019	Year-to-date Net Transfers from (to) Operating	Year-to-date Capital Transfers	Balance at September 30, 2020	Forecasted Net Transfers Forecast from (to) Operating	Forecasted Balance at December 31, 2020
NRH Owned Units Public/Local Housing Corp:						
Jubilee/Broad oak	287,569	54,000	-	341,569	18,000	359,569
Fitch Street	350,040	66,750	-	416,790	22,250	439,040
Carlton	210,000	60,750	-	270,750	20,250	291,000
Other Owned Units	5,140,075	975,000	(2,311,513)	3,803,562	325,000	4,128,562
NRH Owned Units Public/Local Housing Corp TOTAL	5,987,684	1,156,500	(2,311,513)	4,832,671	385,500	5,218,171
Niagara Regional Housing:						
Emergency Capital Funding for Housing Providers	3,199,268	1,155,695	-	4,354,963	385,232	4,740,195
Title Normalization for NRH Owned Units	712,381	-	-	712,381	-	712,381
New Initiatives, other social housing purposes and any new deposits are added to this category	4,316,390	(250,000)	(2,944,080)	1,122,310	-	1,122,310
Niagara Regional Housing TOTAL	8,228,039	905,695	(2,944,080)	6,189,654	385,232	6,574,886
Total NRH Capital Reserves	\$ 14,215,723	\$ 2,062,195	\$ (5,255,593)	\$ 11,022,325	\$ 770,732	\$ 11,793,056
NRH Rent Supplement:	266,301	(12,750)	-	253,551	(4,250)	249,301
NRH Stabilization Reserves TOTAL	\$ 266,301	\$ (12,750)	\$ -	\$ 253,551	\$ (4,250)	\$ 249,301
NRH Employee Future Benefits:	792,733	-	-	792,733	-	792,733
NRH Future Liability Reserves TOTAL	\$ 792,733	\$ -	\$ -	\$ 792,733	\$ -	\$ 792,733
Total	\$ 15,274,757	\$ 2,049,445	\$ (5,255,593)	\$ 12,068,609	\$ 766,482	\$ 12,835,090

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

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

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

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

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



Quarterly Report Reference Sheet

NRH 16-2020 REF
20-194-2.6. REF
November 27, 2020
Page 1 of 4

A	<p>AFFORDABLE HOUSING RENTS: Rents are established at 80% market of Canada Mortgage and Housing Corporation (CMHC) Average Market Rent, with no ongoing rental subsidy.</p>
	<p>APPEALS: Social Housing tenants/members can request reviews of decisions related to applicant eligibility, priority status, transfer requests, overhoused status, ongoing Rent-Geared-to-Income (RGI) eligibility and rent calculation issues. The NRH Appeal Committee makes decisions on appeals from applicants and tenants in Public Housing, Social Housing (where they have not established an Appeal Committee) and Rent Supplement units. All appeal decisions are final, per legislation.</p>
	<p>ARREARS: To assist with arrears collection, tenants/members are provided the option of entering into a repayment agreement but are still expected to pay full rent on time.</p>
B	
C	<p>CANADA-ONTARIO COMMUNITY HOUSING INITIATIVE (COCHI): A program that provides funding to protect affordability for households in social housing, support the repair and renewal of existing social housing supply and expand the supply of community housing over time.</p>
	<p>CANADA-ONTARIO HOUSING BENEFIT (COHB): A program that provides a monthly benefit payment to households that are on, or are eligible to be on, the Centralized Waiting List (CWL) to help them pay their rent. The COHB payments are portable (i.e. the benefit follows the household if they move to another address) and based on the household income and local market rent. In order to receive the COHB, applicants must agree to have their application removed from the CWL.</p>
	<p>CAPITAL PROGRAM: Responsible for maintaining the Public Housing (NRH-owned) asset and planning for future sustainability, as well as issuing tenders for service contracts.</p>
	<p>CENTRALIZED WAITING LIST (CWL): Is comprised of almost 200 subsidiary lists of Public Housing, Social Housing and private units through the Rent Supplement program. It is maintained on a modified chronological basis (i.e. in order to ensure that applicants are treated fairly, units are offered based on the date of application). The needs of particularly at-risk populations are addressed through Priority Status groups that are offered units before other applicants on the Centralized Waiting List:</p> <ul style="list-style-type: none"> • Special Provincial Priority (SPP) Status • Urgent Status • Homeless Status <p>The <i>Housing Services Act, 2011</i> (HSA) requires that the Centralized Waiting List is reviewed on a regular basis. Applicants are asked to confirm their continued interest and to update information annually (# of household members, total household income) so that NRH can verify ongoing eligibility for housing subsidy. If a household is no longer interested or is deemed ineligible the application is cancelled and removed from the list.</p> <p>The Centralized Waiting List includes various types of households (i.e. families, seniors and singles/adults without dependents) from both within and outside Niagara, the</p>

