



THE REGIONAL MUNICIPALITY OF NIAGARA
BUDGET REVIEW COMMITTEE OF THE WHOLE
FINAL AGENDA

BRCOTW 1-2021

Thursday, January 14, 2021

6:30 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 the efforts to contain the spread of COVID-19 the Council Chamber will not be open to the public to attend Committee meetings until further notice. To view live stream meeting proceedings, please 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>	
4. <u>DELEGATIONS</u>	
5. <u>ITEMS FOR CONSIDERATION</u>	
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5.2. <u>CSD 7-2021</u> 2021 Fees and Charges By-law	45 - 72
5.3. <u>CSD 13-2021</u> Hospital Funding Contribution Policy	73 - 217
A presentation will precede the consideration of this report.	

6. CONSENT ITEMS FOR INFORMATION

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| 6.1. | <u>CSD 6-2021</u>
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| 6.2. | <u>BRC-C 2-2021</u>
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| 6.3. | <u>BRC-C 1-2021</u>
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Homelessness Capital Project - Provincial Social Services Relief Funding | 241 - 245 |
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Levy Workshop Discussion Items from January 7, 2021 | 246 - 259 |

7. OTHER BUSINESS

8. CLOSED SESSION

- 8.1. Confidential CAO 1-2021
A Matter concerning Personal Matters about Identifiable Individuals under s. 239(2) of the Municipal Act, 2001 – Status of Medical Officer of Health Staff Compliment and Medical Division Structure

9. BUSINESS ARISING FROM CLOSED SESSION

10. NEXT MEETING

The next meeting will be held on Thursday, June 17, 2021 at 6:30 p.m.

11. ADJOURNMENT

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

2021 Levy Budget

Budget Review Committee of the Whole
CSD 5-2021

January 14, 2021

Helen Chamberlain, Director Financial Management and Planning



TWENTY21

NIAGARA REGION BUDGET

2021 Consolidated Levy Budget

January 14th 2021

2021 Consolidated Levy Budget

Key Themes

- Departmental budgets aligned to budget planning strategy
 - Base budget at 1%
 - Capital financing at 1%
- COVID-19 pressures identified and mitigated for net zero impact
- Assessment growth of 1.4% in line with prior years; the \$5.7 million has been recommended in accordance with Budget Planning By-law
- Budget aligns with public engagement outcomes and Council strategic priorities

2021 Consolidated Levy Budget

What we're going to cover:

- Departmental Levy Budget
 - COVID-19 impacts
 - Assessment growth revenue & uses
- Consolidated Levy Budget
- Risks and Opportunities
- Next Steps

2021 Budget Process

- ✓ Budget planning strategy set in June
- ✓ Staff developed budget to support:
 - Current service delivery
 - Affordability concerns
- ✓ CLT met seven times and supports recommendations, mitigations and risks
- ✓ Budget engagement results shared with BRCOTW October 15
- ✓ Levy Workshop provided education and information
- ❑ BRCOTW and Council approval required

2021 Budget Strategy

BASE SERVICES 1.0% + CAPITAL PROGRAM 1.0% + NEW PROGRAMS 0.0% + ASSESSMENT GROWTH Net 0% + COVID-19 \$+/-

2% Increase + ?% COVID-19
1% allocated to Operating Services
1% allocated to Capital Funding

COVID-19 Insight

Budget Engagement

Key findings of September engagement activities (focus groups & online survey)

Services residents have relied on

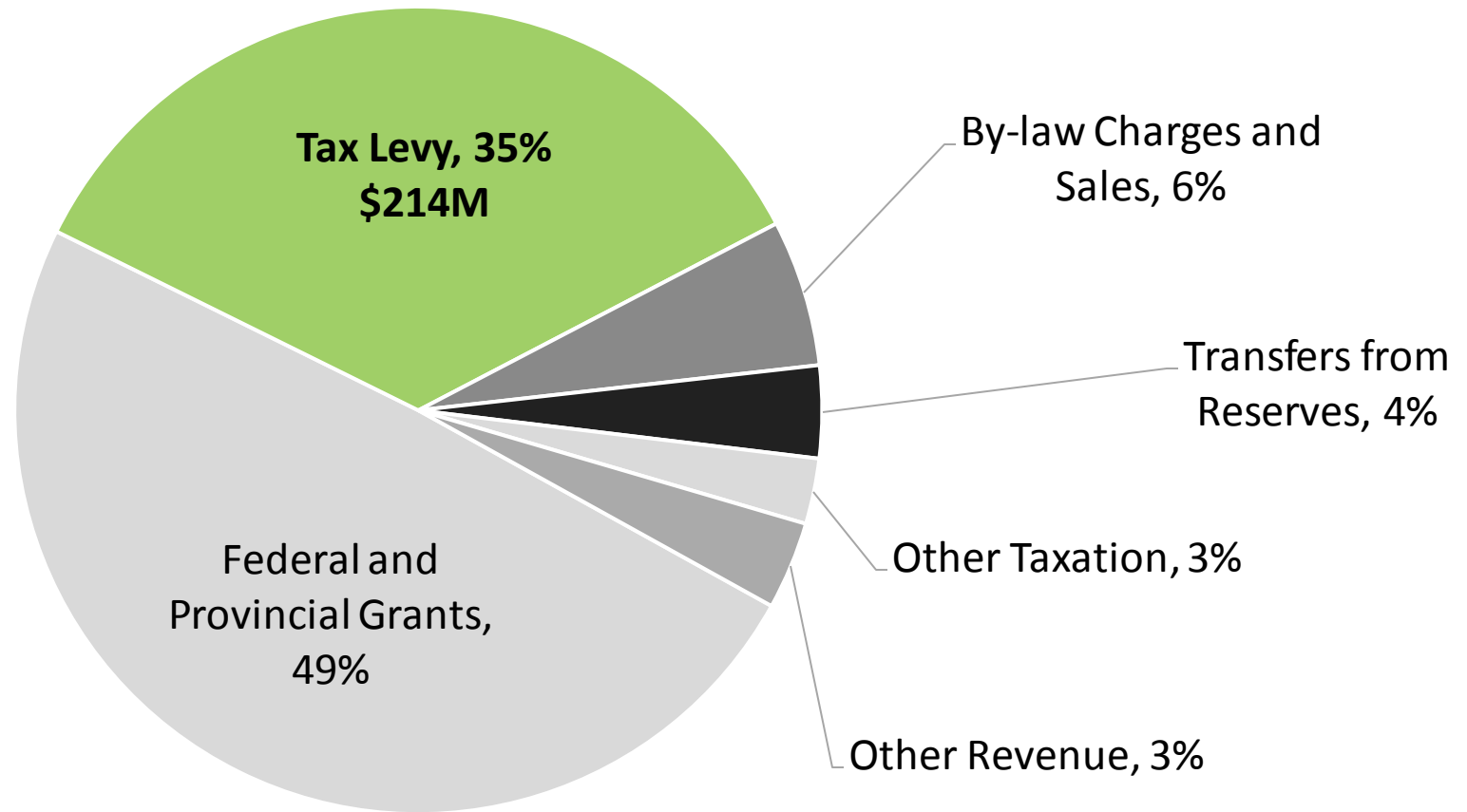
1. Public health
2. Social assistance
3. Help finding a job
4. Transit
5. Business support

Areas Niagara Region should focus on

1. Maintenance of essential services
2. Keeping seniors safe
3. Mental health
4. Support for homeless and those at risk
5. Supporting business

Department Expenses (excludes ABCs) of \$612M

Where does the money come from?



Departmental Levy Budget Highlights

Budget strategy achieved departmentally

- ✓ 1% or \$2.0 million for service cost increase
- ✓ 1% or \$2.0 million to enhance capital financing
- ✓ 0% for new programs
- ✓ 0% net impact of COVID-19
- ✓ 0% net impact of assessment growth of 1.4% or \$5.7 million used in accordance with policy

2021 Base Budget

Operating cost pressures of 2% or \$4.1 million

Drivers include:

- Labour related contracts, strategies and WSIB costs (\$3.0M); contract and inflationary increases (winter control, homelessness, etc.) (\$1.8M); asset repairs and infrastructure funding (\$0.9M); insurance premiums (\$0.7M)

Offset by:

- Fuel, utilities & tree removal savings (\$1.4M); expiring of Official Plan & enhanced transit service consulting (\$0.7M); subsidies net increase (\$0.9M); delays in increase to Pro-kids grants and street light uploading (\$0.3M)

2021 Base Budget

Mitigations of \$2.1 Million to Achieve 1.0% Strategy

Salary gapping strategy

- \$1.15M estimated savings from annual staff turnover

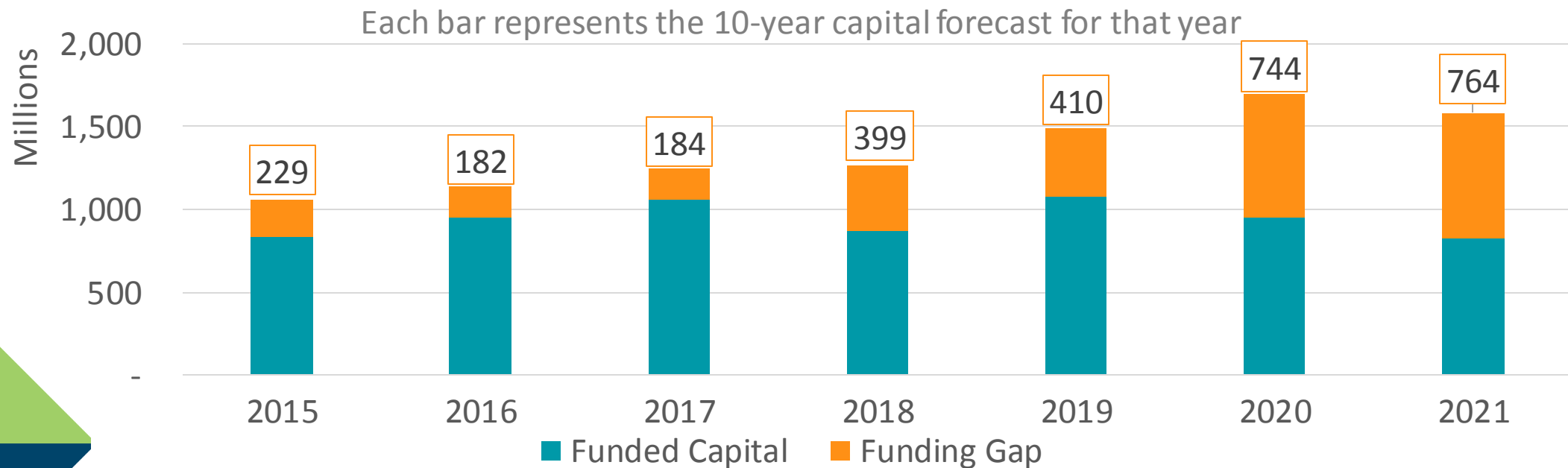
Not accommodated in budget planning strategy of 2%

- Trends for insured & uninsured claims and labour relations actuals (\$0.69M), continued deferral of Niagara Prosperity Initiative budget (\$0.25M), reserve funding for Smarter Niagara Incentive Program pending Incentive review (\$0.30M)

Capital Financing

Enhanced by 1% or \$2.0 million

- 10 year capital gap continues to increase
- Capital Financing Policy recommended funding increase of 2.16%/yr. for 10yrs
- Annual contribution to capital reserves at \$19.9M (AMP recommended \$66M)



COVID-19 Pressures

Estimated Departmental Expenses of \$17.8 million for 2021

Pressures due to:

- Long-term care patient care (\$4.3M), Pandemic Response (\$5.5M), enhanced cleaning, screening, PPE etc. (\$5.6M), homelessness programs (\$1.2M), decreased supplemental taxes (\$1.1M)
- Assumed costs for one year, however Pandemic Response Team is for two years
- Funding proposed is \$0.6M from assessment growth and \$17.2M from Taxpayer Relief Reserve. Mainly from 2020 year-end surplus of \$17.1M due to \$12.2M in 2020 Provincial Safe Restart funding and Regional mitigation measures.

COVID-19 Pressures

Pandemic Response Team Cost of \$5.5 million for 2021

Provides pandemic response through a purpose-built structure to:

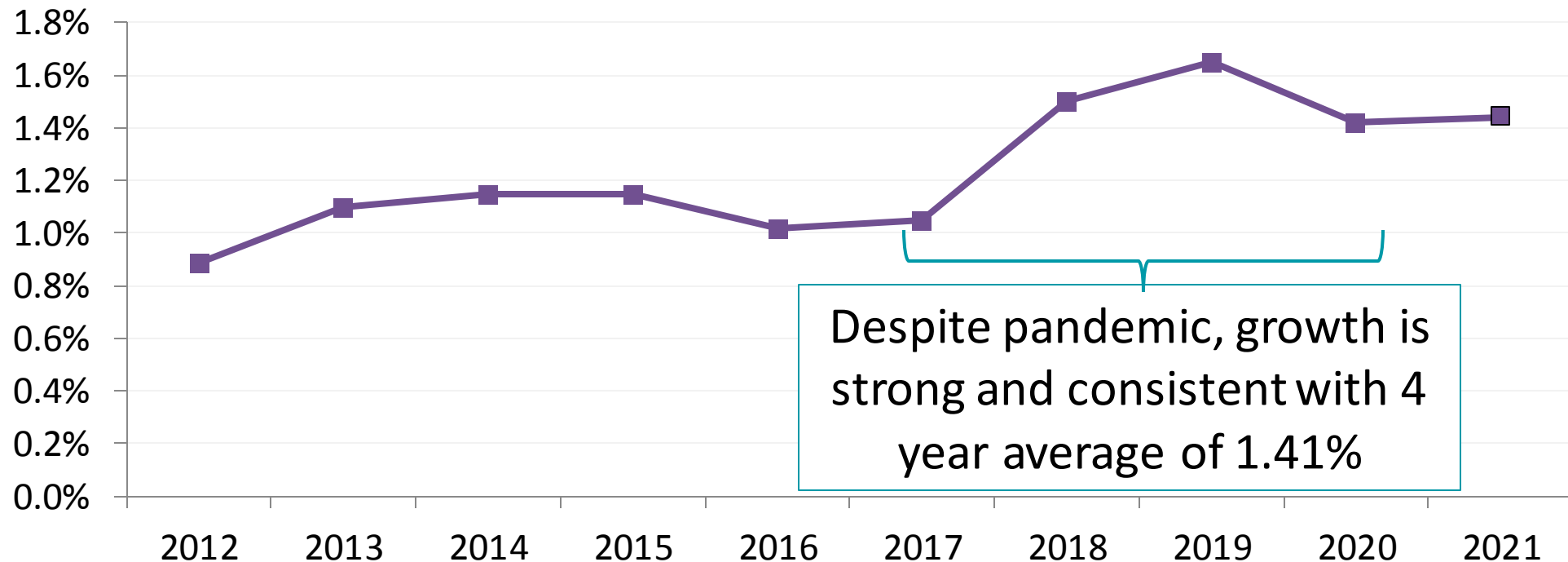
- Streamline management and leadership
- Provide clarity to employees on work assignments
- Support call centre, case & contact management and outbreak management

Request of 111.9 temporary FTEs (128 for 2022) and 6 permanent FTEs

- Offset by 36.7 FTEs (46.2 for 2022) reduction due to business continuity reductions of the pandemic; net impact of 75.2 FTEs in 2021
- 6 permanent FTEs to support investment in critical roles that will support future public health risk mitigation











Assessment Growth of 1.44% for 2021

10 year history



Assessment Growth

Increase of 1.44% or \$5.7 Million

Objective per the Budget Planning Policy	Budget (000's)	Council Priority
Tax Increment Grants	\$77	 
Operating Costs of Growth	\$1,143	  
Asset Management Plan (AMP)	\$862	 
Economic Growth/Council Priorities	\$3,583	  
Total Assessment Growth	\$5,665	

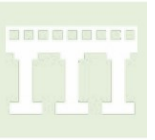
Supporting businesses and economic growth



Healthy and vibrant community



Responsible growth and infrastructure planning



Sustainable and engaging government



Assessment Growth

Economic Growth/Council Priority Total of \$3.6 million

Includes \$1.5 million per year transfer to a Hospital Funding Reserve:

- West Lincoln Memorial Hospital request of \$14M in 2024
- \$1.5 million from 2021 to 2024 provides for \$6.0 million
- Actual Regional commitments subject to:
 - Hospital contributions policy report
 - Hospital reserve creation report
 - Future year budgets

Department Staffing Complement

Permanent and Temporary FTEs

	Perm FTEs	Temp FTEs
2020 Levy Departments	2,371.8	53.1
Base changes	(1.9)	(9.7)
Funded by Assessment Growth	18.6	1.0
COVID-19 funded from reserve	-	187.5
Subtotal of Changes	16.7	179.0
2021 Proposed FTEs	2,388.4	232.1

Reduction driven by mandated SAEO employment services transformation offset by childcare expansion.

Public Health pandemic support and EMS system transformation offset by a reduction of base temporary positions

COVID-19 pandemic response team and long-term care patient support

Consolidated Levy Budget of \$409.6M

Departments of \$214.4M and ABCs of \$195.2M

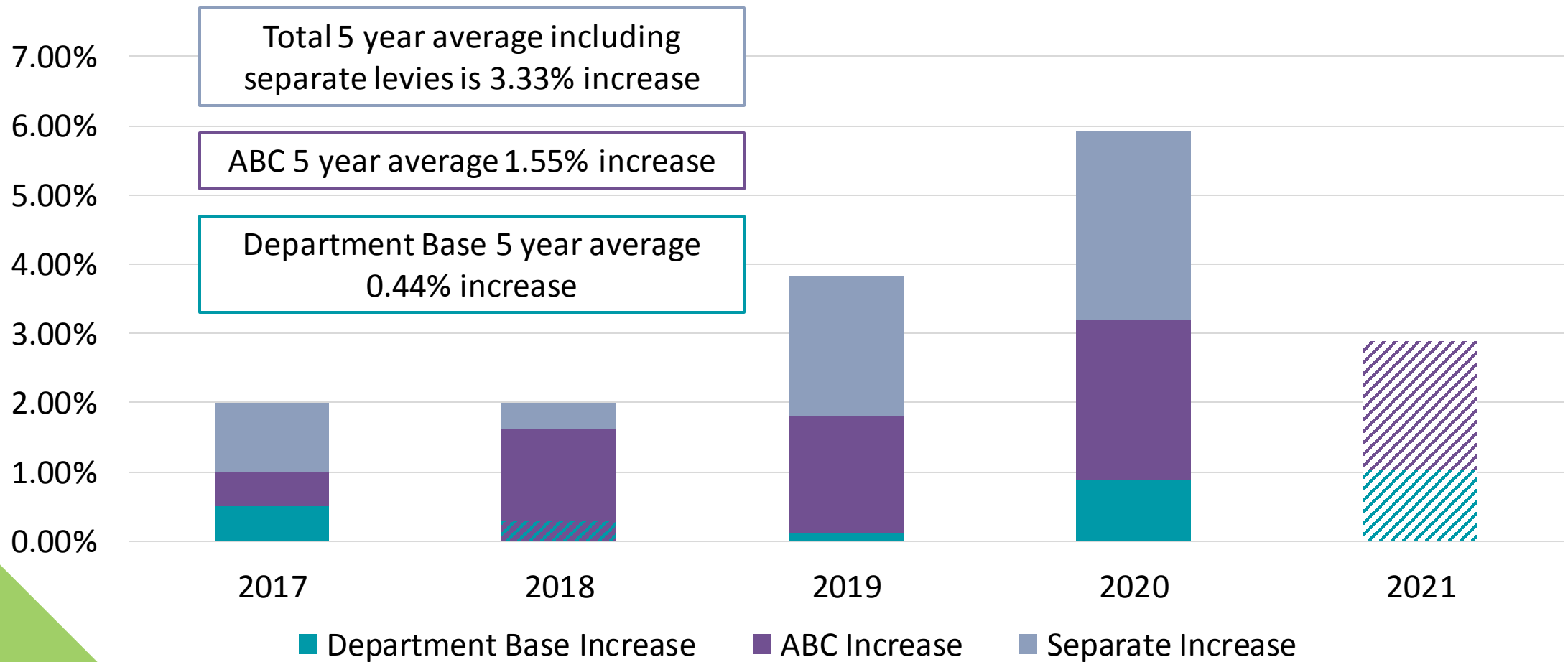
Overall 2.9% net increase

- Departments at 2%
- ABC COVID-19 costs mitigated
- ABCs net increase is 3.9% vs. 2% strategy
 - ✓ NRH 2.0%
 - ✓ Court Services 2.0%
 - ✓ NPCA 2.0%
 - NRPS 4.3%

Item	\$ Increase	% Increase	% Levy Increase
2020 Levy	\$392.6M		
Departments	\$2.0M	1.0%	0.5%
Capital	\$2.0M	1.0%	0.5%
COVID-19 (incl ABCs)	\$18.8M		4.8%
COVID-19 funding	(\$18.8M)		(4.8%)
Use of Assessment Growth	\$5.7M		1.4%
Assessment Growth			(1.4%)
ABCs	\$7.3M	3.9%	1.9%
2021 Levy	\$409.6M	4.3%	2.9%

Consolidated Levy Budget

Historical Tax Levy Increases net of Assessment Growth



Tax Impact on Average Household

Impact on average household (assessment of \$278,764)

	2021 Impact to Household	Cost to Household
2020 cost per household		1,611
Departmental base budget increase	8	
Incremental capital financing	8	
Costs funded by Assessment Growth	23	
Assessment Growth	(23)	
COVID-19 pressures	76	
Reserve funding	(76)	
ABCs budget increase	30	
2021 Cost per Household	46	1,657

Risks & Opportunities

Many unknowns with COVID-19 (risk/opportunity)

- Role in vaccination program, casino reopening assumption, business license revenue impact of potential future restrictions (risks)
- Provincial funding for long-term care homes and Public Health (opportunity)

Result of incentive and sustainability reviews (risk/opportunity)

Aggressive budget mitigations (risk)

- Staff vacancies are estimated based on historical trend; used in the past to mitigate unbudgeted pressures
- Have not been able to align some expenses with recent experience

Next Steps

Approvals and Tax Policy

- Council approval of budget on January 21st
- General tax rate to be set based on 2021 Assessment and Tax Policy decisions (estimated April)



Questions?



Subject: 2021 Levy Operating Budget

Report to: Budget Review Committee of the Whole

Report date: Thursday, January 14, 2021

Recommendations

1. That the 2021 net levy budget relating to the Niagara Regional Departments of \$208,777,440 as consolidated in appendix 1 **BE APPROVED** including the following in accordance with the 2021 budget planning strategy:
 - 1.1. That an increase of \$2,038,765 or 1.0% over the 2020 departmental operating budget **BE APPROVED** to support operating expenses;
 - 1.2. That an increase of \$2,046,918 or 1.0% over the 2020 departmental operating budget **BE APPROVED** to support pay-as-you-go capital financing;
2. That a contribution of \$18,808,401 from the Taxpayer Relief Reserve, which includes Safe Restart Funding, **BE APPROVED** to fund the net pressures related to the COVID-19 pandemic of \$17,196,924 for Regional Departments, and \$1,611,477 for the Agencies, Boards and Commissions COVID-19 pressures, as detailed in appendix 2, for a net taxpayer impact of \$0;
3. That an additional 1.44% or \$5,664,748 of assessment growth **BE APPROVED** to costs, as detailed in appendix 3, in alignment with section 4.7 of By-law 2019-79 Budget Planning By-law;
4. That the 2021 net levy operating budget including the Niagara Regional Departments of \$214,402,632 and Agencies, Boards, and Commissions of \$195,217,203 for a total \$409,619,835 **BE APPROVED**;
5. That staff **BE DIRECTED** to prepare a report for the Corporate Services Committee respecting establishment of a 'Hospital Contribution Reserve'; and
6. That the necessary by-law **BE PREPARED** and **PRESENTED** to Council for consideration.

Key Facts

- The purpose of this report is to approve the Regional Departments budget increase of 2% inclusive of COVID-19 pressures; this was accomplished using mitigation strategies identified in the analysis section of this report, the use of 2020 Safe Restart funding, and Taxpayer Relief reserve.
- The \$12.2 million Provincial Safe Restart funding not utilized in 2020 will be transferred to the Taxpayer Relief reserve at year-end along with any other year-end surplus. Any provincial or federal funding that may be realized in 2021 for Community Services or Public Health will be used to replenish the Taxpayer Relief Reserve at 2021 year-end.
- The assessment growth for 2021 is 1.44%, and has been allocated in accordance with Budget Planning By-law and as identified in Appendix 3. This aligns to the 4-year average assessment growth of 1.41%; the effects of COVID-19 may have an impact on assessment growth for the 2022 budget.
- Subject to the Hospital Funding Policy approval, to address the motion requesting a contribution to the West Lincoln Memorial Hospital, an annual reserve contribution of \$1.5 million is proposed to begin funding from assessment growth. A separate report will be presented to Corporate Services Committee on the establishment of a “Hospital Contribution Reserve” in alignment with the Reserve and Reserve Fund Policy.
- The departmental budget when consolidated with the ABCs totals \$409,619,835 2021 levy, representing a 2.9% levy impact after assessment growth; the 0.9% in excess of the 2021 budget strategy is \$3.5 million, and represents the NRPS increase above 2%.

Financial Considerations

The recommendations in this report are made in accordance with By-law 2019-79 “Budget Planning” with consideration of COVID-19 impacts per the 2021 budget planning strategy. The proposed 2021 Tax Levy of \$409.6 million represents a \$17.1 million increase. The Regional departments, Niagara Regional Housing, Court Services and Niagara Peninsula Conservation Area budget requests, exclusive of COVID-19 costs addressed separately, aligned with the budget planning strategy of 2%. The Niagara Regional Police Service increase of 4.3% is \$3.5 million in excess of the 2% strategy or 0.9% of the levy. Therefore the resulting total levy budget increase of 4.3% has a net tax levy impact after assessment growth of 2.9%, inclusive of base budget

requirements, capital financing enhancements, and Agencies, Boards, and Commissions (ABCs).

Table 1 – 2021 Levy Budget (in millions)

Item	2020	2021	\$ Change	% Change	% Levy Change
Departmental Base Budget	\$204.7	\$206.7	\$2.0	1.0%	0.5%
Capital Financing		\$2.0	\$2.0	1.0%	0.5%
Departmental COVID-19 Pressure		\$17.2	\$17.2		4.4%
Reserve funding for Dept COVID-19		(\$17.2)	(\$17.2)		-4.4%
Departments Subtotal	\$204.7	\$208.8	\$4.1	2.0%	1.0%
ABCs (BRCOTW December 10)	\$187.9	\$195.2	\$7.3	3.9%	1.9%
ABC COVID-19 Pressure		\$1.6	\$1.6		0.4%
Reserve funding for ABC COVID-19		(\$1.6)	(\$1.6)		-0.4%
Subtotal before Growth	\$392.6	\$403.9	\$11.4	2.9%	2.9%
Costs funded from Assessment Growth		\$5.7	\$5.7	1.4%	1.4%
Assessment Growth					-1.4%
Consolidated Levy Budget	\$392.6	\$409.6	\$17.1	4.3%*	2.9%

**increase before assessment growth*

Analysis

The 2021 departmental levy budget was developed giving consideration to historical actual results inclusive of 2020 forecast for the year, operational concerns, service delivery requirements, and impacts as a result of COVID-19.

Budget for Base Services

The departmental base budget was prepared to align with the 2021 budget planning strategy of 1.0% for base services and 1.0% for capital financing. In Table 2, the base increases/pressures identified for Regional departments for 2021 are \$4.1 million before recommended mitigation measures totaling \$2.1 million, and additional capital financing request of \$2.0 million.

Table 2 – Departmental Base Budget

Item	2020	2021	\$ Change	% Change
Base Budget Pressures	\$204.7	\$208.8	\$4.1	2.0%
Mitigations and service reductions		(2.1)	(2.1)	-1.0%
Net Base Budget	\$204.7	\$206.7	\$2.0	1.0%
Capital Financing		2.0	2.0	1.0%
Net Regional Department Budget	\$204.7	\$208.8	\$4.1	2.0%

The increases/pressures in the base budget of \$4.1 million can be attributed primarily to the following items:

- \$2.96 million labour related costs reflective of current contracts and strategies, and \$0.56 million in WSIB increases. The appendix 1 base budget increase deducts the salary gapping and FTE reductions to \$1.0 million
- \$1.13 million for various contracts (new 10-year winter maintenance contract, EMS fleet and NRPS gun range facilities, new homelessness contract effective April 1st, 2020)
- \$0.85 million including traffic signal repairs and indexing of Infrastructure Deficit Reduction reserve
- \$0.70 million in insurance premium increases on policy renewal (excluding properties related premium increase funded from assessment growth)
- \$0.67 million in inflationary increases related to base level of service, with largest increases in janitorial supplies, software licenses & support, and raw food purchases

These base pressures have been partly offset by:

- \$1.37 million in general savings, of which \$0.65 million relates to decline in fuel & utilities rate estimates, and \$0.30 million reduction in tree removal program
- \$0.71 million in savings from time-limited expenses expiring (Regional Official Plan, Niagara Regional Transit enhanced services consulting)
- \$0.58 million in increase Public Health and Emergency Services subsidy including \$0.46 million of one-time funding to mitigate the Public Health formula change from 75/25 to 70/30
- \$0.32 million in increased Community Services subsidy net of benefit costs for Ontario Works clients
- \$0.30 million for the delay of street lighting upload from the local area municipalities and a reduction of the Pro-kids program funding for one year as a result of COVID-19 related closures and the ability to provide services (from \$0.25 million to \$0.15 million)

Mitigations of \$2.10 million were necessary for an overall increase of only 1.0%:

- \$1.15 million – Staff have implemented a salary gapping strategy which estimates the savings due to staff turnover at 1% of the proposed labor-related budget
- \$0.69 million – required to align the budget for insured & uninsured claims and labour relations to appropriate levels based on historical trends could not be accommodated within the strategy of 1.0%
- \$0.25 million to reinstate the 2020 one-time reduction of the Niagara Prosperity Initiative could not be accommodated within the strategy of 1.0%; the strategy is to reinstate to the full \$1.5 million in 2022
- \$0.30 million to establish sustainable funding instead of reserve funding has been deferred until completion of the incentive review

An additional 1.0% increase in the budget is for enhanced capital funding as per the 2021 budget planning strategy. Per CSD 41-2019 Capital Financing Policy, an estimated 2.16% consolidated levy increase was required annually for the next ten years to eliminate the infrastructure deficit. Recognizing the impact of COVID-19, the budget strategy proposed a 1.0% increase on the departmental levy, or 0.5% on the consolidated levy; the annual contributions to general capital levy capital reserves will be \$19.9 million. The target based on the 2017 Asset Management Plan's annual asset renewal investment is \$66 million.

COVID-19 Impacts

Staff have estimated incremental departmental net COVID-19 impacts of \$17.2 million (\$18.8 million inclusive of ABCs) on the 2021 budget, in comparison to the \$26.2 million incremental cost incurred in 2020. Due to uncertainty of the long-term need for these measures, the costs are proposed to be funded on a one-time basis using Provincial Safe Restart funding and reserves. This will result in pressure on the 2022 and future budgets should the measures need to be continued.

The Safe Restart funding provided by the Province in 2020 was not utilized by the Region to directly fund 2020 COVID-19 costs due to the mitigation measures adopted by the corporation. Therefore, the \$12.2 million in funding will be transferred to the Taxpayer Relief reserve at year-end along with any other year-end surplus. A significant portion of the COVID-19 costs are related to measures in Public Health and long-term care facilities, for which there has been no confirmed funding to date for 2021 from upper levels of government in spite of monthly one-time supports provided in 2020. It is expected that funding will be forthcoming, however, only confirmed sources of funding have been budgeted. Any unbudgeted funding that may be realized in 2021 will be used to replenish the Taxpayer Relief Reserve at the 2021 year-end.

Table 3 provides a forecast of the Taxpayer Relief Reserve balance to December 31, 2021 which is \$19.5 million which represents 3.5% of proposed 2021 gross operating expenditures (excluding ABCs, reserve transfers, and capital costs) in comparison to the reserve policy target of 10% to 15%. The decrease in the reserve balance impacts the ability to mitigate future unknown/unbudgeted risks.

Table 3 – Taxpayer Relief Reserve Forecast

Description	Amount (in thousands)
2020 Forecasted Year-end Balance <i>(before year-end transfer)</i>	\$23,204
2020 Safe Restart funding <i>(year-end transfer)</i>	12,185
2020 Forecasted Surplus <i>(year-end transfer)</i>	4,888
Balance available for 2021	\$40,277
Annual contribution	850
Transfers for one-time operations	(2,003)
2021 COVID-19 Rate requirements (November 26 th BRCOTW)	(750)
2021 COVID-19 ABC requirements (December 10 th BRCOTW)	(1,611)
2021 COVID-19 Levy requirements	(17,197)
2021 Forecasted Year-end Balance	\$19,565

Departmental COVID-19 pressures are \$17.8 with funding from \$17.2 million of 2020 Safe Restart Funding and Taxpayer Relief Reserve and \$0.6 million from assessment growth. The pressures focus on the following key services:

- \$5.5 million to establish a Pandemic Response Division for the first of two years
 - Annual operating costs of \$11.8 million
 - Offset by \$5.2 million in savings due to timing of hiring and adjustments to business continuity
 - \$1.1 million in one-time school nursing revenues estimated for 2021
 - Six roles for pandemic support are recommended as permanent positions therefore the \$0.6 million is recommended from assessment growth
 - The Public Health incremental cost for 2020 pandemic response is \$4.7 million from the date of the emergency declaration.
- \$4.3 million long-term care staff (Registered Practical Nurses, Personal Support Workers, housekeeping)
- \$3.4 million personal protective equipment, supplies, and enhanced sanitization at various sites
- \$2.2 million for screening staff at various sites
- \$1.2 million for homelessness programs net of subsidized funding
- \$1.1 million in lost revenues, primarily a decrease in supplemental taxes

A listing of COVID-19 pressures is provided in appendix 2 and the business cases are available in the 2021 Budget Detail.

Assessment Growth

Assessment growth for 2021 is 1.44% (\$5.7 million); this is defined as the sum of all changes in the Region's tax base. Assessment growth is allocated in alignment with the Budget Planning By-law to fund priorities in the following order:

- \$0.1 million Tax Increment Grants
- \$1.1 million operating costs of Growth
 - New FTEs in the areas of EMS call volumes, project management related to growth in road network, and corporate staffing support (\$0.9 million)
 - Property insurance costs related to growth in assets; the property portion of the insurance premium increase is \$0.2 million
- \$0.9 million capital asset plan funding gap
 - This further enhances the \$19.9 million annual capital contribution noted above to \$20.8 million.
- \$3.6 million for Council Priorities and economic growth
 - Pandemic support staff – 6 permanent pandemic support staff (\$0.6 million)
 - Transit governance transition costs – the time-limited request to address service enhancements has ended; new funding is to cover transition to a new governance model (\$0.5 million)
 - Development Charge Grants – DC grants have averaged \$8 million annually over the past few years; base funding is currently \$6.9 million. (\$1.0 million)
 - \$1.5 million Transfer to Hospital Reserve – Per delegation CSC-C 24-2020, to address the West Lincoln Memorial Hospital request of \$14 million. A new reserve will be created to segregate these funds for use in 2024.

A list of the recommended uses of assessment growth is provided in appendix 3.

Staff Complement

The recommended 2021 Regional Department Operating Budget includes a full-time equivalent (FTE) staff complement of 2,388.4 permanent FTEs and 232.1 temporary FTEs. This is a net increase of 16.7 permanent FTEs and 179.0 temporary FTEs, funded as follows:

- Base – reductions of 1.9 perm and 9.7 temp, primarily due to employment and EMS system transformations
- Assessment Growth – increase of 18.6 perm and 1.0 temp, primarily due to making the EMS System transformation permanent as well as the 6.0 permanent pandemic support positions
- COVID-19 – increase of 187.5 temp mainly attributed to Public Health pandemic response (75.2) and long-term care (95.8)
 - The long-term care resources are primarily dedicated to direct resident care with the balance for housekeeping and screening staff

- The Pandemic Response division required to support call centre, case & contact management and outbreak management efforts in the region includes 111.9 FTEs but is mitigated by reduction of 36.7 due to reduction in business continuity in other Public Health service areas

A list of the FTE changes is available in appendix 4.

Household Impact

Based on the 2021 cost for levy programs, the average household assessed at \$278,764 is estimated to increase from \$1,611 to \$1,657 in 2021, an increase of \$46.

