



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

PHSSC 1-2021

Tuesday, January 12, 2021

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. CALL TO ORDER**
- 2. DISCLOSURES OF PECUNIARY INTEREST**
- 3. SELECTION OF COMMITTEE CO-CHAIRS**
 - 3.1. Call for Nominations for Committee Co-Chair aligned to Public Health
 - 3.2. Motion to Close Nominations for Committee Co-Chair aligned to Public Health
 - 3.3. Voting for the Position of Committee Co-Chair aligned to Public Health
 - 3.4. Call for Nominations for Committee Co-Chair aligned to Community Services
 - 3.5. Motion to Close Nominations for Committee Co-Chair aligned to Community Services
 - 3.6. Voting for the Position of Committee Co-Chair aligned to Community Services
- 4. PRESENTATIONS**

5. DELEGATIONS

6. ITEMS FOR CONSIDERATION

- 6.1. COM 1-2021 3 - 9
Community Homelessness Prevention Initiative Investment Plan 2021-22

7. CONSENT ITEMS FOR INFORMATION

- 7.1. PHD-C 1-2021 10 - 26
COVID-19 Response and Business Continuity in Public Health & Emergency Services
- 7.2. COM-C 1-2021 27 - 32
COVID-19 Response and Business Continuity in Community Services
- 7.3. COM-C 2-2021 33 - 42
Request for Declaration of State of Emergency for Mental Health, Homelessness and Addiction
- 7.4. CWCD 339-2020 43 - 44
Extra-Legislative Development of Undefined Regional Initiatives that Challenge and Undermine the Legal Authority of Local Public Health Boards and Negatively Affect Their Effectiveness in Addressing Community Health Needs.

8. OTHER BUSINESS

9. NEXT MEETING

The next meeting will be held on Tuesday, February 16, 2021, at 1:00 p.m. in the Council Chamber, Regional Headquarters.

10. 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).

Subject: Community Homelessness Prevention Initiative Investment Plan
2021-22

Report to: Public Health and Social Services Committee

Report date: Tuesday, January 12, 2021

Recommendations

1. That the Ministry mandated Community Homelessness Prevention Initiative investment plan for the 2021-22 funding allotment **BE APPROVED**.

Key Facts

- The Ministry of Municipal Affairs and Housing (MMAH) provided notification on April 17, 2019 of funding allocations for the Community Homelessness Prevention Initiative (CHPI) which included the year 2021-22.
- Based on the April 17, 2019 notice, Niagara will receive \$7,847,786 for the one-year term April 1, 2021 through March 31, 2022.
- Consistent with previous years, MMAH requires service managers to submit the CHPI investment plan for 2021-22 by February 15, 2021 outlining the planned spending in the directed categories of: emergency shelter solutions, housing with related supports, homelessness prevention, other housing services and supports and program administration.
- The proposed investment plan included in the report has been developed based on the CHPI program guidelines (January 2017), in alignment with Niagara's Ten Year Housing and Homelessness Action Plan and with consideration to existing funding allocations to support a stable homelessness system in Niagara.
- In 2019, homelessness services in Niagara assisted 490 unique individuals through outreach funding, 2,303 with emergency shelter services, 1,915 through homelessness prevention funding, and 549 through supported transitional housing funding.

Financial Considerations

The total 100% provincial CHPI funding provided for 2021-22 is anticipated to be \$7,847,786. It should also be noted that Niagara Region is allocating \$2,724,168 of levy funding to the same priority funding categories beyond the proposed provincial amounts (assuming a consistent levy allocation in Q1 2022). Niagara Region also receives

\$1,113,488 of federal funding for Reaching Home (largely to fund Housing First programs, and to support Coordinated Access and Built for Zero participation) and \$750,490 in provincial funding for Home for Good (intensive supportive housing). These other funding sources are not included in the CHPI investment plan prepared for the MMAH.

Current homelessness service contracts were executed through a Negotiated Request for Proposal procurement process for each of the CHPI categories and have been approved for a three-year contract period from April 1, 2020 to March 31, 2023. The contract awards align with the CHPI investment plan for 2021-22. Niagara Region funds and works collaboratively with 19 agencies in the region to deliver homelessness services and supports to the residents of Niagara.

Analysis

The proposed CHPI investment plan is designed to align with the CHPI program guidelines issued in January 2017 (revised May 2019). The Ministry requires that an investment plan be submitted each year indicating how Niagara Region plans to use the funding provided based on the categories identified by the province, and additionally, recognizing the four provincial homelessness priorities of chronic homelessness, youth, Indigenous persons and homelessness following transitions from provincially-funded institutions and service systems.

The vision for CHPI is to have “A coordinated and holistic service delivery system that is people-centered, evidence informed and outcomes-based, and reflects a Housing First approach that focuses on homelessness prevention and reduces reliance on emergency services.”¹ This vision reflects a shift towards a system that focuses on proactive and permanent housing solutions rather than reactive responses to homelessness.

The chart below shows the funding plan submitted for 2019-20, 2020-21, the proposed plan to be submitted for 2021-22 and the changes in funding allocations, over the prior year.

¹ Community Homelessness Prevention Initiative Program Guidelines, January 2017, Ministry of Housing.