Quarterly Report Reference Sheet

	priority groups mentioned above, RGI and Market applicants and existing tenants who are overhoused (have more bedrooms than they need).
	COMMUNITY HOUSING: Housing owned and operated by non-profit, co-operatives and municipal governments or district social services administration boards including subsidized or low-end-of market rents.
	COMMUNITY PROGRAMS: NRH's community partners offer events, presentations, activities and programs to help mitigate the effects of poverty by building community pride, offering life skills training and enhancing the lives of the tenants. While NRH does not deliver these services directly to tenants, NRH's Community Resource Unit facilitates partnerships by identifying evolving community and tenant needs, connecting with appropriate programs and supporting their ongoing success.
D	
E	END OF OPERATING AGREEMENTS (EOA): EOA refers to the expiry of federally signed operating agreements. NRH is working with these providers to find innovative solutions to maintain the existing number of social housing units in Niagara and protect existing tenants/members from losing subsidy.
	END OF MORTGAGE (EOM): Federal/provincial and provincial housing providers (non-profits and co-ops) legislated under the Housing Services Act (HSA) do not have operating agreements that expire when the mortgage matures. The relationship between service manager and housing provider continues with the housing provider still obliged to follow the HSA. The obligation of service manager to pay a mortgage subsidy ends.
	EVICTIION PREVENTION/SUPPORT: Supports to help NRH tenants stay in their homes through identification of tenant needs and connection with supports and services (e.g. Mental health issues, cognitive decline, addiction, family breakdown etc.)
F	
G	
	HOMEOWNERSHIP PROGRAM – "WELCOME HOME NIAGARA": The Homeownership program assists low-to-moderate income rental households to purchase their first home by providing a down payment loan. The loan is forgivable after 20 years if the household remains in the home.
	HOUSING AND HOMELESSNESS ACTION PLAN (HHAP): Niagara's 10-year Community Action Plan to help everyone in Niagara have a home.
	HOUSING ACCESS CENTRE: Housing Access is the gateway to affordable housing in Niagara. All applications for housing are processed through the Housing Access Centre including initial and ongoing eligibility assessment as well as management of the Centralized Waiting List. Options include accommodation with Non-profit and Co-operative housing providers (Social Housing), NRH owned units (Public Housing and two mixed income communities), or for-profit/private landlord owned buildings (Rent Supplement/Housing Allowance).
	HOUSING ALLOWANCE PROGRAM: A variation of the Rent Supplement program that provides a set allowance of up to \$300 per month to private landlords to assist applicants who are on the Centralized Waiting List.
	HOUSING FIRST: Helps people move quickly from homelessness to their own home by providing supports to help difficult to house individuals find and keep housing. NRH