Table 5 – Household Tax Impact

Item	2021 impact to household	Cost to household
2020 cost per typical household		1,611
Departmental base budget	8	
Capital Financing	8	
Funded by Assessment Growth	23	
Assessment Growth	(23)	
COVID-19 pressures	76	
Reserve funding for COVID-19	(76)	
ABC budget increase	30	
2021 cost per typical household	46	1,657

The actual cost per household may change depending on tax policy decisions that are made in 2021; particularly around the phase-out of the vacant and excess land subclasses for commercial and industrial properties. The impact on individual property owners will depend on the increase in assessment that they experience; those with an increase greater than the average property would experience a larger tax impact, while those with an increase less than the average property would experience a smaller tax impact.

In the Province's 2020 Budget, they have announced numerous property tax measures directed specifically at business properties. In particular, the Province announced reductions to the business education tax for 2021. This reduction will provide a maximum education tax rate reduction of 30% depending on the property tax class. This represents an estimated \$9.4 million in total education tax relief for business properties in 2021 for Niagara (\$6.6M for commercial and \$2.8M for Industrial). This decrease in the education tax rate for business properties in effect reduces the overall tax bill and potentially mitigates any increases proposed by the Region or Local Area Municipalities. The Province did not propose any tax relief measures for the residential property tax class within their 2020 Budget.

Multi-year

The two most significant items impacting the multi-year forecasts of 9.6% in 2022 and 1.8% in 2023 are COVID-19 and Transit service integration & enhancement. Forecasted costs of the pandemic in 2022 are \$9.2 million. As sustainable funding is not identified, the budget would need to be established through tax increases, continued reserve draws, or funding from other levels of government. To address Transit service integration and enhancement in accordance with the governance review, net increases of an estimated \$2.6M in 2022 and \$5.7M in 2023 would be required.

Risks and Opportunities

Niagara Region budget is prepared based on information available at a point in time. Services and/or the actual operational costs can be impacted by the following:

- Uncertainty regarding Niagara Region's role in the vaccine rollout. At this time, no cost of the program is included in the budget.
- If actual staff turnover is not consistent with prior years then we are at risk of not realizing the budgeted salary gapping. Additionally, labour-related cost savings have been available at year-end to mitigate other unbudgeted pressures (i.e. claims, development charge grants, etc.), which could put further pressure on year-end results.
- A total of \$4 million has historically been realized from the casino gaming revenues; only one quarter of that has been incorporated as a loss resulting from COVID-19 casino closure.
- The incentive review is underway; therefore optimal funding requirements are still outstanding.
- Inability to increase budget to match historical trends of certain expenditures may result in unbudgeted pressures.
- A contribution of \$1.5 million per year until 2024 will only provide \$6 million of funding in the Hospital Contribution reserve, which is not in line with the West Lincoln Memorial Hospital request; therefore, there will be additional impacts on future years' budgets.
- Business license revenue could be further impacted by future COVID-19 business closures should Niagara move into greater restrictions within the provincial framework.
- One-time ministry funding used to mitigate the Public Health formula change from 75/25 to 70/30 may result in a pressure in the 2022 budget.
- Long-term care and Public Health COVID-19 pressures may result in increased sustainable funding.
- Work from home measures that have been explored during COVID-19 could result in more permanent reductions in space requirement costs.
- Shared services arrangements as well as sustainability review results continue to be analyzed for future implementation.

- Safe Restart funding (phase 2) was announced December 16th. This one-time funding will further mitigate 2020 COVID-19 costs, increase the year end transfer to reserve and fund 2021 COVID-19 costs.

Sinking Fund

As per the Municipal Act, Section 289, Niagara Region is required to prepare and adopt a budget including amounts to be raised for sinking funds. Additionally, as per Section 424, the Treasurer must prepare for Council, an annual statement of the amount to be raised for a sinking fund. This report will also serve to carry out Niagara Region's responsibilities as prescribed in the Municipal Act.

Niagara Region's sinking fund is a separate fund maintained for the purpose of providing the repayment of all sinking fund debt when it becomes due and payable. Proportionally, 88.05% of the fund relates to Niagara Region and the remaining 11.95% relates to the City of St. Catharines. The debt issued on June 30, 2010 subject to repayment through the sinking fund is \$78,079,000. This amount is repayable in full on June 30, 2040. The annual budget for Niagara Region's portion of the debt charges associated with the sinking fund is \$4,906,470 (\$1,331,695 principal, \$3,574,775 interest). This amount has been included in the 2021 budget, and subject to Niagara Region achieving the annual required rate of return of 3.50%, will remain in effect until the sinking fund matures on June 30, 2040. To date the Niagara Region has been able to invest in bonds yielding greater than the required rate of return.

Alternatives Reviewed

At the discretion of Council, they can identify to eliminate/add programs from/to the budget. Business cases identifying the impacts/risks of adding or removing programs related to growth, mitigations, and COVID-19.

Relationship to Council Strategic Priorities

The 2021 levy budget supports all facets of the organization in their support of Council's priorities.

Other Pertinent Reports

CSD 41-2020	2021 Budget Planning
CSD 58-2020	2021 Capital Budget
CSD 76-2020	Q3 2020 Financial Update

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Appendices

Appendix 1	Niagara Region Departments Base Budget
Appendix 2	COVID-19 Pressures
Appendix 3	Assessment Growth Funded Costs
Appendix 4	Full-time Equivalents Summaries

Appendix 1 – Niagara Region Departments Base Budget

Object of Expenditure	2020 Budget*	2021 Budget~	\$ Variance	% Variance	Note
Labour Related Costs	243,755,649	244,759,016	1,003,367	0.4%	(1)
Administrative	22,872,047	24,185,907	1,313,860	5.7%	(2)
Operational & Supply	43,641,010	43,557,765	(83,245)	-0.2%	
Occupancy & Infrastructure	13,609,740	14,097,690	487,950	3.6%	(3)
Equipment, Vehicles, Technology	8,931,603	9,088,046	156,443	1.8%	
Community Assistance	165,157,825	166,985,460	1,827,634	1.1%	
Partnership, Rebate, Exemption	13,906,580	14,125,290	218,710	1.6%	
Financial Expenditures	67,246,569	70,747,176	3,500,608	5.2%	(4)
Transfers to Funds	23,674,558	26,312,204	2,637,646	11.1%	(5)
Expense Allocations to Capital	(140,000)	(140,000)	0	0.0%	
Allocations Between Departments	(604,565)	(613,982)	(9,417)	1.6%	
Total Expenditure before Indirect Allocations	602,051,017	613,104,573	11,053,556	1.8%	
Indirect Allocations to Rate and Courts	(6,916,323)	(7,019,909)	(103,585)	-1.5%	
Capital Financing Allocation to Rate and Courts	(12,420,277)	(15,722,089)	(3,301,812)	-26.6%	(6)
Total Expenditure	582,714,417	590,362,576	7,648,159	1.3%	
Taxation	(17,063,974)	(17,078,253)	(14,279)	-0.1%	
Federal & Provincial Grants	(296,237,294)	(298,750,331)	(2,513,037)	-0.8%	
By-Law Charges & Sales	(15,359,242)	(15,676,410)	(317,168)	-2.1%	
Other Revenue	(45,389,738)	(45,331,186)	58,552	0.1%	
Transfers from Funds	(3,972,411)	(4,748,956)	(776,544)	-19.5%	(7)
Total Revenue	(378,022,659)	(381,585,136)	(3,562,476)	0.9%	
Net Departmental Levy Budget	204,691,758	208,777,440	4,085,683	2.0%	

*includes in-year adjustments and excludes 2020 one-time programs

~excludes 2021 program changes for COVID-19 and Growth Costs

Notes:

1. Labour related costs includes contract and WSIB increases, salary gapping, and base FTE reductions, which were separated in the analysis section of the report.
2. Administrative cost increases includes \$0.8 million to facilitate Human Resource Systems (HRIS) transition if required, offset by increased transfers from reserves in note 6, and \$0.7 million due to insurance premium increases on policy renewal.
3. Occupancy and Infrastructure includes \$0.5 million in roof patching, one-time building security costs, and long-term care minor capital funded through increases in transfers from reserve and provincial grants.
4. Financial Expenditures includes an increase of \$4.3 million related to the debt financing of the SNF wastewater treatment plant offset by retiring debt in Waste Management of \$0.8 million. These costs are recovered through Capital Financing Allocations to wastewater operations as per note 6.
5. Transfers to Reserves increase includes the \$2.0 million or 1.0% levy increase to support capital investment.
6. Capital Financing Allocation includes increased debt charges allocated to the Rate program, approved at BRCOTW November 26th.
7. Transfers from reserves increase includes \$0.8 million for HRIS transition included in note 2 above.

Appendix 2 – COVID-19 Pressure Business Cases

2021 COVID-19 Pressure with Funding

Department	Description	Pressure	Funding Source
General Gov'nmt	Supplemental Tax Revenue	\$1,008,263	Safe Restart
Corporate Admin	Talent Acquisition Support	\$56,676	Safe Restart
Corporate Services	Business Licensing Revenue	\$73,989	Safe Restart
Corporate Services	IT Solutions	\$39,500	Safe Restart
Corporate Services	Finance Staffing & Expenses	\$93,756	Safe Restart
Corporate Services	Facilities PPE	\$1,165,633	Safe Restart
Corporate Services	Customer Service Screeners	\$148,026	Safe Restart
Community Services	Homelessness Services & Community Engagement	\$1,230,034	Safe Restart
Community Services	Children's Services Screeners	\$267,442	Safe Restart
Public Health & EMS	Emergency Medical Services	\$788,039	Safe Restart
Transportation	Niagara Regional Transit	(\$86,215)	Safe Restart
Transportation	Niagara Specialized Transit	\$12,000	Safe Restart
Community Services	Long-term care	\$7,486,713	Safe Restart 2020 Surplus
Public Health & EMS	Pandemic Response Division	\$5,496,081	2020 Surplus Taxpayer Relief Reserve
Departments Total		\$17,779,939	
Corporate	Assessment Growth funding	(\$583,015)	
Net Departments		\$17,196,924	
Court Services	PPE and supplies	\$39,556	Safe Restart
NPCA	PPE and supplies	\$109,464	Safe Restart
NRH	PPE, cleaning, and security	\$412,457	Safe Restart
NRPS	Casino revenue	\$1,050,000	Safe Restart
ABCs Total		\$1,611,477	
Total		\$18,808,401	

COVID-19 Pressure 2020 and 2021 Comparison (in thousands)

Department	2020 COVID-19 Net of Base Budget Funding*	2021 COVID-19 Costs	Difference	Note
General Government	(3,403)	1,008	4,411	(1)
Governance	(132)	-	132	
Corporate Administration	(1,835)	57	1,892	(2)
Corporate Services	1,627	1,521	(106)	
Community Services	20,100	8,984	(11,116)	(3)
Public Health & Emergency Services	7,478	6,284	(1,194)	(4)
Planning & Development	344	-	(344)	
Transportation	(2,238)	(74)	2,164	(5)
Department Total	21,941	17,780	(4,161)	
Court Services	691	40	(651)	
NPCA	-	109	109	
NRH	199	412	213	
NRPS	3,416	1,050	(2,366)	
ABC Total	4,306	1,611	(2,695)	
Total	26,247	19,391	(6,856)	

*As included in CSD 76-2020 Q3 Financial Update – Levy Supported “Total Gross Cost” of \$46,850 thousand, less \$20,603 “Costs supported by our base budget” which are those funds repurposed in the base budget to support the pandemic.

1. 2020 includes one-time savings due to the COVID-19 shutdown of development, reducing development charge grants. 2020 savings are offset by reduced investment income as a result of reduced interest rates; both development and interest rates are expected to rebound in 2021. Developments impacted by the shutdown are expected to have an adverse effect on 2021 supplemental taxes.
2. 2020 includes one-time savings resulting from closures of businesses offering health insurance covered benefits.
3. 2020 includes increased childcare provider payments in 2020 and pandemic pay.
4. 2020 includes increased pandemic pay.
5. 2020 includes reduced level of service for regional and specialized transit systems.

Appendix 3 – Assessment Growth Funded Costs

Description	Gross \$	Net \$	% Increase
Gross Assessment Growth	(5,664,748)	(5,664,748)	(1.44%)
Tax Increment Grants on new assessment	76,582	76,582	0.02%
Incremental costs of new growth			
Operating Impacts of the Capital Budget	5,300	5,300	0.00%
EMS System Transformation (11.6 FTEs)	1,290,342	741,910	0.19%
Total Rewards Coordinator (1.0 FTE)	79,275	79,275	0.02%
Transportation Planning Project Manager (1 temp FTE)	99,765	99,765	0.03%
Insurance Premium increase for new properties	216,510	216,510	0.06%
Gaps in funding the capital asset plan			
Incremental transfer to capital reserves	862,392	862,392	0.22%
Programs aimed at driving economic growth or other Council priorities			
Regional Development Charge grants	1,000,000	1,000,000	0.25%
Pandemic Response (6 FTEs)	583,015	583,015	0.15%
Transit Consulting	500,000	500,000	0.13%
Transfer to Hospital Reserve	1,500,000	1,500,000	0.38%
Total Costs of Growth	6,210,296	5,664,748	1.44%

Appendix 4 - Full-time Equivalent Summaries

Employees are reported as an equivalent of a full-time employee (full-time equivalent, FTE) providing service throughout a fiscal year. Depending on the category of employee and nature of service, the fixed number of hours tied to an FTE may vary (35, 37.5, 40, or 42 hour weeks). Permanent FTEs can only be added through the annual budget process or budget adjustments where there is funding available and approved by Council.

Permanent Full-time Equivalents

Item	FTE	Comments
2020 Approved FTEs	2,369.8	
Public Health & Emergency Services	2.0	Occupational Therapists (PHD 8-2020)
2020 Adjusted FTEs	2,371.8	
Base Program Delivery Changes		
Corporate Services	0.6	Office Cleaner*
Community Services	6.0	St. Catharines Childcare Expansion
Community Services	(13.0)	SAEO Employment Transformation
Public Health & Emergency Services	0.5	EI Expansion Program Analyst
Public Health & Emergency Services	2.0	Community Paramedicine*
Planning & Development	1.0	Wet Weather Management*
Transportation	1.0	Capital Planning Specialist*
Subtotal	(1.9)	
Funded from Assessment Growth		
Corporate Administration	1.0	HR Benefits Coordinator
Public Health & Emergency Services	3.8	Emergency Communications Nurses*
Public Health & Emergency Services	6.8	EMS System Transformation
Public Health & Emergency Services	1.0	Mental Wellness Coordinator*
Public Health & Emergency Services	6.0	Pandemic Response
Subtotal	18.6	
2021 Total Change	16.7	
2021 Total Perm FTEs	2,388.4	

*offset with a reduction in temporary FTE in following table

Temporary Full-time Equivalents

Item	FTE	Comments
2020 Approved FTEs	53.1	
Expiring		
Corporate Administration	(1.0)	Community Safety & Well-being
Planning & Development	(1.0)	Manager Special Projects
Transportation	(1.0)	Project Manager Airports
Transportation	(1.0)	Office Assistant
Subtotal	(4.0)	
Base Program Delivery Changes		
Corporate Services	(0.6)	Office Cleaner*
Corporate Services	1.0	IT Project Manager
Community Services	1.0	One-time Childcare Support
Public Health & Emergency Services	(1.0)	Mental Wellness Coordinator*
Public Health & Emergency Services	(3.8)	Emergency Communications Nurses*
Public Health & Emergency Services	0.3	Mental Health Supervisor
Public Health & Emergency Services	(0.5)	Community Paramedicine*
Planning & Development	(1.0)	Wet Weather Management*
Transportation	(1.0)	Capital Planning Specialist*
Subtotal	(5.7)	
Funded from Assessment Growth		
Transportation	1.0	Project Manager
Subtotal	1.0	
COVID-19		
Corporate Administration	1.0	Staffing Support
Corporate Services	2.4	Screeners
Corporate Services	1.0	Program Financial Analyst
Community Services	61.6	Long-term Care Homes Staffing (RPNs, PSWs, Housekeeping)
Community Services	6.4	Homelessness Outreach
Community Services	39.2	Screeners (long-term care & daycare)
Public Health & Emergency Services	75.2	Pandemic Response
Public Health & Emergency Services	1.0	Ambulance Technicians
Subtotal	187.7	
2021 Total Change	179.0	
2021 Total Temp FTEs	232.1	

*offset by increase in permanent FTE in prior table

Subject: 2021 Fees and Charges By-law

Report to: Budget Review Committee of the Whole

Report date: Thursday, January 14, 2021

Recommendations

1. That the 2021 Fees and Charges schedule, Appendix 1 of Report CSD 7-2021, **BE APPROVED**, with an effective date of February 1, 2021; and,
2. That the necessary by-law, Appendix 2 of Report CSD 7-2021, **BE PREPARED** and **PRESENTED** to Council for consideration.

Key Facts

- The purpose of this report is to seek Council's approval for the 2021 Fees and Charges by-law.
- Appendix 1 contains the complete schedule of fees and charges. The schedule does not include fees and charges related to the Niagara Regional Police Services (NRPS). The most updated fees and charges by-law for NRPS is 371-2017.
- Fees and charges provide funding for the operation of some programs and services across the Region's departments, Boards, and Agencies. In 2020, excluding NRPS, fees and charges provided annual revenue to the general levy budget of \$6.0 million (1.5% of the general levy) and \$6.5 million to the rate operating budget (4.0% of the rate requisitions), for a total of \$12.5 million. User fee revenues are estimated to increase by \$0.5 million in the 2021 budget (excluding NRPS) to \$13.0 million.
- The 2021 fees and charges schedule includes new fees as well as modifications to the existing user fees to reflect historic inflationary pressures and enhanced services. User fees should be set to recover the full cost of the service to the extent that there is no conflict with other policy objectives and the service benefits the user directly, rather than the community as a whole.

Financial Considerations

The Niagara Region delivers a wide range of programs and services that in 2021 will rely on the budgeted \$13.0 million (excluding NRPS) generated through user fees and charges rather than receive support via the general levy or the rate requisition. The proposed fees and charges were developed in consultation with Regional departments

and are estimated to increase levy revenues by \$0.1 million annually (excluding NRPS) and increase rate revenues by \$0.4 million. The total net increase in user fee and charges revenue will reduce the burden to the general taxpayer by offsetting the levy budget by \$6.1 million and the rate budget by \$6.9 million.

Section 391 of the Municipal Act and section 69 of the Planning Act provide the authority for a municipality to establish fees and charges. The fundamental principle behind user fees and price setting via cost recovery is that those who actually consume and benefit from the good/service pay for it and those who do not use the good/service or receive any benefit from it should not be obligated to pay for it. A key element is that the benefit of the service is to the individual, not the general taxpayer. The main economic reason why user charges should be levied on the direct recipient of benefits is that this improves the efficiency of the government in allocating resources in a way that creates the largest bundle of possible services demanded by the public.

The Region's fees and charges are monitored on a regular basis to assess potential changes as a result of known and anticipated service changes, program or service cost changes, and legislative changes. Financial review related to volume, revenue and cost of service are conducted annually to ensure that services which can be fully recoverable by the user do not unnecessarily burden the general tax payer.

The 2021 fees and charges schedule is attached (Appendix 1) and identifies where HST is applicable.

Analysis

New for 2021 is the addition of a fee number to the schedule. In past years, fees were referred to only by their fee/charge description. Due to the similar nature of descriptions but differences in use of the fee type by divisions, staff added a fee number this year to more easily refer residents to the appropriate fee on the schedule.

A summary of proposed changes by division are as follows:

Community Services

- The range of fees for COM-1 Adult day programs (geared-to-income) is changing from \$15.86 - \$36.05 to \$10.00 - \$36.05. The bottom end of the range has decreased to reflect a lower fee applicable to new shorter, virtual programs with no associated meal costs.

- The range of fees for COM-5 Child care (geared-to-income) is changing from \$10.11 - \$52.93 to \$10.11 - \$53.91 to reflect the current average across the licensed childcare sector.

Public Health

- The Province of Ontario regulates the majority of services under Public Health and fees are set in accordance with Ministry of Health regulations. Where services are under Regional policy, cost of service adjustments are based on full cost recovery.
- In 2020, the fee for PH-1 Food handler certification was updated to reflect the appropriate HST treatment (the fee charged in the past was \$50.00 tax-exempt and corrected last year to be \$50.00 inclusive of HST) with a plan to review cost recovery for this fee in 2021. Upon completion of that review, this fee has been adjusted for 2021 to be \$56.50 (inclusive of HST), reflecting a return to a base fee of \$50.00.
- Fees PH-14 Plan B and PH-15 Depo-Provera have increased from \$10.00 to \$17.00 and \$18.00 to \$30.00, respectively, based on new pricing from the supplying pharmaceutical company.

Corporate Services

- Legal services has updated the following:
 - CS-8 Compliance letters has increased from \$110.00 to \$120.00 to align with a similar fee from surrounding municipalities and more accurately reflect cost recovery.
 - CS-9 Respond to the request for the Release of Easements, Agreements, or other rights has increased from \$110.00 to \$140.00 as part of the same review.
- The following have been increased for the first time since 2018 to account for inflationary adjustments:
 - CS-11 Director of Legal and Court Services / Senior Counsel hourly rates from \$225.00 to \$230.00;
 - CS-13 Law Clerks hourly rates from \$66.00 to \$70.00;
 - CS-28 Finance hourly rates from \$225.00 to \$230.00.
- Finance has added a new fee CS-35 Administration fee for default of payment of development charges per sections 26.1 and 26.2 of the *Development Charges Act* at \$550.00. This fee was discussed and approved at the December 9, 2020 Corporate Services Committee in CSD 49-2020 and is related to recent

amendments to the *Development Charges Act*. The fee is intended to offset the staff time required in the event of default of payment and is consistent with the existing fee (CS-1) for development charge agreements.

- Information Technology has identified a new GIS digital mapping tile fee CS-37 2020 Aerial Photography (16 cm pixel) at \$50.00. This amount aligns with other existing tile fees.
- Business Licensing continues to refine their schedule of fees in their second year of operations under the Region, after transferring from NRPS in 2019.
 - The non-refundable administration fees for Adult Entertainment Parlour Owners (CS-53) and Operators (CS-54) have increased from \$150.00 to \$375.00 and \$50.00 to \$120.00, respectively. These fees are now 10% of the license renewal fee, similar to the structure for Adult Entertainment Parlour Entertainer fees, to better reflect the cost of administration.
 - CS-58 Auto Wrecking Yard – Initial Application has increased from \$360.00 to \$370.00 to align with fee CS-73 Salvage Yard – Initial Application.
 - A new license type for Salvage Shops has been identified. As such, two new fees have been added: CS-75 Salvage Shop – Initial Application for \$270.00 and CS-76 Salvage Shop – Renewal for \$120.00. The costing of these fees is based on the staff time and direct costs required to issue and enforce the license.
 - The fee/charge descriptions for fees CS-116 to CS-120 related to Transportation Network Company fees have been updated to include “Fleet Size”, for clarity.
 - CS-125 Replacement Plate fee for \$10.00 has been added based on the cost of issuing a replacement plate.
 - CS-127 Hearing fee for \$75.00 has been added as a new fee. It will partially offset the cost of a hearing by the Licensing Appeals Committee under the Business Licensing by-laws.

Corporate Administration

- Human Resources (HR) has changed the unit of measure from “each” to “per 15 minutes” for CA-2 Document Archive Request (Record Search). This aligns the HR fee with similar record search fees in Clerks.

Public Works

- Similar to the updates made in Corporate Services, PW-1 Hourly Rates has increased from \$225.00 to \$230.00. This is the first increase since 2018 and was made to account for inflationary adjustments.
- Waste Management is making changes as follows:
 - Blue/Grey recycling bins has been split out into two separate fees PW-2 Blue recycling bins and PW-3 Grey recycling bins. This change was made to accommodate administration of the online payment page developed during COVID-19 to facilitate curbside pickup of containers.
 - PW-8 32 gallon organic cart – commercial and multi-residential has increased from \$40.00 to \$50.00 due to a cost increase by the supplier.
 - A fee for refrigerant removal stickers has been deleted as this service ceased with the new waste collection agreement in October 2020.
 - The fee/charge description for residential and commercial tipping fees PW-11 changed from 0 – 60 kg to 0 – 50 kg and PW-12 changed from above 60kg to above 50kg. In addition, the fee for PW-12 increased from \$115.00 to \$117.00. These updates have been made to bring the tipping fees closer to cost recovery.
 - The tipping fee PW-14 Asbestos has increased from \$300.00 to \$385.00 to adjust for current market pressures related to this material.
 - PW-42 Replacement of damaged or missing 32 gal organics cart is increasing from \$61.00 to \$62.00 and PW-45 Replacement of damaged or missing locks is increasing from \$8.00 to \$9.00, both due to a cost increase.
- Environmental enforcement in Water-Wastewater has deleted a fee for wastewater sampler rental, as it is no longer used. In addition, several fees in this area are increasing to account for inflationary pressures:
 - PW-47 Hauled sewage – domestic/non-domestic from \$44.00 to \$45.00 per 1,000 gallons;
 - PW-48 Hauled sewage – hauler application fee from \$106.00 to \$108.00;
 - PW-51 Batch discharge permit from \$150.00 to \$153.00;
 - PW-52 Administrative fee – failure to leave hauled sewage record after disposal from \$31.00 to \$32.00;
 - PW-53 Environmental audits information requests – industrial from \$406.80 to \$414.71;
 - PW-54 Environmental audits information requests – commercial from \$406.80 to \$414.71;

- PW-55 Environmental audits information requests – residential from \$135.60 to \$137.86;
- PW-56 Sewer over-strength surcharge from \$1.55 to \$1.58 per kg;
- PW-57 Surcharge agreement – application fee from \$150.00 to \$153.00;
- PW-58 Restrictive discharge agreement – application fee from \$150.00 to \$153.00; and
- PW-59 Environmental record search from \$169.50 to \$172.89.
- Transportation Services is making changes as follows to road permit fees:
 - The annual permit fee (tourism bus operators over-height only) has been deleted as it is no longer required.
 - The sign permit has been split into two fees to distinguish permanent and mobile signs from billboard signs. The new fees are PW-75 Sign permit – permanent or mobile sign for \$82.00 and PW-76 Sign permit – billboard sign for \$620.00.
 - A new special events category has been identified and a fee added accordingly: PW-90 Special event – filming (not more than 5 business days) for \$120.00.
 - While there is already a process and annual fee for underground structure encroachment (fee PW-104), staff identified a new fee to accommodate a new scenario for underground tieback encroachments as PW-105 One-time underground structure encroachment for \$4,500.00.
 - Finally, staff also identified PW-117 Tree replacement from Regional Boulevard for \$500.00 to be paid by a local area municipality for a tree that is removed from a Regional boulevard to be installed in a different area.
- Transit has made the following administrative changes:
 - They have updated the fee/charge descriptions for Inter-Municipal Transit, Intra-Municipal Transit, and Niagara Specialized Transit fares for clarity. Previously, the descriptions began with the rider category (adults, seniors, etc.) followed by the fare type (cash fare, 10-ride card, etc.). These have been reversed so the fees are now grouped by fare type.
 - A no charge cash fare for children has also been added to the Inter-Municipal Transit (PW-119) and Niagara Specialized Transit (PW-145) sections to align with the format of the Intra-Municipal Transit (PW-135) section that was added in 2020.
 - New for 2021: the Child (0-5) rider category has been updated to Child (0-12) so that children aged 12 and under will now ride free, to align with initiatives undertaken by other transit providers such as

GO Transit and TTC. Accordingly, the Elementary (6+) / High School Students rider category will now be Youth (13-17) / High School Students.

- There are no proposed changes for 2021 related to transit fee amounts.

Planning and Development Services

- Similar to the updates made in Corporate Services and Public Works, PDS-1 Hourly Rates has increased from \$225.00 to \$230.00. This is the first increase since 2018 and was made to account for inflationary adjustments.
- Planning is making the following updates:
 - Planning has identified a new fee PDS-2 File management fee for \$112,000.00. This fee will apply to large, complex planning applications that require a dedicated resource to support and expedite the approval process and will apply at the discretion of the Commissioner, Planning & Development Services. The fee has been set at the annual rate of pay of a Senior Planner.
 - A new fee PDS-9 Technical Official Plan amendment review (limited scope of Provincial/Regional interests affected) for \$535.00 has been identified to accommodate simple reviews. This has been set at the same rate as PDS-31 for minor site plan reviews.
 - All other planning fees are increasing at approximately 1% for inflationary pressures.
- Development fees were reviewed in depth in 2020. For 2021, there are only two updates:
 - Most fees (except for sewage, MOE, and water and sewer connections related fees) are increasing by approximately 1% for inflation.
 - A new fee PDS-61 Permit review and issuance (then cancelled within 1 year) has been added to sewage system applications for \$400.00. This fee will recoup administrative costs associated with cancellations.

Niagara Regional Police Services (NRPS)

- The Police Services Board sets NRPS fees and charges. The most updated fees and charges by-law for NRPS is 371-2017 and is available on their [website](https://www.niagarapolice.ca/en/who-we-are/policiesandbylaws.aspx) (<https://www.niagarapolice.ca/en/who-we-are/policiesandbylaws.aspx>).

Alternatives Reviewed

An alternative to the proposed fees and charges schedules would be to not increase the fees and charges and to subsidize the cost of service through the general levy tax base. This alternative is not recommended since many of these services directly benefit the user and provide little or no direct benefits to the community as a whole.

Alternatively, larger increases to the fees and charges schedule could have been applied to ensure full cost recovery and no subsidization from the general tax levy. This alternative is also not recommended since larger increases may have negative impacts on lower income customers and small businesses.

Relationship to Council Strategic Priorities

This report ties to the Council Strategic Priority of Sustainable and Engaging Government, in particular the objective to be Fiscally Sustainable by exploring opportunities for driving new revenues.

Other Pertinent Reports

- [CSD 49-2020](#) Policy for Timing of Development Charge Calculation, Installment and Interest for the Purpose of section 26.1 and 26.2 of the Development Charges Act

Prepared by:

Erin Amirault, MBA
Associate Director, Finance Operations
and Systems
Corporate Services

Recommended by:

Todd Harrison, CPA, CMA
Commissioner, Corporate Services/
Treasurer

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with the Region's Departments and Program Financial Specialists, and reviewed by Helen Chamberlain, Director, Financial Management and Planning, Deputy Treasurer.

Appendices

Appendix 1	2021 Fees and Charges Schedule
Appendix 2	Draft 2021 Fees and Charges By-law

Regional Municipality of Niagara
2021 Schedule of Fees and Charges
(effective February 1, 2021)

yellow - fee (\$) change
green - new fee

CSD 7-2021
Appendix 1
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Fee #	Fee/Charge Description	Unit of Measure	2020 Fee/Charge (\$)	2021 Base Fee/Charge (\$)	HST (\$)	2021 Total Fee/Charge (\$)	Tax Implication	2021 change in fee?
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Community Services

Seniors Services:

COM-1	Adult day programs (geared-to-income)	per day	15.86 - 36.05	10.00 - 36.05	-	10.00 - 36.05	Exempt	YES
COM-2	Deer Park assisted living (geared-to-income)	per month	1,948.96 - 2,483.85	1,948.96 - 2,483.85	-	1,948.96 - 2,483.85	Exempt	NO
COM-3	In-home respite (geared-to-income)	per hour	2.50 - 6.50	2.50 - 6.50	-	2.50 - 6.50	Exempt	NO
COM-4	Aphasia program	per half day	15.00	15.00	-	15.00	Exempt	NO

Child Care Services:

COM-5	Child care (geared-to-income)	per day	10.11 - 52.93	10.11 - 53.91	-	10.11 - 53.91	Exempt	YES
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Public Health

Public Health:

Inspections:

PH-1	Food handler certification (includes the course, manual, exam, and one (1) free exam rewrite)	per certificate	50.00	50.00	6.50	56.50	HST included	YES
PH-2	Food handler exam only	each	20.00	17.70	2.30	20.00	HST included	NO
PH-3	Food handler exam rewrite only	each	20.00	17.70	2.30	20.00	HST included	NO
PH-4	Food handler manual only	each	25.00	22.12	2.88	25.00	HST included	NO
PH-5	Replacement of lost certificates	per certificate	20.00	17.70	2.30	20.00	HST included	NO
PH-6	Fixed premises real estate inspection – on site	per inspection	339.00	300.00	39.00	339.00	HST included	NO
PH-7	Fixed premises real estate inspection – file search only	per inspection	150.00	132.74	17.26	150.00	HST included	NO
PH-8	Routine inspections after business hours	per inspection	282.50	250.00	32.50	282.50	HST included	NO
PH-9	Re-opening pool or restaurant after-hours	per re-opening	282.50	250.00	32.50	282.50	HST included	NO
PH-10	Tick sign	each	30.00	26.55	3.45	30.00	HST included	NO

Sexual Health:

PH-11	Oral contraception	per package	8.00 - 18.00	8.00 - 18.00	-	8.00 - 18.00	Zero-rated	NO
PH-12	Contraceptive patch	each	10.00	10.00	-	10.00	Zero-rated	NO
PH-13	Metronidazole	dose	5.00	5.00	-	5.00	Zero-rated	NO
PH-14	Plan B	each	10.00	17.00	-	17.00	Zero-rated	YES
PH-15	Depo-Provera	each	18.00	30.00	-	30.00	Zero-rated	YES
PH-16	NUVA Ring	each	10.00	10.00	-	10.00	Zero-rated	NO
PH-17	Valcyclovir	caplet	1.00	1.00	-	1.00	Zero-rated	NO
PH-18	Intrauterine System (IUS)	each	45.00-55.00	45.00-55.00	-	45.00-55.00	Zero-rated	NO
PH-19	Intrauterine Device (IUD)	each	330.00-345.00	330.00-345.00	-	330.00-345.00	Zero-rated	NO

Disinterment:

PH-20	Disinterment initial fee	each	226.00	200.00	26.00	226.00	HST included	NO
PH-21	Disinterment each additional hour or part thereof	per hour	113.00	100.00	13.00	113.00	HST included	NO

Emergency Medical Services:

PH-22	Ambulance Call Report	each	60.00	53.10	6.90	60.00	HST included	NO
PH-23	Summary report/dispatch record	each	60.00	53.10	6.90	60.00	HST included	NO
PH-24	Statements	each	40.00	35.40	4.60	40.00	HST included	NO
PH-25	Birth (statement of declaration)	each	60.00	53.10	6.90	60.00	HST included	NO
PH-26	Interviews (minimum of four (4) hours)	per hour	80.00	70.80	9.20	80.00	HST included	NO
PH-27	Special events ambulance and paramedic (two (2) medics required)	per hour (incl. two medics) plus ambulance cost	160.00 plus 80.00	141.59 plus 70.80	18.41 plus 9.20	160.00 plus 80.00	HST included	NO

Corporate Services

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Legal:

Schedule of Legal Services Fees for Planning, Public Works, and Other Matters:

CS-1	Development charge agreements	each	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	-	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Exempt	NO
CS-2	Servicing, site plan, engineering or other development control agreements	each	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	-	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Exempt	NO
CS-3	Land severance approval agreements	each	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	-	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Exempt	NO
CS-4	Waterline, easement, etc. agreements	each	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	-	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Exempt	NO
CS-5	Applications to close roads for private benefit	each	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	-	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Exempt	NO
CS-6	Encroachment agreements	each	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	-	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Exempt	NO
CS-7	Other miscellaneous agreements	each	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	-	Greater of 550.00 plus disbursements and application of Hourly Rates applicable to the review of the Agreement	Exempt	NO
CS-8	Compliance letters	each	110.00	120.00	-	120.00	Exempt	YES
CS-9	Respond to the request for the Release of Easements, Agreements or other rights	each	Greater of 110.00 and application of Hourly Rates applicable to the review of the agreement(s)/other legal documentation related to the request	Greater of 140.00 and application of Hourly Rates applicable to the review of the agreement(s)/other legal documentation related to the request	-	Greater of 140.00 and application of Hourly Rates applicable to the review of the agreement(s)/other legal documentation related to the request	Exempt	YES

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CS-10	Provide the Release of the Easement, Agreement or other rights	each	Greater of \$165.00 plus disbursements and application of Hourly Rates applicable to the preparation of release documents	Greater of \$165.00 plus disbursements and application of Hourly Rates applicable to the preparation of release documents	-	Greater of \$165.00 plus disbursements and application of Hourly Rates applicable to the preparation of release documents	Exempt	NO
CS-11	Director of Legal and Court Services / Senior Counsel hourly rates	per hour	225.00	230.00	Varies	230.00	Varies with service	YES
CS-12	Legal Counsel hourly rates	per hour	200.00	200.00	Varies	200.00	Varies with service	NO
CS-13	Law Clerks hourly rates	per hour	66.00	70.00	Varies	70.00	Varies with service	YES
CS-14	Litigation hourly rates	per hour	Litigation on a time, legal seniority, and complexity of the matter basis as permitted by applicable courts or legal assessment officers ranging inclusive of hourly rates and lump sums for interlocutory proceedings	Litigation on a time, legal seniority, and complexity of the matter basis as permitted by applicable courts or legal assessment officers ranging inclusive of hourly rates and lump sums for interlocutory proceedings	Varies	Litigation on a time, legal seniority, and complexity of the matter basis as permitted by applicable courts or legal assessment officers ranging inclusive of hourly rates and lump sums for interlocutory proceedings	Varies with service	NO