2021-22 CHPI INVESTMENT PLAN

	2019-20	2020-21	2021-22	Change
Emergency Shelter Solutions	\$2,421,799	\$2,753,623	\$2,753,623	\$0
Housing with Related Supports	\$956,155	\$852,179	\$852,179	\$0
Other Services and Supports	\$314,016	\$397,521	\$397,521	\$0
Homelessness Prevention	\$3,555,701	\$3,555,701	\$3,555,701	\$0
Program Administration	\$288,762	\$288,762	\$288,762	\$0
Total	\$7,536,433	\$7,847,786	\$7,847,786	\$0

The relative amounts set out in Niagara's investment plan align with provincial expectations, and ensure funding levels in each category support stability in the Niagara homelessness system while allowing for the capacity to move the system forward in achieving provincially identified priorities. As a result of the procurement process held in 2020, some re-alignment of expenditures between categories was required. These adjustments were made within the levy contribution to each category, as the Region provides significant funding to the homelessness system in Niagara. The types of services that will be funded under the CHPI categories, as well as some specific work, related to system improvements, are outlined below:

Emergency Shelter Solutions

- Shelter providers will operate using a Housing Focused philosophy in the delivery of services, and utilize shelter diversion practices, building on the learnings of the successful youth shelter diversion pilot offered in 2019 and adult shelter diversion pilot offered in 2020.

- Funding will support a low barrier, safe bed, offered in a variety of settings, necessary basic needs, and meals, along with housing support services including transportation to shelter.
- There will be continued focus and effort to align with provincial policy expectations, emphasizing prevention over emergency responses.

Housing with Related Supports

- Consistent with best practices, funding will support Housing First units and, where appropriate, transitional housing programming in Niagara. These critical programs aim to increase housing stability, and reduce reliance on emergency shelters.
- Funded services will also include case management to assist clients with access to medical care, and supports related to mental health, substance use, and crisis intervention. Coordinated Access to these resources is another key component in Niagara's work associated with Built for Zero.

Other Services and Supports

- This category captures Niagara's outreach services, including assertive street outreach support workers who provide help to find stable housing, and connections to other services including mental health programs, healthcare, addictions services, and legal aid.
- Assertive street outreach is another key component in Niagara's movement to its improved 'System 2.0' and work associated with Built for Zero. Additionally Niagara successfully launched a hot spot mapping tool for encampments in 2020, to further support its work and enhance collaboration with municipal partners, community and police.

Homelessness Prevention

- Homelessness Prevention funding supports programs which address eviction prevention, assistance to secure and retain housing (most critical for those exiting shelter), and assistance with budgeting, banking, and trusteeship.
- This category includes the Housing Stability Plan (HSP), which, as in prior years, is an important component of the homelessness prevention program. HSP provides financial assistance for rent arrears, and rent deposits (again, quite helpful for those leaving shelter).

- Funding to support diversion work within the shelter system is considered in this category as well, and diversion tools and skills continue to be rolled out to the full shelter system in Niagara.
- This category also includes funding towards the Niagara Emergency Energy Fund to address utility arrears in order to support clients to retain housing.
- Niagara Region, in alignment with provincial direction, continues to emphasize prevention programs to reduce the need for emergency shelters, facilitate rapid rehousing efforts and support people to access and retain stable housing.

Program Administration

- Funding supports capacity building, supports for system transformation including training for staff and leaders at all third party agencies delivering programs.
- While permitted under the Administration category, Niagara Region does not allocate the full 10% available under the CHPI guidelines for administration, focusing as much funding as possible to direct client service delivery.

Risk Management Planning for CHPI

Under the CHPI program guidelines (January 2017), there is a requirement to identify potential risks and mitigation strategies. The risks that will be identified in this investment plan include:

Risk

- Effectively meeting the provincially mandated capacity, assessment and development requirements for municipal service managers and all third party agencies delivering programs on our behalf (particularly as the province has not yet shared expectations and targets for this requirement).

Mitigation

- Continue to monitor the sector for best practice developments and evolving policy changes.
- Continue to allocate administration monies to this initiative and work with all agencies to identify system wide training needs, ensuring system capacity along with standard processes. Plans for 2021 include a focus on transformation of the transitional housing system.

Risk

- An affordability risk in Niagara, as the annual base provincial funding available remains inadequate to support local needs and address existing demand for services. Ongoing reliance on local not-for-profit sector contributions and levy sources is not sustainable.

Mitigation

- Local funding allocations and contract award processes seek to ensure that selected agencies utilize outcome-based models and best practices. Niagara Region will continue to ensure effective monitoring of contracts and outcomes. Dialogue will continue with MMAH related to local needs and relative funding levels.

Alternatives Reviewed

Not applicable.

Relationship to Council Strategic Priorities

This recommendation is aligned to Council's strategic priority of ensuring a "Healthy and Vibrant Community." By approving this report, Niagara Region is able to receive this provincial funding and support clients through the stages of the housing continuum.