Quarterly Report Reference Sheet

	partners with Niagara Region Community Services and community agencies to provide rent supplement to landlords while agency staff provide a range of personalized supports to encourage successful tenancies and, if the tenant chooses, address personal challenges.
I	<p>IN-SITU RENT SUPPLEMENT PROGRAM: A program developed to engage new landlords and offer applicants on the Centralized Waiting List an opportunity to receive Rent-Geared-to-Income assistance where they currently live. This removes the need for moving related expenses and broadens the network of landlords in business with NRH.</p> <p>INVESTMENT IN AFFORDABLE HOUSING PROGRAM – EXTENSION (IAH-E): Provincial and federally funded program designed to improve access to affordable housing that is safe and suitable, while assisting local economies through job creation generated by new development and home repairs/modifications, including:</p> <ul style="list-style-type: none"> • Niagara Renovates • Homeownership (Welcome Home Niagara) • Rent Supplement/Housing Allowance • Rental Housing (New Development)
J	
K	
L	LOCAL HOUSING CORPORATION (LHC): Also called “Public Housing”, LHC refers to the communities that Niagara Regional Housing owns and manages.
M	
N	<p>NIAGARA RENOVATES PROGRAM: Provides assistance to low-to-moderate income homeowners for home repairs, accessibility modifications and the creation of secondary suites in single family homes. Assistance is provided in the form of a forgivable loan, written off over a 10-year period, as long as the homeowner continues to live in the home.</p> <p>NON PROFIT HOUSING PROGRAMS (FORMERLY “SOCIAL HOUSING”): Includes Non-Profit and Cooperative Housing Providers, who own and manage their own housing communities and have their own independent Boards. NRH provides legislative oversight to ensure they are in compliance with the <i>Housing Services Act (HSA)</i>. Generally, 25% of these units are designated as market rent units. The remaining 75% of units are offered to households on the Centralized Waiting List that pay RGI.</p>
O	<p>ONTARIO PRIORITIES HOUSING INITIATIVE (OPHI): A program to address local housing priorities, including affordability, repair and new construction.</p> <p>OPERATIONAL REVIEWS: In order to ensure that Non-Profit Housing Programs comply with legislation and local policies, NRH investigates their overall health by analyzing many factors including finances, vacancy losses, governance issues, condition of buildings etc. NRH then works with them to bring them into compliance and provide recommendations on best business practices.</p>
P	PORTABLE HOUSING ALLOWANCE: Direct financial assistance given to the household (tenant) on the Centralized Waiting List; not tied to a housing unit.
	PRIORITY STATUS GROUPS: Priority Status groups are offered units before other applicants on the Centralized Waiting List:

Quarterly Report Reference Sheet

	<ul style="list-style-type: none"> • Special Provincial Priority (SPP) Status is the only legislated priority and is intended to help victims of violence separate permanently from their abuser • Urgent Status is intended for applicants with (1) Mobility Barriers (i.e. physical limitations that require barrier-free units) and/or (2) Extreme Hardship (i.e. where the applicants' current accommodations puts them at extreme risk and/or causes hardship and relocation would reduce the risks and/or alleviate the hardship) • Homeless Status provides an increased opportunity for placement to households that are homeless (1 in every 10 households offered housing)
	<p>PUBLIC HOUSING (ALSO CALLED "LOCAL HOUSING CORPORATION"): NRH owns and manages 2,660 units of Public Housing stock in 9 of the 12 Niagara municipalities. Tenants pay 30% of their income for rent. <i>*Note: NRH owns and manages an additional 91 units that have affordable (80% market) and market rents.</i></p>
Q	
R	<p>RENT SUPPLEMENT PROGRAM: Tenants pay 30% of their gross monthly income directly to the private landlord and NRH subsidizes the difference up to the agreed market rent for the unit. <i>*See also Housing Allowance Program and Housing First Project.</i></p>
S	<p>SERVICE LEVEL STANDARDS (SLS): Establishes minimum number of RGI and special needs units to be maintained by each service manager</p> <p>SERVICE MANAGER: As administrator for affordable housing on behalf of Niagara Region, NRH's main responsibilities include: administering Rent Supplement Programs, oversight of Non-Profit and Cooperative Housing Providers, determining RGI eligibility, maintaining Centralized Waiting List, establishing Local Policies etc.</p> <p>SOCIAL HOUSING (FORMERLY "AFFORDABLE HOUSING"): All NRH programs and services, including Public Housing (NRH-owned), Non-Profit Housing Programs, the Rent Supplement Program and the Affordable Housing Program</p>
T	
U	
V	
W	<p>WELCOME HOME NIAGARA: Assists low-to-moderate income rental households to purchase their first home by providing a down payment loan. The loan is forgivable after 20 years if the household remains in the home.</p>
X	
Y	
Z	