Court Services:

CS-15	First placement fee - consumer accounts	each	12% - 15%	12% - 15%	-	12% - 15%	Exempt	NO
CS-16	Second placement fee - consumer accounts	each	17.5% - 32%	17.5% - 32%	-	17.5% - 32%	Exempt	NO
CS-17	Third Placement fee - consumer accounts	each	29.5% - 50%	29.5% - 50%	-	29.5% - 50%	Exempt	NO
<i>Consumer accounts refer to those involving individual debtors.</i>								
CS-18	First placement fee - commercial accounts	each	12% - 15%	12% - 15%	-	12% - 15%	Exempt	NO
CS-19	Second placement fee - commercial accounts	each	17.5% - 32%	17.5% - 32%	-	17.5% - 32%	Exempt	NO
CS-20	Third Placement fee - commercial accounts	each	29.5% - 50%	29.5% - 50%	-	29.5% - 50%	Exempt	NO
<i>Commercial accounts refer to all non-consumer debtors including businesses, corporations, partnerships, companies, institutions, government agencies, etc.</i>								
CS-21	Records Search - initial request (in accordance with MFIPPA fees schedule)	each	5.00	5.00	-	5.00	Exempt	NO
CS-22	Records Search - per 15 minutes of search time (in accordance with MFIPPA fees schedule)	each	7.50	7.50	-	7.50	Exempt	NO
CS-23	Photocopies (not certified) and ICON Screen Prints (per Section 391 of the Municipal Act)	per page	1.00	1.00	-	1.00	Exempt	NO
CS-24	Photocopies (certified) (per Section 391 of the Municipal Act)	per page	3.50	3.50	-	3.50	Exempt	NO
CS-25	Faxes (per Section 391 of the Municipal Act)	per page	1.50	1.50	-	1.50	Exempt	NO
CS-26	Administration fee for POA cases at certification of default stage	each	40.00	40.00	-	40.00	Exempt	NO
CS-27	NSF fee (under authority Section 66.2 of the Provincial Offences Act)	per incident	35.00	35.00	-	35.00	Exempt	NO

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Finance:

CS-28	Hourly rates (where applicable)	each	225.00	230.00	Varies	230.00	Varies with service	YES
Consumer & Commercial Accounts (Non-Court Services):								
CS-29	First placement fee - consumer accounts	each	12% - 15%	12% - 15%	-	12% - 15%	Exempt	NO
CS-30	Second placement fee - consumer accounts	each	17.5% - 32%	17.5% - 32%	-	17.5% - 32%	Exempt	NO
CS-31	Third Placement fee - consumer accounts	each	29.5% - 50%	29.5% - 50%	-	29.5% - 50%	Exempt	NO
<i>Consumer accounts refer to those involving individual debtors.</i>								
CS-32	First placement fee - commercial accounts	each	12% - 15%	12% - 15%	-	12% - 15%	Exempt	NO
CS-33	Second placement fee - commercial accounts	each	17.5% - 32%	17.5% - 32%	-	17.5% - 32%	Exempt	NO
CS-34	Third Placement fee - commercial accounts	each	29.5% - 50%	29.5% - 50%	-	29.5% - 50%	Exempt	NO
<i>Commercial accounts refer to all non-consumer debtors including businesses, corporations, partnerships, companies, institutions, government agencies, etc.</i>								
CS-35	Administration fee for default of payment of development charges per sections 26.1 and 26.2 of the <i>Development Charges Act</i>	each	-	550.00	-	550.00	Exempt	YES
CS-36	NSF fee	per incident	35.00	35.00	-	35.00	Exempt	NO

Information Technology:

GIS Mapping:

Digital Mapping:

CS-37	2020 Aerial Photography (16 cm pixel)	1 sq. km Tile	-	44.25	5.75	50.00	HST included	YES
CS-38	2018 Aerial Photography (10 cm pixel)	1 sq. km Tile	50.00	44.25	5.75	50.00	HST included	NO
CS-39	2015 Aerial Photography (20 cm pixel)	1 sq. km Tile	50.00	44.25	5.75	50.00	HST included	NO
CS-40	2013 Aerial Photography (10 cm pixel)	1 sq. km Tile	50.00	44.25	5.75	50.00	HST included	NO
CS-41	2010 Aerial photography (20cm pixel colour)	1 sq. km Tile	50.00	44.25	5.75	50.00	HST included	NO
CS-42	2006 Aerial photography (10cm pixel black & white)	1 sq. km Tile	50.00	44.25	5.75	50.00	HST included	NO
CS-43	2002 Aerial photography (20cm pixel colour)	1 sq. km Tile	50.00	44.25	5.75	50.00	HST included	NO
CS-44	2000 Aerial photography (30cm pixel black & white)	1 sq. km Tile	50.00	44.25	5.75	50.00	HST included	NO

Hardcopy Mapping:

CS-45	Road map - Niagara Region 8.5" x 11" or 11" x 17"	Plot (std bond)	10.00	8.85	1.15	10.00	HST included	NO
CS-46	Road map - Niagara Region 24" x 36" (colour or B&W)	Plot (std bond)	25.00	22.12	2.88	25.00	HST included	NO
CS-47	Road map - Niagara Region 36" x 48" (colour or B&W)	Plot (std bond)	50.00	44.25	5.75	50.00	HST included	NO
CS-48	Road map - 42" paper	Plot (std bond)	75.00	66.37	8.63	75.00	HST included	NO
CS-49	Hardcopy map customization (one (1) hour minimum charge)	per hour	50.00	44.25	5.75	50.00	HST included	NO

Business Licensing:

Unless otherwise stated below, refer to the appropriate Business Licensing By-law for details on required frequency of fee payment (e.g. annual, pro-rated, one-time, etc.).

CS-50	Adult Entertainment Parlour Owner	each	3,750.00	3,750.00	-	3,750.00	Exempt	NO
CS-51	Adult Entertainment Parlour Operator	each	1,200.00	1,200.00	-	1,200.00	Exempt	NO
CS-52	Adult Entertainment Parlour Entertainer	each	250.00	250.00	-	250.00	Exempt	NO
CS-53	Adult Entertainment Parlour Owner - Non-refundable Administration Fee	each	150.00	375.00	-	375.00	Exempt	YES
CS-54	Adult Entertainment Parlour Operator - Non-refundable Administration Fee	each	50.00	120.00	-	120.00	Exempt	YES
CS-55	Adult Entertainment Parlour Entertainer - Non-refundable Administration Fee	each	25.00	25.00	-	25.00	Exempt	NO
CS-56	Adult Entertainment Parlour Transfer of Owner's Licenses - Arm's length transfer	each	3,750.00	3,750.00	-	3,750.00	Exempt	NO
CS-57	Adult Entertainment Parlour Transfer of Owner's Licenses - Transfer to an existing Co-owner or non-arm's length transfer	each	1,015.00	1,015.00	-	1,015.00	Exempt	NO
CS-58	Auto Wrecking Yard – Initial Application	each	360.00	370.00	-	370.00	Exempt	YES
CS-59	Auto Wrecking Yard – Renewal	each	220.00	220.00	-	220.00	Exempt	NO
CS-60	Caleche Driver – Initial Application	each	60.00	60.00	-	60.00	Exempt	NO
CS-61	Caleche Driver – Renewal	each	28.00	28.00	-	28.00	Exempt	NO
CS-62	Caleche Owner – Initial Application	each	360.00	360.00	-	360.00	Exempt	NO
CS-63	Caleche Owner – Renewal	each	185.00	185.00	-	185.00	Exempt	NO
CS-64	Caleche Owner – Transfer	each	360.00	360.00	-	360.00	Exempt	NO

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CS-65	Caleche Horse	each	30.00	30.00	-	30.00	Exempt	NO
CS-66	Caleche Business	each	150.00	150.00	-	150.00	Exempt	NO
CS-67	Paratransit Driver – Initial Application	each	60.00	60.00	-	60.00	Exempt	NO
CS-68	Paratransit Driver – Renewal	each	40.00	40.00	-	40.00	Exempt	NO
CS-69	Paratransit Owner – Initial Application	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-70	Paratransit Owner – Renewal	each	260.00	260.00	-	260.00	Exempt	NO
CS-71	Paratransit Owner – Transfer	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-72	Paratransit Business	each	150.00	150.00	-	150.00	Exempt	NO
CS-73	Salvage Yard – Initial Application	each	370.00	370.00	-	370.00	Exempt	NO
CS-74	Salvage Yard – Renewal	each	220.00	220.00	-	220.00	Exempt	NO
CS-75	Salvage Shop – Initial Application	each	-	270.00	-	270.00	Exempt	YES
CS-76	Salvage Shop – Renewal	each	-	120.00	-	120.00	Exempt	YES
CS-77	Second Hand Dealer – Initial Application	each	260.00	260.00	-	260.00	Exempt	NO
CS-78	Second Hand Dealer – Renewal	each	160.00	160.00	-	160.00	Exempt	NO
CS-79	Second Hand Store – Initial Application	each	300.00	300.00	-	300.00	Exempt	NO
CS-80	Second Hand Store – Renewal	each	185.00	185.00	-	185.00	Exempt	NO
CS-81	Shuttle Driver – Initial Application	each	60.00	60.00	-	60.00	Exempt	NO
CS-82	Shuttle Driver – Renewal	each	40.00	40.00	-	40.00	Exempt	NO
CS-83	Shuttle Owner – Initial Application	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-84	Shuttle Owner – Renewal	each	260.00	260.00	-	260.00	Exempt	NO
CS-85	Shuttle Owner – Transfer	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-86	Shuttle Business	each	150.00	150.00	-	150.00	Exempt	NO
CS-87	Sightseeing Driver – Initial Application	each	60.00	60.00	-	60.00	Exempt	NO
CS-88	Sightseeing Driver – Renewal	each	40.00	40.00	-	40.00	Exempt	NO
CS-89	Sightseeing Owner – Initial Application	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-90	Sightseeing Owner – Renewal	each	260.00	260.00	-	260.00	Exempt	NO
CS-91	Sightseeing Owner – Transfer (New Owner)	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-92	Sightseeing Business	each	150.00	150.00	-	150.00	Exempt	NO
CS-93	Spare Vehicle – Initial Application	each	625.00	625.00	-	625.00	Exempt	NO
CS-94	Spare Vehicle – Renewal	each	300.00	300.00	-	300.00	Exempt	NO
CS-95	Specialty Driver – Initial Application	each	60.00	60.00	-	60.00	Exempt	NO
CS-96	Specialty Driver – Renewal	each	40.00	40.00	-	40.00	Exempt	NO
CS-97	Specialty Owner – Initial Application	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-98	Specialty Owner – Renewal	each	260.00	260.00	-	260.00	Exempt	NO
CS-99	Specialty Owner – Transfer	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-100	Specialty Business	each	150.00	150.00	-	150.00	Exempt	NO
CS-101	Taxi Driver – Initial Application	each	60.00	60.00	-	60.00	Exempt	NO
CS-102	Taxi Driver – Renewal	each	40.00	40.00	-	40.00	Exempt	NO
CS-103	Taxi Owner – Broker	each	150.00	150.00	-	150.00	Exempt	NO
CS-104	Taxi Owner – Initial Application	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-105	Taxi Owner – Renewal	each	260.00	260.00	-	260.00	Exempt	NO
CS-106	Taxi Owner – Transfer (New Owner)	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-107	Tow Truck Driver – Initial Application	each	60.00	60.00	-	60.00	Exempt	NO
CS-108	Tow Truck Driver – Renewal	each	40.00	40.00	-	40.00	Exempt	NO
CS-109	Tow Truck Owner – Initial Application	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-110	Tow Truck Owner – Renewal	each	260.00	260.00	-	260.00	Exempt	NO
CS-111	Tow Truck Owner – Transfer	each	1,300.00	1,300.00	-	1,300.00	Exempt	NO
CS-112	Tow Truck Yard	each	100.00	100.00	-	100.00	Exempt	NO
CS-113	Tow Truck Business	each	150.00	150.00	-	150.00	Exempt	NO
CS-114	Transportation Network Company – Driver initial application administration fee	each	40.00	40.00	-	40.00	Exempt	NO
CS-115	Transportation Network Company – Driver application administration fee for second and subsequent short-term licences (less than 12 months)	each	25.00	25.00	-	25.00	Exempt	NO
CS-116	Transportation Network Company Fleet Size - 1 - 24 Vehicles	each	1,020.00	1,020.00	-	1,020.00	Exempt	NO
CS-117	Transportation Network Company Fleet Size - 25 - 99 Vehicles	each	5,100.00	5,100.00	-	5,100.00	Exempt	NO

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CS-118	Transportation Network Company Fleet Size - 100 - 499 Vehicles	each	10,200.00	10,200.00	-	10,200.00	Exempt	NO
CS-119	Transportation Network Company Fleet Size - 500 - 999 Vehicles	each	15,300.00	15,300.00	-	15,300.00	Exempt	NO
CS-120	Transportation Network Company Fleet Size - 1000+ Vehicles	each	50,750.00	50,750.00	-	50,750.00	Exempt	NO
CS-121	Transportation Network Company Per Trip Charge	trip	0.13	0.13	-	0.13	Exempt	NO

Business Licensing Administrative

CS-122	NSF Cheque	each	35.00	35.00	-	35.00	Exempt	NO
CS-123	Late fee	each	50.00	50.00	-	50.00	Exempt	NO
CS-124	License replacement	each	60.00	60.00	-	60.00	Exempt	NO
CS-125	Replacement Plate	each	-	10.00	-	10.00	Exempt	YES
CS-126	Replacement Vehicle	each	100.00	100.00	-	100.00	Exempt	NO
CS-127	Hearing fee	each	-	75.00	-	75.00	Exempt	YES

Customer Service:

CS-128	International Plaza Event (up to 149 attendees)	per hour	45.20	40.00	5.20	45.20	HST included	NO
CS-129	International Plaza Event (150+ attendees): Non-profit and Charitable	per hour	39.55	35.00	4.55	39.55	HST included	NO
CS-130	International Plaza Event (150+ attendees): Commercial	per hour	79.10	70.00	9.10	79.10	HST included	NO
CS-131	International Plaza Event Hydro	per day	33.90	30.00	3.90	33.90	HST included	NO
CS-132	International Plaza Event (150+ attendees) Staff Time	per hour	50.00	44.25	5.75	50.00	HST included	NO
CS-133	International Plaza Vendor Space	per day	50.85	45.00	5.85	50.85	HST included	NO
CS-134	International Plaza Photography Permit	per hour	33.90	30.00	3.90	33.90	HST included	NO
CS-135	International Plaza Instructional Class	per hour	24.86	22.00	2.86	24.86	HST included	NO
CS-136	Small Meeting Room - Event: Non-profit and Charitable	per hour	11.30	10.00	1.30	11.30	HST included	NO
CS-137	Small Meeting Room - Event: Commercial	per hour	22.60	20.00	2.60	22.60	HST included	NO
CS-138	Small Meeting Room - Meeting (non-event): Non-Profit and Charitable	per hour	-	-	-	-	HST included	NO
CS-139	Large Meeting Room - Event: Non-profit and Charitable	per hour	16.95	15.00	1.95	16.95	HST included	NO
CS-140	Large Meeting Room - Event: Commercial	per hour	36.16	32.00	4.16	36.16	HST included	NO
CS-141	Large Meeting Room - Meeting (non-event): Non-Profit and Charitable	per hour	-	-	-	-	HST included	NO
CS-142	Reinstatement of property	each	at cost (time and material) plus 15% plus applicable HST	at cost (time and material) plus 15%	applicable	at cost (time and material) plus 15% plus applicable HST	HST included	NO
CS-143	Cancellation fee with less than three (3) business days' notice or no-shows	each	28.25	25.00	3.25	28.25	HST included	NO

Small Meeting Room options: CE101, CE102, CE103, or CR4
Large Meeting Room option: CE101 and CE102 (combined)

Corporate Administration

Human Resources:

CA-1	3rd party request for release of information	each	71.00 per hour plus incidental costs	71.00 per hour plus incidental costs	-	71.00 per hour plus incidental costs	Exempt	NO
CA-2	Document Archive Request (Record Search)	per 15 minutes	7.50	7.50	-	7.50	Exempt	NO
CA-3	Photocopying	per page	0.20	0.20	-	0.20	Exempt	NO

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yellow - fee (\$) change

green - new fee

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Clerks Office:

Subscription Rates:

CA-4	Council blue book - yearly	yearly	235.70	208.58	27.12	235.70	HST included	NO
CA-5	Agenda package (for Standing Committees)	per committee, yearly	107.00	94.69	12.31	107.00	HST included	NO
CA-6	Minutes only	per committee, yearly	74.90	66.28	8.62	74.90	HST included	NO

Miscellaneous Items:

CA-7	Swearing of oaths (may be waived/amended at the discretion of the Clerk)	each	15.00	15.00	-	15.00	Exempt	NO
CA-8	Photocopying (may be waived/amended at the discretion of the Clerk)	per page	0.20	0.20	-	0.20	Exempt	NO

Requests for Records and Information (includes requests made under Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Personal Health Information Protection Act (PHIPA)):

CA-9	Initial requests (MFIPPA)	each	5.00	5.00	-	5.00	Exempt	NO
CA-10	Preparation fee (redaction time)	per 15 minutes	7.50	7.50	-	7.50	Exempt	NO
CA-11	Photocopying	per page	0.20	0.20	-	0.20	Exempt	NO
CA-12	Manual Search	per 15 minutes	7.50	7.50	-	7.50	Exempt	NO
CA-13	Producing an electronic record	per 15 minutes	7.50	7.50	-	7.50	Exempt	NO
CA-14	Search involving third party (i.e. locating, retrieval, processing, copying)	each	all costs incurred (inclusive of any non-recoverable HST paid to the third party)	all costs incurred (inclusive of any non-recoverable HST paid to the third party)	-	all costs incurred (inclusive of any non-recoverable HST paid to the third party)	Exempt	NO
CA-15	CD/USB	each	10.00	10.00	-	10.00	Exempt	NO
CA-16	Search, file redaction, shipping and the first 20 pages (PHIPA ONLY)	per request	all costs incurred up to \$30	all costs incurred up to \$30	-	all costs incurred up to \$30	Exempt	NO
CA-17	Photocopying after the first 20 pages (PHIPA ONLY)	per page after 20 pages	0.20	0.20	-	0.20	Exempt	NO

Procedures & Fees for the Processing of Applications for Holiday Openings for Maintenance & Development of Tourism under Retail Business Holidays Act:

CA-18	Each application (non-refundable)	each	750.00	750.00	-	750.00	Exempt	NO
CA-19	Business 2,400 square feet or more for service public or if business normally has 4 or more employees service the public (in addition to application fee)	each	100.00	100.00	-	100.00	Exempt	NO

Public Works

PW-1	Hourly rates (where applicable)	each	225.00	230.00	Varies	230.00	Varies with service	YES
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Waste Management:

PW-2	Blue recycling bins	each	6.00	5.31	0.69	6.00	HST included	NO
PW-3	Grey recycling bins	each	6.00	5.31	0.69	6.00	HST included	NO
PW-4	Kitchen organics containers	each	4.00	3.54	0.46	4.00	HST included	NO
PW-5	Green organics bin	each	17.00	15.04	1.96	17.00	HST included	NO
PW-6	Backyard composters	each	21.00	18.58	2.42	21.00	HST included	NO
PW-7	Recycling carts - Commercial and Multi-Residential	each	69.00	61.06	7.94	69.00	HST included	NO
PW-8	32 gallon organic cart - Commercial and Multi-Residential	each	40.00	44.25	5.75	50.00	HST included	YES
PW-9	64 gallon organic cart - Commercial	each	69.00	61.06	7.94	69.00	HST included	NO
PW-10	Garbage tags for each container (bag/can) above the low-density residential (properties with one (1) to six (6) units) garbage limit	each	2.50	2.50	-	2.50	Exempt	NO

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For Landfill Sites & Residential Waste Drop-off Sites:

Residential and Commercial Tipping Fees:

PW-11	0 - 50 kg	flat charge	5.00	5.00	-	5.00	Exempt	NO
PW-12	Above 50 kg	per tonne	115.00	117.00	-	117.00	Exempt	YES
PW-13	Shingles	per tonne	75.00	75.00	-	75.00	Exempt	NO
PW-14	Asbestos	per tonne	300.00	385.00	-	385.00	Exempt	YES
PW-15	Residential concrete and asphalt	per tonne	10.00	10.00	-	10.00	Exempt	NO
PW-16	Residential clean soil	per load	-	-	-	-	Exempt	NO
PW-17	Residential and Commercial scrap metal	per tonne	-	-	-	-	Exempt	NO
PW-18	Commercial clean loads of Blue and Grey Box Materials, Electronics (e-waste), Tires, Batteries	per load	-	-	-	-	Exempt	NO
PW-19	Residential clean loads of Blue and Grey Box Materials, Electronics (e-waste), Tires, Batteries, Leaf and Yard Waste, FOG, Propane Tanks, Used Motor Oil	per load	-	-	-	-	Exempt	NO
PW-20	Commercial leaf and yard waste	per tonne	70.00	70.00	-	70.00	Exempt	NO
PW-21	Commercial clean soil - open landfill sites	per load	20.00	20.00	-	20.00	Exempt	NO
PW-22	Commercial contaminated soil	per tonne	30.00	30.00	-	30.00	Exempt	NO
PW-23	Commercial clean or slightly contaminated soil - Closed Landfill Sites (without operator/ equipment)	per load	40.00	40.00	-	40.00	Exempt	NO
PW-24	Commercial clean or slightly contaminated soil - Closed Landfill Sites (operator/equipment supplied)	per load	25.00	25.00	-	25.00	Exempt	NO
PW-25	Commercial concrete and asphalt	per tonne	10.00	10.00	-	10.00	Exempt	NO
PW-26	Appliances containing CFC's	per unit	20.00	20.00	-	20.00	Exempt	NO
PW-27	Weigh scale measurement (no drop off)	each	10.00	10.00	-	10.00	Exempt	NO

Residential Waste Drop-off Locations - Weigh Scales not Operating:

Tipping Fees:

PW-28	Cars or mini-vans	per load	5.00	5.00	-	5.00	Exempt	NO
PW-29	Cars or mini-vans with trailer	per load	15.00	15.00	-	15.00	Exempt	NO
PW-30	Cube Van	per load	35.00	35.00	-	35.00	Exempt	NO
PW-31	Cube Van with trailer	per load	40.00	40.00	-	40.00	Exempt	NO
PW-32	Pick-up truck	per load	20.00	20.00	-	20.00	Exempt	NO
PW-33	Pick-up truck with trailer	per load	25.00	25.00	-	25.00	Exempt	NO
PW-34	Van or SUV	per load	15.00	15.00	-	15.00	Exempt	NO
PW-35	Van or SUV with trailer	per load	20.00	20.00	-	20.00	Exempt	NO
PW-36	Cargo Van	per load	20.00	20.00	-	20.00	Exempt	NO

Special Event Recycling (SER):

PW-37	Return of contaminated organics or recycling material	per event	59.00	52.21	6.79	59.00	HST included	NO
PW-38	Return of all organics carts or recycling containers empty or unused	per event	59.00	52.21	6.79	59.00	HST included	NO
PW-39	Disposal of contaminated organics or recycling material to landfill	per tonne	115.00	115.00	-	115.00	Exempt	NO
PW-40	SER materials not ready for pick up at prearranged time	per return trip	170.00	150.44	19.56	170.00	HST included	NO
PW-41	Replacement of damaged or missing 64 gal recycling cart	each	123.00	108.85	14.15	123.00	HST included	NO
PW-42	Replacement of damaged or missing 32 gal organics cart	each	61.00	54.87	7.13	62.00	HST included	YES
PW-43	Replacement of damaged or missing portable folding recycling container	each	135.00	119.47	15.53	135.00	HST included	NO
PW-44	Replacement of damaged or missing roll-off signs	each	74.00	65.49	8.51	74.00	HST included	NO
PW-45	Replacement of damaged or missing locks	each	8.00	7.96	1.04	9.00	HST included	YES
PW-46	Request to move roll-off container after placement	per move	170.00	150.44	19.56	170.00	HST included	NO

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Environmental Enforcement:

PW-47	Hauled sewage - domestic/non-domestic	per 1,000 gallons	44.00	45.00	-	45.00	Exempt	YES
PW-48	Hauled sewage - hauler application fee	each	106.00	108.00	-	108.00	Exempt	YES
PW-49	Hauled sewage - hauler permit	first 3 vehicles	52.00	52.00	-	52.00	Exempt	NO
PW-50	Hauled sewage - access cards	each	16.00	16.00	-	16.00	Exempt	NO
PW-51	Batch discharge permit	each	150.00	153.00	-	153.00	Exempt	YES
PW-52	Administrative fee	each	31.00	32.00	-	32.00	Exempt	YES
PW-53	Environmental audits information requests - industrial	each	406.80	367.00	47.71	414.71	HST included	YES
PW-54	Environmental audits information requests - commercial	each	406.80	367.00	47.71	414.71	HST included	YES
PW-55	Environmental audits information requests - residential	each	135.60	122.00	15.86	137.86	HST included	YES
PW-56	Sewer overstrength surcharge	per kg	1.55	1.58	-	1.58	Exempt	YES
PW-57	Surcharge agreement - application fee	each	150.00	153.00	-	153.00	Exempt	YES
PW-58	Restrictive discharge agreement - application fee	each	150.00	153.00	-	153.00	Exempt	YES
PW-59	Environmental Record Search	per request	169.50	153.00	19.89	172.89	HST included	YES

Transportation Services:

Traffic Data Fees:

PW-60	Eight hour intersection traffic count	each	265.00	234.51	30.49	265.00	HST included	NO
PW-61	24 hour automatic traffic recorder	each	55.00	48.67	6.33	55.00	HST included	NO
PW-62	24 hour automatic traffic recorder- Speed/Classification and Volume	each	265.00	234.51	30.49	265.00	HST included	NO
PW-63	24 hour automatic traffic recorder- Volume	each	85.00	75.22	9.78	85.00	HST included	NO
PW-64	Motor vehicle collision general inquiry report per location for 3-5 years history	each	157.00	138.94	18.06	157.00	HST included	NO
PW-65	Intersection capacity analysis summary information	each	275.00	243.36	31.64	275.00	HST included	NO
PW-66	Traffic signal timing	each	110.00	97.35	12.65	110.00	HST included	NO
PW-67	Transportation forecasts - area and specific plots	per hour	82.00	72.57	9.43	82.00	HST included	NO
PW-68	Transportation forecasts - custom analysis	per hour	82.00	72.57	9.43	82.00	HST included	NO
PW-69	Land use information by traffic zone	per hour	82.00	72.57	9.43	82.00	HST included	NO

Transportation Engineering:

PW-70	Design review for development related road improvements	per application	In accordance with executed agreement between Niagara Region and developer plus applicable HST	In accordance with executed agreement between Niagara Region and developer	applicable	In accordance with executed agreement between Niagara Region and developer plus applicable HST	HST included	NO
PW-71	Inspection fee for development related road improvements	per application	In accordance with executed agreement between Niagara Region and developer plus applicable HST	In accordance with executed agreement between Niagara Region and developer	applicable	In accordance with executed agreement between Niagara Region and developer plus applicable HST	HST included	NO

Road Permit Fees:

PW-72	Commercial and industrial entrances (fees payable at the time of Permit Issuance)	each	220.00 + Inspection fee	220.00 + Inspection fee	-	220.00 + Inspection fee	Exempt	NO
PW-73	Residential entrances (fees payable at the time of Permit Issuance)	each	55.00 + Inspection Fee	55.00 + Inspection Fee	-	55.00 + Inspection Fee	Exempt	NO
PW-74	Inspection fee	each	82.00	72.57	9.43	82.00	HST included	NO
PW-75	Sign permit - Permanent or Mobile sign	each	82.00	82.00	-	82.00	Exempt	NO
PW-76	Sign permit - Billboard sign	each	-	620.00	-	620.00	Exempt	YES
PW-77	Detour fee (on Provincial Highway or Local Area Municipalities road and diverting traffic to Regional roads)	each	230.00	230.00	-	230.00	Exempt	NO
PW-78	Daily permit fee (single move - load below 63,500kg; the proposed route is not over regional structure, same route only, OBF check is not required)	each	100.00	100.00	-	100.00	Exempt	NO

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PW-79	Daily permit fee (single move - load above 63,500kg; the proposed route is not over regional structure, same route only, OBF check is not required)	each	100.00	100.00	-	100.00	Exempt	NO
PW-80	Daily permit fee (single move - load above 63,500kg; the proposed route is over regional structure, same route only, OBF check is required)	each	450.00	450.00	-	450.00	Exempt	NO
PW-81	Project permit fee (granted for 12 weeks (3 months); multiple moves - load below 63,500kg; the proposed route is not over regional structure, same route only, OBF check is not required)	each	600.00	600.00	-	600.00	Exempt	NO
PW-82	Project permit fee (granted for 12 weeks (3 months); multiple moves - load above 63,500kg; the proposed route is not over regional structure, same route only, OBF check is not required)	each	600.00	600.00	-	600.00	Exempt	NO
PW-83	Project permit fee (granted for 12 weeks (3 months); multiple moves - load above 63,500kg; the proposed route is over regional structure, same route only, OBF check is required)	each	950.00	950.00	-	950.00	Exempt	NO
PW-84	Annual permit fee (multiple moves at unspecified intervals - load below 63,500kg)	each	330.00	330.00	-	330.00	Exempt	NO
PW-85	Full load (March, April)	each	165.00	165.00	-	165.00	Exempt	NO
PW-86	Special Events: Full Closure: This is an event that requires the complete closure of a Regional Road. Traffic movement must be diverted by a scheduled detour plan. Police must be at the event site for traffic control.	each	660.00	660.00	-	660.00	Exempt	NO
PW-87	Special Events: Partial Closure: This is a special event that requires lane closures, but allows traffic to continue in both directions. Police may be at the event site for traffic control.	each	300.00	300.00	-	300.00	Exempt	NO
PW-88	Special Events: Rolling Closure: This is a special event closure that does not require any permanent lane closures. Used mostly for small parade walks that use sidewalks only and/ or bike events that close roads for a very short period of time. All closures are contained to either (1) lane and monitored by police presence.	each	275.00	275.00	-	275.00	Exempt	NO
PW-89	Special Events: Charity Organization	each	50.00	50.00	-	50.00	Exempt	NO
PW-90	Special Events- Filming (not more than 5 business days)	each	-	120.00	-	120.00	Exempt	YES
PW-91	Road Occupancy	each	110.00	110.00	-	110.00	Exempt	NO
PW-92	Info bars	each	55.00	55.00	-	55.00	Exempt	NO
PW-93	Construction encroachment - no pavement cut (fees applicable when permit obtained before construction begins)	each	275.00 + Inspection Fee	275.00 + Inspection Fee	-	275.00 + Inspection Fee	Exempt	NO
PW-94	Construction encroachment - no pavement cut (fees applicable when permit obtained after construction begins)	each	550.00 + all applicable per visit Inspection Fees	550.00 + all applicable per visit Inspection Fees	-	550.00 + all applicable per visit Inspection Fees	Exempt	NO
PW-95	Construction encroachment - with pavement cut (fees applicable when permit obtained before construction begins)	each	550.00 + Inspection Fee	550.00 + Inspection Fee	-	550.00 + Inspection Fee	Exempt	NO
PW-96	Construction encroachment - with pavement cut (fees applicable when permit obtained after construction begins)	each	1,100.00 + all applicable per visit Inspection Fees	1,100.00 + all applicable per visit Inspection Fees	-	1,100.00 + all applicable per visit Inspection Fees	Exempt	NO
PW-97	Encroachment Agreement Application (fees set to offset the cost to administer the application, review, circulate, and respond to request)	each	330.00	330.00	-	330.00	Exempt	NO
PW-98	Construction encroachment (Local Area Municipal Access Agreements - Emergency Repair) (permit obtained within 30 days of repair)	each	-	-	-	-	Exempt	NO
PW-99	Construction encroachment (Local Area Municipal Access Agreements - Emergency Repair) (permit obtained after 30 days of repair)	each	275.00 - 550.00 + all applicable per visit Inspection Fees	275.00 - 550.00 + all applicable per visit Inspection Fees	-	275.00 - 550.00 + all applicable per visit Inspection Fees	Exempt	NO

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PW-100	Landscaping (There will be no attributed encroachment fee for landscaping done on road allowance wherein the improvements are mutually beneficial and beautifying of Regional Property.)	each	-	-	-	-	Exempt	NO
PW-101	Encroachment of Structure/Sign/Patios (As result of ROW widening or as a result an existing build found during planning application)	each	-	-	-	-	Exempt	NO
PW-102	Annual Encroachment Agreement – (Residential) (Fee is for the annual utilization of the Region's lands. Fee will not be pro-rated for any reason, unless terminated by the Region.)	each	8.0% of Market Value per square meter multiplied by the area of the encroachment, with minimum annual fee as \$330.00	8.0% of Market Value per square meter multiplied by the area of the encroachment, with minimum annual fee as \$330.00	-	8.0% of Market Value per square meter multiplied by the area of the encroachment, with minimum annual fee as \$330.00	Exempt	NO
PW-103	Annual Encroachment Agreement – New Structure/Sign/Patio (Commercial) (Fee is for the annual utilization of the Region's lands. Fee will not be pro-rated for any reason unless terminated by the Region.)	each	8.0% of Market Value per square meter multiplied by the area of the encroachment, with minimum annual fee as \$550.00	8.0% of Market Value per square meter multiplied by the area of the encroachment, with minimum annual fee as \$550.00	-	8.0% of Market Value per square meter multiplied by the area of the encroachment, with minimum annual fee as \$550.00	Exempt	NO
PW-104	Annual Underground Structure Encroachment (Fee is for the annual utilization of the Region's lands. Fee will not be pro-rated for any reason unless terminated by the Region.)	each	8.0% of Market Value per square meter multiplied by the area of the encroachment, with minimum annual fee as \$1100.00	8.0% of Market Value per square meter multiplied by the area of the encroachment, with minimum annual fee as \$1100.00	-	8.0% of Market Value per square meter multiplied by the area of the encroachment, with minimum annual fee as \$1100.00	Exempt	NO
PW-105	One-Time Underground Structure Encroachment (Fee is for any underground (tieback) encroachment proposed within the ROW which will be abandoned after construction. Fee will not be pro-rated for any reason unless terminated by the Region.)	each	-	4,500.00	-	4,500.00	Exempt	YES
PW-106	Annual Private Infrastructure Encroachment (as per previous Agreement)	each	1.00	1.00	-	1.00	Exempt	NO
PW-107	Municipal Gateway Features/Streetscape Improvements (as per previous Agreement)	each	1.00	1.00	-	1.00	Exempt	NO
PW-108	Construction encroachment (Municipal Access Agreements - Annual Fee)	each	5,000.00	5,000.00	-	5,000.00	Exempt	NO
PW-109	Construction encroachment (Municipal Access Agreements - Resubmission)	each	200.00	200.00	-	200.00	Exempt	NO
PW-110	Encroachment Agreement (within Development Planning Agreements) (If pavement is less than 5 years old; Fee is refundable only if pavement reinstatement is done to the Region's standards and passes inspection.)	each	100% of estimated cost of repair	100% of estimated cost of repair	-	100% of estimated cost of repair	Exempt	NO
PW-111	Encroachment Agreement (within Development Planning Agreements) (If pavement is more than 5 years old; Fee is refundable only if pavement reinstatement is done to the Region's standards and passes inspection.)	each	15% of estimated value of project	15% of estimated value of project	-	15% of estimated value of project	Exempt	NO
PW-112	Canadian Tourism-Oriented Directional Signing (TODS)	per operator	150.00	132.74	17.26	150.00	HST included	NO
PW-113	Canadian Tourism-Oriented Directional Signing (TODS)	per assembly	300.00	265.49	34.51	300.00	HST included	NO
PW-114	Regional directional sign	each	50.00	44.25	5.75	50.00	HST included	NO
PW-115	Lane Occupancy (Lane occupancy without construction being done on roadway)	per lane, per day	250.00	250.00	-	250.00	Exempt	NO
PW-116	Community events (fee plus applicable operational costs are payable by the event organizer)	each	11.00 - 55.00	11.00 - 55.00	-	11.00 - 55.00	Exempt	NO
PW-117	Tree replacement from Regional boulevard	each	-	500.00	-	500.00	Exempt	YES

Road Permit Fees: "Market Value" means either the land value acquired from the associated MPAC value or approved land appraisal value.