Other Pertinent Reports

- COM 08-2015 Community Homelessness Prevention Initiative Funding Allocations 2015-16 and 2016-17
- COM 02-2017 Community Homelessness Prevention Initiative Investment Plan 2017-18
- COM 02-2018 Community Homelessness Prevention Initiative Investment Plan 2018-19
- COM 01-2019 Community Homelessness Prevention Initiative Investment Plan 2019-20.
- COM 01-2020 Community Homelessness Prevention Initiative Investment Plan 2020-21

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MEMORANDUM

Subject: COVID-19 Response and Business Continuity in Public Health & Emergency Services (January 2021 Update)

Date: January 12, 2021

To: Public Health & Social Services Committee

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

Current Status as of January 4, 2021

- The latest updates including statistics can be found at <https://niagararegion.ca/covid19>
- Globally, the Western world continue 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. Some of these lockdowns are starting to be lifted.
- 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](#).
- Effective December 26, Ontario has followed suit with a provincial “shutdown” as well.
- The Shutdown addresses the ongoing social activity of the public that has continued to allow COVID-19 to spread. Early examination of mobility data has not necessarily led to the desired staying home of the public, similar to what we saw with the spring lockdown. If that trend holds, it will likely mean that infections do not come down over the course of the Shutdown, and a longer Shutdown may become necessary. As well, spikes of infection due to festivities over the holidays could negate the impacts of the Shutdown, necessitating it be extended.
- [Outbreaks in long term care homes and retirement homes](#) are much increased, with more residents affected, reflecting the trend of cases in the community. Tragically, this is the population at greatest risk of severe illness and death, and

so we have seen a sharp increase in deaths in Niagara in recent weeks as a result.

- High community cases are also increasing the risk to Public Health and EMS staff who are at greater risk of becoming infected, or isolating due to family or other close contacts becoming infected. Indeed, [in EMS, this is having impacts on staffing](#).
- With high case volumes 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.
- In absence of further opportunities to increase staffing, Public Health is now forced to scale back the quality and extent of case and contact follow-up we are conducting. This unfortunately means we are less able to identify sources of infection, and less able to find and isolate all contacts who might continue to spread COVID-19 infection.
- 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. The recent closure of GNGH to admissions is impacting patient flow.
- Emergency Management continues to support both Regional and Local Area Municipal EOC's for coordinated response and business continuity planning.

Previous (December 8) 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/Pandemic Response Division

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.

Due to recent increase in cases for COVID-19, Public Health is reducing staff available for the informational phone line and online chat, to increase more staff in case and contact management. There will also be a reduction of the hours of the call centre, so that it closes at 19:15. With these changes, wait times for callers are unfortunately increasing. Public Health is looking at options to outsource this work.

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 surged to deal with additional workload. Simultaneously, there is a reduction of service being provided to the public.

3 months

- As the Shutdown and vaccination reduces cases, Public Health hopes to return to case and contact management operations more similar to the rest of the fall.
- ~~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. 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
- 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 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. With the current state of COVID-19 cases, it is very unlikely any school vaccinations will take place this year.~~

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. 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

MEMORANDUM

COM-C 1-2021

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

Date: January 12, 2021

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

The increased community spread of COVID-19 continues to pose a heightened risk for long-term care (LTC) homes and congregate settings during this second wave of the pandemic.

In the last report, Seniors Services reported an ongoing outbreak at the Meadows of Dorchester and Gilmore Lodge. Both of these outbreaks posed a significant challenge with high numbers of staff required to isolate due to possible risk of transmission. The Meadows of Dorchester outbreak was declared over on December 12, 2020 and the Gilmore Lodge outbreak was declared over on December 23, 2020.

Early on during these two highly contagious outbreaks, Seniors Services changed a practice around the use of personal protection equipment (PPE) to help prevent and decrease the number of staff requiring to be isolated due to exposure of COVID-19. Prior to these outbreaks, universal masking was practiced for all staff and full PPE (mask, shield, gloves, and gown) were used when entering any isolation rooms. Through the Meadows of Dorchester and Gilmore Lodge outbreaks, Seniors Services identified that despite these infection prevention measures, staff continued to have some risk of exposure to COVID-19 when they were working with residents and / or

staff who had not yet become symptomatic. The period of communicability for COVID-19 includes the 48-hours prior to symptom onset, which meant that essentially, any staff who had worked with a positive resident or staff member in the 48-hours prior to symptom development were therefore required to be off for two weeks despite universal masking and full PPE protocols. This was occurring due to the identification that a possible mode of transmission of COVID-19 was through people's eyes. To mitigate for this risk, Seniors Services implemented a universal eye protection practice to further decrease the risk of COVID-19 transmission across all eight homes and in assisted living as well. This change in practice has been well received by staff, and Seniors Services has also shared this practice with other LTC home operators.

Seniors Services also reported on two new declared outbreaks at Rapelje Lodge and the Woodlands of Sunset in the last report. Both outbreaks were triggered by a single positive employee test result identified through weekly staff surveillance testing. Both of these cases were linked to community spread. The two outbreaks started after the implementation of universal eye protection, and neither home had any transmission of the virus. The outbreak at Rapelje Lodge was declared over on December 7, 2020 and the outbreak at the Woodlands of Sunset was declared over on December 18, 2020.

At the time of writing this report there are three active outbreaks in three of the Regionally operated LTC homes and one in the assisted living facility.

Meadows of Dorchester – An outbreak of COVID-19 was declared on December 20, 2020, when an essential caregiver tested positive for the virus. All required outbreak measures were promptly implemented. There has been no further transmission of the virus in the home.

Woodlands of Sunset – A declared outbreak was triggered on December 25, 2020, when weekly surveillance testing of staff identified a positive test result for one employee. All required outbreak measures were promptly implemented and the employee is in isolation. There has been no further transmission of the virus in the home.

Linhaven – A declared outbreak was triggered on January 2, 2021, when weekly surveillance testing of staff identified positive test results for three employees. All required outbreak measures were promptly implemented and the employees are in isolation. There has been no further transmission of the virus in the home.

Deer Park Suites (assisted living) – A declared outbreak was triggered on December 16, 2020, when a client tested positive for COVID-19. All required outbreak measures were promptly implemented. A week later two staff also tested positive for COVID-19, and the results appear to be unrelated cases linked to community transmission, rather than transmission of the virus within the assisted living facility. Both of these staff members are in isolation.

Vaccine Distribution Planning and Implementation

Health Canada has approved both the Pfizer-BioNTech COVID-19 vaccine as well as the Moderna COVID-19 vaccine. The Pfizer vaccine has been identified for use with priority populations including residents, staff, and essential caregivers at LTC homes, retirement homes and assisted living facilities. As there are many logistical challenges with the delivery of this vaccine, the identified priority staffing groups will be vaccinated at the Niagara Health St. Catharines site. Niagara Health is working in collaboration with Niagara Region Public Health to roll out a vaccination distribution plan. The vaccine is expected to be available in Niagara in early January 2021.

The Moderna vaccine has also been identified for use with priority populations including residents, staff, and essential caregivers at LTC homes, retirement homes and assisted living facilities (co-located with LTC sites). It is expected that the administration of this vaccine will be done by the operators on-site (similar to how the flu vaccine is administered). LTC homes are in the process of finalizing vaccine clinic planning for the residents.

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 December 28, 2020, 345 individuals have been referred to the isolation facility with testing administered in shelter.

Niagara Region has been advised that the Region will receive \$4,068,100 in Social Service Relief (SSRF) - Hold Back Funding. This is in addition to the approximately \$3 million that was received through SSRF Phase 2 funding, announced in October of 2020, the majority of which is being used for the Bridge Housing project in Niagara Falls. The Region is awaiting further details on funding guidelines for the SSRF – Hold Back Funding in order to determine allowable expenditures. It is assumed that the funding guidelines will be similar to that of the SSRF Phase 2 funding allocation,

meaning that funding can be used for operating costs associated with the needs of the homelessness system until March 31, 2021, and can also be used for capital costs to support projects with completion (and occupancy) committed by the end of December 2021. Given these very tight timelines, Community Services staff will be working over the next couple of weeks to identify strategies to maximize the benefit of these funds and ensure that any identified strategies are in alignment with funding requirements.

Children's Services

Due to the province-wide lockdown that was announced on December 26, 2020, Children's Services has had to adapt how child care is provided to kindergarten and school aged children in Niagara. While child care will continue to be provided for families of infants, toddlers and preschool aged children throughout the lockdown, only school aged children of essential workers, as outlined by the Ministry of Education, will be permitted to attend child care during the week of January 4 to January 8, 2021. This comes as a result of the province moving all publicly funded and private elementary schools to remote learning from January 4 to January 8, 2021, and mandating that all before and after school programs remain closed during this one-week period. Children's Services worked quickly to develop a plan that would have child care service providers in 11 of Niagara's 12 municipalities providing emergency child care for school aged children of essential workers. An update to the number of spaces available and used will be provided at the next report update.

EarlyON Child and Family Centres offered limited in-person services to families that are involved with Family and Children's Services Niagara throughout November and December, as well as continuing to offer virtual programs and services to children and families. As a result of the province-wide lockdown, all programs have become virtual until the lockdown is lifted.

Licensed child care centres and home child care programs have documented 1,690 child absent days in the month of November 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 shown a consistent reduction from what was reported in September and October 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. Children's Services continues to support licensed child care service providers with COVID-19 related costs 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 November 2020, there were approximately 5,000 child care spaces 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 November 2020, 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 40 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 December 1, 2020, SAEO launched a temporary Housing Stability program for low income residents in Niagara. Housing Stability benefits are designed to assist with last month rent or rental/mortgage arrears. Eligibility for the benefit is determined by the household after tax (net) income and family size. The duration of the program will be based on available funding and will be reviewed regularly.