Inter-Municipal Transit:

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Fee #	Fee/Charge Description	Unit of Measure	2020 Fee/Charge (\$)	2021 Base Fee/Charge (\$)	HST (\$)	2021 Total Fee/Charge (\$)	Tax Implication	2021 change in fee?
PW-118	Cash Fare - Adults (18-64)	each	6.00	6.00	-	6.00	Exempt	NO
PW-119	Cash Fare - Child (0-12)	each	-	No Charge	-	No Charge	Exempt	YES
PW-120	Cash Fare - Youth (13-17) / High School Students	each	5.00	5.00	-	5.00	Exempt	NO
PW-121	Cash Fare - Seniors (65+)	each	5.00	5.00	-	5.00	Exempt	NO
PW-122	10-ride Card - Adults (18-64)	each	45.00	45.00	-	45.00	Exempt	NO
PW-123	10-ride Card - Youth (13-17) / High School Students	each	40.00	40.00	-	40.00	Exempt	NO
PW-124	10-ride Card - Seniors (65+)	each	40.00	40.00	-	40.00	Exempt	NO
PW-125	Monthly Pass - Adults (18-64)	each	160.00	160.00	-	160.00	Exempt	NO
PW-126	Monthly Pass - Youth (13-17) / High School Students	each	130.00	130.00	-	130.00	Exempt	NO
PW-127	Monthly Pass - Seniors (65+)	each	130.00	130.00	-	130.00	Exempt	NO
PW-128	Fort Erie to Niagara Falls Link Service - Cash Fare - Adults (18-64)	each	3.50	3.50	-	3.50	Exempt	NO
PW-129	Fort Erie to Niagara Falls Link Service - Cash Fare - Youth (13-17) / High School Students	each	3.50	3.50	-	3.50	Exempt	NO
PW-130	Fort Erie to Niagara Falls Link Service - Cash Fare - Seniors (65+)	each	3.50	3.50	-	3.50	Exempt	NO
PW-131	Port Colborne to Welland Link Service - Cash Fare - Adults (18-64)	each	3.50	3.50	-	3.50	Exempt	NO
PW-132	Port Colborne to Welland Link Service - Cash Fare - Youth (13-17) / High School Students	each	3.50	3.50	-	3.50	Exempt	NO
PW-133	Port Colborne to Welland Link Service - Cash Fare - Seniors (65+)	each	3.50	3.50	-	3.50	Exempt	NO

Intra-Municipal Transit:

PW-134	Cash Fare - Adults (18-64)	each	3.00	3.00	-	3.00	Exempt	NO
PW-135	Cash Fare - Child (0-12)	each	No Charge	No Charge	-	No Charge	Exempt	NO
PW-136	Cash Fare - Youth (13-17) / High School Students	each	3.00	3.00	-	3.00	Exempt	NO
PW-137	Cash Fare - Seniors (65+)	each	3.00	3.00	-	3.00	Exempt	NO
PW-138	10-ride Card - Adults (18-64)	each	27.00	27.00	-	27.00	Exempt	NO
PW-139	10-ride Card - Youth (13-17) / High School Students	each	22.50	22.50	-	22.50	Exempt	NO
PW-140	10-ride Card - Seniors (65+)	each	22.50	22.50	-	22.50	Exempt	NO
PW-141	Monthly Pass - Adults (18-64)	each	85.00	85.00	-	85.00	Exempt	NO
PW-142	Monthly Pass - Youth (13-17) / High School Students	each	65.00	65.00	-	65.00	Exempt	NO
PW-143	Monthly Pass - Seniors (65+)	each	65.00	65.00	-	65.00	Exempt	NO

Niagara Specialized Transit Fares:

PW-144	Cash Fare - Adults (18-64)	each	6.00	6.00	-	6.00	Exempt	NO
PW-145	Cash Fare - Child (0-12)	each	-	No Charge	-	No Charge	Exempt	YES
PW-146	Cash Fare - Youth (13-17) / High School Students	each	5.00	5.00	-	5.00	Exempt	NO
PW-147	Cash Fare - Seniors (65+)	each	5.00	5.00	-	5.00	Exempt	NO
PW-148	10-ride Card - Adults (18-64)	each	45.00	45.00	-	45.00	Exempt	NO
PW-149	10-ride Card - Youth (13-17) / High School Students	each	40.00	40.00	-	40.00	Exempt	NO
PW-150	10-ride Card - Seniors (65+)	each	40.00	40.00	-	40.00	Exempt	NO
PW-151	Monthly Pass - Adults (18-64)	each	160.00	160.00	-	160.00	Exempt	NO
PW-152	Monthly Pass - Youth (13-17) / High School Students	each	130.00	130.00	-	130.00	Exempt	NO
PW-153	Monthly Pass - Seniors (65+)	each	130.00	130.00	-	130.00	Exempt	NO
PW-154	Trips Fort Erie to Niagara Falls Link Service - Cash Fare - Adults (18-64)	each	3.50	3.50	-	3.50	Exempt	NO
PW-155	Trips Fort Erie to Niagara Falls Link Service - Cash Fare - Youth (13-17) / High School Students	each	3.50	3.50	-	3.50	Exempt	NO
PW-156	Trips Fort Erie to Niagara Falls Link Service - Cash Fare - Seniors (65+)	each	3.50	3.50	-	3.50	Exempt	NO
PW-157	Trips Port Colborne to Welland Link Service - Cash Fare - Adults (18-64)	each	3.50	3.50	-	3.50	Exempt	NO
PW-158	Trips Port Colborne to Welland Link Service - Cash Fare - Youth (13-17) / High School Students	each	3.50	3.50	-	3.50	Exempt	NO
PW-159	Trips Port Colborne to Welland Link Service - Cash Fare - Seniors (65+)	each	3.50	3.50	-	3.50	Exempt	NO
PW-160	Trips to Hamilton - Cash Fare - Adults (18-64)	each	15.00	15.00	-	15.00	Exempt	NO
PW-161	Trips to Hamilton - Cash Fare - Youth (13-17) / High School Students	each	14.00	14.00	-	14.00	Exempt	NO
PW-162	Trips to Hamilton - Cash Fare - Seniors (65+)	each	14.00	14.00	-	14.00	Exempt	NO

Regional Municipality of Niagara
2021 Schedule of Fees and Charges
(effective February 1, 2021)

yellow - fee (\$) change
green - new fee

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Fee #	Fee/Charge Description	Unit of Measure	2020 Fee/Charge (\$)	2021 Base Fee/Charge (\$)	HST (\$)	2021 Total Fee/Charge (\$)	Tax Implication	2021 change in fee?
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Tourism Oriented Destination Signage:

PW-163	Initial Fee for Manufacturing and Installation: Up to 30 cm x 120 cm (1' x 4') signs (for roads with speed limit of 60 km/h or less)	Per sign	367.25	325.00	42.25	367.25	HST included	NO
PW-164	Initial Fee for Manufacturing and Installation: Up to 45 cm x 180 cm (1.5' x 6') signs (for roads with speed limit greater than 60 km/h)	Per sign	565.00	500.00	65.00	565.00	HST included	NO
PW-165	Annual Maintenance Fee	Per sign	113.00	100.00	13.00	113.00	HST included	NO

Tourism signage initiated by a local municipality may be exempt from the annual maintenance fee; however, the municipality will be responsible for the cost of any modifications or replacements.

Planning and Development Services:

PDS-1	Hourly rates (where applicable)	each	225.00	230.00	Varies	230.00	Varies with Service	YES
PDS-2	File Management Fee*	per year	-	112,000.00	-	112,000.00	Exempt	YES

* Large complex files requiring a dedicated resource to support and expedite the approval process at the discretion of the Commissioner, Planning & Development Services

Planning Services:

Regional Official Plan Amendments (ROPA):

PDS-3	Regional Official Plan Amendment Review	per application	18,125.00	18,310.00	-	18,310.00	Exempt	YES
PDS-4	Regional Official Plan Amendment Application Fee - Urban Boundary Expansion	per application	36,000.00	36,360.00	-	36,360.00	Exempt	YES
PDS-5	ROPA to Establish or Expand a Pit or Quarry **	per application	113,885.00	115,025.00	-	115,025.00	Exempt	YES
PDS-6	Advertising - Public Notice (Applicant is responsible for advertising cost over & above the application fee)	per application	cost of advertising plus applicable HST	cost of advertising	applicable	cost of advertising plus applicable HST	HST included	NO

*** In addition to the fees set out above for Pits and Quarries (new and expansion fees), the owner/applicant shall bear any and all costs pertaining to Peer Reviews and for an Aggregate Advisor, if required. The owner/applicant shall be required to sign a cost acknowledgement agreement which must be signed and submitted as part of the application.*

Local Official Plan Amendments:

PDS-7	Major Official Plan Amendment Review (Change in land use designation, conversion, or significant change in policy direction)	per application	9,715.00	9,815.00	-	9,815.00	Exempt	YES
PDS-8	Minor Official Plan Amendment Review (Change in policy)	per application	5,180.00	5,235.00	-	5,235.00	Exempt	YES
PDS-9	Technical Official Plan Amendment Review (Limited scope of Provincial/Regional interests affected)	per application	-	535.00	-	535.00	Exempt	YES

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Development Services:

Subdivision, Vacant Land or Common Element Condominium Base Fee:

Additional fees apply for Storm Water, Urban Design, Hydrogeology, EIS and/or Private Sewage System Reviews as required.

PDS-10	Draft Plan Review (Fee is based on the entire area of the subdivision)	per application	5,180.00 base fee + 1,145.00 per hectare	5,235.00 base fee + 1,160.00 per hectare	-	5,235.00 base fee + 1,160.00 per hectare	Exempt	YES
PDS-11	Revision to Submission by Applicant (Prior to Draft Approval)	per application	1,300.00	1,315.00	-	1,315.00	Exempt	YES
PDS-12	Modification of Draft Plan Approval	per application	2,595.00	2,625.00	-	2,625.00	Exempt	YES
PDS-13	Extension of Draft Plan Approval	per application	1,300.00	1,315.00	-	1,315.00	Exempt	YES
PDS-14	Extension of Draft Plan Approval (Approved prior to 2006)	per application	2,595.00	2,625.00	-	2,625.00	Exempt	YES
PDS-15	Clearance of Draft Plan Conditions	per phase	2,595.00	2,625.00	-	2,625.00	Exempt	YES

Standard Condominium Base Fee:

Additional fees apply for Storm Water, Urban Design, Hydrogeology, EIS and/or Private Sewage System Reviews as required.

PDS-16	Combined Standard Condominium and Site Plan Review Fee	per application	3,890.00	3,930.00	-	3,930.00	Exempt	YES
PDS-17	Plan of Standard Condominium Review (where site plan review is not required)	per application	2,595.00	2,625.00	-	2,625.00	Exempt	YES
PDS-18	Revisions to Submission by Applicant (Prior to Approval)	per application	1,300.00	1,315.00	-	1,315.00	Exempt	YES
PDS-19	Modification of Standard Draft Plan of Condominium Approval	per application	650.00	660.00	-	660.00	Exempt	YES
PDS-20	Extension of Standard Draft Plan of Condominium Approval	per application	720.00	730.00	-	730.00	Exempt	YES
PDS-21	Extension of Standard Draft Plan of Condominium Approval (Approved prior to 2006)	per application	1,430.00	1,445.00	-	1,445.00	Exempt	YES
PDS-22	Clearance of Conditions (Standard Plan of Condominium)	per application	720.00	730.00	-	730.00	Exempt	YES

Zoning By-law Amendments Base Fee:

Additional fees apply for Storm Water, Urban Design, Hydrogeology, EIS and/or Private Sewage System Reviews as required.

PDS-23	Zoning By-law Amendment Review	per application	1,300.00	1,315.00	-	1,315.00	Exempt	YES
PDS-24	Agricultural purposes only (APO) zoning amendment ***	per application	420.00	425.00	-	425.00	Exempt	YES
PDS-25	Revision to Submission by Applicant (Prior to Approval)	per application	650.00	660.00	-	660.00	Exempt	YES
PDS-26	Removal of holding symbol	per application	650.00	660.00	-	660.00	Exempt	YES

*** Where the Region or Local Area Municipality has requested an APO zone as a condition of severance approval there will be no charge for the APO application.

Consent Reviews Base Fees:

Additional fees apply for Storm Water, Urban Design, Hydrogeology, EIS and/or Private Sewage System Reviews as required.

PDS-27	Consent Review - Urban	per application	620.00	630.00	-	630.00	Exempt	YES
PDS-28	Consent Review - Rural /Outside Urban	per application	875.00	885.00	-	885.00	Exempt	YES
PDS-29	Final certification fee (active consent files still remaining under the authority of the Region will be subject to Final Certification Fee, payable upon request for final certification, prior to registration.)	per application	265.00	270.00	-	270.00	Exempt	YES

Site Plan Reviews Base Fees:

Additional fees apply for Storm Water, Urban Design, Hydrogeology, EIS and/or Private Sewage System Reviews as required.

PDS-30	Major Site Plan Review (Applications which entail a Regional response if the subject property is located on a Regional road or there are Regional infrastructure/facilities located nearby or the application has a Regional or Provincial issue as determined by the local municipal planner.)	per application	1,300.00	1,315.00	-	1,315.00	Exempt	YES
PDS-31	Minor Site Plan Review (Minor Site Plans requiring Waste Collection Review, Entrance Permits, Encroachment Permits, Sign Permits.)	per application	525.00	535.00	-	535.00	Exempt	YES
PDS-32	Revision to Submission by Applicant (Prior to Approval)	per application	650.00	660.00	-	660.00	Exempt	YES
PDS-33	Review of Waste Management Only	per application	420.00	425.00	-	425.00	Exempt	YES
PDS-34	Clearance of Site Plan Conditions	per application	1,300.00	1,315.00	-	1,315.00	Exempt	YES

Minor Variance Reviews Base Fees:

Additional fees apply for Storm Water, Urban Design, Hydrogeology, EIS and/or Private Sewage System Reviews as required.

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PDS-35	Minor Variance Review (excludes Septic) (Applications which require Regional Review if the subject property is located on a Regional road or there are Regional infrastructure/facilities located nearby or the application has a Regional or Provincial issue.)	per application	420.00	425.00	-	425.00	Exempt	YES

Niagara Escarpment Plan Applications:

Additional fees apply for Storm Water, Urban Design, Hydrogeology, EIS and/or Private Sewage System Reviews as required.

PDS-36	Development Permit Review	per application	785.00	795.00	-	795.00	Exempt	YES
PDS-37	Minor Development Permit Review (No Provincial or Regional concerns identified (i.e. sheds, garages, pools, etc.))	per application	420.00	425.00	-	425.00	Exempt	YES

All Development Applications are subject to the following additional fees as applicable:

PDS-38	Storm Water Review more than 5 ha	per application	1,870.00	1,890.00	-	1,890.00	Exempt	YES
PDS-39	Storm Water Review < 5 ha	per application	625.00	635.00	-	635.00	Exempt	YES
PDS-40	Major Urban Design Review	per application	615.00	625.00	-	625.00	Exempt	YES
PDS-41	Minor Urban Design Review	per application	255.00	260.00	-	260.00	Exempt	YES
PDS-42	Hydrogeology Review	per application	1,200.00	1,215.00	-	1,215.00	Exempt	YES
PDS-43	Major Environmental Impact Study (EIS) Review (2 or more features)	per application	2,245.00	2,270.00	-	2,270.00	Exempt	YES
PDS-44	Minor EIS Review (1 feature)	per application	1,125.00	1,140.00	-	1,140.00	Exempt	YES
PDS-45	EIS Terms of Reference (TOR) Review (To be deducted from EIS fee when EIS Submitted)	per application	400.00	405.00	-	405.00	Exempt	YES
PDS-46	EIS Draft Review (To be deducted from EIS fee when EIS Submitted)	per application	400.00	405.00	-	405.00	Exempt	YES
PDS-47	EIS Second Submission (Addendum) Review	per application	No Charge	No Charge	-	No Charge	Exempt	NO
PDS-48	EIS Third Submission (Addendum) Review	per application	1,200.00	1,215.00	-	1,215.00	Exempt	YES
PDS-49	Private Sewage System Review	per lot or unit	400.00	400.00	-	400.00	Exempt	NO

Secondary Plans:

PDS-50	Secondary Plans - Privately Initiated (Fee Includes Secondary Plan fee, Urban Design Review, Engineering Review, and OPA review)	per application	13,460.00	13,595.00	-	13,595.00	Exempt	YES
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Maintenance Fees:

PDS-51	Maintenance Fees (Where a file is inactive for over one year, a final maintenance fee will apply to keep the file open. If the fee is not received within four weeks of a request, the file will be closed.)	per application	1,300.00	1,300.00	-	1,300.00	Exempt	NO
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LPAT Appeal Record Preparation:

PDS-52	LPAT Appeal Record Preparation	per application	625.00	635.00	-	635.00	Exempt	YES
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Environmental Site Assessments (Brownfields) Requests to Use Non-potable Water Site Condition Standards:

PDS-53	Response to request	per application	650.00	660.00	-	660.00	Exempt	YES
PDS-54	Response to request - Update Letter	per application	100.00	105.00	-	105.00	Exempt	YES

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Urban Design Projects Associated with Development/Planning Applications:

PDS-55	Urban Design - Concept Design	per hour	\$115.00 Hourly Rate applies unless work covered under Service Agreement	\$120.00 Hourly Rate applies unless work covered under Service Agreement	-	\$120.00 Hourly Rate applies unless work covered under Service Agreement	Exempt	YES
PDS-56	Urban Design - Streetscape Design	per hour	\$115.00 Hourly Rate applies unless work covered under Service Agreement	\$120.00 Hourly Rate applies unless work covered under Service Agreement	-	\$120.00 Hourly Rate applies unless work covered under Service Agreement	Exempt	YES
PDS-57	Urban Design & Architectural Peer Review	per hour	\$115.00 Hourly Rate applies unless work covered under Service Agreement	\$120.00 Hourly Rate applies unless work covered under Service Agreement	-	\$120.00 Hourly Rate applies unless work covered under Service Agreement	Exempt	YES

Sewage System Applications:

PDS-58	New system	per application	1,100.00	1,100.00	-	1,100.00	Exempt	NO
PDS-59	Holding tank	per application	1,100.00	1,100.00	-	1,100.00	Exempt	NO
PDS-60	Septic tank replacement only	per application	600.00	600.00	-	600.00	Exempt	NO
PDS-61	Permit Review and Issuance (then cancelled within 1 year)	per application	-	400.00	-	400.00	Exempt	YES
PDS-62	Hydrogeology review	per study	1,200.00	1,200.00	-	1,200.00	Exempt	NO

Small, On Lot Sewage Systems - Special Requests:

PDS-63	Preliminary site inspection (where no other application has been made)	per application	400.00	400.00	-	400.00	Exempt	NO
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Small, On Lot Sewage Systems - Real Estate Inquiries Including Site Inspection Visits:

PDS-64	Site inspection and report	per application	565.00	500.00	65.00	565.00	HST included	NO
PDS-65	File searches only	per application	282.50	250.00	32.50	282.50	HST included	NO

MOE, Ontario Water Resources Act (Sec 52, 53):

PDS-66	Admin processing	per application	200.00	200.00	-	200.00	Exempt	NO
PDS-67	Admin amendments	per application	100.00	100.00	-	100.00	Exempt	NO
PDS-68	MOE application processing fee for storm and sanitary sewers and appurtenances	per application	900.00	900.00	-	900.00	Exempt	NO
PDS-69	MOE application processing fee for storm and sanitary sewers pump stations and force mains	per application	1,800.00	1,800.00	-	1,800.00	Exempt	NO
PDS-70	Watermains and appurtenances, including hydrants	per application	1,000.00	1,000.00	-	1,000.00	Exempt	NO
PDS-71	Servicing Review with Stormwater Management	per application	2,000.00	2,000.00	-	2,000.00	Exempt	NO

Regional Water & Sewer Lateral Connections:

PDS-72	Water service connection	per application	1,250.00	1,250.00	-	1,250.00	Exempt	NO
PDS-73	Sanitary and storm sewer lateral connection	per application	1,250.00	1,250.00	-	1,250.00	Exempt	NO

Note - Development Services Fees:

- All development review/processing fees must be received by the Development Services Division prior to the Region's submission of comment/recommendations to the approval authority.
- The Region's review/processing fees are not refundable if an application is refused or only partially approved by the approval authority.
- The Region's review/processing fees may be returned if the applicant voluntarily withdraws the application prior to staff commencing the review process.
- In addition to development review fees the Region may require the applicant to cover the cost of peer review for specific technical studies.
- All development applications initiated by a local municipality are exempt from the Region's development review fees.
- Wainfleet, Welland and West Lincoln do their own private sewage system review and therefore the Regional private septic system review fee is not required.
- All development applications are circulated to the Region for review, except where the Region has determined through pre-consultation that the development proposal is exempt from further circulation and review.

Police Services:

See Police Services Board by-law on user fees & charges.

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Note - Tax Implication:

- If HST is found to be applicable where originally deemed not applicable, HST will be applied and payable by the user paying the fee or charge.
- Inter- and intra-municipal supplies are tax exempt and billed under the "2021 Base Fee/Charge" column unless they relate to supply of electricity, gas, steam, or telecommunication services made while acting as a public utility.

Bill <>

Authorization Reference:

THE REGIONAL MUNICIPALITY OF NIAGARA

BY-LAW NO. <>

A BY-LAW TO ESTABLISH FEES AND CHARGES FOR
SERVICES AND ACTIVITIES PROVIDED BY THE REGIONAL
MUNICIPALITY OF NIAGARA AND FOR THE USE OF ITS
PROPERTY AND TO REPEAL BY-LAW 2019-100

WHEREAS section 11 of the *Municipal Act, 2001*, S.O. 2001, c.25, provides that a municipality may pass by-laws respecting services and things that the municipality is authorized to provide; and

WHEREAS section 391 of the *Municipal Act, 2001*, S.O. 2001, c.25, provides that a municipality may impose fees or charges on persons: for services or activities provided or done by or on behalf of it; for costs payable by it for services or activities provided or done by or on behalf of any other municipality or any local board; and for the use of its property including property under its control; and

WHEREAS section 69 of the *Planning Act*, R.S.O. 1990, c. P.13, permits a council of a municipality to establish a tariff of fees for the processing of applications made in respect of planning matters.

NOW THEREFORE the Council of The Regional Municipality of Niagara enacts as follows:

1. That By-law No. 2019-100 and By-law No. 2020-34 are hereby repealed.
2. That the fees and charges as set out in Appendix '1' to this by-law are hereby adopted and enacted.
3. That where the provisions of any other by-laws are inconsistent with the provisions of this by-law, the provisions of this by-law shall prevail.
4. That this by-law shall come into force and effect on February 1, 2021.

THE REGIONAL MUNICIPALITY OF NIAGARA

Bill <>

Authorization Reference:

James Bradley, Regional Chair

Ann-Marie Norio, Regional Clerk

Passed: <date>

Niagara Region Hospital Funding Contribution Policy and Scoring Matrix

January 14, 2021



Corporate Services
Committee
CSD 73-2020
(November 9)

That staff **BE DIRECTED** to develop a formal policy based on the hybrid option in Boulevard Strategy Group's "Niagara Region Hospital Funding Report."

Approved Guiding Principles (November 2020)

1. Fairness and equity across the twelve local municipalities in Niagara.
2. Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region.
3. Demonstrated benefit for all Niagara residents.
4. Alignment with Regional goals and priorities.
5. Regional contribution as part of a community-wide effort.

Council's Preferred Approach “Hybrid Model”

1. Maximum funding threshold consistent with past precedent.
2. Regional contributions subject to mandatory eligibility criteria.
3. Regional contributions scaled according to regional benefit.
4. Separate annual budget allocation.
5. Clear parameters, clear expectations for requestors.
6. Regional contributions capped at funding amounts indicated at time of request (no escalations).

Niagara Region's Maximum Funding Threshold

Consistent with past precedent, analysis is based on a maximum Regional funding threshold of 18 per cent of local share.

Three Items for Consideration

WLMH Evaluation

3

- WLMH request evaluated based on scoring matrix

Scoring Matrix

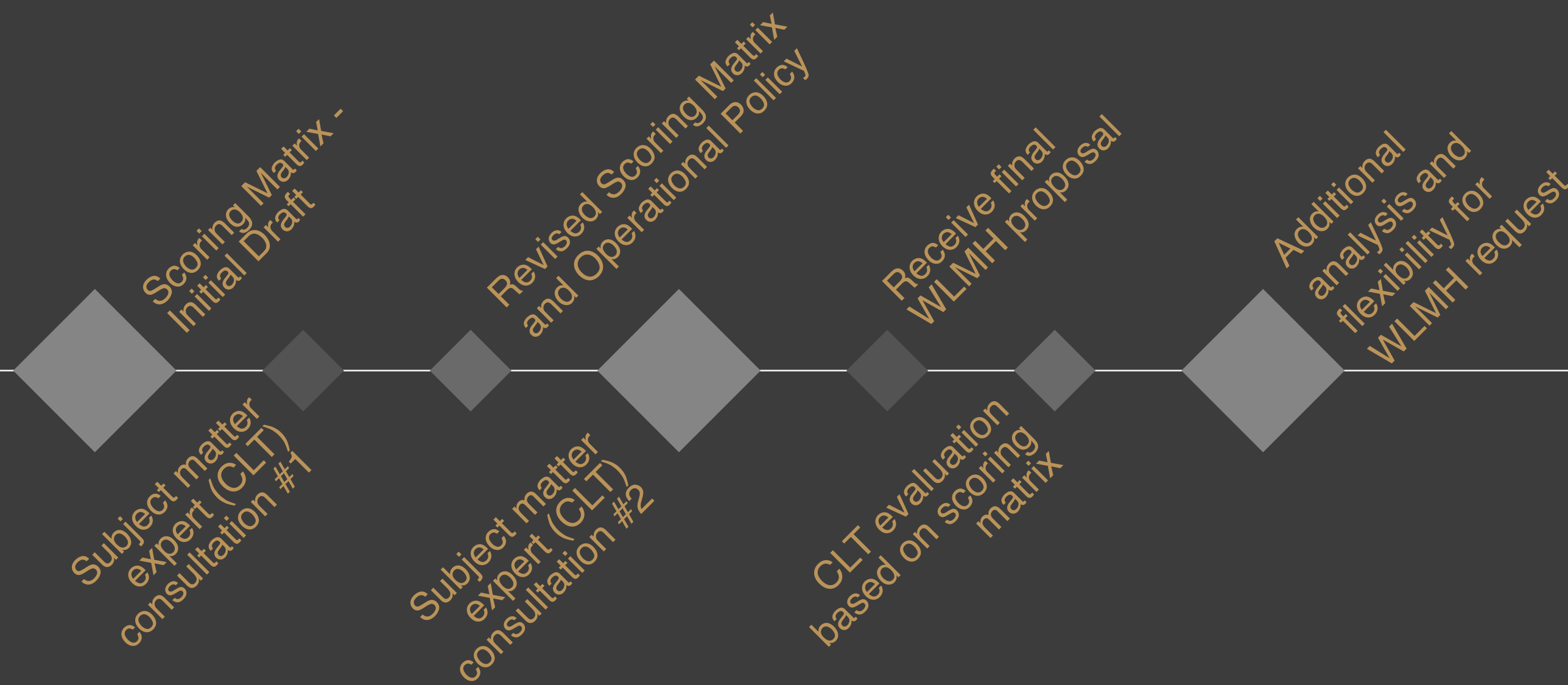
2

- Considers mandatory requirements
- Regional contribution scaled according to regional benefit
- Objective measures

Operational Policy

1

- Based on policy direction received November 2020



Methodology

The above process was undertaken between December 2020 and January 2021 to develop a policy and scoring matrix to evaluate current and future hospital funding requests. In addition to the above milestones, there were four official liaison meetings with the WLMH team during this time period.

OPERATIONAL POLICY

For Consideration by Niagara Region

Policy Overview

- Governs the allocation of Regional funding for hospital funding requests for capital construction, expansion, or redevelopment.
- Consistent with policy direction provided by Regional Council in November 2020.
- Includes mandatory requirements as well as consideration for Regional benefits.
- Consideration of requests occurs as part of Niagara Region's annual budget planning and approval process.
- Includes administrative process, including how requests are received, evaluated and approved.

PROPOSED SCORING MATRIX

For Consideration by Niagara Region

Scoring Matrix Overview

- Comprised of a point system out of a maximum score of 100.
- Final score out of 100 represents the percentage share of Niagara Region's maximum threshold. For example, a score of 50 will mean the request is eligible for a 50 per cent share of the maximum funding threshold.
- If a request fulfills mandatory requirements 35 points are awarded and request proceeds to assessment of regional benefits (Part 1).
- Regional benefit assessed based on economic benefits, social benefits, direct regional healthcare benefits and indirect regional healthcare benefits (Parts 2-5).

Part #1

Base Funding for Mandatory Requirements

35 points if all criteria are met;
prerequisite for further
evaluation

- Request must come from the organization directly responsible for project delivery.
- Requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives.
- Project must be approved by the provincial government with a minimum 70 per cent provincial funding commitment.
- Community fundraising and revenue generation must exceed Niagara Region's contribution as part of the funding plan.
- Project must be located within the municipal boundaries of Niagara Region.
- Requestor and funding partners must agree to recognize regional contributions in all communications related to the project.

Part #2

Economic Benefits

15 points, allocated as follows:

- Short-term jobs > than 100 – 2 points
- Long-term jobs (permanent, full-time) created or sustained:
 - >50 = 2 points
 - >100 = 4 points
 - >200 = 6 points
- Evidence of municipal plans that leverage adjacent employment uses – 4 points
- Project associated with a Centre for Innovation – 3 points

Part #3

Social Benefits: Access and Inclusion

10 points, allocated as follows:

- Facilities and services to improve access and inclusion:
 - On-site childcare – 2 points
 - Age friendly design – 3 points
 - Facilities that promote inclusion – 3 points
- Transit-supported location (within 500m) – 2 points

Part #4

Direct Regional Health Care Services

20 points, allocated as follows:

- Project delivers net new services in one or more areas that address Niagara's top 5 health conditions and diseases that lead to healthcare interventions – 10 points
- Project delivers net new services in one or more areas that address Niagara's top 3 EMS transport issues – 10 points

Part #5

Indirect Regional Healthcare Benefits

20 points, allocated as follows:

- Explanation of how the project contributes to the overall system of healthcare in Niagara (must include validation through written correspondence from OHT) – 14 points
- Project includes Niagara-based health care teaching component (must include validation through written correspondence from Brock University, Niagara College and/or McMaster satellite campus) – 3 points
- Commitment to patient offload delay targets through performance agreement – 3 points

SCORING MATRIX: WLMH EVALUATION

Recommended Regional Contribution for
Budget Committee of the Whole Consideration

Evaluation Process

- Four liaison meetings with WLMH team between December 1, 2020 and January 14, 2021.
- Preliminary evaluation criteria communicated on December 21, 2020 and scoring matrix shared on January 8, 2021.
- Final package received from WLMH on January 11, 2021.
- CLT Evaluation Meeting on January 12, 2021 – initial score of 75 out of 100.
- Additional meeting with CAO and Corporate Services Commissioner on January 12, 2021 to assess the need for flexibility given circumstances and timelines – revised score of 84 out of 100.

WLMH Evaluation Outcome: Final Score is 84 out of 100

Part 1

Mandatory Requirements:

35 out of 35 points

Part 2

Economic Benefits:

12 out of 15 points

Part 3

Social Benefits:

7 out of 10 points

Part 4

Direct Regional Healthcare Benefits:

10 out of 20 points

Part 5

Indirect Regional Healthcare Benefits:

20 out of 20 points

Recommendation: Final Funding Contribution

Local Share of Project Funding

- \$60 million

Maximum Regional Funding Threshold

- 18 per cent of local share
- \$10.8 million

Recommended Regional Contribution

- 84 per cent of maximum threshold
- \$9.072 million



Thank You

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Subject: Hospital Funding Contribution Policy

Report to: Budget Review Committee of the Whole

Report date: Thursday, January 14, 2021

Recommendations

1. That Council **APPROVE** the Hospital Funding Contribution Policy and Scoring Matrix;
2. That Council **APPROVE** a funding commitment of \$9.072M toward the required local contribution for the West Lincoln Memorial Hospital (WLMH) project pending the completion of a formal contribution agreement;
3. That staff **BE DIRECTED** to develop a comprehensive financing strategy for Regional contributions to hospital projects and be completed as part of the 2022 Budget process.

Key Facts

- This report has two objectives. The primary objective is to meet Corporate Services Committee's request that staff develop a policy and scoring matrix for Regional funding on hospital projects that is consistent with past precedent and scaled according to objective measures of regional benefit.
- The second objective is to utilize the policy to respond to the West Lincoln Memorial Hospital (WLMH) Foundation Board's funding request.
- Hospitals in Ontario are the responsibility of the Province of Ontario. Construction of new sites require local contributions of 10% for construction costs and full cost of new medical equipment, resulting in a local share that is typically in the range of 30% of total project costs. The hospital funding policy is for funding hospitals only.
- Local contributions include contributions from municipalities and community fundraising led by the hospital foundation.
- The Region of Niagara contributed \$21M to Niagara Health System (NHS) – New Healthcare Complex – St. Catharines site. The WLMH request is the first request of this nature since that investment.
- The Region of Niagara did not have a formal funding policy in place when the decision to fund the St. Catharines Hospital site was made.

- The Province of Ontario has indicated that other hospital investments are planned for Niagara, specifically the new build at the South Niagara site scheduled for construction by 2022.
- Staff engaged Boulevard Strategy Group, to assist in the development of a hospital funding policy based on feedback from Council.
- Staff expedited the development of the policy, the evaluation of the WLMH proposal, and have included an initial funding allocation in the 2021 Levy Budget. A further report to Budget Review Committee of the Whole (BRCOTW) will be presented for the 2022 Budget.
- Staff have assessed the request from WLMH and are recommending a funding commitment of \$9.072M based on the policy and scoring matrix contained in this report.

Financial Considerations

- WLMH Foundation have committed to raise the required local contribution of \$60M towards the hospital development. This amount includes 10% of total construction cost of \$200M plus hospital equipment. This funding commitment is consistent with the NHS New Healthcare Complex in St. Catharines.
- The WLMH proposal includes \$26M in municipal contributions from the Town of Grimsby, the Town of Lincoln and the Town of West Lincoln as well as local fundraising led by the Foundation. The Region's contribution is included in the local contribution category. This model is consistent with the precedent set with the development in St. Catharines.
- WLMH Foundation requested that the Region contribute \$14M towards the required \$60M. Staff relied on the precedent established in the funding of the NHS St. Catharines site, to determine the maximum contribution available. The Region's \$21M contribution to St. Catharines was 18% of the total local contribution of \$116.9M. This information is outlined in CSD 75-2009 which represents all the information Council had at the time to consider. Staff recommend that an upset limit of \$10.8M be established.
- Regional staff has finalized the 2021 Budgets and have included a \$1.5M transfer to reserve for future hospital funding. A future financing strategy will be necessary to fully fund the WLMH commitment and other future requests.
- The proposed hospital funding policy should be considered in conjunction with the Budget Planning By-law to ensure that there is a permanent funding mechanism in place to fund future requests without impacting other Regional responsibilities.

- It should be noted that the only funding source available for this initiative is through the levy budget, as the use of regional development charges as a source is specifically disallowed in provincial legislation.
- Council's decision on the WLMH funding request will set a standard for future hospital funding requests that are anticipated over the next one to five years.

Analysis

As indicated in the key facts, this report addresses two objectives. The primary objective was to develop a hospital funding policy and scoring matrix that could be used to evaluate projects. Staff developed the policy based on the direction received at the Corporate Services Committee Meeting of November 9, 2020 and engaged Boulevard Strategy Group to assist in the development of the policy. The policy, the scoring matrix and accompanying notes explaining the matrix are included (see Appendices 3, 4 and 5).

The policy "Niagara Region Hospital Funding Contribution Report" provides a fulsome response to Council's request. The highlights of the policy are as follows:

- The development of guiding principles of the funding policy. These principles are:
 - Fairness and equity across the twelve local municipalities in Niagara;
 - Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region;
 - Demonstrated benefit for all Niagara residents;
 - Alignment with Niagara Regional goals and priorities; and
 - Regional contribution as a component of a larger community-wide effort.

This policy applies to requests for Regional contributions to capital construction, expansion and redevelopment of hospitals as defined in the Public Hospitals Act.

The new policy set a maximum threshold for Regional funding contributions and specifies a number of mandatory requirements for applicants and staff's roles and responsibilities to evaluate applications. Funding applications that meet the mandatory requirements are assessed according to objective measures of Regional benefit to determine the final Regional contribution.