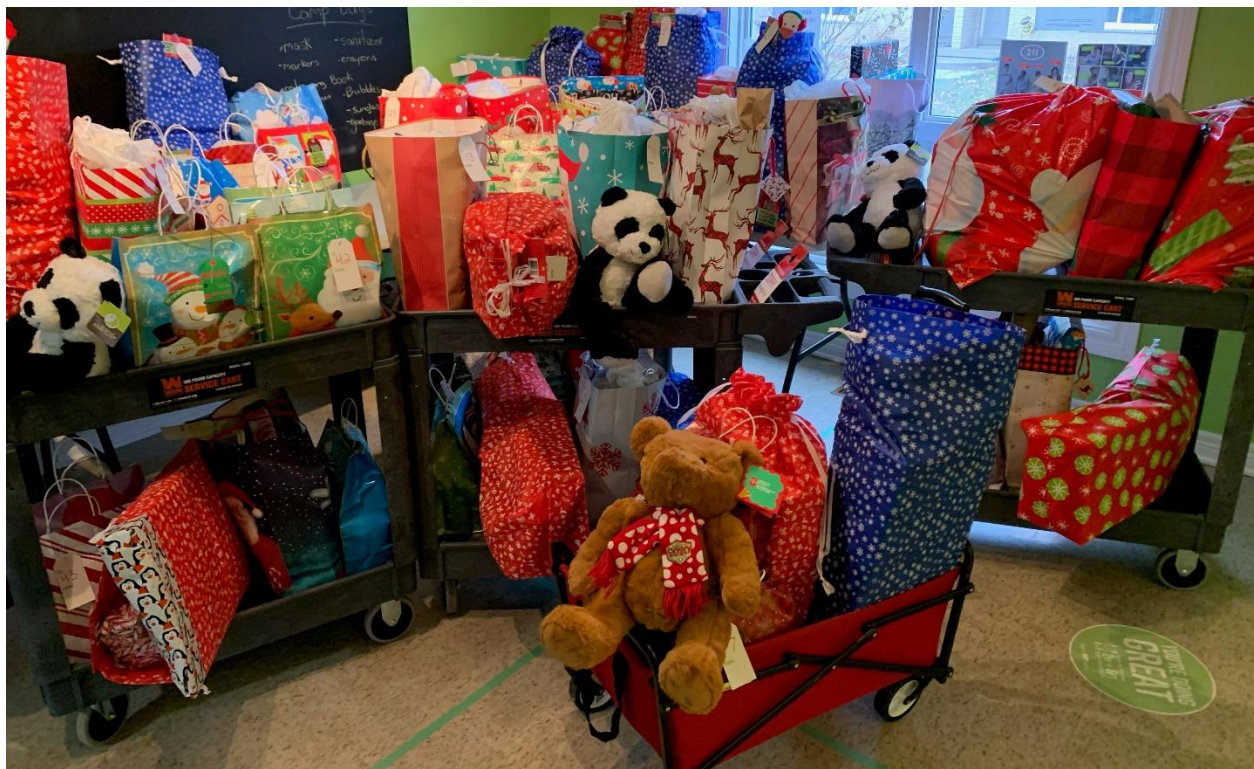
Low income residents in Niagara may apply:

- As of December 1, 2020, directly through the Ontario Works Discretionary Team by phone: 905-641-9960 ext. 6072.
- And as of January 1, 2021, apply online through the Discretionary Benefits Portal at owbenefits.niagararegion.ca.

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. NRH is doing everything possible to reduce these negative impacts, as a result of the pandemic, through individualized support to tenants and encouraging creative programming. For example, in December, the RAFT provided “Drive Through After School Programs” in four NRH communities. This programming involved children walking through the Community Houses to chat with RAFT staff while they pick up snack and craft bags. As a further example (and pictured below), NRH, in collaboration with the RAFT and Faith Welland, delivered Christmas bags door-to-door, for tenants in St. Catharines, Niagara Falls, and Welland.



Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner, Community Services

MEMORANDUM

COM-C 2-2021

Subject: Request for Declaration of State of Emergency for Mental Health, Homelessness and Addiction

Date: January 12, 2021

To: Public Health and Social Services Committee

From: Ann-Marie Norio, Regional Clerk

The Clerk's Office is in receipt of correspondence from the City of Niagara Falls respecting Niagara Region declaring a state of emergency on mental health, homelessness, and addiction.

The motion from the City of Niagara Falls was circulated to all local area municipalities. To date the Clerk's Office has received correspondence from the Town of Fort Erie, the Townships of West Lincoln and Wainfleet, as well as the Town of Niagara-on-the-Lake supporting the motion from the City of Niagara Falls.

The correspondence that has been received to date is attached to this memorandum.

Respectfully submitted and signed by

Ann-Marie Norio
Regional Clerk



The City of Niagara Falls, Ontario

Resolution

No. 10

November 17, 2020

Moved by: Councillor Wayne Campbell

Seconded by: Councillor Victor Pietrangelo

WHEREAS According to the Province of Ontario Emergency Response Plan (2008), Canadian municipalities are free to declare states of emergencies in response to "any situation or impending situation caused by the forces of nature, an accident, an intentional act or otherwise that constitutes a danger of major proportions to life or property."

WHEREAS Approximately 625 residents- including 144 children in Niagara, were counted as homeless (March 2018), with shelter occupancy operating at 109.4 percent capacity

WHEREAS Niagara EMS reported 335 suspected opiate overdoses (Jan-June 2019).

WHEREAS Some Niagara-area municipalities have had services such as mental health removed from their Hospitals, and whereas Niagara is severely lacking in mental health and addiction services

THEREFORE BE IT RESOLVED that the City of Niagara Falls request the Niagara Region to declare a state of emergency on mental health, homelessness, and addiction.

FURTHERMORE, the Niagara Regional Council, Niagara Region Public Health and Social Services, Premier of Ontario, the provincial Minister of Health, Minister of the Attorney General, Minister of Children, Community, and Social Services, the Minister of Municipal Affairs and Housing, and the Leader of the Official Opposition, as well as the Prime Minister of Canada, all regional municipalities and all local area municipalities within the Niagara Region be copied on this resolution."

AND The Seal of the Corporation be hereto affixed.

CARRIED

WILLIAM G. MATSON
CITY CLERK

JAMES M. DIODATI
MAYOR



Community Services

Legislative Services

December 15, 2020

File #120203

Sent via email: ann-marie.norio@niagararegion.ca

Ann-Marie Norio, Regional Clerk
o/b Members of the Niagara Regional Council and Niagara Region
Public Health and Social Services Committee
Niagara Region
1815 Sir Issac Brock Way
Thorold, ON L2V 4T7

Dear Members:

Re: Request Niagara Region to Declare a State of Emergency on Mental Health, Homelessness and Addiction

Please be advised the Municipal Council of the Town of Fort Erie at its meeting of December 14, 2020 received and supported correspondence from the City of Niagara Falls dated November 17, 2020 requesting the Niagara Region to declare a state of emergency on mental health, homelessness and addiction.

Attached please find a copy of the City of Niagara Falls correspondence dated November 17, 2020.

Thank you for your attention to this matter

Yours very truly,

Carol Schofield, Dipl.M.A.

Manager, Legislative Services/Clerk

cschofield@forterie.ca

CS:dlk

c.c

The Honourable Doug Ford, Premier of Ontario premier@ontario.ca

The Honourable Christine Elliott, Minister of Health christine.elliott@pc.ola.org

The Honourable Doug Downey, Minister of the Attorney General doug.downey@pc.ola.org

The Honourable Todd Smith, Minister of Children, Community and Social Services todd.smithco@pc.ola.org

The Honourable Steve Clark, Minister of Municipal Affairs and Housing steve.clark@pc.ola.org

Andrea Horwath, Leader of the Official Opposition ahorwath-qp@ndp.on.ca

The Right Honourable Justin Trudeau, Prime Minister Justin.trudeau@parl.gc.ca

Local Area Municipalities

Mailing Address:

The Corporation of the Town of Fort Erie

1 Municipal Centre Drive, Fort Erie ON L2A 2S6

Office Hours 8:30 a.m. to 5:00 p.m. Phone: (905) 871-1600 FAX: (905) 871-4022

Web-site: www.forterie.ca



The City of Niagara Falls, Ontario

Resolution

No. 10

November 17, 2020

Moved by: Councillor Wayne Campbell

Seconded by: Councillor Victor Pietrangelo

WHEREAS According to the Province of Ontario Emergency Response Plan (2008), Canadian municipalities are free to declare states of emergencies in response to "any situation or impending situation caused by the forces of nature, an accident, an intentional act or otherwise that constitutes a danger of major proportions to life or property."

WHEREAS Approximately 625 residents- including 144 children in Niagara, were counted as homeless (March 2018), with shelter occupancy operating at 109.4 percent capacity

WHEREAS Niagara EMS reported 335 suspected opiate overdoses (Jan-June 2019).

WHEREAS Some Niagara-area municipalities have had services such as mental health removed from their Hospitals, and whereas Niagara is severely lacking in mental health and addiction services

THEREFORE BE IT RESOLVED that the City of Niagara Falls request the Niagara Region to declare a state of emergency on mental health, homelessness, and addiction.

FURTHERMORE, the Niagara Regional Council, Niagara Region Public Health and Social Services, Premier of Ontario, the provincial Minister of Health, Minister of the Attorney General, Minister of Children, Community, and Social Services, the Minister of Municipal Affairs and Housing, and the Leader of the Official Opposition, as well as the Prime Minister of Canada, all regional municipalities and all local area municipalities within the Niagara Region be copied on this resolution."

AND The Seal of the Corporation be hereto affixed.

CARRIED

WILLIAM G. MATSON
CITY CLERK

JAMES M. DIODATI

RECEIVED

DEC 14 2020

BY COUNCIL

CLERKS DEPARTMENT

Dec 16, 2020

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

Dear Ms. Norio,

Re: Request to support City of Niagara Falls Resolution Requesting Niagara Regional Council to Declare a State of Emergency on Mental Health, Homelessness & Addiction

This is to confirm that at the Dec 14, 2020 Council Meeting the following resolution was adopted with respect to the above noted matter:

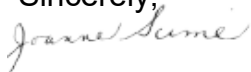
That, the correspondence from the City of Niagara Fall, dated November 17, 2020, requesting Niagara Region to declare a state of emergency on mental health, homelessness, and addiction be received; and,

That, the Township of West Lincoln support the City of Niagara Falls request to declare a state of emergency on mental health, homelessness and addition; and,

That, this resolution be forwarded to Niagara Regional Council, Niagara Region Public Health and Social Services, the Premier of Ontario, the Provincial Minister of Health, the Minister of the Attorney General, the Minister of Children, Community, and Social Services, the Minister of Municipal Affairs and Housing, and the Leader of the Official Opposition, Niagara West MPP, Sam Oosterhoff, Niagara West MP, Dean Allison as well as the Prime Minister of Canada, and all local area municipalities within the Niagara Region.

If you have any questions or concerns regarding the above, do not hesitate to contact the undersigned.