These criteria and allocated scoring is provided below:

- a) Mandatory Requirements – 35 points
- b) Economic Benefits – 15 points
- c) Social Benefits (Access and Inclusion) – 10 points
- d) Direct Regional Healthcare Benefits – 20 points
- e) Indirect Regional Healthcare Benefits – 20 points

Further details including specific, objective measures under each of these categories are included in the Scoring Matrix (see Appendices 5 and 6).

Lastly, as has been noted, the precedent for hospital funding was established with the NHS development of the St. Catharines site. The Region's contribution of \$21M was 18% of the total local contribution of \$116.9M as outlined in CSD 75-2009. Staff have confirmed with NHS senior staff that the funds raised, as outlined in the report, were used at the St. Catharines site. As a consequence, the funding policy limits the maximum contribution of any project to 18% of the local contribution.

Table 1: Niagara Health System – New Healthcare Complex

Source of Contribution	\$ in M	% of Total Local Contributions
Niagara Region	\$21	18.0%
St. Catharines	\$31.2	26.7%
Thorold	\$4.3	3.7%
Niagara-on-the-Lake	\$3.5	3.0%
Total Contribution Municipal Levy	\$60.0	51.4%
Other Local Fundraising	\$56.9	48.6%
Total Local Contribution	\$116.9	100.0%

Analysis of WLMH Request:

Council received a formal funding request for the hospital project in the fall of 2020. This was referred to 2021 Budget deliberations. In addition, Council requested that staff develop a formal policy to evaluate this request and future requests. As stated, the policy has been developed for Council's consideration. Concurrent to the development of the policy, Regional staff have met regularly with officials of the WLMH Board and officials of the Towns of Grimsby, Lincoln and West Lincoln.

The funding request by the WLMH is an urgent consideration for Council as the requesters need a commitment from Regional Council to comply with the Province of Ontario's timetable.

Senior staff have met regularly through the latter part of 2020 and held multiple meetings since November 9, 2020. Staff recognize that the development of a funding policy running concurrently with the Foundation's revising of their proposal has been challenging. However this accelerated work plan was necessary to meet the Council's direction to establish a fulsome policy, evaluate the proposal and recommend a funding commitment for consideration in the 2021 Budget. Staff have exercised flexibility in the evaluation process in recognition of the unique circumstances and concurrent timelines associated with this request.

Senior Regional staff met and evaluated the WLMH application against the criteria established in the hospital funding policy. The scoring matrix is provided in Appendix 6 to this report. It should be noted that the original evaluation scored a lower total, however the CAO, Commissioner of Corporate Services with assistance reviewed the original scoring matrix to ensure final scores reflect ongoing dialogue with WLMH and provide flexibility given the unique circumstances surrounding this request. The application had a final evaluation at a score of 84 out of 100.

As a result of the evaluation, the staff recommendation of 84 out of 100 points or 84% of maximum amount of \$10.8M results in a proposed funding out of \$9.072M.

Need for a Sustainable Funding Strategy

If Council approves the recommendation within this report and the reserve funding provided in the 2021 Levy Budget, staff will need to develop a sustainable funding policy for these investments. The transfer to reserve recommended in the 2021 Budget will generate \$6M by the time that the Region will need to fund its contribution. As a result, future budgets will need to include additional funding options to meet this obligation. As stated in the policy, hospital contributions would be considered a separate allocation during the annual budget process.

In addition, staff have had preliminary discussions with NHS officials regarding the South Niagara Hospital. While the request is not finalized, staff are aware that the total contribution exceeds the costs of NHS St. Catharines site. Since the construction timetable is similar to WLMH, staff will need to address this potential commitment in a hospital funding strategy. Council's decision on the WLMH funding request will set a standard for this and future requests.

Alternatives Reviewed

- The report presented to Corporate Services Committee on November 9, 2020 presented six potential models for Regional hospital funding contributions. For example, some upper tiers municipalities do not contribute to hospital projects as part of the local contribution. Regional Council, through Corporate Services Committee, selected option 6, "Hybrid Model". This policy direction is the basis for this report.

Relationship to Council Strategic Priorities

This report directly and indirectly addresses Council Strategic Priorities, particularly those related to businesses and economic growth, healthy and vibrant community and responsible growth and infrastructure planning. In highlighting the need for a sustainable financing strategy, this report also promotes priorities under sustainable and engaging government.

Other Pertinent Reports

CSD 75-2009	Niagara Health System – Update to Council
CSD 73-2020	Proposed Hospital Funding Policy for Hospital Development in the Niagara Region

Prepared and Recommended by:

Todd Harrison, CPA, CMA
Commissioner/Treasurer, Corporate Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

Appendices

Appendix 1	CSD 75-2009 Niagara Health System – Update to Council
Appendix 2	CSD 73-2020 Proposed Hospital Funding Policy for Hospital Development in the Niagara Region
Appendix 3	West Lincoln Memorial Hospital Foundation Addendum
Appendix 4	Niagara Region Hospital Funding Contribution Policy
Appendix 5	Niagara Region Hospital Funding Scoring Matrix
Appendix 6	Niagara Region Hospital Funding Scoring Matrix – Long Form Explanation
Appendix 7	WLMH Funding Evaluation Scoring Matrix



REPORT TO: Co-Chairs and Members of the Corporate Services Committee

SUBJECT: Niagara Health System – Update to Council

RECOMMENDATION

That this Committee recommend to Regional Council that:

- 1) The Region's funding commitment of \$21 million, for *new* Regional Health Programs (*Comprehensive Cancer Centre; Regional Longer-Term Mental Health Centre, Regional Cardiac Catheterization Centre*) to be housed within the NHS's new Health Care Complex, be approved.
- 2) That the amount be funded in 2011 through a combination of \$5.6 million in cash, plus the equivalent of \$15.4 million financed with annual payments of \$1 million per year for 30 years, commencing in 2011 as outlined in this report, and
- 3) That these arrangements be formally communicated to the Niagara Health System.

EXECUTIVE SUMMARY

As per the attached, on March 31, 2009 the Niagara Health System announced "financial close" whereby financial arrangements have been finalized for the new health-care complex. Construction is scheduled to begin at the end of April, with the official groundbreaking taking place on April 28th, 2009.

Further good news is that the Region's estimated contribution of between \$21 and \$25 million has now been confirmed at the lower amount of \$21 million, and that the interest rate to be used for purposes of the project is slightly less, at 5%, rather than the estimate used previously by the Region for budget planning purposes (5.5%).

As explained below, as a result of the confirmation of the lower amount, as well as somewhat lower financing charges than were originally estimated, and with one additional year end transfer of \$0.73 million, the Region will be able to meet its \$21 million commitment in 2011 through a cash contribution of \$5.6 million plus annual contributions of \$1 million for 30 years, which will fund the remaining \$15.4 million.

The Region will not need to increase its budget allocations in future budgets for its long term funding commitment to the new NHS health complex, which removes this additional pressure from future years' budget deliberations.

FINANCIAL IMPLICATIONS

Lower Commitment Amount

Originally, since the Region's commitment was estimated to be in the range of \$21 to \$25 million, for purposes of gradually building the necessary budget to fund the Region's NHS contribution, it was estimated that sufficient funding would need to be provided in order for NHS to amortize \$25 million over 30 years at an interest rate of 5.5%.

This resulted in an annual funding target of \$1.72 million and the goal was developed to build this amount gradually with base budget additions of \$0.5 million per year commencing in 2008. As a result, for 2009 the Region now has \$1.0 million in the approved base budget for NHS.

Lower Interest Rate

Furthermore NHS staff has confirmed that the interest rate applicable to the project is 5%, therefore this interest rate should be used in the Region's calculations to fund its long term annual commitment, whereas as noted above the Region had previously used 5.5% in its calculations. Regional staff also believes the 5% rate to be an appropriate rate since existing 30 year debt issued by the province (used as benchmark) is currently yielding very close to the suggested rate at 4.88%.

Accumulation of Funds Prior to Funding NHS

Starting with the 2008 Budget process, Council confirmed its commitment to the NHS by including \$500,000 in the 2008 Current Budget, and further, as part of the 2007 Year End Transfer Report; an additional \$1.2 million was transferred to an NHS reserve. In the 2009 budget the budgeted transfer to the reserve was increased by \$500,000 to a base budget of \$1million. In addition, another \$1.2 million is being recommended to be transferred to the reserve fund as identified in the 2008 Year End Transfer report. These amounts will bring the total amount secured for the NHS to date to \$3.9 million. Since the actual payments to NHS are not anticipated to commence until 2011, a further \$1.0 million will be added to the reserve in 2010, and an additional year end transfer or other funding of \$0.73 million will bring the reserve balance to \$5.63 million summarized as follows.

2007 Year End Transfer	\$1.2 million
2008 Budget	\$0.5 million
2008 Year End Transfer (proposed)	\$1.2 million
2009 Budget	\$1.0 million
2010 Budget	\$1.0 million
2009/10 Year End Transfer (proposed)	<u>\$0.73 million</u>
Total	\$5.63 million

Financing Summary

The combination of the lower confirmed commitment of \$21 million, the lower interest cost, and the accumulation of funds in advance of the actual date (2011) when the funds will be required, mean that with only one further one-time contribution of \$0.73 million, the Region will be in a position to fulfil its funding commitment of \$21 million as follows:

1) \$1 million paid annually for 30 years @ 5% -equivalent to	\$15.37 million
2) Reserves accumulated as noted above	<u>\$5.63 million</u>
Total	\$21.00 million

It is anticipated that the remaining \$0.73 million, would be funded from a one time source such as year end surplus from 2009 or 2010, or from the Contingency Reserve, and that appropriate recommendations will be developed in the 2009 Year End Transfer report.

PURPOSE

This report provides an update on the costs of the project as identified by the NHS on March 31, 2009, in comparison to the results to date of the measures that Council has approved for the financing the new NHS healthcare complex.

BACKGROUND

On May 16, 2007, report CSD 85-2007 was reviewed by the Corporate Services Committee, whereby the recommendation was made to Regional Council that :

"Niagara's commitment to NHS, up to \$25 million (net present value) be made by way of annual payments, not to exceed 30 years, subject to final project costs."

On May 24, 2007, Regional Council by resolution agreed to contribute the amount of \$21 million to \$25 million to the new Niagara Health System healthcare complex to be constructed by the NHS in St. Catharines, subject to providing a strategic plan, which has previously been met; and, directed staff to enter into discussions with NHS for the potential transfer of the leased buildings and property to the Region. These property transfers are the subject of a separate report scheduled to come forward shortly.

REPORT

On March 31, 2009 the NHS released a communiqué and information sheet for stakeholders (see attached). Total costs of the Niagara Health System project have been reported to be approximately \$1.56 billion. This project is expected to help stimulate the Regional/Ontario economy during the construction phase by supporting and creating 5,400 jobs, with approximately 1,000 workers on the site daily during the peak of the construction activity. Construction is scheduled to begin in May 2009, with a projected completion by

year end 2012. The NHS complex expects to open its doors to patients commencing 2013.

The information sheet identifies the local share plan for Niagara of \$116.9 million as follows:

- Fundraising \$25 million
- Retail Commercial opportunities & other funding sources \$27.1 million
- Regional/Municipal tax levies \$60 million
- Other grants/funding sources \$4.8 million

Of the total amount of \$60 million from Regional and Local governments the allocations have been confirmed as:

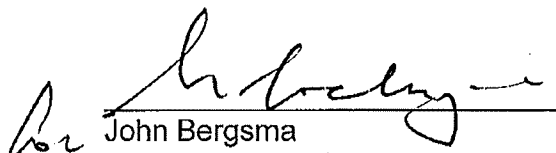
- Niagara Region \$21 million
- City of St. Catharines \$31.2 million
- City of Thorold \$4.3 million
- Town of Niagara on the Lake \$3.5 million

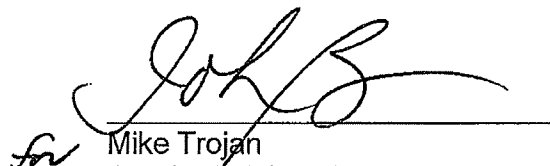
As stated earlier the Region's share for the NHS was originally stated to be \$21 - \$25 million. The NHS has now confirmed Niagara's share at \$21 million. With approval of the 2008 Year End Transfer report, the Region has secured \$3.9 million of the \$21 million required and it is anticipated that additional amounts of \$1.0 million and \$0.73 million will be contributed through the 2010 budget and 2009 Year End Transfer report respectively, for a total accumulation of \$5.63 million.

With the lump sum cash amount of \$5.63 million, combined with the \$1.0 million annual base budget amount, which over 30 years will fund an equivalent of approximately \$15.37 million, the Region will essentially have met its funding commitment of \$21 million.

Submitted by:

Approved by:


John Bergsma
Commissioner of Corporate Services


Mike Trojan
Chief Administrative Officer

This report was prepared by Margaret Murphy, Associate Director, Current & Capital Budgets, and Gord Lockyer, Treasurer /Director, Financial Management & Planning.



NIAGARA HEALTH SYSTEM

SYSTÈME DE SANTÉ DE NIAGARA

TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE

INFORMATION SHEET FOR STAKEHOLDERS

March 31, 2009

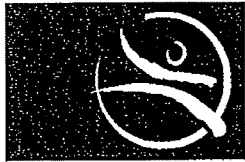
Niagara Health System New Health-care Complex

- This is a great day for healthcare in Niagara.
- Financial close for the new health-care complex has been achieved.
- Site preparation will begin in next few weeks.
- Construction is scheduled to begin in May 2009 and be completed by the end of 2012, meaning that the Niagara Health System (NHS) will open the doors to patients in 2013
- The new health-care complex will: function as an acute-care community hospital with 375 beds, serving residents of St. Catharines, Thorold, Niagara-on-the-Lake and surrounding communities; replace the aging St. Catharines General and Ontario Street Sites; and provide acute and critical inpatient services, surgical, emergency and ambulatory services will all be available under one roof
- The new health-care centre will accommodate regional programs that have never been available in Niagara, including:
 - Comprehensive cancer care at the Walker Family Cancer Centre
 - Cardiac Catheterization services at the Heart Investigation Unit
 - Longer-term mental health beds
- The new health-care complex is an investment in a future with an incredible ability to attract a new generation of doctors, nurses and health-care professionals.
- The local share plan for Niagara is supported as follows:
 - Fundraising - \$25 million (of the \$40 million It's Our Time Campaign
 - Retail/commercial opportunities and other funding sources - \$27.1 million
 - Regional/Municipal tax levies - \$60 million
 - Other grants/funding sources - \$4.8 million

- As committed by the NHS, the tax levy commitments totaling \$60 million from the Region of Niagara, City of St. Catharines, City of Thorold and Town of Niagara-on-the-Lake to support the local share remain at the approved amounts negotiated in 2007.
 - Region of Niagara (\$21 million)
 - City of St. Catharines (\$31.2 million)
 - City of Thorold (\$4.3 million)
 - Town of Niagara-on-the-Lake (\$3.5 million)
- The construction of the new health-care complex will provide a sizeable boost to the regional and Ontario economies during construction by directly and indirectly supporting and creating approximately 5,400 jobs, many of which will be in the Niagara region.
- The building will feature an environmentally friendly design, resulting in LEED® certification as part of the government's commitment to reduce energy use and greenhouse gas emissions.
- More than 300 front-line staff, including nurses, physicians and experts in hospital design participated in the design and planning process for the new health-care complex. Their contributions, along with incorporating international best practices learned post-SARs will make the hospital one of the most innovative facilities in the province.
- The Niagara Health System project will be delivered using an alternative financing and procurement model. Plenary Health Niagara will receive annual payments from Niagara Health System over a 30 year period. Payments cover construction, building maintenance, lifecycle repair and renewal and project financing. Lifecycle refers to ensuring that heating and cooling systems, windows, floors and roofing structures, for example, are kept in excellent working condition over the 30 year period. The payments are like a fixed-rate mortgage with maintenance and repair expenses included and will total approximately \$1.42 billion after 30 years. In today's dollars this is equivalent to approximately \$759 million.
- Groundbreaking will take place the afternoon of Tuesday, April 28, 2009.

- 30 -

Visit our website for more information:
www.niagarahealth.on.ca/construction/newcomplex



NIAGARA HEALTH SYSTEM

SYSTÈME DE SANTÉ DE NIAGARA

TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE

March 31, 2009

Dear Colleague,

This is a great day for healthcare in Niagara. As you may be aware, the Niagara Health System (NHS) in partnership with Infrastructure Ontario held a special technical briefing and news conference this morning to share a very special announcement. After much anticipation, we are pleased to announce that financial arrangements have been finalized for the new health-care complex and construction is scheduled to begin at the end of April, with the official groundbreaking taking place on April 28, 2009!

Construction will be completed by the end of 2012, which means the new health-care complex will open its doors to patients in 2013. Within the next few weeks, a construction crew will begin site preparation work, including building a fence around the site and temporary access roads.

We take great pride in sharing these developments with you. Although there was a delay in finalizing the financial arrangements due to the downturn in the economy, Plenary Health Niagara is still on track to break ground in the spring as originally planned.

This new facility will provide our health-care team with an up-to-date facility to deliver the best possible patient care. This facility is an investment in a future – a future with an incredible ability to attract a new generation of doctors, nurses and health-care professionals who are graduating and looking to practice in environments where they will have the tools, technology, facilities and colleagues to do the best they can to help heal, cure and support their patients and their patients' families. Also exciting is the opportunity we have to apply lessons learned from the planning for the new facility to programs and sites across the NHS that will enhance care for patients and their families, and improve working conditions for physicians, staff and volunteers.

As you will recall, the state-of-the-art health care complex to be located at First Street and Fourth Avenue in St. Catharines will replace the aging St. Catharines General Site and Ontario Street Site (formerly the Hotel Dieu Hospital). The facility will also provide new regional services never before available in Niagara, including treatments for cancer, heart disease and longer-term mental health disease.

Along with the many benefits to patients and health-care providers, the new health-care complex will be a major catalyst for the Niagara economy and local job creation in these difficult economic times.

The project will provide a sizeable boost to the regional and Ontario economies during construction by directly and indirectly supporting and creating approximately 5,400 jobs, many of which will be in the Niagara region. At the peak of development, an average of 1,000 workers are expected on the construction site daily.

Plenary Health Niagara, which has signed a fixed-price contract with NHS to design, build, finance and maintain the facility, will receive annual payments from NHS over a 30-year period. These payments cover construction, building maintenance, repair and renewal and project financing; payments are performance-based and much like a fixed-rate mortgage with maintenance and repair expenses included. The total contract cost of the new NHS health-care complex project after 30 years is approximately \$1.42 billion. In today's dollars, this is equivalent to approximately \$759 million.

The components of the contract with Plenary Health Niagara include:

- Complete design plans for the new health-care complex;
- Building costs – the bricks and mortar;
- Project financing costs for 30 years;
- A 30-year maintenance agreement;
- Repair and renewal of the hospital.
-

In addition to the contract costs, the NHS pays for other non-capital and fixed costs such as:

- Replacement furniture, equipment and information technology
 - 100% covered by local share
- Permits, architectural and engineering fees, transaction fees and project management fees
 - Cost shared with Ministry of Health and Long-Term Care

Including these other costs, the total cost of the Niagara Health System project is approximately \$1.56 billion.

To try and explain these large numbers, let's look at the following example. Suppose you bought a house today for \$150,000. According to the Royal Bank website, at the end of the 30 year mortgage term, you would have actually paid approximately \$300,000 -- over twice the purchase price. Further, imagine after paying off your house at the end of 30 years, that all of your maintenance, repair and renewal costs were included in the mortgage payments. This explains in simple terms what we are paying for over 30 years for the hospital – the cost of the hospital, as well as the financing and maintenance of the hospital over 30 years!!

Based on this project cost, the good news is that we do not have to increase our local share, from previous estimates, to pay for the hospital. The local share of \$116.9 million for Niagara is being supported by:

- Fundraising - \$25 million (of the \$40 million It's Our Time Campaign;
- Retail/commercial opportunities and other funding sources - \$27.1 million;
- Regional/Municipal tax levies - \$60 million;
- Other grants/funding sources - \$4.8 million.

We welcome you to learn more about the exciting design elements, development process and cost of the new health-care complex:

- Referencing the project backgrounder (separate attachment) or visiting our website at www.niagarahealth.on.ca/construction/newcomplex;
- Attending one of our open houses that will be occurring in the upcoming months;
- Joining us for the groundbreaking celebration on April 28, 2009.

A lot of hard work has gone into planning and fundraising for one of the most innovative health-care facilities in the province, with countless individuals devoting their time and expertise to this project. On behalf of the patients and families we serve, today and in the future, we can't thank everyone enough.

Best regards,

Debbie Sevenpifer
President and CEO

Gloria Kain
Chief Planning and Development Officer

Media Release – Communiqué



March 31, 2009

FINANCIAL CLOSE REACHED ON NIAGARA HEALTH SYSTEM'S NEW HEALTH CARE COMPLEX

Site preparation and construction set to begin within weeks

ST. CATHARINES – A major milestone has been achieved for the Niagara Health System's (NHS) new health-care complex. The Niagara Health System and Infrastructure Ontario announced today that Plenary Health Niagara and the Niagara Health System reached financial close on March 27, 2009. This means that financing is in place to design, build, finance and maintain the new facility and plans to start construction remains on schedule for spring 2009.

The project will provide a sizeable boost to the regional and Ontario economies during construction by directly and indirectly supporting and creating approximately 5,400 jobs, many of which will be in the Niagara region. At the peak of construction activity, about 1,000 workers are expected on the site daily.

The state-of-the-art health care complex to be located at First Street and Fourth Avenue in St. Catharines will replace the aging St. Catharines General Site and Ontario Street Site (formerly the Hotel Dieu Hospital) and will provide new regional services never before available in Niagara, including treatments for cancer, heart disease and longer-term mental health disease.

The new facility will include:

- The Walker Family Cancer Centre to provide close-to-home treatment for the more than 1,200 cancer patients who currently travel to Hamilton or Toronto for life-saving radiation treatment;
- A new Regional Longer-Term Mental Health Centre with longer-term inpatient mental health beds, combined with acute inpatient mental health beds and ambulatory care services for Niagara residents;
- A new Regional Cardiac Catheterization Centre to provide diagnostic investigation services, reducing hospitalizations for heart disease, lowering wait times and improving access to treatment;
- 80 per cent single patient rooms, the most available in a community hospital in Ontario;
- Environmentally friendly design features resulting in LEED® certification as part of the government's commitment to reduce energy use and greenhouse gas emissions;
- CBRN (chemical, biological, radiological or nuclear) containment capability to deal with infectious outbreaks and disasters;
- 80 per cent paperless system;
- More windows to enhance natural light in patients' rooms and public and staff areas;
- State-of-the-art operating suites designed to take advantage of sophisticated image-guided and laparoscopic surgery; and
- A patient focused site design with healing gardens, ponds and walking paths.

The community-based hospital of up to 375 beds will offer acute and critical inpatient services, surgical, emergency and ambulatory services available under one roof for the residents of St. Catharines, Thorold, Niagara-on-the Lake and the area.

The Niagara Health System project will be delivered using an alternative financing and procurement model. Plenary Health Niagara will receive annual payments from Niagara Health System over a 30 year period.

Payments cover construction, building maintenance, lifecycle repair and renewal and project financing. Lifecycle refers to ensuring that heating and cooling systems, windows, floors and roofing structures, for example, are kept in excellent working condition over the 30 year period. The payments are like a fixed-rate mortgage with maintenance and repair expenses included and will total approximately \$1.42 billion after 30 years. In today's dollars this is equivalent to approximately \$759 million.

Construction of the new facility is on schedule to begin May 2009 and will be completed by the end of 2012, which means the new health-care complex will open its doors to patients in 2013. Within the next few weeks, a construction crew will begin site preparation work, including building a fence around the site and temporary access roads. Groundbreaking will take place the afternoon of Tuesday, April 28, 2009.

Plenary Health Niagara's team includes Plenary Group, Borealis Infrastructure, PCL Constructors Canada Inc., Bregman + Hamann Architects, Silver Thomas Hanley Architects, and Johnson Controls. The long term financing for the NHS project was arranged by TD Securities Inc., RBC Capital Markets and BMO Capital Markets. Société Générale, TD Bank and Bank of Montreal provided construction financing for the project. Long-term financing is provided by the public bond market.

Infrastructure Ontario will post a copy of the Value for Money (VFM) report in the coming months and the project agreement will be posted online at www.infrastructureontario.ca in the coming weeks

Infrastructure Ontario and the Ministry of Health and Long-Term Care will work with the Niagara Health System to build the new health-care complex, which will remain publicly owned, publicly controlled and publicly accountable.

Visit www.infrastructureontario.ca or www.niagarahealth.on.ca/construction/newcomplex for more information

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Disponible en français

Quotes

George Smitherman, Deputy Premier and Minister of Energy and Infrastructure

"This project is part of our government's five-year \$30-billion-plus infrastructure investment plan which represents the biggest investment in health care infrastructure in more than a generation. The new health-care complex will be LEED certified and have leading-edge energy efficient features."

Debbie Sevenpifer, President and CEO, Niagara Health System

"The ability of our doctors, nurses and entire health-care team to provide patients with leading edge treatment and quality care will be greatly enhanced once the new health-care complex opens. While we are very excited about the patient care benefits of the project, the fact that the project will be a major catalyst for the Niagara economy and local job creation is truly appreciated during these difficult economic times."

David Caplan, Minister of Health and Long-Term Care

"The new hospital is an essential part of our government's commitment to renew hospitals. It will not only provide a range of state-of-the-art medical services, but also it will help lower wait times and improve access to care for the people in Niagara region."

Jim Bradley, Member of Provincial Parliament, St. Catharines

"Families in Niagara are getting a state-of-the-art facility that will create thousands of jobs now and deliver critical services that will enhance the quality of care for thousands of people across the region for many years to come."

Betty Lou Souter, Chair, Niagara Health System Board of Trustees

"Today is a great day for the future of healthcare in Niagara. This new health care complex will enable the doctors, nurses and our entire health-care team deliver the best healthcare possible for our children and our grandchildren for generations to come."

Mike Marasco, Plenary Health CEO

"Our team is thrilled to have reached this very important milestone and look forward to working with our partners at the Niagara Health System over the next 34 years to build and maintain a state-of-the-art hospital and cancer centre that will be built not only for today, but for generations to come."

Terrence Sullivan, President and CEO, Cancer Care Ontario

"The new Walker Family Cancer Centre will mean that over a thousand patients per year won't have to travel from Niagara to Hamilton or Toronto for radiation treatment. Patients will have access to high-quality cancer services much closer to home in a state-of-the-art facility."

Tom Closson, President and CEO, Ontario Hospital Association (OHA)

"The Ontario Hospital Association supports this type of innovative financing model. It is making possible the construction of a state-of-the-art hospital in St. Catharines -- one that will improve working conditions, improve operating efficiency and, most importantly, improved patient outcomes."

Walter Sendzik, CEO St. Catharines - Thorold Chamber of Commerce

"The economic impact of the new state-of-the-art hospital and regional health care services cannot be underestimated. This project will generate jobs - both short and long term, and just as importantly, it positions our community as a place for businesses to grow and invest. As a vital part of the Paths to Prosperity Plan, today's announcement is key to our future prosperity as a community."

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Subject: Proposed Funding Policy for Hospital Development in the Niagara Region

Report to: Corporate Services Committee

Report date: Monday, November 9, 2020

Recommendations

1. That staff **BE DIRECTED** to develop a formal policy based on the hybrid option in Boulevard Strategy Group's "The Niagara Region Hospital Funding Report".

Key Facts

- This report has two objectives. Firstly, the West Lincoln Memorial Hospital (WLMH) Foundation Board has requested that the Region of Niagara contribute to the redevelopment of the hospital. The second objective is to respond to committees' request that staff develop a policy framework to guide the council's decision making.
- Hospitals in Ontario are the responsibility of the Province of Ontario. Construction of new sites require local contributions of 10% for construction costs and full cost of new medical equipment.
- Local contributions include contributions from municipalities and community fundraising led by the hospital foundation.
- The Region of Niagara contributed \$21M to Niagara Health System (NHS) – New Healthcare Complex – St. Catharines site. The WLMH request is the first request of this nature since that investment.
- The Region of Niagara did not have a formal funding policy in place when the decision to fund the St. Catharines Hospital site was made.
- The Province of Ontario has indicated that other hospital investments are planned for Niagara, specifically the new build at the South Niagara site scheduled for construction by 2022.
- To assist the Region in developing a policy framework, staff engaged Boulevard Strategy Group, to develop a hospital funding policy based on evidential research of municipal practices in Ontario for the last decade.
- The consultant's report "The Niagara Region Hospital Funding Report" provides the foundational work required to develop a policy. This work has developed guiding principles, developed and evaluated options and has provided an outline of the processes required to action a policy.

- Staff are recommending that the consultant's recommendations be used to finalize the policy in time to evaluate the WLMH request for consideration in the 2021 Budget.
- Staff suggest, if Committee agrees, based on staff's initial review of the request, that a funding commitment in the range between \$5M - \$10.8M will be considered by BCOTW.

Financial Considerations

- WLMH Foundation have committed to raise \$60M towards the hospital development. This amount includes 10% of total construction cost of \$200M plus hospital equipment. This funding commitment is consistent with the NHS New Healthcare Complex in St. Catharines.
- The WLMH proposal includes \$26M in municipal contributions from the Town of Grimsby, the Town of Lincoln and the Town of West Lincoln as well as local fundraising led by the Foundation. The request of the Region's contribution falls into this category of funding. This model is consistent with the precedent set with the development in St. Catharines.
- While the WLMH Foundation has requested that the Region contribute \$14M towards the required \$60M, staff indicate that this is greater proportionally than the \$21M contributed for the NHS St. Catharines site. The Region's contribution to St. Catharines was 18% of the total local contribution. Staff recommend that an upset limit of \$10.8M be established, pending final adoption of a policy and evaluation of the request's submission.
- Regional staff are finalizing the 2021 Budgets and any commitment toward WLMH should be referred to that process.
- The proposed hospital funding policy should be considered in conjunction with the Budget Planning By-law to ensure that there is a permanent funding mechanism in place to fund future requests without impacting other Regional responsibilities.
- It should be noted that the only funding source available for this initiative is through the levy budget, as the use of regional development charges as a source is specifically disallowed in provincial legislation.

Analysis

As indicated in the key facts, this report addresses two objectives. At this juncture, staff will consider Council's request to develop a policy framework that will guide their decision making process for this request and future hospital funding requests. Staff

engaged Boulevard Strategy Group to develop the policy framework and their report is attached (see Appendix 1).

The report “Niagara Region Hospital Funding Report” provides a fulsome response to Council’s request. The motion of Regional Council is included in this report. The highlights of the report are as follows:

- A historical perspective of the practices of other two tier governments in respect to hospital funding in their communities.
- A historical account of the Niagara Region’s decision to contribute to the St. Catharines site.
- The development of guiding principles for the establishment of a Regional funding policy. These principles are:
 - Fairness and equity across the twelve local municipalities in Niagara;
 - Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region;
 - Demonstrated benefit for all Niagara residents;
 - Alignment with Niagara Regional goals and priorities; and
 - Regional contribution as a component of a larger community-wide effort.
- Different funding options for council to consider. These are identified as:
 - Proportionate Share Model;
 - Durham Model;
 - Hospital MOU Model;
 - Regional Benefit Model;
 - Limited Regional Participation Model; and
 - Hybrid Model
- Lastly, the report provides a fulsome list of criteria that should be evaluated for each business case with each request.

The attached report provides a thorough explanation of these foundational components. In addition, the consultant has included an evaluation of the different funding options compared to the core policy principles. The hybrid model ranks highest. The rankings of each option have been summarized in Table 1 below.

Table 1: Assessment of Options against Proposed Guiding Principles

Guiding Principles	Options:					
	1	2	3	4	5	6
Fairness and equity across the twelve local municipalities	X			X		X
Financial certainty and predictability for Regional budgets		X	X		X	X
Demonstrated benefit for all Niagara residents		X	X	X		X
Alignment with Regional goals and priorities		X	X	X		X
Regional contribution part of a community-wide effort	X	X				X

The foundational work provide by Boulevard is the initial step in developing a policy. Staff agree with the assessment of options in Table 1 and recommend this option be used to formulate the final Council policy.

Once the policy framework is adopted by Committee, staff can finalize the specifics in the proposal. Specifically, the evaluation scoring metric needs to be finalized. This action item is critical to ensure that each application is evaluated consistently and aligns with Regional Council's priorities established in the principles above.

Analysis of WLMH Request:

The funding request by the WLMH is an urgent consideration for Council as the requesters need a commitment from Regional Council to comply with the Province of Ontario's timetable.

Table 2: Niagara Health System – New Healthcare Complex

Source of Contribution	\$ in M	% of Total Local Contributions
Niagara Region	\$21	18.0%
St. Catharines	\$31.2	26.7%
Thorold	\$4.3	3.7%
Niagara-on-the-Lake	\$3.5	3.0%
Total Contribution Municipal Levy	\$60.0	51.4%
Other Local Fundraising	\$56.9	48.6%
Total Local Contribution	\$116.9	100.0%

Table 2 provides a summary of the funding contributed to the NHS – St. Catharines site. As this shows, 51.4% or \$60M was contributed by municipalities through their tax levies, while 48.6% was contributed by other local fundraising led by NHS Foundation. St. Catharines property owners contributed the highest proportional share at 26.7%, while regional property owners contributed \$21M or 18%. Thorold and Niagara-on-the-Lake contributed lower amounts. This model is consistent with the concept that the direct benefit to local residents is made by the LAM's, with the Region contributing a portion reflective of its property tax base.

Since the NHS St. Catharines site established a funding precedent, in the absence of any policy support, this formula can be used to establish the maximum or upset limit of Regional contribution towards the WLMH request. Table 3 sets the Regional contribution at 18% and shows the other partners' contributions.

Table 3: WLMH – Based on Regional Maximum of 18% of Local Contribution

Source of Contribution	\$ in M	% of Total Local Contributions
Niagara Region	\$10.8	18.0%
Total LAM Contribution: Grimsby, Lincoln, West Lincoln	\$26	43.3%
Total Contribution Municipal Levy	\$36.8	61.3%
Other Local Fundraising	\$23.2	38.7%
Total Local Contribution	\$60.0	100.0%

It should be noted that the WLMH request to the Region is to contribute \$14M, however, using the precedent set with the St. Catharines site of 18%, the Region's contribution would be set at an upset limit of \$10.8M. Since the total contribution of all local partners is \$60M, the difference of \$3.2M would shift to the local fundraising led by the Foundation.

A comparison between projects of the funding contributions can now be provided, and are summarized in Table 4.

Table 4: Contribution Comparisons Between Projects

Contributor	NHS	WLMH
Region	18.0%	18.0%
LAM's	33.4%	43.3%
Other Fundraising	48.6%	38.7%
Total	100.0%	100.0%

Finally, the WLMH Foundation have submitted a business case to staff highlighting the benefits of the investment at this site. This information is provided in Appendix 2. As

indicated, the adoption of Boulevard's report and of the evaluation metrics will provide the framework that staff would need to evaluate the proposal and determine the funding amount. While the maximum Regional funding is established by the St. Catharines funding precedent, a lower amount could be possible depending on the evaluations.

For the purposes of this report, staff have identified that a minimum Regional contribution based on this submission is \$5M. As stated, a final evaluation and report will be provided to the BCOTW meeting related to the 2021 Levy Budget.

Alternatives Reviewed

1. Utilize one of the other funding options identified in the report in Appendix 1.

Relationship to Council Strategic Priorities

This report will assist Council in achieving its strategic priorities in each of these areas:

- Supporting Businesses and Economic Growth
- Healthy and Vibrant Community
- Responsible Growth and Infrastructure Planning
- Sustainable and Engaging Government

Other Pertinent Reports

Not applicable.

Prepared and Recommended by:

Todd Harrison, CPA, CMA
Commissioner/Treasurer
Corporate Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

Appendices

- | | |
|------------|--|
| Appendix 1 | Niagara Region Hospital Funding Report |
| Appendix 2 | Niagara Region Corporate Services Committee Case for Support |

Niagara Region Hospital Funding Research and Policy Report

October 2020



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Introduction

To ensure fairness and equity across Niagara's municipalities and provide financial certainty in municipal budgeting, Niagara Region requires policy direction to govern its future contributions to healthcare facilities.

Municipal governments in Ontario are generally expected to contribute to the construction of provincial healthcare facilities within their boundaries. Between capital construction costs and equipment needs, the local share for Ontario projects has typically been in the range of 30 per cent.

In two-tier municipal structures, there is no pre-established formula at a provincial level for dividing the local share of hospital contributions between local area municipalities and regional governments. While Niagara Region has set a precedent for contribution with the recently completed Niagara Health System (NHS) site in St. Catharines, there is no set policy to govern future regional contributions. Further consideration is required to accommodate current and future funding requests in a manner that is fair and equitable across Niagara's municipalities.