Sincerely,



Joanne Scime, Clerk

cc. Justin Trudeau, Prime Minister of Canada
Niagara Region Public Health and Social Services

Doug Ford, Premier of Ontario
Christine Elliott, Provincial Minister of Health
Doug Downey, Minister of the Attorney General
Todd Smith, Minister of Children, Community and Social Services
Steve Clark, Minister of Municipal Affairs & Housing
Andrea Horwath, Leader of the Official Opposition
Niagara Municipalities
Sam Oosterhoff, Niagara West MPP
Dean Allison, Niagara West MP

X:\cl-Clerks\Council\Council-2020\Letters\Letter to Niagara Region - Declare a State of Emergency on Mental Health, Homelessness & Addiction - Dec 14, 2020



Township of Wainfleet

"Wainfleet - find your country side!"

December 18, 2020

Regional Municipality of Niagara
Attention: Niagara Regional Council
c/o Ann-Marie Norio, Regional Clerk
1815 Sir Issac Brock Way
Thorold, ON L2V 4T7

VIA EMAIL: ann-marie.norio@niagararegion.ca

Re: Request Niagara Region to Declare a State of Emergency on Mental Health, Homelessness and Addiction

Dear Members,

Please be advised the Municipal Council of the Township of Wainfleet at its meeting of December 15, 2020 received and supported correspondence from the City of Niagara Falls dated November 17, 2020 requesting the Niagara Region to declare a state of emergency on mental health, homelessness and addiction.

Attached please find a copy of the City of Niagara Falls correspondence dated November 17, 2020.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact the undersigned.

Regards,

William J. Kolasa
Clerk

cc: Local Area Municipalities
Steven Soos



The City of Niagara Falls, Ontario Resolution

No. 10

November 17, 2020

Moved by: Councillor Wayne Campbell

Seconded by: Councillor Victor Pietrangelo

WHEREAS According to the Province of Ontario Emergency Response Plan (2008), Canadian municipalities are free to declare states of emergencies in response to "any situation or impending situation caused by the forces of nature, an accident, an intentional act or otherwise that constitutes a danger of major proportions to life or property."

WHEREAS Approximately 625 residents- including 144 children in Niagara, were counted as homeless (March 2018), with shelter occupancy operating at 109.4 percent capacity

WHEREAS Niagara EMS reported 335 suspected opiate overdoses (Jan-June 2019).

WHEREAS Some Niagara-area municipalities have had services such as mental health removed from their Hospitals, and whereas Niagara is severely lacking in mental health and addiction services

THEREFORE BE IT RESOLVED that the City of Niagara Falls request the Niagara Region to declare a state of emergency on mental health, homelessness, and addiction.

FURTHERMORE, the Niagara Regional Council, Niagara Region Public Health and Social Services, Premier of Ontario, the provincial Minister of Health, Minister of the Attorney General, Minister of Children, Community, and Social Services, the Minister of Municipal Affairs and Housing, and the Leader of the Official Opposition, as well as the Prime Minister of Canada, all regional municipalities and all local area municipalities within the Niagara Region be copied on this resolution."

AND The Seal of the Corporation be hereto affixed.

CARRIED

A handwritten signature in black ink, appearing to read "William G. Matson", is written over a horizontal line.

**WILLIAM G. MATSON
CITY CLERK**

A handwritten signature in black ink, appearing to read "James M. Diodati", is written over a horizontal line.

**JAMES M. DIODATI
MAYOR**

December 24, 2020

SENT ELECTRONICALLY

Regional Municipality of Niagara
1815 Sir Issac Brock Way, PO Box 1042
Thorold ON L2V 4T7

Attention: Ann-Marie Norio, Regional Clerk

Dear Ms. Norio:

RE: Request to Niagara Regional to Declare a State of Emergency on Mental Health, Homelessness & Addiction

Please be advised the Council of The Corporation of the Town of Niagara-on-the Lake, at its regular meeting held on December 21, 2020 endorsed the attached resolution from the City of Niagara Falls dated November 17, 2020 requesting the Niagara Region to declare a state of emergency on mental health, homelessness and addiction.

Attached please find a copy of the City of Niagara Falls correspondence dated November 17, 2020.

If you have any questions or require further information please contact our office at 905-468-3266.

Yours sincerely,



Peter Todd, Town Clerk

Cc: The Honourable Doug Ford, Premier of Ontario premier@ontario.ca
The Honourable Christine Elliott, Minister of Health christine.elliott@pc.ola.org
The Honourable Doug Downey, Minister of the Attorney General douq.downey@oc.ola.org
The Honourable Todd Smith, Minister of Children, Community and Social Services
Todd.smithco@pc.ola.org
The Honourable Steve Clark, Minister of Municipal Affairs and Housing steve.clark@pc.ola.org
Andrea Horwath, Leader of the Official Opposition ahonvath-qp@ndp.on.ca
The Right Honourable Justin Trudeau, Prime Minister Justin.trudeau@parl.gc.ca
Wayne Gates, MPP-Niagara Falls, Legislative Assembly of Ontario wgates-co@ndp.on.ca
Tony Baldinelli, MP- Niagara Falls Tony.Baldinelli@parl.gc.ca
Local Area Municipalities



The City of Niagara Falls, Ontario

Resolution

No. 10

November 17, 2020

Moved by: Councillor Wayne Campbell

Seconded by: Councillor Victor Pietrangelo

WHEREAS According to the Province of Ontario Emergency Response Plan (2008), Canadian municipalities are free to declare states of emergencies in response to "any situation or impending situation caused by the forces of nature, an accident, an intentional act or otherwise that constitutes a danger of major proportions to life or property."

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AND The Seal of the Corporation be hereto affixed.

CARRIED

WILLIAM G. MATSON
CITY CLERK

JAMES M. DIODATI
MAYOR

December 4, 2020

Dear Members of the Boards of Health:

I write on behalf of the Board of Health for Grey Bruce Health Unit to bring to your attention an issue of deep concern to public health units in Ontario: the extra-legislative development of undefined regional initiatives that challenge and undermine the legal authority of local public health boards, and negatively affect their effectiveness in addressing community health needs..

Regionalization generally means “an organizational arrangement involving the creation of an intermediary administrative and governance structure to carry out functions or exercise authority previously assigned to either central or local structures” as defined by *Church et al* 1998 in their publication on the subject - Regionalization Of Health Services In Canada: A Critical Perspective. By definition, regionalization entails the shifting of responsibility for provision of health service from local boards to a regional agency.

Whether one supports or opposes regionalization in principle, it is certain that one of the most important factors in determining the success or failure of regionalization is conducting adequate and thorough consultation with local stakeholders. Throughout the processes of planning, implementation and evaluation, consultation is crucial. Furthermore, it is indispensable that such consultation is in place to address equity between urban and rural communities.

“Regionalization creep” affecting health units in Ontario is currently underway. The 2019 provincial proposal of Public Health regionalization (modernization/merger/amalgamation of health units) lead to a directive from the Ministry of Health to conduct consultations with all Boards and Medical Officers of Health to decide on important aspects of regionalization. In March this year, while still in the early stages of discussion, the Ministry rightly placed consultations on hold due to the COVID-19 emergency.

Nevertheless, while consultations were ostensibly placed on hold, regionalization has informally, surreptitiously and progressively advanced. Within eight weeks in March and April of 2020, regional communication channels and regional pre-reporting structures (precursors to merger and amalgamation) were imposed between the South West LHIN (a functionary of Ontario Health) and almost all health organizations in Grey Bruce. These include regional initiatives such as the Triad Table and Grey Bruce Crisis Response group that duplicate public health work, including collaboration already being performed by the Grey Bruce Health Unit and other agencies. These redundant initiatives confer no discernible benefit. In fact, they pose the serious threat of harm by creating uncertainty among healthcare partners; roles, responsibility, and authority during the emergency response are weakened by dilution and diffusion of responsibility.

Most importantly, the reporting structures imposed under some regional initiatives is incongruent with the legal chain of authority outlined in the *Health Protection and Promotion Act*, the legislative framework under which public health operates. Neither the South West LHIN nor Ontario Health has legal jurisdiction over the activities or within the sphere of authority granted to local health units. For example, some proposed activities in the SW LHIN regional model require a Medical Officer of Health to follow direction from a “Regional Pandemic Public Health Lead” (a position and authority that do not exist in the *Health Protection and Promotion Act* or at law). This undermines the authority of the local Board of Health.

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca

Furthermore, the creeping regionalization initiative countermands direction by the Ministry of Health Emergency Operations Centre and the Chief Medical Officer of Health. One example is the cap on the number of COVID-19 tests arbitrarily placed on Grey Bruce by the South West LHIN. At the same time, the Ministry of Health Emergency Operation Centre confirmed there were no caps on testing in place. The artificial LHIN cap resulted in the failure of the local system to meet the local health need in September. Approximately 30% of families in Grey Bruce did not have access to timely testing during the critical period of school reopening.

Although these regional channels, structures and initiatives were established under the slogan of “let’s collaborate to respond to the COVID emergency”, there are demonstrated negative consequences in the short-term. Potential harms grow when these artificial regional structures have no adequate checks and balances in place to meet the health need of the community in the long-term. A key underlying concern is that the development and design of these initiatives were not based on adequate and thorough consultation with local stakeholders, specifically Boards of Health. These activities were undertaken while the Board’s most pressing issue was our response to the pandemic emergency.

The Board of Health for the Grey Bruce Health Unit welcomes the opportunity to collaborate together with all the health system partners in a productive and professional manner. However, we differentiate collaboration from duplication, and from unilateral and potentially unlawful action. Ultra-legislative structures promoting and implementing unauthorized programs leads, in our view, to inter-agency and inter-jurisdictional encroachment upon the lawful mandate reserved to each Public Health Unit.

Our Board’s purpose in writing is twofold. First, to inform you about these developments in Grey and Bruce Counties, and second to raise the alarm that similar initiatives are likely to fall upon, or may be encroaching upon your own Health Unit. Our Board invites you to consider a collaborative dialogue to explore these serious concerns.

It is our Board’s hope that discussions will lead to awareness, planning and action to best position our organizations for success in continuing to address the health needs of our communities throughout the region and the province.

Sincerely,



Mitch Twolan, Chair
Board of Health for the Grey Bruce Health Unit

CC: Minister of Health
Chief Medical Officer of Health for Ontario
MPP Bill Walker
MPP Lisa Thompson
Bruce County Warden
Grey County Warden
CEO for Erie St. Clair, South West, Hamilton Niagara Haldimand Brant and Waterloo Wellington
LHINs and Regional Lead West, Ontario Health