This report provides information, analysis and options to assist Niagara Region in developing a policy and funding approach for local hospitals that will clarify the Region's expectations surrounding hospital funding requests and provide certainty and predictability in the preparation of long-term regional budgets. It was prepared using information from publicly available documents and government websites.

Current State

In August 2020, Niagara Region received a \$14 million funding request for the redevelopment of West Lincoln Memorial Hospital in Grimsby.

Since 1997, the West Niagara municipalities of the Town of Lincoln, Town of Grimsby, and Township of West Lincoln, together with their communities, have been actively advocating for the redevelopment of West Lincoln Memorial Hospital. The current West Lincoln Memorial facility is over 80 years old and at the end of its lifecycle. Unless a new building is constructed, it is unlikely this hospital will continue to serve West Niagara.

On November 28, 2018, the provincial government announced its intention to rebuild the site and the provincial commitment was reaffirmed by the Premier in 2020. The estimated construction cost of the new facility is \$200 million.¹ At 30 percent, the local share of the project is estimated at \$60 million.

The new facility, to be located in Grimsby, will be 119,705 square feet and is expected to include 56 inpatient beds, eight nursery bassinets, and five labour birthing and recovery suites. It will offer acute inpatient services, emergency department, ambulatory services, complex continuing care, maternal and newborn services, and day surgical services and endoscopy.

On August 25, 2020, the Chief Administrative Officers from the Town of Lincoln, Town of Grimsby, and Township of West Lincoln submitted a joint memo to Niagara Region, officially requesting financial support from the Region to assist in funding the local share of the project. The municipalities of the Town of Lincoln, Town of Grimsby and Township of West Lincoln have collectively committed \$26 million to the \$60 million local requirement and fundraising through the West Lincoln Memorial foundation is expected to cover \$20 million of these costs. Niagara Region has been requested to commit to funding the balance of the local share at \$14 million. This figure represents 7 per cent of the total construction costs of \$200 million, 23 per cent of the local share of \$60 million, and 35 per cent of the tax levy supported contribution of \$40 million.

While financial contributions are not required until 2024, a firm commitment from Niagara Region is required by the province on or before November 15, 2020.

¹ \$200 million was the anticipated total project cost at the time of the funding request. In September 2020, the provincial government updated the funding envelope to allow for project costs of up to \$499 million.

With continuing growth in Niagara, it is expected that Niagara Region will continue to receive funding requests for provincial healthcare facilities. In the medium-term, momentum is building for a new South Niagara Hospital, the expansion at Hotel Dieu Shaver Health and Rehabilitation Centre in St. Catharines.

Regional Council has mandated a holistic examination of potential hospital funding options and directed staff to recommend a policy and set of principles that incorporate formulaic, fairness and governance considerations in Niagara Region's approach to healthcare facility contributions. This direction was passed by Niagara Region's Corporate Services Committee on September 9, 2020 (CSC-C 17-2020) and approved by Council on September 17, 2020. A copy of the resolution is included here in Appendix 1.

Provincial Policy Context

In Ontario, capital construction costs for hospital facilities are funded through a provincial share of 90 per cent and a local share² of 10 per cent. In addition to 10 per cent of capital construction costs, the local community is also routinely expected to contribute to furnishing and equipment costs. When these investments are considered together, the local contribution to hospital facilities has typically amounted to 30 per cent of total project costs.³

While municipalities are not explicitly required by the province to fund hospital projects, in Ontario it has come to be widely understood that municipalities will play a role in funding the local share of hospital costs and are usually approached by hospital foundations or local health systems for support. In many cases, hospital boards look to municipal governments to fund ongoing capital contributions.⁴

Municipal governments in Ontario have questioned the appropriateness of the property tax base as a financing tool for hospital construction, and whether this is a fair practice given that healthcare and hospital services are clearly an area of provincial jurisdiction. According to the Association of Municipalities of Ontario (AMO) 2019 policy paper, “Partners for a Healthy Ontario,” property taxes are not a sustainable source of funding for healthcare costs:

“Municipal governments often raise the issue of whether it is appropriate for them to pay for health services from the property tax base, especially since they have little say on how these dollars are spent. Already stretched, the property tax base barely covers core-mandated responsibilities within the current fiscal environment, let alone the provincial responsibility for health services. Municipal governments do their best to meet resident needs using only nine cents of every household tax dollar. Funding more health costs is not an option.”⁵

² The terms “local share” and “community share” are used interchangeably to refer to non-provincial contributions to hospital projects.

³ Gillespie, Leigh-Anne, PhD Candidate – Health Policy. Hospital Redevelopment Research Paper. McMaster University, 2017, p3.

⁴ A Compendium of Municipal Health Activities and Recommendations. Association of Municipalities of Ontario. January 18, 2019, p18. <https://www.amo.on.ca/AMO-PDFs/Reports/2019/AMO-Compendium-of-Municipal-Health-Activities-and.aspx>

⁵ Partners for a Healthy Ontario: A Check-up on the Municipal Role for Health. Association of Municipalities of Ontario. January 18, 2019, p8. <https://www.amo.on.ca/AMO-PDFs/Reports/2019/AMO-Partners-for-a-Healthy-Ontario-2019-01-18.aspx>

The AMO Board of Directors' position states that, with the exception of public health services, "healthcare is a provincial area of responsibility under the Canadian Constitution, costs should not be borne by the property tax base."⁶

Notwithstanding concerns from Ontario municipal governments regarding the need for local contributions to the capital costs of provincial healthcare facilities, this practice continues in Ontario. For many projects, there are fears that if municipal tax dollars are not allocated to support healthcare facilities, provincial priorities will be redirected.

There is much work to be done to reverse this trend in Ontario. While AMO's policy positions express concern regarding the need for municipal capital contributions, their recommendations to the current provincial government emphasize increased municipal engagement ("local say for local pay") rather than decreased expectations for municipal financial commitments.

While it is important for municipalities to continue to advance concerns regarding capital healthcare contributions from the property tax base, it is unlikely that this issue will be resolved in the near future. As such, it remains important for Niagara Region to develop a funding policy solution for short and medium term healthcare facilities planned in Niagara.

⁶ Ibid., p9.

Niagara Region Hospital Funding Precedent: Niagara Health System (NHS) St. Catharines Site

Past regional funding commitments to local hospital projects provide a useful reference in decisions regarding future contributions. For Niagara, the Niagara Health System (NHS) St. Catharines site provides a past precedent for Council's consideration.

In 2007, Niagara Regional Council approved a \$21 million funding commitment for a new NHS site in St. Catharines.⁷ The commitment was in response to a presentation from NHS as part of its "It's Our Time" fundraising campaign on May 3, 2007. At the time on the presentation, the local share of the project was estimated at \$100 million⁸ which included 10 per cent in construction costs, 100 per cent of equipment costs, 100 per cent of parking amenities and 100 per cent of retail space.

The NHS plan to fund the \$100 million local share included: \$25 million in fundraising, \$15 million in retail and revenue generating strategies, and \$60 million in tax levies and grants through the support of municipal governments.

The local area municipalities of the City of St. Catharines, City of Thorold and the Town of Niagara-on-the-Lake also made a levy-supported contribution to the local share of the project, with each municipality contributing as follows:

- City of St. Catharines: \$31.2 million
- City of Thorold: \$4.3 million
- Town of Niagara-on-the-Lake: \$3.5 million
- Niagara Region: \$21 million

At the time of the presentation, NHS communicated that Niagara Region's contribution to the project was intended to fund regional services that will benefit all Niagara residents, including: new cancer treatments and radiation; cardiac catheterization; tertiary mental health; level 3 intensive care and the existing chemotherapy; inpatient oncology; vascular and thoracic surgery; diabetes education and tertiary nephrology.

On May 24, 2007, Regional Council approved a motion committing \$21 million (net present value), subject to final project costs, be made by way of annual payments, commencing in 2008, and not to exceed 30 years, to support the components of the new complex that provide regional health services. The Region's contribution was

⁷ Council's May 2007 resolution approved a \$21 to \$25 million contribution. The final contribution from Niagara Region was \$21.3 million.

⁸ Upon project completion, the final local share has been reported at \$116.9 million.

subject to verification of costs, allocation of regional components, Ministry funding, and documentation to support the net regional cost components. The full resolution is included as Appendix 2.

Table 1 below provides a summary of how the local share was funded for the NHS St. Catharines Site.

Table 1: Funding for Local Share of NHS St. Catharines Site

Contributor	% of Tax Levy ⁹	% of Local Share ¹⁰
City of St. Catharines	52 per cent	31.2 per cent
City of Thorold	7 per cent	4.3 per cent
Town of Niagara-on-the-Lake	6 per cent	3.5 per cent
Niagara Region ¹¹	35 per cent	21 per cent ¹²
Fundraising	N/A	25 per cent
Retail/ Revenue Generation	N/A	15 per cent

The funding request for West Lincoln Memorial Hospital cites Regional funding for the NHS site in St. Catharines as a past precedent. Table 2 below compares key features of the NHS request and the request received from West Niagara municipalities in August 2020.

Table 2: Comparison of Features, NHS Request and WLMH Request

Features	NHS Precedent	WLMH Request
Year of Request	2007	2020
Requestor	Niagara Health System	West Niagara municipalities
Anticipated Total Project Cost	\$759 million ¹³	\$200 million ¹⁴
Anticipated Local Share	\$100 million	\$60 million
Amount Requested from Niagara Region	\$21 million ¹⁵	\$14 million

⁹ The total tax levy contribution for the project was \$60 million.

¹⁰ Assumes a local share of \$100 million.

¹¹ Assumes a Regional contribution of \$21 million.

¹² This percentage share is based on the anticipated local share of \$100 million. The final local share has been reported as \$116.9 million, resulting in an end contribution of 18 per cent.

¹³ \$759 million is the contract price listed by Infrastructure Ontario.

¹⁴ \$200 million was the anticipated total project cost at the time of the funding request. In September 2020 the provincial government updated the funding envelope to allow for project costs of up to \$499 million.

¹⁵ NHS's request also included a 20 per cent upper limit and, as a result, the approved funding contribution was in the range of \$21 to \$25 million.

Features	NHS Precedent	WLMH Request
Niagara Region portion of total project costs	2.7 per cent	7 per cent ¹⁶
Niagara Region portion of local share	21 per cent ¹⁷	23 per cent
Niagara Region portion of tax levy contribution	35 per cent	35 per cent
Nature of request for Niagara Region contribution	Health care services that are regional in nature	Stimulus funding during COVID-19 Social and economic benefits Health and wellbeing of Niagara residents Consistency with hospital funding past precedents

¹⁶ Should the contract price reach an upper limit of \$499 million, a \$14 million contribution from Niagara Region would equate to 2.8 per cent of total project costs.

¹⁷ This percentage share is based on the anticipated local share of \$100 million. The final local share has been reported as \$116.9 million, resulting in an end contribution of 18 per cent.

Hospital Funding Arrangements in Other Two-Tier Municipal Structures

Niagara is one of five two-tier regional government structures in Ontario. To further inform Niagara Regional Council's decisions regarding regional hospital contributions, the practices by each of the other four Ontario regional governments are described below.

DURHAM REGION

In 2019, the Council of the Regional Municipality of Durham approved a new Community Investment Grant policy that governs the allocation of regional government funding to hospital projects and post-secondary institutions. The new policy addressed a long standing "No Grants policy" from 1977 and provided flexibility to allocate regional funding to needed community infrastructure that supports Regional strategic goals.

Under the policy, applicants are required to submit a business case that:

- Demonstrates alignment with Regional strategic priorities
- Clearly defines desired project outcomes, including Region-wide benefits
- Analyzes alternative options capable of generating desired outcomes
- Includes sound technical, economic, financial, and cost-benefit assumptions
- Reviews available financing and long-term financial implications; and
- Assesses potential risks

In order to be eligible, requests must:

- Demonstrate Provincial project approval
- Commit at least 70 per cent Provincial funding of total project costs at the time of request (this relates to all capital projects, excluding capital equipment)
- Include donations raised from the community
- Adhere to a Regional contribution representing 25 per cent of the community component or a maximum of 7.5 per cent of the total project cost
- Recognize funds will only be provided for long-term capital assets; and
- Provide proof of project benefits to residents of the entire Region

To support potential requests under the policy, Durham Region includes a "Special Contributions" line item for hospital funding in Regional Business Plans and Budgets. Contributions represent approximately \$3.5 - \$4.5 million per year (or 0.4-0.6 per cent of the annual levy).

Recent Case Study: Bowmanville Hospital Expansion

In 2018, the provincial government announced the expansion of Bowmanville Hospital. The facility is located in the Municipality of Clarington in Durham Region. The redevelopment plan includes the construction of a new hospital wing, which will replace the existing north wing to better meet the growing healthcare needs of those living in East Durham. The new wing includes a new emergency department, new surgical services, critical care unit and inpatient units, and diagnostic imaging. The redevelopment and expansion of the Bowmanville hospital is expected to cost approximately \$100 million (2018). The provincial government confirmed its commitment to the project in 2019. Construction has not yet begun.

The Municipality of Clarington donated \$5 million to the project. To date, Durham Region has approved \$750,000 for the site.

YORK REGION

York Region has a long history of regional contributions to area hospital projects. Prior to 2009, the municipality contributed approximately \$113.4 million to hospitals for expansions and capital projects. In 2009, York Region formalized long-term funding arrangements through an MOU with York Region hospitals to govern the allocation of funding from the regional municipality for eligible hospital projects. Since the establishment of the MOU, annual capital contributions to the Region's Hospital Financing Reserve have been \$12 million.

Parties to the MOU include York Region, Markham Stouffville Hospital, Southlake Regional Hospital and Mackenzie Health. To help manage the costs of Paramedic Services, the Region tied contribution levels to progress on reducing processing time for emergency patients. The MOU provides that, in the event the 30 minute Paramedic Services off-load delay targets are not achieved, York Region may, at the discretion of Council, reduce hospital funding based on the additional operating costs incurred by Paramedic Services for the time above the targets.

When the MOU was signed in 2009, Regional Council approved annual contributions for capital funding until 2031. Recently, Regional Council determined it would maintain funding for existing hospital commitments only and discontinue additional funding through the MOU. The regional municipality exercised its right to terminate the MOU by providing one year's notice in 2019.

Recent Case Study: Cortellucci Vaughan Hospital

The Cortellucci Vaughan Hospital (formerly known as Mackenzie Vaughan), operated by Mackenzie Health, is a 12-million-square-foot, 11-floor hospital integrating digital technology systems intended to enhance patient care by delivering the right information to the right location at the right time. Between 80 and 90% of the rooms will be single-occupancy for acute-care patients, for infection prevention and control purposes. It will open with 350 beds, with room to expand to 550. It is being constructed using a Design-Build-Finance-Maintain (DBFM) procurement model with an estimate cost ranging between \$1.3 billion and \$1.6 billion. The facility is expected to open in 2021.

York Region's estimated contribution to the project is \$154.4 million (2020). The City of Vaughan is a key partner in the project through the initial purchase of an 82 acre parcel of land in the community (approximately \$80 million in 2009). In 2019, the City entered into an MOU with York University, Mackenzie Health and ventureLAB to maximize the use of surrounding lands.

The project includes an ambitious community fundraising target of \$250 million and secured large donations including \$40 million from the Cortellucci family and \$10 million from Magma International.

PEEL REGION

While the research did not uncover recent regional contributions to the capital hospital project by Peel Region, historical contributions are outlined in an October 2015 staff report. From the period 1996 to 2008, Peel Region collected funds from new development for hospital construction in the amount of \$91.2 million. These investments included: \$33.9 million for Credit Valley Hospital; \$16.7 million for Trillium-Mississauga; \$4 million for Peel Memorial Hospital; \$33.6 million to Brampton Civic Hospital; and \$3 million to Headwaters. Due to provincial changes to the *Development Charges Act*, Peel Region and municipalities across Ontario are no longer able to collect development charges for the purpose of funding local hospitals.

Recent Case Study: Peel Memorial Hospital Redevelopment

Peel Memorial Hospital, located in Brampton, Ontario, is undergoing redevelopment. Phase 1 of the redevelopment had a contract value of \$491 million¹⁸ and was completed in 2017. The new facility is open from 8:00 am to 9:00 pm daily and

¹⁸ Source: Infrastructure Ontario

provides outpatient care, surgeries that do not require overnight care, and high tech diagnostics.

The City of Brampton has committed \$60 million to the redevelopment of Peel Memorial, with \$40 million allocated to Phase 1 and \$20 million allocated to Phase 2. The research did not uncover any direct contributions from Peel Region for the local capital share of this project.¹⁹

HALTON REGION

In Halton, the local share for hospital projects is normally funded through local fundraising, foundations and local area municipalities. For new or expanded project sites, the Region may contribute in the form of in-kind and servicing costs.

Recent Case Study: Oakville Trafalgar Memorial Hospital

The Oakville Trafalgar Memorial Hospital is located in Oakville, Ontario and opened in 2015. The project cost was approximately \$2.7 billion²⁰ and was constructed through a Design-Build-Finance-Maintain procurement model.

At 1.6 million square feet, the new facility is three times the size of the hospital it replaced. The new complex includes:

- 457 inpatient beds
- A full range of health services, including maternal and childcare, critical care, emergency care, surgery, complex continuing care, rehabilitation, diagnostics, ambulatory care, and a variety of support services
- Inpatient and outpatient mental health services for adults, adolescents and children
- Enhanced patient privacy and infection-prevention measures, including 80 percent single-patient rooms
- Patient-centred enhancements such as oversized windows, patient-controlled lighting and temperature, room service food delivery, and patient rooms with a pull-out couch so a family member can stay overnight with a loved one
- Calm, quiet indoor and outdoor spaces

¹⁹ It should be noted that prior to the change in legislation for development charges, Peel Region was the primary contributor to the tax levy portion of the local share for hospitals. For example, Peel Region contributed \$33.6 million to Brampton Civic Hospital prior to 2009 and a contribution from local area municipalities was not required at that time.

²⁰ Source: Infrastructure Ontario

The Town of Oakville contributed \$130 million to the project, funded through debt debenture financing (\$90 million) and transfers from the local hydro reserve (\$40 million). While no direct contribution was provided specifically to the local share portion of hospital funding, Halton Region contributed \$23 million in water and wastewater servicing costs and \$71 million in new road construction.

Recent Case Study: Milton District Hospital Expansion

The Milton District Hospital is located in Milton, Ontario, and includes a recent expansion that opened in 2017. The project added 330,000 square feet of space to the existing 125,000-square-foot hospital, with services that include:

- Expansion of emergency, surgical services, medical/surgical inpatient units, critical care, maternal newborn and diagnostic imaging and support services
- Overall capacity increase from 63 to 129 inpatient beds
- 80 per cent single-patient rooms for improved infection prevention and control and to provide increased patient privacy and a quieter healing environment
- Addition of the hospital's first Magnetic Resonance Imaging (MRI) machine
- A Level 2A Special Care Nursery with capacity for eight bassinets in the Maternal Newborn Unit

According to Infrastructure Ontario, the contract price for the project was approximately \$512 million.²¹ The Town of Milton contribution was \$35 million. No direct funding contribution was identified from Halton Region.

²¹ Source: Infrastructure Ontario.

Regional Benefit Considerations

Regional benefit was a primary factor in Niagara Regional Council's past decisions to contribute to local hospital projects. Potential considerations for assessing regional benefit are described below.

POTENTIAL REGIONAL BENEFITS OF NEW HOSPITAL PROJECTS

It is anticipated the prospective benefits of a new hospital in Niagara could fall under two categories: broad economic and social benefits, and healthcare services and facilities that are regional in nature.

Broad economic and social benefits

It is generally understood that new hospital construction, expansion, and redevelopment anywhere in Niagara's boundaries would deliver broad economic and social benefits to Niagara as a region. For example, the 2020 funding request for West Lincoln Memorial speaks to benefits including economic activity, creating 200 construction jobs, sustaining 300 full time jobs and the ability to continue to attract talent and investment to the Region. The redevelopment also maintains community access to a local hospital and related healthcare services.

These kinds of broad economic and social benefits align with Regional Council's strategic priorities related to business and economic growth, and healthy and vibrant communities, and are part of delivering benefits to residents across Niagara.

Healthcare facilities and services that are regional in nature

Depending on the project, hospital redevelopments and expansions could include specific services and facilities that are intended to serve a regional population. For example, the 2007 funding request from NHS for the St. Catharines site requested a regional contribution that was commensurate with services that would be accessed by all Niagara residents including: new cancer treatments and radiation; cardiac catheterization; tertiary mental health; level 3 intensive care and the existing chemotherapy; inpatient oncology; vascular and thoracic surgery; diabetes education and tertiary nephrology.

The 2020 funding request for West Lincoln Memorial indicates that the current emergency department is regional in nature as 10 percent of visits are from Niagara residents outside the municipalities of Grimsby, Lincoln, and West Lincoln.

To ensure consistency across funding requests under consideration by Niagara Region, it is recommended that assessment of the regional health services provided in a hospital be described and quantified by the Health System delivering the service.

INVOLVEMENT OF LOCAL HEALTH SYSTEMS

In order to ensure accountability for public funds, it is important for Niagara Region to understand commitments from the organizations directly accountable for the delivery of hospital projects. Niagara Region's decision to contribute to the NHS St. Catharines site was the result of a funding request from NHS in 2007.

In 2014, West Lincoln Memorial Hospital became part of the family of hospitals under the administration of Hamilton Health Sciences (HHS). In 2016, HHS submitted *Our Healthy Future*, a plan for the redevelopment of hospitals including West Lincoln Memorial which was approved by Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) in 2017. HHS recognizes West Lincoln Memorial Hospital Foundation as the agency that works with the community to help raise funds for equipment, upgrading of facilities, and special projects for Hamilton Health Sciences' West Lincoln Memorial Hospital site.

While West Lincoln Memorial Hospital Foundation and West Niagara's municipalities are important stakeholders in the success of the redevelopment, it is ultimately Hamilton Health Sciences who is responsible for the successful completion of the project as well as ongoing operation. Prior to any final decision by Regional Council, it is recommended that Niagara Region receive confirmation from HHS regarding its commitment to the hospital and use of the local share as part of its funding plan.

EXPLORING OTHER POTENTIAL FUNDING PARTNERS

Where new, expanded, or redeveloped hospitals have the potential to benefit residents outside of Niagara, it may be appropriate for additional municipal partners to contribute to the local share.

Given close adjacency to the West Lincoln Memorial Hospital site, the City of Hamilton may also have an interest in the redevelopment project. The site location in Grimsby is easy to access by residents in growing areas of Hamilton, such as Winona, Stoney

Creek and Binbrook. It would be appropriate for Niagara Region to inquire if Hamilton Health Sciences has approached the City of Hamilton for support and request any available information on historical usage by Hamilton residents, and potential future usage based on recent and projected community growth.

Analysis and Options

The September 9 Corporate Services Committee Resolution (included in Appendix 1) directed staff to recommend a policy and set of principles that incorporate formulaic, fairness and governance considerations in Niagara Region's approach to healthcare facility contributions. In order to satisfy the direction, the following analysis is provided in this section:

1. Proposed guiding principles for regional funding contributions to local hospital projects for Regional Council's consideration.
2. Six potential options for future funding commitments that include formulaic, fairness and governance considerations:
 - i. Proportionate Share Model
 - ii. Durham Model
 - iii. Hospital MOU Model
 - iv. Regional Benefit Model
 - v. Limited Regional Participation Model, and
 - vi. Hybrid Model
3. Proposed criteria for Niagara Region funding contributions.

This analysis leverages the research described in the previous sections to inform potential approaches for Regional Council's consideration.

PROPOSED GUIDING PRINCIPLES

The following principles are recommended to guide current and future decisions regarding regional financial contributions to hospital projects:

1. Fairness and equity across the twelve local municipalities in Niagara.
2. Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region.
3. Demonstrated benefit for all Niagara residents.
4. Alignment with Niagara Regional goals and priorities.
5. Regional contribution as a component of a larger community-wide effort.

OPTIONS FOR CONSIDERATION

After researching the current provincial policy context, past Niagara Region hospital funding precedent, practices in other two-tier regional structures, and potential measures of regional benefit, the following six options are provided to assist Regional Council in determining an evidence-based approach to hospital funding.

Option #1 – Proportionate Share Model

Given that Niagara Region has set a past precedent of contributing to hospital projects with the NHS St. Catharines site, Council may wish to use this precedent to develop a policy for supporting future hospital projects.

Niagara Region's support for the NHS St. Catharines site was 21 per cent of the anticipated local share, 18 per cent of the final local share²² and 35 per cent of the tax levy portion. Given that one of the proposed guiding principles is to encourage a larger community-wide effort, it is recommended that Niagara Region allocate potential funding commitments proportionate to total local share as opposed to the tax levy portion, to encourage greater use of community fundraising and revenue generation in financing the local share.

Option #2 – Durham Model

Durham Region's Community Investment Fund Policy, established in 2019 and described on page 11, offers guidance as a comprehensive regional government approach to supporting local hospital projects.

In Durham, the regional government will consider funding requests for hospital projects as long as the request does not exceed 25 per cent of the community share or 7.5 per cent of the total project costs. The project must be approved by the provincial government, with at least a 70 per cent provincial funding contribution. Durham Region proactively plans for potential funding requests by setting aside \$3.5 - \$4.5 million (between 0.4 per cent and 0.6% per cent of the annual levy).

Durham Region's policy sets specific parameters, providing clear expectations to requestors and a greater degree of financial certainty for the Region.

²² This percentage share is based on the anticipated local share of \$100 million. The final local share has been reported as \$116.9 million, resulting in an end contribution of 18 per cent.

Option #3 – Hospital MOU Model

York Region's 2009 MOU with area hospitals of York Region, Markham Stouffville Hospital, Southlake Regional Hospital and Mackenzie Health provides another potential option for Niagara Region's consideration. In this model, York Region negotiated directly with York hospitals on regional contributions between the period of 2009 and 2031.

The MOU established a total funding envelope, indexed annually, and percentage shares allocated to each hospital. Working directly with hospitals allowed York Region to influence health outcomes for the community and reduce budget impacts for its paramedic operations. The MOU provides that, in the event the 30 minute Paramedic Services off-load delay targets are not achieved, York Region may, at the discretion of Council, reduce hospital funding based on the additional operating costs incurred by Paramedic Services for the time above the targets.

Though the MOU was terminated early by York Region, it provides a model that predetermined hospital funding allocations over a long-term time horizon and provided a high degree of financial certainty for regional budgeting.

Option #4 – Regional Benefit Model

Option 4 allocates funding based on the benefits the project will provide to Niagara residents on a region-wide basis. As described on page 16, there are two potential categories that Niagara Region may use in considering regional benefits: broad economic and social benefits and specific healthcare facilities and services that are regional in nature.

Broad economic and social benefits align with Regional goals of business and economic growth and vibrant, healthy communities, and consider metrics such as jobs created, jobs sustained, economic spin-off benefits through adjacent development, talent attraction and retention, and access to healthcare facilities. Specific regional healthcare services and facilities would consider the types of services and equipment being provided in the hospital and anticipated usage by residents across Niagara.

Under this option, Niagara Region would scale its contribution based on regional benefits as demonstrated by the requestor. For example, using a past precedent of 21

per cent Regional contribution to the local share, Niagara Region may wish to allocate between 5 and 10 per cent of its contribution based on evidence of broad economic and social benefits, and between 5 and 10 per cent of its contribution based on evidence of healthcare services and facilities that are regional in nature.

Option #5 – Limited Regional Participation Model

Niagara Region may decide that it has no role in contributing directly to the local share and limit its involvement in providing infrastructure and services required to enable hospital projects. This is the model in Halton Region, where the regional government involvement to the recently completed Oakville Trafalgar Memorial Hospital included \$23 million in water and wastewater servicing costs and \$71 million in new road construction.

Since Niagara has set a past precedent of contributing to hospital projects, this option is not recommended. Also, Niagara Region contains municipalities with small populations where local tax bases and community fundraising capacity are limited compared to communities over 100,000 in population.

Option #6 – Hybrid Model

The hybrid model combines best practices from each of the above models and considers Niagara's unique circumstances. This option consists of the following features:

- Total Regional contributions available for each hospital funding request are consistent with past precedents of between 18 and 21 per cent²³ of the local share (as in Option #1).
- The Regional contributions are scaled according to demonstrated evidence of regional benefit (as in Option #4).
- To support current and future funding requests, there is a policy that sets annual allocations for hospital projects as part of the annual budgeting process (as in Option #2 and Option #3).²⁴
- A policy is established to set parameters for funding requests and provide clear expectations to requestors (as in Option #2).

²³ A 21 per cent share is based on the anticipated local share of \$100 million. The final local share has been reported as \$116.9 million, resulting in an end contribution of 18 per cent.

²⁴ Annual hospital allocations are generally treated as a separate line item during municipal budgeting processes, to provide clarity on use of funds and protect hospital funding for current and future requests.

Table 3, below, presents how each of the six options advances the proposed guiding principles outlined on page 19.

Table 3: Assessment of Options Against Proposed Guiding Principles

	Options:					
Guiding Principles:	1	2	3	4	5	6
Fairness and equity across the twelve local municipalities	X			X		X
Financial certainty and predictability for Regional budgets		X	X		X	X
Demonstrated benefit for all Niagara residents		X	X	X		X
Alignment with Regional goals and priorities		X	X	X		X
Regional contribution part of a community-wide effort	X	X				X

PROPOSED FUNDING CRITERIA

Any funding provided by Niagara Region should include criteria to ensure funds are used in the best interest of Niagara residents. Consistent with the best practices identified through the research, the following funding criteria are suggested as pre-requisites for Regional contributions to hospital projects:

1. The request must come from the organization directly responsible for project delivery.
2. The requestor must provide evidence of regional benefit.
3. The requestor must explain how the project advances Niagara Region's goals and priorities.
4. The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives.
5. The project must be approved by the Provincial government and supported with a minimum 70 per cent provincial funding commitment.
6. Community fundraising and revenue generation must exceed Niagara Region's contribution as part of the funding plan.
7. The project must be located within the municipal boundaries of Niagara Region.
8. The requestor and funding partners must agree to recognize regional contributions in all communications related to the project.

Conclusion

This report provides information, analysis, and options to assist Niagara Region in developing a policy and funding approach for local hospitals that will clarify the Region's expectations surrounding hospital funding requests and provide certainty and predictability in the preparation of long-term regional budgets.

The report is intended to contribute to a long-term, sustainable approach to contributing to local hospital projects. While it is also intended to assist Niagara Region in its current decision regarding contribution to West Lincoln Memorial Hospital, it should be noted that some of the suggested criteria and policies outlined in this report would not have been known to requestors at the time of their submission, and cannot be applied retroactively given the upcoming provincial deadline of November 15, 2020. Some degree of flexibility will be required in addressing the current request while planning for requests over a long-time horizon.

Appendix 1

Corporate Services Committee Resolution, September 9, 2020 (CSC-C 17-2020)

Niagara Region Funding for Future Hospitals in Niagara

Moved by Councillor Foster

Seconded by Councillor Ip

Given that the local share of financing is a provincial requirement for the building of every new hospital project in the Province of Ontario;

And further, this requirement is estimated to be 30% of the overall project costs;

And further, with population growth and increasing requirements being seen within Niagara with regards to healthcare needs;

And further, with at least 3 new hospital projects slated to be developed in the Region of Niagara (West Lincoln Memorial Hospital, the South Niagara Hospital, and The Shaver Rehab Centre);

And further, that these healthcare projects will require funds to be raised within our communities to meet the provincial requirements;

And further, that the local share has been a combination of fundraising in the community and through local municipal governments;

And further, that the Region has previously demonstrated its commitment to healthcare in Niagara with local share financial contributions, most recently providing funding to the St. Catharines General Hospital during that recent building campaign;

And further, given there is no current agreed upon policy or set of principles when it comes to hospital projects and financial support from the Region of Niagara to help finance these important institutions;

NOW THEREFORE BE IT RESOLVED:

1. That the Region of Niagara DEVELOP a policy and a set of principles when it comes to the local share funding of future hospital projects in Niagara;
2. That this policy and set of principles INCLUDE a potential combination of a formulaic, fairness and governance approach when it comes to such regional contributions; and
3. That given that there are some time constraints with financial commitments required for at least one hospital project late this fall, that this policy and set of procedures BE DEVELOPED and PRESENTED for review to the October Corporate Services Committee meeting.

The following friendly amendment was accepted by the Committee Chair, and the mover and seconder of the motion, so that clause 3 reads as follows:

3. That given that there are some time constraints with financial commitments required for at least one hospital project late this fall, that this policy and set of procedures BE DEVELOPED and PRESENTED for review to the November Corporate Services Committee meeting.

Moved by Councillor Heit

Seconded by Councillor Rigby

That clause 1 BE AMENDED to read as follows:

1. That the Region of Niagara DEVELOP a policy and a set of principles when it comes to the local share funding of future hospital projects in Niagara consistent with previous funding commitments;

Recorded Vote:

Yes: (10) Bradley, Diodati, Easton, Edgar, Fertich, Foster, Gale, Heit, Rigby, Whalen.

No: (3) Butters, Ip, Redekop.

Carried

The Committee Chair called the vote on the motion as amended, as follows:

1. That the Region of Niagara DEVELOP a policy and a set of principles when it comes to the local share funding of future hospital projects in Niagara consistent with previous funding commitments;
2. That this policy and set of principles INCLUDE a potential combination of a formulaic, fairness and governance approach when it comes to such regional contributions; and
3. That given that there are some time constraints with financial commitments required for at least one hospital project late this fall, that this policy and set of procedures BE DEVELOPED and PRESENTED for review to the November Corporate Services Committee meeting.

Recorded Vote:

Yes: (13) Bradley, Butters, Diodati, Easton, Edgar, Fertich, Foster, Gale, Heit, Ip, Redekop, Rigby, Whalen.

No: (0).

Carried

Appendix 2

Niagara Regional Council Resolution

May 24, 2007

Support for the Niagara Health System – New Healthcare Complex

Moved by Councillor Goulbourne

Seconded by Councillor McMullan

WHEREAS the Niagara Health System is planning the new Healthcare Complex in St. Catharines that will replace 2 existing hospital sites with a state-of-the-art facility; WHEREAS this complex includes a community hospital component that serves northern Niagara (estimated at approx. 65% of the facility) and a regional component that will provide cancer treatment, cardiac catheterization, tertiary mental health and existing regional services provided at the St. Catharines hospital sites (representing the remaining approx. 35%);

WHEREAS the Ministry of Health & Long Term Care has committed to an investment of 90% of the capital costs of the new facility, conditional upon a local share investment of 10%, including equipment costs (primarily 100% locally funded), representing the local share of approx. \$90-\$110M;

WHEREAS a successful commitment for the overall local share will allow plans to proceed with a target completion date of 2011; and

WHEREAS the Regional Council confirms to the Niagara Health System that the proposed Healthcare Complex will continue to remain exempt from Regional Development Charges under the Region's proposed new Development Charges by-law (as per the recommendations outlined in Report CSD 84-2007), save and except any commercial space located within the hospital complex pursuant to provisions within the Region's Development Charges by-law.

THEREFORE, BE IT RESOLVED: That the Regional Municipality of Niagara supports the Niagara Health System – new Healthcare Complex in St. Catharines (per recommendations outlined in Report CSD 85-2007) with a commitment of \$21-\$25 million (net present value), subject to final project costs, be made by way of annual payments, commencing in 2008, and not to exceed 30 years, to support the components of the new complex that provide regional health services; and That the Region's contribution be subject to verification of costs, allocation of regional components, and Ministry funding, and that documentation to support the net regional cost components be provided prior to Phase 2 funding commitment (Spring 2008), and

That staff be directed to enter into discussions with the Niagara Health System for the potential transfer of buildings and property currently leased/occupied by the Regional Municipality of Niagara.

Carried.



CASE FOR SUPPORT

To



PARTNERING FOR EXEMPLARY HEALTHCARE IN NIAGARA

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EXECUTIVE SUMMARY

In the year of 2024, we will be celebrating the opening of doors to one of the Niagara Region's newest, state of the art, community hospitals known as West Lincoln Memorial Hospital. We are requesting that the Region be a partner in the local financial contribution towards a significant regional asset with a construction value of \$200 million. The following chart demonstrates how the funding of this asset can be shared:

WLMH Hospital Project		
Funding Partner		Portion Amount
Ontario - Provincial		\$ 140,000,000
Municipal (Grimsby, Lincoln and West Lincoln)		\$ 26,000,000
WLMH Foundation		\$ 20,000,000
Niagara Region		\$ 14,000,000
Total Project Budget		\$ 200,000,000

By 2024 this exemplary hospital will be one of six sites serving the residents and visitors of the Niagara Region. Healthcare in Niagara is shifting; geographic boundaries are being removed so that opportunities for care can be centered around patients, families and caregivers, in an effort to provide care close to home.

Niagara Health is supportive of WLMH new build and its mission to provide the best care for Niagara residents and its role in supporting healthcare providers across the Region.

Dr. Thomas Stewart, CEO, Niagara Health

Lynn Guerriero, President, Niagara Health

WLMH is a vital resource for the health care system and for achieving healthy communities from birth to end of life. The new build is critical for offering integrated, safe hospital services, close to home for the 674,000 residents of the Niagara Region needing care in WLMH – the projected population by 2051. On average, 85 % of patients utilizing inpatient services by WLMH are Niagara Region residents, with a projected growth of 14.6 % into 2024/25.

Residents of Niagara, that have less complex health care needs, have the benefit of accessing services offered at WLMH, thereby alleviating and allowing the Niagara Health System to focus on more complex and specialty care. In general, WLMH greatly reduces wait times and supports the flow of patients from the Niagara Health System.

West Lincoln Memorial Hospital Foundation, along with the supporting municipalities of Grimsby, Lincoln, and West Lincoln respectfully request the support of its regional government, the Niagara Region, to assist in funding the local share of \$60 million for West Lincoln Memorial Hospital's new build.

You will find attached as Appendix “A” letters of support from a number of medical and healthcare professionals from the Niagara Region. Appendix “B” provides a more in depth account of WLMH’s impact on healthcare in the Niagara Region.

Many of the services provided at WLMH are integral to both the fabric and reputation of regional health care in Niagara, and without them, it would overwhelmingly impact other health care providers, and the residents of the Niagara Region in the following ways:

- **Diagnostics**

- CT Care at WLMH: Computed Tomography otherwise known as CT scanning is more commonplace for the purpose of diagnosing a patient’s condition. By 2021, WLMH will be conducting onsite CT scans.
- Impact on Niagara Region: The annual volumes of over 1,100 scans would need to be absorbed elsewhere. CT scans volumes will only increase because it will be more readily available onsite. If WLMH did not have this service, the need for CT scans would have to be absorbed elsewhere resulting in a substantial increase of wait times for the population; which for non-urgent scans can range from 10 to 97 days.
- Mammography care at WLMH: WLMH mammography services are part of the Ontario Breast Screening Program and total annual volumes range between 2,500 to 3,000
- Impact on Niagara Region: Over 12,000 mammograms were performed at WLMH in the past five years for Niagara Residents. Wait times for this service would increase substantially in Niagara if WLMH no longer provided this care.

- **Emergency Services**

- Care at WLMH: Emergency services at WLMH are provided to patients arriving by ambulance or walk-in. Services at WLMH are expected to grow over the next five years and particularly from those aged 60 plus.
- Impact on Niagara Region:
 - Without the Emergency Services at WLMH over 20,000 residents annually would require care elsewhere
 - Niagara EMS services experience high patient off load delays at the St. Catharines hospital site. Without WLMH those off load wait times would substantially increase and hinder healthcare for others in need of 911 emergency service calls.

- **Surgical Services**

- Care at WLMH: WLMH will be doubling its capacity for surgeries and procedures for Niagara residents.
- Impact on Niagara Region: Over 6,500 surgeries are projected for 2024/25, without WLMH wait times for these services and procedures would increase significantly.

- **Outpatient Services**
 - **Impact on Niagara Region:**
 - Treatments via intravenous therapy, procedures, injections and transfusions would need to take place elsewhere if WLMH did not provide this care.
 - Colposcopy screen tests and procedures for abnormal screen tests would need to take place elsewhere if WLMH did not have a clinic.
 - Wait times would increase for residents of Niagara should these services not exist at WLMH
- **Mental Health Services**
 - **Care at WLMH:** The Community Health Clinic sees patients referred to the clinic from the Niagara community seeking mental health care by a clinician.
 - **Impact on Niagara Region:**
 - Projections indicate that close to 10,000 patients receive care through WLMH. This care would need to take place elsewhere without WLMH.
 - Referrals from Gillian's Place, Oak Centre Club, Grimsby Benevolent Fund Services, and Community Addiction Services of Niagara would have to go elsewhere.
- **Geriatrics**
 - **Care at WLMH:** Older adults in the Niagara Region will receive care in the Geriatric Assessment Clinic. They provide one on one home assessment and consultations. Typically, patients are over the age of 65 and are experiencing confusion, memory concerns, dementia, complex medical issues, functional decline and frailty, mobility challenges, or have had multiple emergency room visits.
 - **Impact on Niagara Region:** Having this type of clinic to serve our aging population in the Niagara Region will alleviate the NHS and WLMH emergency departments from multiple calls as well as demands on the Emergency Medical Services.
- **Palliative Care**
 - **Care at WLMH:** Palliative care is the care given to patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering. Specialized care is given to a patient to provide pain relief and comfort for the threatening illness they face. Palliative care at WLMH is a population-based model serving all citizens regardless of their location (home, hospice, long term care, hospital, congregant setting) which is a best practice model. The Niagara Region has reason to be proud of this model of community based, hospital supported, and population-centred care. The palliative care team has built and maintained connections to providers and clinicians all across Niagara.
 - **Impact on Niagara Region:** The impact of this care is two-fold:
 - Many family physicians are trained to provide palliative care for their patients, thereby alleviating the care needed by specialists and other providers.

- Our growing population in the Niagara Region and the increase of palliative care services by 24 % at WLMH would have to be absorbed elsewhere if this service did not exist.

The Region of Niagara's investment in the new West Lincoln Memorial Hospital not only ensures that this critical Palliative Care Team and model of palliative care flourishes but in fact can grow to the next level here in Niagara.

Dr. Denise Marshall, CCFP, FCPP

Medical Director, Niagara West Palliative Care Team and McNally Hospice

- **Investment in Medical Profession – Recruitment and Retention**

- At WLMH: WLMH is one of the teaching sites for the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine, supporting the medical training of undergraduate MD students and postgraduate resident physicians. WLMH also supports the training of nursing students from both Brock University and Niagara College.
- Impact on Niagara Region:
 - The investment in medical education in Niagara has been a highly effective and cost-efficient opportunity to increase the availability of high-quality primary care and specialist care to the citizens of Niagara.
 - The training that medical learners receive through WLMH has been pivotal to the successful recruitment and retention of high-quality family physicians for Niagara.

Financial support from the Region towards the new WLMH build is an investment in the future in the current and future health of Niagara.

Dr. Amanda Bell

Regional Assistant Dean, Niagara Regional Campus, Michael D. Groote School of Medicine

- **Maternal and Newborn**

- Care at WLMH: WLMH will be a place to receive low risk obstetrical care for women in the Niagara Region. The new hospital will provide an important and well-regarded birthing experience for families.
- Impact on Niagara Region: Growth projections indicate that over 1,600 patients from Niagara will receive care at WLMH. Without WLMH maternal care would need to be provided elsewhere.

- **General Impact on Niagara Region:**

- **Population**
 - Increased population density is especially forecasted for West Lincoln; therefore resulting in increased pressures on health care. WLMH hospital offers a solution for population increase.

- **Transportation**
 - Without WLMH additional transportation costs would be incurred as a result of additional volumes on our current transportation systems because of more patient traffic to other hospital and healthcare facilities.
- **Economics**
 - The hospital construction will provide 200 temporary jobs and we will retain 300 medical professionals, most of who are existing tax payers of the Niagara Region.
- **Healthcare**
 - Over 36,000 residents of the Niagara Region receive healthcare from hospitals in Hamilton-Wentworth annually for inpatient, emergency department and same day surgery services. Conversely, approximately 4,000 residents of Hamilton-Wentworth receive healthcare from hospitals in the Niagara Region for the same services.
 - On average, 1,400 patients from the Niagara Region receive tertiary (specialist) health care from the hospitals of Hamilton Health Sciences annually.

We are part of Niagara Public Health, Niagara EMS, and the Niagara Regional Campus of McMaster University. To me these relationships are intuitive and they support a broader vision of providing care in our Region. Dr. Matthew Noble Wohlgemut, CCFP, FCFP

APPENDIX A – LETTERS OF SUPPORT



Extraordinary Caring. Every Person. Every Time.

Office of the President
1200 Fourth Avenue
St. Catharines, ON L2S 0A9
www.niagarahealth.on.ca

October 26, 2020

To Whom It May Concern,

Healthcare partners in our province are increasingly working together to better connect care for the residents of Ontario. We are seeing a shift in Niagara in which we are removing geographic boundaries to create new opportunities to deliver services that are centered around patients, families and caregivers no matter where they live in our region. To provide high-quality care across Niagara, local community based services play a key role in ensuring residents of each community are supported and receive the best care close to home.

Niagara Health and West Lincoln Memorial Hospital (WLMH) have a strong partnership with each other and other providers across Niagara to enhance access to healthcare services. We are currently working closely with WLMH on our COVID-19 pandemic response. We are also providing care to its obstetrical patients while infrastructure updates and renovations take place in the current WLMH building, among other long-standing collaborations on patient flow, repatriation and transfer between the two hospital organizations.

Residents of Niagara that have less complex healthcare needs, have the benefit of accessing services offered at WLMH, allowing Niagara Health to focus on complex care and specialty care, such as cancer and surgical services. Services offered at WLMH assist in alleviating wait times, support patient flow, and support the work of Niagara Health through their:

- Emergency Department;
- Diagnostics, planned CT Scan for late 2021;
- Palliative Care services;
- Mental Health services and;
- MD education through the Michael G. DeGroote School of Medicine at McMaster.

Niagara Health and St. Joseph's Health System are also in a unique position to combine our expertise, through a renewed Collaboration Agreement, to enhance healthcare across our communities and advance our mutual commitment to innovation and excellence.

These are just a sampling of the many impressive ways healthcare providers are working together to improve the health of Niagara residents through patient-centred, innovative and sustainable healthcare models.

Niagara Health is supportive of the WLMH new build and its mission to provide the best care for Niagara residents and its role in supporting healthcare providers across the region. We are very fortunate ourselves to be in the planning stages for the new South Niagara Hospital, set to open



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in 2026/2027. Both projects bring a significant and much-needed investment to Niagara, and both are integral pieces of creating a connected healthcare system that will improve the patient, family and caregiver experience and provide opportunities to enhance programs and services.

We are excited about the future of healthcare and the impact of our collective efforts towards a transformed, more integrated health system that makes accessing and navigating services easier and better for patients and families.



Lynn Guerriero
President
Niagara Health



Dr. Thomas Stewart
CEO
Niagara Health



A Healthier Niagara |  Compassion in Action  Driven by Optimism  Achieving Ambitious Results



**Department of Family Medicine
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Council Members

October 27, 2020

Niagara Regional Council

Dear Council Members;

I am writing today to inform you of one of the key programs led by West Lincoln Memorial Hospital, that has become integral to both the fabric and reputation of regional health care in Niagara. The Niagara West Palliative Care Team (NWPCT) was established in 1997, as an 'inreach' and an outreach program of West Lincoln Hospital. At that time, it was the strong vision of the board and management of WLMH that a community hospital should invest in supporting excellent palliative care for consumers living in all areas of the community, in hopes that early, upstream palliative care support in the community would assist citizens in meeting their expressed goals of spending as much time as possible at home as they neared the end of life, while also ensuring nimble and specialized expertise in palliative care across all parts of the hospital itself.

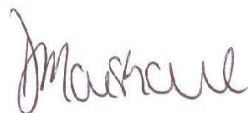
From inception, WLMH established this palliative care team to be a '*population based model*' meaning serving all citizens regardless of their location (home, hospital, LTC, hospice, congregant setting) which despite literature evidence for efficiency and effectiveness of this as a best practice model, remains surprisingly rare across Ontario and Canada. The NWPCT, 23 years later, remains the only such model of its kind in Niagara and this part of Ontario. WLMH partnered effectively with the homecare program (now HNHB LHIN) and subsequently with McNally House hospice, to ensure truly cross sectoral care for our consumers while also capitalizing on sharing resources, funding and assets. In 2002, the Ontario Ministry of Health provided \$980,000 in funding to the team to demonstrate health outcomes and study the key features of the model and then publish. One such feature is the teams '*shared care*' support for family physicians- the specialists on the team support the role of the family doctor as the key and primary provider for their patients and by doing so, have helped build capacity for what we now call '*primary level palliative care*'- now a national quest. 98% of family physicians in our area now provide palliative care for their own patients in all these care settings, including housecalls, knowing as they do that this team provides them with 24/7 specialist support but does not 'take' care away from them. The team works in WLMH seeing patients there, including ER, works at McNally House hospice and works with every family doctor in the area. The result has been that the team has helped create an upskilled family practice work force, decreased hospital visits to ER, decreased hospital deaths, decreased hospital return admission and a high degree of patient and provider satisfaction for patients needing palliative care. Several scholars have delved into difference aspects of the team and its models' success and have published extensively as a result. In 2009, the Niagara West Palliative Care team model was selected as a national model of choice for palliative care in Canada and honoured at national meetings in Montreal. Clinicians and healthcare learners come from across the province and further afield across Canada, to learn about this teams' model and it has been adapted and replicated successfully in many communities. The Niagara West Palliative Care team achieved a 'steady state' position almost a decade ago meaning the investment in knowledge translating to others (students, residents, family doctors) ensures that specialist costs remain stable. It ensures that our population is not needing to be dependant on a specialist team alone to get good palliative care.

The Region of Niagara has reason to be proud of this successful model of community based, hospital supported, population- oriented care. The team has built and maintained connections to providers and clinicians all across Niagara,

ensuring that patient care is truly one of 'the left hand knowing what the right hand is doing' - regional integration of care. The Region of Niagaras 'investment in the new West Lincoln Memorial hospital not only ensures that this critical team and model of palliative care flourishes but in fact can grow to the next level here in Niagara. Plans for the new hospital include ensuring that the NWPCT will be connected with a new range of specialty outpatient clinics that will be enhanced in the new hospital. The team has been in an important coaching and mentoring role with colleagues at both the Walker Family Cancer clinic palliative care in recent years, and also with the emerging inpatient palliative care program at NHS. The team has helped establish enduring connections between Niagaras hospices- McNally House and Hospice Niagara. Perhaps most compellingly, the NWPCT team is the *only* teaching site for McMaster University (not just Niagara campus- the entire McMaster Medical network) for this model of care! The Region of Niagara will be supporting a regional, provincial and national best practice model of palliative care for its citizens by investing in the new West Lincoln Memorial Hospital and this innovative palliative care program.

I am always pleased to share our story, literature, publications, history, and our future with our regional friends and would be pleased to provide more information at any time. Please know that your decision to support a renewed West Lincoln Memorial Hospital, is an investment in the very wellbeing of Niagaras most vulnerable citizens as they near end of life. Please help us grow, replicate and ensure that access to this kind of care become the standard and infact the right of every Niagara resident.

With respect,



Denise Marshall, MD, CCFP, FCFP

Medical Director, Niagara West Palliative Care Team and McNally Hospice,

Professor of Palliative Medicine, Faculty of Health Sciences,

McMaster University marshald@mcmaster.ca



October 6, 2020

To Members of Niagara Regional Council,

This letter is in strong support of the important role that the West Lincoln Memorial Hospital plays in the health of the community, particularly with respect to medical education and physician recruitment and retention in Niagara. West Lincoln Memorial Hospital (WLMH) is one of the teaching sites for the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine. WLMH participates actively in the medical training of undergraduate MD students and postgraduate resident physicians. Over the last 5 years they have consistently provided over 1,000 days of teaching annually in West Lincoln. Additionally, West Lincoln Hospital is clinical home to a number of active and engaged McMaster University faculty members including several senior campus leaders. The Niagara Regional Campus, whose learners are trained at hospital sites across Niagara, has recruited 18% of their undergraduate trainees and over 50% of its postgraduate trainees to return to or remain in Niagara for their clinical practice. Learners who return to or stay in the region to practice speak of the very positive experience they have learning within the community and the ease of transition to practice when they are already familiar with the hospital systems, the medical community and the resources available locally. Additionally, the majority of learners who choose to practice in the region become faculty members and thus inspire the future medical practitioners through their teaching and their example.

The investment in medical education in Niagara has been a highly effective and cost-efficient opportunity to increase the availability of high-quality primary care and specialist care to citizens of Niagara. The new WLMH build will allow for improved and updated academic opportunities within Niagara and increase the capacity of the hospital to host learners in engaging rotations that inspire them to continue their careers locally. The academic presence of a distributed medical campus within Niagara has proven to be a strong influence in the decision of many physicians, particularly specialist physicians, to locate within the region and their mix of community-practice and academic work in teaching and research, has enriched the opportunities for exceptional health care in Niagara. The training that medical learners receive through the WLMH has been pivotal to the successful recruiting and retention of high-quality family physicians in north Niagara and this training site remains in high demand for residents year after year.

Financial support from the Region towards the new WLMH build is an investment in the current and future health of Niagara. The academic activity and the outstanding educational opportunities for learners in West Lincoln is a strength of the Niagara Regional Campus and an asset to community. We are grateful for the contributions from local physician faculty members and hospital leadership who encourage the growth of WLMH as an active teaching site. This has proven a successful combination with all evidence pointing towards continued opportunities to enrich the health care of Niagara.

Yours sincerely,

A handwritten signature in cursive script, appearing to read "Amanda Bell".

Dr. Amanda Bell
Regional Assistant Dean
Niagara Regional Campus
Michael G. DeGroote School of Medicine
McMaster University

Michael G. DeGroote School of Medicine
McMaster University
Niagara Regional Campus

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Smithville Medical Centre

Family Health Team

230 Canborough St., Box 218
SMITHVILLE, ON L0R 2A0

October 28, 2020

To Whom It May Concern:

I am writing on behalf of West Lincoln Memorial Hospital, in order to reflect on the regional nature of our hospital program and the role it plays in our area. I am a family physician with hospital privileges, and my work includes care of hospital inpatients, ER shifts, and OR assists, in addition to my community- based family practice.

In the ER, the regional aspect of the care we provide at WLMH is evident on a regular basis. There is a steady stream of patients from Vineland, Jordan, and St. Catharines, and it's not rare to also see patients from Welland and Niagara Falls. Sometimes they are drawn by shorter wait times, and often they tell me they are at WLMH for the personalized care they associate with our hospital. In addition, when the NHS hospitals are on EMS offload delays, we accept lower acuity ambulances when they are unable to be seen in St. Catharines. This has been happening with more regularity over the last 5 years.

Our inpatient and OR capacity also acts as a buffer and support to the region. As an OR assist, I often see St. Catharines addresses on the day sheet to get general surgery and gynecology procedures. I would expect this segment to grow proportionally with plans for significantly expanded day procedure capacity in our new build. For inpatients, our family physicians provide care to any patient who is admitted through our ER, and we also regularly repatriate patients from NHS who are in our catchment area. This allows patients needing specialized inpatient services to receive it in Niagara Falls or St. Catharines, but then can be returned to WLMH for lower acuity and convalescent care. This frees up beds across NHS and promotes appropriate patient flow and resource utilization.

The diagnostic imaging program at WLMH also plays a supportive and integrated role in the region. The outpatient capacity for ultrasound, xray, and especially the Ontario Breast Screening Program all support patients beyond the West Lincoln geographic boundary. I expect that with the addition of a new CT scanner in 2021 that it will reduce the burden and wait times for CT across the region.

Although WLMH is part of Hamilton Health Sciences, our patients, our physicians, and our programs are regionally based. We are part of Niagara Public Health, Niagara EMS, and the Niagara Regional Campus of McMaster University. To me, these relationships are intuitive, and they support a broader vision of providing care in our region.

Sincerely,



Dr. Matthew Noble Wohlgemut, CCFP, FCFP

APPENDIX B – CASE FOR SUPPORT

HISTORY

West Lincoln Memorial Hospital (WLMH) opened its first doors in 1946, with 18 beds, treating 46 patients in its first month. The community of caring that existed then, has continued throughout the many milestones of its history and also continues to this day. Since 2001, the plans for redevelopment have been underway; including the WLMH Foundation successfully receiving \$10 million for the purposes of building a new hospital.

TODAY

This is a pivotal time in the planning and development of the new hospital, as we set forth to raise \$60 million, a goal that represents the local share for the new hospital build. When a new hospital is built in Ontario, the provincial government agrees to pay the majority of the new hospital construction costs, but not the entire cost. In general, the communities served by the hospital are responsible for a local share which is estimated to be 30% of the project cost. Across Ontario, municipal and regional governments play an essential role in providing the local share of financing new hospitals. Fundraising is also essential for achieving the local share. At this time WLMH Foundation is implementing a new campaign for the purposes of achieving the funds needed to build an exemplary new hospital - a community of care.

COMMUNITY OF HEALTHCARE

West Lincoln Memorial Hospital is situated on Main St, in Grimsby. From a geographic perspective, the three municipalities known as Grimsby, Lincoln, and West Lincoln, are known as West Niagara within the Niagara Region. They also form the Niagara North West sub-region of the Hamilton Niagara Haldimand Brant Local Health Integration Network.

WLMH is primarily used by residents of the Niagara Region. They also seek care from tertiary health care centres provided through Hamilton Health Sciences. From a financial perspective, residents of the Niagara Region support healthcare services through the regional portion of their property taxes. Niagara Region residents are not required to fund hospitals such as Juravinski and Hamilton General hospital sites which are multi-million projects planned for the future.

DEMOGRAPHIC IMPACT

West Niagara has been earmarked to have three of the four designated growth areas within the Niagara Region. Various areas throughout the Niagara Region are expected to see higher population increases than others. West Lincoln is one of the designated growth areas and as noted in the chart below it is expecting a 102 % population increase by 2041.

In general all of Niagara is growing as many people move from the GTA seeking more affordable housing or looking to retire. Convenient access to healthcare can be a significant attraction factor for individuals

and families looking to relocate to a community. The new WLMH hospital with expanded services will be appreciated by the growing community that it will serve in the coming years.

MCR Strategic Growth Option Forecast Total Population by Local Municipality, 2016 -2041											
Municipality	Total Population Including Net Undercoverage									2016 - 2041	
	2001	2006	2011	2016	2021	2026	2031	2036	2041	Net Change	Compound Annual Growth Rate
Fort Erie	29,120	30,960	30,760	31,030	32,310	34,720	37,780	41,220	43,940	12,910	1.40%
Grimsby	22,030	24,760	26,000	27,580	29,430	31,400	33,200	35,140	37,150	9,570	1.20%
Lincoln	21,320	22,460	23,080	23,950	24,990	26,230	28,060	30,030	31,590	7,640	1.11%
Niagara Falls	81,550	85,040	85,200	87,740	92,830	99,990	108,770	117,670	124,580	36,840	1.41%
Niagara-on-the-Lake	14,320	15,090	15,810	17,950	19,750	21,420	22,850	24,700	26,580	8,630	1.58%
Pelham	15,790	16,710	17,040	17,190	17,900	19,410	21,560	23,720	25,260	8,070	1.55%
Port Colborne	19,080	19,240	18,910	18,510	18,600	19,210	20,080	21,050	21,820	3,310	0.66%
St. Catharines	133,660	136,570	134,890	133,820	136,930	142,560	150,590	160,040	167,480	33,660	0.90%
Thorold	18,670	18,880	18,410	18,790	19,680	21,500	23,850	26,470	28,470	9,680	1.68%
Wainfleet	6,470	6,830	6,520	6,540	6,590	6,760	6,990	7,260	7,480	940	0.54%
Welland	50,080	52,080	51,980	52,550	54,130	56,540	59,600	63,160	66,180	13,630	0.93%
West Lincoln	12,690	13,620	14,200	14,670	16,170	18,930	22,630	26,530	29,460	14,790	2.83%
Niagara Region	424,780	442,240	442,800	450,320	469,310	498,670	535,960	576,990	609,990	159,670	1.22%

NEW HOSPITAL OVERVIEW

The new WLMH will be built on the current hospital site; on the north side of the property. It will be approximately 119,705 square feet in size; close to doubling its current size, with 56 inpatient beds, eight nursery bassinets, and five labour birthing and recovery suites. Programs of care will include acute inpatient services, an emergency department, ambulatory services (outpatient services), complex continuing care, maternal and newborn services, as well as day surgical services and endoscopy.

The following sections in this proposal provide greater detail regarding the future services to be provided in the hospital for inpatient and outpatient purposes. We have also included future projections and statistics to support the impact a future hospital will have on serving the Niagara Region.

DIAGNOSTIC SERVICES CENTRE

The Diagnostic Services Centre will provide for the needs of inpatients and outpatients for the Niagara Region and will include a full range of services as follows:

- X-ray and general radiology
- Mammography, diagnostic, and screening services
- Ultrasound
- Computed tomography (CT scanning)
- Electrocardiography (ECG)
- Echocardiography
- Pulmonary Function testing
- Spirometry testing
- Exercise stress testing

The addition of CT scan equipment to WLMH's diagnostic services and the Niagara Region's healthcare will alleviate growing wait times in the Niagara Health System.

IMPORTANT STATISTICS & PROJECTIONS FOR DIAGNOSTIC SERVICES CENTRE

Historical and Projected Workload					
Exams	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
CT Scanning	0	0	0	7,500	
Mammography	3,574	3,760	3,456	3,936	+13.8%
Radiography	24,477	22,838	22,729	25,436	+11.9%
Ultrasound	13,232	13,678	13,254	14,831	+11.8%
ECG	9,904	11,951	7,731	8,891	+15.0%
Echocardiography		1,268	1,776	2,043	+15.0%
Exercise Testing	738	684	608	698	+14.8%
Pulmonary Function		891	804	925	+15.0%

- ✓ Over 1100 CT scans were performed outside of WLMH in 2019/20. This number has risen by approximately 100 each year since 2014/15 and continues to rise. Without a CT scan operating in WLMH those numbers would need to be absorbed somewhere.
- ✓ Wait times across the Niagara and the surrounding areas of Ontario West region for adults range from 10 to 97 days for non-urgent CT scans.
- ✓ Mammography services are a part of the Ontario Breast Screening Program and the total yearly volume is between 2,500 and 3,000 residents from the Niagara Region. Wait times would be dramatically increased at other locations if WLMH did not provide this service.

EMERGENCY SERVICES

WLMH's new building will have emergency services that are designed to support the highest standard of care within a safe and efficient environment. Emergency services at WLMH are expected to grow over the next five years, particularly in the 60 plus age group.

Emergency Services at WLMH diagnose and treat patients presenting with urgent or emergent health issues without a scheduled appointment.

WLMH works with paramedics of the Niagara Emergency Medical Services who also support a broader network of Public Health Programs in the Niagara Region.

IMPORTANT STATISTICS & PROJECTIONS FOR EMERGENCY SERVICES

- ✓ On average, 83 % of patients served in Emergency Services at WLMH are residents of the Niagara Region.
- ✓ In 2018/19 there were 19,544 emergency visits.
- ✓ Niagara Region EMS (Emergency Medical Service) experience high patient off load delays at the St. Catharines hospital site and WLMH has lessened the impact with this challenge. An EMS paramedic cannot leave a patient until the patient is admitted; this is referred to as an off load delay. Ultimately, this can take many hours away from their service in the community and be costly to the healthcare system. Volumes of EMS service and off load delays would be available from the Niagara Region.

SURGICAL SERVICES

The new WLMH will enable an increase in the number of surgical and other procedures for Niagara residents. Three operating rooms and a procedure room will double the amount of care provided on site, offering more people with new surgical procedures. This includes general surgery, orthopedics, otolaryngology, dental, plastics, and gynecological surgery, including scheduled and emergency caesarean-sections. The procedure room will accommodate endoscopy procedures.

IMPORTANT STATISTICS & PROJECTIONS FOR SURGICAL SERVICES

Historical and Projected Workload					
Services	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
Inpatient	637	523	408	443	+8.5%
Outpatient (compared 2017/18 to 2025)	2,985	2,404	765	3,894	+61.9%
Endoscopy (compared 2017/18 to 2025)	2,210	1,632	166	2,200	+34.8%
Totals	5,832	4,559	1,339	6,537	+43.3%

INPATIENT SERVICES

WLMH provides inpatient services to the residents of the Niagara Region. Inpatient care units monitor and provide acute care to patients diagnosed with a range of medical conditions. The clinical team also provides inpatient post-operative care for gynecological surgery patients.

As part of these services, the Complex Continuing Care Unit delivers palliative care and low intensity rehabilitation to patients with organic physical and cognitive deterioration due to medical conditions or their age. The new building will create a caring environment that is senior friendly in design.

IMPORTANT STATISTICS & PROJECTIONS FOR INPATIENT SERVICES

Historical and Projected Workload					
Inpatient Discharges	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
Adult Medical	1,581	1,682	1,595	1,845	+15.6%
Adult Surgical	361	308	293	318	+8.5%
Complex Continuing Care	61	81	130	154	+18.4%
Newborn and Neonate	938	749	717	760	+5.9%
Obstetrics Total	981	790	753	833	+10.6%
Totals	3,922	3,610	3,488	3,910	+12.00%

- ✓ Projections indicate an increase of inpatient beds from 49 to 61 by 2024/25.
- ✓ On average, 85 % of patients utilizing inpatient services at WLMH are residents of the Niagara Region.
- ✓ On average, a 12 % growth projection is anticipated for inpatient services by 2024/25.

AMBULATORY CARE CENTRE (OUTPATIENT SERVICES)

WLMH will expand the provision of outpatient services for the Niagara Region within a flexible ambulatory care space. Expanded ambulatory care services will accommodate a wide variety of outpatient services including the following:

- Older adults in the Niagara Region will have access to increased care close to home in the hospital facility which will be designed to meet the specific needs of an aging population, and offering a wide variety of specialty clinics for access to consultations with medical experts, including General Internal Medicine and Geriatric Assessment Clinics.

- The Niagara West Palliative Care Team will provide consultation and support to local family physicians for hospitalized patients as well as patients in the community who are experience life limiting illnesses. This model of palliative care alleviates the overall health care system in the Region while supporting the individual's wishes for end of life care. This model of care also provides a training and educational avenue for family physicians. Everyone is trained to provide care at home and do their best to keep intervention needed through hospital services or other types of services.
- There will be a Colposcopy Clinic to provide consult examination services as well as diagnostic procedures for referred patients with an abnormal screen test or other observed abnormalities, following Cancer Care Ontario Guidelines.
- A Pre-Operative Clinic will complete pre-surgical assessments of WLMH surgical patients in advance of their upcoming scheduled surgery.
- The Medical Day Care Area will provide space for Intravenous therapies, pain management procedures, injections, and transfusions.
- As many Niagara residents travel for consults to other hospital sites, the Centre will be hosting visiting specialists to provide care closer to home. This patient population will be served on a weekly basis.
- The Community Mental Health Clinic typically sees patients referred to the clinic from the community seeking consultation and/or assessment by a clinician in conjunction with one of the psychiatrists. WLMH is a leading mental health care provider in Exposure and Response Prevention for Obsessive Compulsive Disorder which is the gold standard in treatment for this disorder. We understand WLMH to be the only provider in Niagara for this type of treatment. The West Niagara Mental Health Team at WLMH provides assessment, consultation, and treatment services for outpatients 14 years of age or older who are experiencing mental health problems. The new Centre will also be home to sub-specialized services including the Community Mental Health Addiction Services for youth and adults, Early Psychosis Intervention and Early Intervention for Transitional Age Youth.
- Partnerships and referrals for services occur within a variety of health care services including the following from the Niagara Region:
 - As it relates to medical/surgery services: Patient flow between the Niagara Health System and WLMH provides an avenue for patients to be supported closer to home.
 - As it relates to mental health services: Referrals and support occur between the Ministry of Children and Youth Services, Community Addiction Services of Niagara, Gillian's Place Women's Shelter, Grimsby Benevolent Fund Services, Oak Centre Club House and Public Health.

IMPORTANT STATISTICS & PROJECTIONS FOR AMBULATORY CARE CENTRE

Historical and Projected Workload					
Service	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
Palliative	10,218	10,866	13,581	15,736	+15.8%
Medical/Surgical	1,188	2,555	4,288	26,988	+629.38%
Mental Health	5,159	6,517	8,018	9,794	+22.1%

- ✓ The mental health services provided to the Niagara Region at WLMH have grown by approximately 23 % per year since 2014/15 with new investment in services supported by HNHB LHIN.
- ✓ Between 2017/18 and 2018/19 there was a 24 % increase in palliative care services at WLMH provided to patients in the Niagara Region.
- ✓ Greater detail regarding the tracking of mental health care is not available due to essential privacy protocols that are in place to prohibit the sharing of data.

EDUCATION SERVICES

WLMH is one of the teaching sites for the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine, supporting the medical training of undergraduate MD students and postgraduate resident physicians. The medical teaching program embedded at WLMH enhances the opportunity to train, recruit, and retain physicians locally in the Niagara Region. Maintaining the investment in medical education in Niagara is a highly effective and cost-efficient opportunity to help assure the availability of high-quality primary care and specialist care physicians for the citizens of Niagara. This program enables a highly skilled and sustainable health service workforce for decades to come.

WLMH also partners with Brock University and Niagara College to provide their nursing programs with opportunities for training and experience.

The Centre will offer educational placements for ultrasound and CT students, residents/fellows, and diagnostic service technologists. At any one time, there may be two to three students/trainees in the Centre.

IMPORTANT STATISTICS & PROJECTIONS FOR EDUCATION SERVICES

- ✓ WLMH on average serves 80 plus on site hospital learners for the Niagara Region on an annual basis.
- ✓ 18 % of all undergraduate students who have completed their studies return to practice in the Niagara Region.
- ✓ 52 % of all family medicine residency graduates set up practice in the Niagara Region.
- ✓ 90 % of all family medicine graduates that practice in Niagara are also appointed faculty at the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine.

MATERNAL NEWBORN SERVICES

WLMH Maternal Newborn Services will provide high quality low risk birthing and obstetrical care to the Niagara Region. The team providing care includes obstetricians, family physicians, midwives, and nursing staff who support patients through pregnancy, birth, and the initial post-partum period. The new hospital will continue the tradition of a well regarded birthing experience for families.

IMPORTANT STATISTICS & PROJECTIONS FOR MATERNAL NEWBORN UNIT

Historical and Projected Workload					
Cases	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
Adult Surgical	361	308	293	318	+8.5%
Newborn and Neonate	938	749	717	760	+5.9%
Obstetrics - Vaginal Birth	686	551	545	603	+10.6%
Obstetrics - C-Section	238	181	151	167	+10.5%
Obstetrics - Other	57	58	57	63	+10.5%
Totals	2,280	1,847	1,763	1,911	+8.3%

- ✓ The five year average of patient volume for obstetrical care at WLMH indicated that 40 % of patients are from outside of West Niagara, and live in the Niagara Region.
- ✓ Growth projections anticipate a total of over 1,600 patients (800 mothers and 800 infants) annually by 2024/25.

WLMH AND THE INTEGRATION OF HEALTH CARE IN THE NIAGARA REGION

WLMH plays an integral role in the Ontario Health West region which also includes the Niagara Health System. Quality patient outcomes depend on a well integrated regionalized system. Health care in Ontario does not work in a silo system and each hospital relies upon the other. The integration of health care in Niagara is evidenced in the following ways:

- Geographic boundaries are being removed to create new opportunities for care that are centered on patients, families, and care-givers, no matter where they live in the Region. Patients in the Region with less complex healthcare needs have the benefit of accessing services offered at WLMH, allowing Niagara Health Services to focus on complex, acute care and specialty care.
- On average, over 36,000 residents of the Niagara Region receive healthcare from hospitals in Hamilton-Wentworth annually for inpatient, emergency department and same day surgery services. Conversely, approximately 4,000 residents of Hamilton-Wentworth receive healthcare from hospitals in the Niagara Region for the same services.
- On average, 1,400 patients from the Niagara Region receive tertiary health care from the hospitals of Hamilton Health Sciences annually.
- Repatriation and transfers of patients between hospitals have been a long standing support practice, to bring patients to the hospital closest to home. Repatriation occurs when patients who were in need of higher acuity or specialized care in other hospitals are now at a level of care that does not require more intensive services; and so they are ready to return closer to home. These patients are usually in need of further rehabilitation and discharge planning, thus creating capacity at other hospitals for patients who require higher acuity services or other patients from their catchment area.

REQUEST FOR SUPPORT

West Lincoln Memorial Hospital Foundation, along with the supporting municipalities of Grimsby, Lincoln, and West Lincoln respectfully request the support of its regional government the Niagara Region to assist in funding with \$14 million towards the local share of \$60 million. This contribution will support regional health care in Niagara as demonstrated throughout this document.

We hope that as part of your consideration of funding the new hospital you will review the information within this proposal as well as consider the following factors:

- Current population density within West Niagara as compared to the rest of the Region
- Current and projected assessment base of West Niagara and the contribution made to the Region
- Future population density within West Niagara compared to the rest of the Region
- Required infrastructure for projects of this nature may already be existing and therefore not impact the Regional budget; including the maintenance of said infrastructure

- Deer Park Villa, a Niagara Region long term care facility located on the WLMH property, has benefited from a rent-free tenancy since the transfer of ownership in 2003 to the Niagara Region. Deer Park Villa sits on 6.42 acres or approximately 50 % of the hospital site lands.
- Property development impacts for the Regional budget including both residential and commercial

Overall, your support will enable us to be the best community of healthcare to the residents of Niagara and we thank you for your consideration in partnering with us.

Enclosures – see Appendix A

1. Letter from Lynn Guerriero, President and Dr. Thomas Stewart, CEO of Niagara Health
2. Letter from Dr. Denise Marshall, Medical Director, Niagara West Palliative Care Team and McNally Hospice, Professor of Palliative Medicine, Faculty of Health Sciences, McMaster University
3. Letter from Dr. Amanda Bell, Regional Assistant Dean of McMaster University, Michael G. DeGroote School of Medicine Niagara Regional Campus
4. Letter from Dr. Matthew Noble Wohlgemut, Family Physician

ADDENDUM

TO: NIAGARA REGION

DATE: JANUARY 4, 2021

This Addendum is prepared in response to the information received at a meeting with T. Harrison and R. Tripp of Niagara Region on Dec 21, 2020, with respect to the draft matrix being proposed as part of the hospital funding policy. We wish to note that the timing for responding to this draft matrix has been tight given that the Niagara Region has been in the drafting stages for the hospital funding policy, in the midst of processing our request, the number of holidays, as well as the decision of the Province to place Niagara in lockdown due to COVID as of Dec 26, 2020. It is our hope that some grace will be extended to us because of this tight response time.

PART 1: MANDATORY REQUIREMENTS

1.1 The request must come from the organization directly responsible for project delivery

- ☒ The request is from the organization directly responsible for project delivery and a formal presentation was made to Corporate Services Committee on November 9, 2020. A letter dated December 17, 2020 from Rob MacIsaac, President and CEO of Hamilton Health Sciences indicating said request is attached.

1.2 The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives

- ☒ Please see Table 1.0 which indicates how the building project will be funded. The community through the WLMH Foundation will fund the local share of \$60 million. The new WLMH is a Design Build Finance project of the Ministry of Health and is a fixed price contract which is not payable until substantial completion.

Table 1.0 WLMH Hospital Project		
Total Project Budget		\$200,000,000
Funding Partner	% of budget	Portion Amount
Ontario - Provincial	70 %	\$ 140,000,000
Municipal (Grimsby, Town of Lincoln and Lincoln)	13 %	\$ 26,000,000
WLMH Foundation	10 %	\$ 20,000,000
Niagara Region	7 %	\$ 14,000,000

1.3 The project must be approved by the provincial government and supported with a minimum 70% provincial funding commitment

- ☒ The project is approved by the provincial government and is supported with a minimum of 70% provincial funding commitment as shown in Table 1.0.

1.4 Community fundraising and revenue generation must exceed Niagara Region's contribution as part of the funding plan

- ☑ Table 1.0 indicates that the Niagara Region's contribution would not exceed the community fundraising portion of \$ 46 million for the project.
- ☑ Please see attached letters from the municipalities of Grimsby, Town of Lincoln and Lincoln demonstrating their commitment to the community local share for the WLMH project.

1.5 The project must be located within the municipal boundaries of Niagara Region

- ☑ The project is located within the municipal boundaries of the Niagara Region.

1.6 The requestor and funding partners must agree to recognize regional contributions in all communications related to the project.

- ☑ The requestor and funding partners agree to recognize regional contributions in all communications related to the project.

PART 2: ECONOMIC BENEFITS

2.1 Short-term jobs created are greater than 100

- ☑ There will be 200 full-time construction jobs created for the duration of the multi-year build

2.2 Long-term jobs created or sustained (2 points >50; 4points >100; 6 points >200)

- ☑ The project of WLMH will sustain 300+ highly skilled medical science jobs

2.3 Plans in place to leverage surrounding employment lands

- ☑ For over 70 years, WLMH has been a valued community partner in the Grimsby and the Niagara Region. With the plans to expand and redevelop the hospital, on December 21, 2020, Grimsby Council took steps to prepare for this investment and help share the future of Main St. East. Council voted unanimously to approve staff report PA20-27 which provides a strategy for Main St. East. This strategy includes a Heritage Conservation District, interim demolition control options and planning tools such as a secondary plan, urban design guidelines and an official plan amendment. Together these elements create a planning framework that preserves the unique character of Main St. East while allowing appropriate redevelopment and intensification for the area. The wording of the motion approved in the December 21st, 2020 meeting was forwarded to T. Harrison and R. Tripp for their reference.

2.4 Project associated with a Centre for Innovation, Life Sciences Cluster or similar initiative

- ☑ WLMH is associated with a Campus of Care with a hospice for palliative care and a long term care facility being located on the same site.
- ☑ In response to 2.3 and 2.4 plans are in place for an Innovation and Community Hub. This connection will run from the WLMH hospital site in Grimsby, across King St., encompassing the YMCA on the border, the new West Niagara Secondary School on the Lincoln side of the border, and stretch to Beamsville, connecting the Town's proposed Beamsville District Secondary School Innovation and Community Hub (formerly the BDSS). This will

see four major anchor facilities and institutions along a corridor work to create a broader district in West Niagara.

The development of the Innovation and Community Hub has been well received by the public and it expected that this Hub will include medical arts (general practice, dental, optical, life labs, etc.), day care or early learning centre, partnership with Niagara Region (public health, EMS), cultural amenities (arts hub, theatre), recreation (community gyms, basketball courts, racquetball, etc.), public spaces (community events and meetings), economic development (innovation hub – to assist in incubating new business, training and skills development), employment and or new business development services and seniors programming or services.

PART 3: SOCIAL BENEFITS: ACCESS AND INCLUSION

3.1 Facilities and services to improve access and inclusion:

3.1.1 Commitment to on-site childcare services

- ☑ Childcare services are available directly adjacent to the hospital at Kidzdome. This childcare facility expanded its services in anticipation of the new hospital expansion.

3.1.2 Commitment to age friendly design

- ☑ The new WLMH facility will be age-friendly in design including particular attention to the needs of an aging population including all provincial guidelines for accessibility. Other details include providing wayfinding signage, hand-rails throughout hallways, private rooms with roll-in showers, non-reflective floors, automatic sliding door entries and ceiling mounted lifts where possible. Planning and design features will accommodate special requirements that accompany aging including sensitivity to lighting, floor patterns and use of specific colours.

3.1.3 Commitment to facilities that promote inclusion

- ☑ The facility will also promote inclusion through its planning and design including gender neutral washrooms and showers, as well as a multi-faith room.

3.2 Transit supported location (within 500m)

- ☑ Patients and their care-givers can receive transportation to and from the hospital entrance through a number of service providers including Niagara Community Support Services and the NRT OnDemand program.
- ☑ NRT OnDemand is connected to GO Transit for connection to and from Hamilton and Niagara; allowing riders to move seamlessly to and from GO stations whether it's to use GO bus or train services. In 2016, the Province announced the extension of Lakeshore West GO trains to Niagara with stops at Grimsby (2021), St. Catharines and Niagara Falls (2023). GO Station area secondary plans were proactively completed in both Lincoln and Grimsby – signalling the community and the Town are ready for a GO station and associated development.
- ☑ There is also planned expansion of the ParaTransit services of the Niagara Region within West Niagara.

PART 4: DIRECT REGIONAL HEALTHCARE BENEFITS

- 4.1 Project delivers net new services in one or more areas that address Niagara's top 5 health conditions and diseases (heart, falls, diabetes, stroke, lung and trachea cancer)
- ☑ WLMH will provide care for patients in all of the areas listed as the top 5 health conditions and diseases at varying levels of care and dependent on the level of condition, including net new services as follows:
- (a) In general, WLMH will be further equipped to support patients arriving through the Emergency Department or for scheduled purposes as it relates to the top 5 health conditions; mostly for pre and post health care resulting from surgeries, procedures or conditions that can be supported through diagnostics, the ambulatory clinic as referred by the Emergency Department or through low intensity rehabilitation. The patient journey as described in our Addendum dated December 7, 2020 can be applied to the top 5 conditions and diseases of heart, falls, diabetes, stroke, lung and trachea cancer. Please see Table 2.0 which outlines the expanded support for the top 5 health conditions and diseases.
 - (b) Diagnostic services will include expanded services through the CT scanning, ultrasound and echocardiography. These services support the conditions of heart, falls, and stroke.
 - (c) The ambulatory clinic will support consultation services by visiting specialists for patients with conditions and diseases related to heart and diabetes. This will include assessment and diagnosis of health conditions as well as ongoing monitoring and further referrals and testing if required.
 - (d) The geriatric assessment clinic will support patients with a variety of conditions including the presentation of mobility changes, falls, incidence of multiple emergency room visits, as well as conditions related to the outcomes from stroke. Family physicians will also be able to refer patients to the clinic for assessment to determine the level of support needed in the home; thereby working towards injury prevention and maintaining seniors in their homes safely with supports. The clinic is expanded from a monthly service to a weekly service.
 - (e) The patients requiring low intensity rehabilitation will be supported at WLMH. We currently cover 3,000 patient days per year through this program. A patient's average length of stay is 30 days. Many of these patients are transferred from NHS to WLMH for rehabilitation and discharge planning. Without WLMH these patients would need to be cared for in other facilities. Low intensity rehabilitation patients can be for cardiac, falls, stroke, diabetes, and lung and trachea cancer.
 - (f) Patients are transferred to WLMH for further recovery or convalescent care from the top 5 conditions and diseases of heart, falls, diabetes, stroke, lung and trachea cancer; thereby resulting in increased capacity in other health care facilities for these same conditions and diseases.
 - (g) Surgery for some specific injuries or health conditions may be performed at WLMH. These surgeries would be same day home surgeries which may include hand and/or wrist, just as an example of minor same day home surgeries.

Table 2.0					
	Diagnostics	Ambulatory	Emergency	Surgical	Low Intensity Rehab
Cardiac	Echocardiography (+34%) (+1 room) Ultrasound (+10%) (+1 room)	Consultation Clinics (+8-10 visiting physicians)	Visits (+6%)		Low intensity rehab (+71%)
Falls	CT Scan (+7,500)	Geriatric assessment clinic (+260)	Visits (+6%)	Minor orthopaedic surgery (surgeries are +60% with 25% being ortho)	Low intensity rehab (+71%)
Diabetes	Laboratory (+12%)		Visits (+6%)		Low intensity rehab (+71%)
Stroke	CT Scan (+7,500)	Geriatric assessment clinic (+260)	Visits (+6%)		Low intensity rehab (+71%)
Lung/Trachea Cancer	CT Scan (+7,500)	Palliative Care (+36%) Specialty Clinics for ENT, Respiriology (+8-10 visiting specialists)	Visits (+6%)		Low intensity rehab (+71%)

*Expansion figures are based across all services as it is not possible to isolate these based on patient condition

(h) Mental illness is a leading cause of disability in Canada, affecting more than 6.7 million people. In fact, 1 in 2 Canadians have, or have had a mental illness by the time they reach the age of 40 years. The Mental Health services provided in the hospital helps fill an especially important need in Niagara, which in turn works towards achieving one of the priorities of the Niagara Region which is to support healthy communities and invest in mental health. Projections indicate that the clinic will see 10,000 patients annually (27 per day); an increase or net new number of patients at 3,220 annually (8 per day). An anticipated outcome of this service will be reduced emergency visits which will impact the Niagara Region EMS.

4.2 Project delivers net new services in one or more areas that address Niagara's top 3 EMS transport issues (cardiac, trauma, stroke)

- ☒ There are very clear guidelines for trauma related cases that Emergency Services follow. Patients are brought to either the closest Emergency Department or the closest designated trauma or stroke facility based on initial assessment by EMS and for stroke patients the time from presenting symptoms. Many patients arriving through Emergency Services present with chest pain and are cared for at WLMH or transferred to Hamilton Health Sciences depending on interventions required. Stroke patients can also be brought to WLMH for initial Emergency assessment depending upon the window of time in which the symptoms of a stroke presented.

There are stories of patients who have been transported to WLMH with stroke symptoms that with immediate intervention have avoided more serious outcomes which result from a stroke.

- ☑ Patient activity for WLMH's Emergency Department is projected to increase by 10% over 5 years for patients with a CTAS Score of 1, 2 and 3. Activity level in CTAS 4 and 5 will be maintained at current assuming that community physicians will address less urgent conditions during regular business hours consequently reducing use of WLMH Emergency Services for treatment, hospital admissions and thus resulting in less EMS transport issues. The expansion of our Ambulatory Clinic to include a General Internal Medicine Rapid Assessment Clinic will support the reduction in hospital and EMS services as well. The GIMRAC Clinic is a net new service expecting patient loads of 2,380 patients in its first year.
- ☑ WLMH works with paramedics of Niagara EMS who also support a broader network of Public Health Programmes in the Niagara Region which include mobile health teams that work with paramedics and other staff to identify and address 911 calls that may not require an Emergency Department visit. Calls may be directed to the Falls Intervention Team staffed by a paramedic and an occupational therapist who are dispatched to patients reporting low-acuity falls. The team will monitor repeat callers, perform medical assessments, identify medical issues or connect patient to community support agencies to reduce their risk.

PART 5: INDIRECT REGIONAL HEALTHCARE BENEFITS

5.1 Explanation of how project contributes to overall system of healthcare in Niagara (must include validation through written correspondence from OHT)

- ☑ The development of Ontario Health Teams throughout the province is in the preliminary stages. Only 12 of the 29 approved teams are defined thus far. WLMH currently does not fall into the jurisdiction of any of the defined OHTs and will be included in a future addition of the OHT list. To support the validation of how the WLMH project will contribute to the overall system of health care in Niagara we have attached letters of support from experts in healthcare – Dr. Thomas Stewart, CEO and Lynn Guerriero, President, Niagara Health System dated October 26, 2020 and from Rob MacIsaac, President & CEO, Hamilton Health Science dated November 2, 2020. These letters outline how WLMH supports the Niagara Health System and the health care of Niagara residents.
- ☑ WLMH will be one of six sites serving the residents and visitors of the Niagara Region. Healthcare in Niagara is shifting; geographic boundaries are being removed so that opportunities for care can be centered on patients, families and caregivers, in an effort to provide care close to home.

WLMH is a vital resource for the health care system and for achieving healthy communities. The new build is critical for offering integrated, safe hospital services, close to home for the projected 674,000 residents of the Niagara Region. On average 85 % of patients utilizing inpatient services by WLMH are Niagara Region residents. A small number of patients reside outside Niagara and they are attributable to tourism, travel and/or work-related injuries. This is comparable to every other hospital in Niagara Region.

Residents of Niagara, that have less complex health care needs, have the benefit of accessing services offered at WLMH, thereby alleviating and allowing the Niagara Health System to focus on more complex and specialty care. Patients need all levels of this system for cradle to grave healthcare; traversing these levels as needed for diagnostics, treatments, surgeries, palliative care at home or in the hospital. It is a shared care approach.

- ☑ Many of the services provided at WLMH are integral to both the fabric and reputation of regional health care in Niagara, and without them, it would overwhelmingly impact other health care providers, and the residents of

the Niagara Region. Attached to this Addendum you will find further information in our Addendum dated December 7, 2020.

5.2 Project includes Niagara-based health care teaching component (must include validation through written correspondence from Brock University, Niagara College, and/or McMaster Satellite campus)

- ☑ Attached is a letter of validation from Dr. Amanda Bell, Assistant Dean, McMaster University, Michael G. DeGroote School of Medicine, dated October 6, 2020.
- ☑ Attached is a letter of validation from Angela Butt, Associate Dean, School of Nursing and PSW Studies of Niagara College Canada, dated January 4, 2021. A partnership with Brock University for nursing and allied health professionals exists and we anticipate receiving a letter from them as well.

5.3 Commitment to patient off load delay targets through performance agreement

- ☑ WLMH's patient off load times are one of the best in Niagara. The average off load time in 2020 was 44 minutes which is a 10 % improvement from 2019. Provincial guidelines indicate a 30 minute off load time target. We understand that WLMH's performance is better than the Niagara Region average.
- ☑ WLMH has a strong commitment to patient off load delay mitigation efforts as part of the regional response and in working with partner hospitals as part of the Niagara Health System. WLMH will work in any way possible with EMS and all regional partners to develop strategies to reduce emergency department offload delays. WLMH is also committed to establishing targets, and have examined performance agreements and templates that could form an agreement between WLMH and Niagara Region EMS. There are models and best practices also being review in the following jurisdictions and at the time, they include York, Peel and London-Middlesex.

December 17, 2020

To Niagara Region

Members of Regional Council,

On behalf of Hamilton Health Sciences (HHS), I would like to formally request that the Region of Niagara consider an appropriate contribution towards the local share of financing that is required by the Government of Ontario for the rebuilding of West Lincoln Memorial Hospital (WLMH).

A contribution of \$14 million from the Region would be central to the local financing required to build this important and long-overdue piece of new health-care infrastructure. This builds on the generous financial contributions already committed by Niagara residents, who value the expert care and services delivered at WLMH for the benefit of the region during the last 70-plus years. We're also grateful for the committed financial support of the Government of Ontario, and the municipalities of Grimsby, Lincoln and West Lincoln who have agreed to share the remaining costs of this vital project.

We appreciate your leadership on creating a healthy Niagara, and also your consideration of financial support for a new WLMH in the pursuit of that end. We look forward to working together to save and rebuild this important hospital.

Sincerely,



Rob MacIsaac
President and CEO



Town of Grimsby
160 LIVINGSTON AVE.
P.O. Box 159
GRIMSBY, ONTARIO
L3M 4G3

June 1, 2020

Kevin Antonides, Chair and
Pamela Ellens, Executive Director
WLMH Foundation Inc.
167 Main St. E.
Grimsby ON L3M 1P2

Dear Ms. Ellens and Mr. Antonides:

Re: Commitment in Providing a Local Contribution in the Rebuilding of West Lincoln Memorial Hospital

This is to confirm that at the May 19, 2020 Council meeting the following resolution was adopted with respect to the above matter:

WHEREAS Hamilton Health Sciences (HHS) has a critical and urgent need to rebuild West Lincoln Memorial Hospital (WLMH) in order to continue providing safe, high-quality hospital services for all residents of West Niagara;

AND WHEREAS Hamilton Health Sciences received approval from the Ontario government on December 19, 2019, to proceed to Stage 2 of the government's capital planning process for a new hospital in order to rebuild WLMH;

AND WHEREAS the Province of Ontario's cost share policy for hospital capital projects provides a provincial investment of 90% of the capital construction costs, conditional upon commitment from local fundraising partners to contribute both a 10% local share of financing for the capital construction cost, plus a 100% share of financing for the cost of all furniture, fixtures and equipment (FF&E) and any required parking infrastructure;

AND WHEREAS approval from the Ontario government to proceed with Stage 3 planning for the rebuilding of WLMH requires the timely submission by HHS of a financial plan in Stage 2 outlining the contributors to the local share of financing for the new hospital;

AND WHEREAS HHS is engaged in a dialogue with three west Niagara municipalities, Niagara Region and the WLMH Foundation to determine how the local area municipalities may assist with fulfilling the needed commitment to the local share of financing, and provide a commitment by June 1, 2020, in order to satisfy the Province of Ontario's requirements to proceed with the next stage of planning for a new West Lincoln Memorial Hospital;

AND WHEREAS the respective Chief Administrative Officers from Lincoln, West Lincoln and Grimsby, together with the Regional Chief Administrative Officer have had preliminary conversations on past practices of the Region in supporting hospital redevelopment projects;

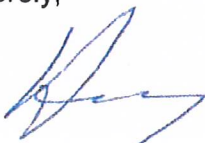
AND WHEREAS Councils' of the contributing municipal governments would like staff to further investigate, determine and finalize the financing model to fund, together with the WLMH foundation an estimated, collective \$60,000,000 contribution to the total required local share of financing towards the rebuilding of West Lincoln Memorial Hospital, with a commitment to provide the required funds to HHS upon substantial completion of construction of the new hospital:

THEREFORE, BE IT RESOLVED:

1. That the three local Municipalities, made up of the Towns of Lincoln and Grimsby and the Township of West Lincoln, together with the WLMH Foundation, hereby commit to providing an estimated contribution of \$60,000,000 to the capital project costs to be raised by the community for the rebuilding of West Lincoln Memorial Hospital; AND
2. That staff from the Towns of Lincoln and Grimsby and the Township of West Lincoln, in conjunction with the WLMH foundation, continue to have formal conversations with the Regional Municipality of Niagara to determine next steps and options for considerations pertaining to funding support from the Region; AND
3. That the Town of Grimsby CAO, report back to Council, by or before December 1, 2020 with further details, including the financing options and recommended financing models for the individual municipal contribution; AND
4. That the Town of Grimsby, in conjunction with the WLMH Foundation, continue to work with Hamilton Health Sciences on the next phase, Stage 3 and subsequent stages expeditiously to ensure the completion of the WLMH redevelopment.

If you have any questions or concerns regarding the above, do not hesitate to contact me at 905-309-2017.

Sincerely,



Harry Schlange, CAO



4800 SOUTH SERVICE RD
BEAMSVILLE, ON L0R 1B1

905-563-8205

May 26, 2020

Mr. Rob MacIsaac, CEO
Hamilton Health Sciences-King West
P.O. Box 2000
Hamilton, ON
L8N 3Z5

SENT VIA EMAIL: rob.macisaac@hhsc.ca

Dear Mr. MacIsaac,

RE: TOWN OF LINCOLN COMMITMENT IN PROVIDING A LOCAL FINANCIAL CONTRIBUTION TO REBUILD WEST LINCOLN MEMORIAL HOSPITAL

This is to confirm that at the May 25, 2020 Special Council Meeting for the Town of Lincoln, the following resolution was adopted with respect to the above noted matter:

That Report AD-02-20 be received for information; and

WHEREAS Hamilton Health Sciences (HHS) has a critical and urgent need to rebuild West Lincoln Memorial Hospital (WLMH) in order to continue providing safe, high-quality hospital services for all residents of West Niagara;

AND WHEREAS Hamilton Health Sciences received approval from the Ontario government on December 19, 2019, to proceed to Stage 2 of the government's capital planning process for a new hospital in order to rebuild WLMH;

AND WHEREAS the Province of Ontario's cost share policy for hospital capital projects provides a provincial investment of 90% of the capital construction costs, conditional upon commitment from local fundraising partners to contribute both a 10% local share of financing for the capital construction cost, plus a 100% share of financing for the cost of all furniture, fixtures and equipment (FF&E) and any required parking infrastructure;

AND WHEREAS approval from the Ontario government to proceed with Stage 3 planning for the rebuilding of WLMH requires the timely submission by HHS of a financial plan in Stage 2 outlining the contributors to the local share of financing for the new hospital;

AND WHEREAS HHS is engaged in a dialogue with three west Niagara municipalities, Niagara Region and the WLMH Foundation to determine how the local area municipalities may assist with fulfilling the needed commitment to the local share of financing, and provide a commitment by June 1, 2020, in order to satisfy the Province of Ontario's requirements to proceed with the next stage of planning for a new West Lincoln Memorial Hospital;

AND WHEREAS the respective Chief Administrative Officers from Lincoln, West Lincoln and Grimsby, together with the Regional Chief Administrative Officer have had preliminary conversations on past practices of the Region in supporting hospital redevelopment projects;

AND WHEREAS Councils' of the contributing municipal governments would like staff to further investigate, determine and finalize the financing model to fund, together with the WLMH foundation an estimated, collective \$60,000,000 contribution to the total required local share of financing towards the rebuilding of West Lincoln Memorial Hospital, with a commitment to provide the required funds to HHS upon substantial completion of construction of the new hospital:

THEREFORE, BE IT RESOLVED that the three local Municipalities, made up of the Towns of Lincoln and Grimsby and the Township of West Lincoln, together with the WLMH Foundation, hereby commit to providing an estimated contribution of \$60,000,000 to the capital project costs to be raised by the community for the rebuilding of West Lincoln Memorial Hospital;

That staff from the Towns of Lincoln and Grimsby and the Township of West Lincoln, in conjunction with the WLMH foundation, continue to have formal conversations with the Regional Municipality of Niagara to determine next steps and options for considerations pertaining to funding support from the Region;

That the Town of Lincoln CAO, report back to Council, by or before December 1, 2020 with further details, including the financing options and recommended financing models for the individual municipal contribution;

That the Town of Lincoln, in conjunction with the WLMH Foundation, continue to work with Hamilton Health Sciences on the next phase, Stage 3 and subsequent stages expeditiously to ensure the completion of the WLMH redevelopment.

CARRIED UNANIMOUSLY

If you have any questions, please contact Legislative Services, Town Clerk at extension 225.

Regards,

Julie Kirkelos
Town Clerk
jkirkelos@lincoln.ca

Cc: Sam Oosterhoff, M.P.P.
Aaron Levo, Hamilton Health Sciences, Vice-President
Ron Tripp, Niagara Region
Town of Grimsby
Township of West Lincoln
WLMH Foundation
WLMH Committee

OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER

May 26, 2020

Mr. Rob MacIsaac, CEO
Hamilton Health Sciences-King West
P.O. Box 2000
Hamilton, ON
L8N 3Z5

Dear Mr. MacIsaac,

Re: Commitment in Providing a Local Contribution in the Rebuilding of West Lincoln Memorial Hospital

This is to confirm that at the May 25, 2020 Council Meeting the following resolution was adopted with respect to the above noted matter:

WHEREAS Hamilton Health Sciences (HHS) has a critical and urgent need to rebuild West Lincoln Memorial Hospital (WLMH) in order to continue providing safe, high-quality hospital services for all residents of West Niagara;

AND WHEREAS Hamilton Health Sciences received approval from the Ontario government on December 19, 2019, to proceed to Stage 2 of the government's capital planning process for a new hospital in order to rebuild WLMH;

AND WHEREAS the Province of Ontario's cost share policy for hospital capital projects provides a provincial investment of 90% of the capital construction costs, conditional upon commitment from local fundraising partners to contribute both a 10% local share of financing for the capital construction cost, plus a 100% share of financing for the cost of all furniture, fixtures and equipment (FF&E) and any required parking infrastructure;

AND WHEREAS approval from the Ontario government to proceed with Stage 3 planning for the rebuilding of WLMH requires the timely submission by HHS of a financial plan in Stage 2 outlining the contributors to the local share of financing for the new hospital;

AND WHEREAS HHS is engaged in a dialogue with three west Niagara municipalities, Niagara Region and the WLMH Foundation to determine how the local area municipalities may assist with fulfilling the needed commitment to the local share of financing, and provide a commitment by June 1, 2020, in order to satisfy the Province of Ontario's requirements to proceed with the next stage of planning for a new West Lincoln Memorial Hospital;

AND WHEREAS the respective Chief Administrative Officers from Lincoln, West Lincoln and Grimsby, together with the Regional Chief Administrative Officer have had preliminary conversations on past practices of the Region in supporting hospital redevelopment projects;

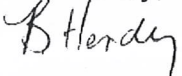
AND WHEREAS Councils' of the contributing municipal governments would like staff to further investigate, determine and finalize the financing model to fund, together with the WLMH foundation an estimated, collective \$60,000,000 contribution to the total required local share of financing towards the rebuilding of West Lincoln Memorial Hospital, with a commitment to provide the required funds to HHS upon substantial completion of construction of the new hospital:

THEREFORE, BE IT RESOLVED:

1. That the three local Municipalities, made up of the Towns of Lincoln and Grimsby and the Township of West Lincoln, together with the WLMH Foundation, hereby commit to providing an estimated contribution of \$60,000,000 to the capital project costs to be raised by the community for the rebuilding of West Lincoln Memorial Hospital; AND
2. That staff from the Towns of Lincoln and Grimsby and the Township of West Lincoln, in conjunction with the WLMH foundation, continue to have formal conversations with the Regional Municipality of Niagara to determine next steps and options for considerations pertaining to funding support from the Region; AND
3. That the Township of West Lincoln CAO, report back to Council, by or before December 1, 2020 with further details, including the financing options and recommended financing models for the individual municipal contribution; AND
4. That the Township of West Lincoln, in conjunction with the WLMH Foundation, continue to work with Hamilton Health Sciences on the next phase, Stage 3 and subsequent stages expeditiously to ensure the completion of the WLMH redevelopment.

If you have any questions or concerns regarding the above, do not hesitate to contact the undersigned at 905-957-3346 ext. 6725.

Sincerely,



Bev Hendry, CAO

Sam Oosterhoff, M.P.P.

Town of Lincoln

Town of Grimsby

WLMH Foundation

Aaron Levo, Hamilton Health Sciences, Vice-President

Ron Tripp, Niagara Region

October 26, 2020

To Whom It May Concern,

Healthcare partners in our province are increasingly working together to better connect care for the residents of Ontario. We are seeing a shift in Niagara in which we are removing geographic boundaries to create new opportunities to deliver services that are centered around patients, families and caregivers no matter where they live in our region. To provide high-quality care across Niagara, local community based services play a key role in ensuring residents of each community are supported and receive the best care close to home.

Niagara Health and West Lincoln Memorial Hospital (WLMH) have a strong partnership with each other and other providers across Niagara to enhance access to healthcare services. We are currently working closely with WLMH on our COVID-19 pandemic response. We are also providing care to its obstetrical patients while infrastructure updates and renovations take place in the current WLMH building, among other long-standing collaborations on patient flow, repatriation and transfer between the two hospital organizations.

Residents of Niagara that have less complex healthcare needs, have the benefit of accessing services offered at WLMH, allowing Niagara Health to focus on complex care and specialty care, such as cancer and surgical services. Services offered at WLMH assist in alleviating wait times, support patient flow, and support the work of Niagara Health through their:

- Emergency Department;
- Diagnostics, planned CT Scan for late 2021;
- Palliative Care services;
- Mental Health services and;
- MD education through the Michael G. DeGroote School of Medicine at McMaster.

Niagara Health and St. Joseph's Health System are also in a unique position to combine our expertise, through a renewed Collaboration Agreement, to enhance healthcare across our communities and advance our mutual commitment to innovation and excellence.

These are just a sampling of the many impressive ways healthcare providers are working together to improve the health of Niagara residents through patient-centred, innovative and sustainable healthcare models.

Niagara Health is supportive of the WLMH new build and its mission to provide the best care for Niagara residents and its role in supporting healthcare providers across the region. We are very fortunate ourselves to be in the planning stages for the new South Niagara Hospital, set to open



in 2026/2027. Both projects bring a significant and much-needed investment to Niagara, and both are integral pieces of creating a connected healthcare system that will improve the patient, family and caregiver experience and provide opportunities to enhance programs and services.

We are excited about the future of healthcare and the impact of our collective efforts towards a transformed, more integrated health system that makes accessing and navigating services easier and better for patients and families.



Lynn Guerriero
President
Niagara Health



Dr. Thomas Stewart
CEO
Niagara Health



November 2, 2020

Dear Niagara Region Leaders,

On behalf of Hamilton Health Sciences (HHS), I would like to thank the Niagara Regional Council for your stated support for the rebuilding of West Lincoln Memorial Hospital (WLMH). Your considered contribution toward the local share of financing required by the province to advance this important project is very much appreciated.

WLMH has a longstanding and proud history of providing essential patient care to Niagara region. HHS is building on this history, by expanding the services and facilities of WLMH in partnership with the Government of Ontario, the municipal and regional governments of Niagara, and the citizens we serve together.

Niagara residents make more than 65,000 visits to WLMH annually for local access to emergency care, diagnostics, day surgeries, labour and delivery, and many outpatient clinics. These services are growing and will be expanded in the new hospital. Through this expansion, HHS is expanding the vital role WLMH plays in the healthcare system supporting Niagara Region, in partnership with Niagara Health, local family doctors and health practitioners.

The rebuilding of WLMH stands as a tangible example of the Government of Ontario's investment in a vision of integrated, high-quality, healthcare available close to home in communities and regions throughout the province. WLMH is a critical gateway for Niagara residents requiring the specialized medical care offered at tertiary hospitals in the Ontario West health service delivery region of Ontario Health. This includes the many unique services provided to residents of Niagara Region by Hamilton Health Sciences, such as cardiology & vascular care, pediatrics, trauma, burn care, neurology, as well as many highly-specialized treatments and surgical procedures for cancer. Some of these services are available at only a handful of hospitals in Ontario. WLMH provides an initial access point for Niagara residents, where the initial assessment and post-treatment follow-up for these life-saving procedures occurs. In this sense, WLMH brings unique medical expertise closer to home for Niagara residents who need it, when they need it.

Once operational, the new WLMH will also make many additional and valuable contributions to the regional healthcare system, such as:

- Doubling the available day surgical capacity, and expanding the variety of services and procedures provided, offering access in Niagara to top surgeons and other medical specialists from HHS.

- Increasing access to precise medical diagnostics, including vital cancer screening and CT scans. This will reduce the regional reliance on similar services at Niagara Health, and allowing more Niagara patients to access these services in their local community.
- Enhancing the family medicine teaching tradition at WLMH, which has long been a forerunner to the provincial government's connected care model. WLMH's integrated family medicine approach wraps services around the patient and provides seamless navigation throughout their care journey, both in the hospital and in the community.

HHS is grateful for the provincial government's investment to build a modern, state-of-the-art WLMH to help serve Niagara Region. We also appreciate the steadfast support and generous financial contributions committed to date by Niagara residents and the municipalities of Grimsby, Lincoln and West Lincoln. This has provided a very healthy start toward funding the local share of financing required to see this project to completion.

We trust you will also add the Region of Niagara to this list of sponsors, in recognition of the important and growing contribution made by WLMH for the healthcare system in Niagara Region.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rob MacIsaac', with a long horizontal flourish extending to the right.

Rob MacIsaac,
President & CEO, Hamilton Health Sciences

October 6, 2020

To Members of Niagara Regional Council,

This letter is in strong support of the important role that the West Lincoln Memorial Hospital plays in the health of the community, particularly with respect to medical education and physician recruitment and retention in Niagara. West Lincoln Memorial Hospital (WLMH) is one of the teaching sites for the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine. WLMH participates actively in the medical training of undergraduate MD students and postgraduate resident physicians. Over the last 5 years they have consistently provided over 1,000 days of teaching annually in West Lincoln. Additionally, West Lincoln Hospital is clinical home to a number of active and engaged McMaster University faculty members including several senior campus leaders. The Niagara Regional Campus, whose learners are trained at hospital sites across Niagara, has recruited 18% of their undergraduate trainees and over 50% of its postgraduate trainees to return to or remain in Niagara for their clinical practice. Learners who return to or stay in the region to practice speak of the very positive experience they have learning within the community and the ease of transition to practice when they are already familiar with the hospital systems, the medical community and the resources available locally. Additionally, the majority of learners who choose to practice in the region become faculty members and thus inspire the future medical practitioners through their teaching and their example.

The investment in medical education in Niagara has been a highly effective and cost-efficient opportunity to increase the availability of high-quality primary care and specialist care to citizens of Niagara. The new WLMH build will allow for improved and updated academic opportunities within Niagara and increase the capacity of the hospital to host learners in engaging rotations that inspire them to continue their careers locally. The academic presence of a distributed medical campus within Niagara has proven to be a strong influence in the decision of many physicians, particularly specialist physicians, to locate within the region and their mix of community-practice and academic work in teaching and research, has enriched the opportunities for exceptional health care in Niagara. The training that medical learners receive through the WLMH has been pivotal to the successful recruiting and retention of high-quality family physicians in north Niagara and this training site remains in high demand for residents year after year.

Financial support from the Region towards the new WLMH build is an investment in the current and future health of Niagara. The academic activity and the outstanding educational opportunities for learners in West Lincoln is a strength of the Niagara Regional Campus and an asset to community. We are grateful for the contributions from local physician faculty members and hospital leadership who encourage the growth of WLMH as an active teaching site. This has proven a successful combination with all evidence pointing towards continued opportunities to enrich the health care of Niagara.

Yours sincerely,



Dr. Amanda Bell
Regional Assistant Dean
Niagara Regional Campus
Michael G. DeGroote School of Medicine
McMaster University

Monday, January 4, 2021

To whom it may concern,

It is my pleasure to provide this letter in support of West Lincoln Memorial Hospital (WLMH).

WLMH frequently provides placement opportunities for our Practical Nursing students, particularly those students in the consolidation phase of their education. We look forward to continuing with this partnership which is of great benefit to our students and our community.

If you require additional information, please do not hesitate to contact me.

With kind regards,



Angela Butt, MN, RN
Associate Dean
School of Nursing and PSW Studies
abutt@niagaracollege.ca

ADDENDUM TO CASE FOR SUPPORT

TO: NIAGARA REGION, CORPORATE SERVICES & COUNCIL MEMBERS

FROM: WEST LINCOLN MEMORIAL HOSPITAL FOUNDATION

DATE: DECEMBER 7, 2020

ADDENDUM SUMMARY

Having reviewed the Boulevard Strategy Group Hospital Funding Research Policy Report we submit that our request for support meets and exceeds the criteria for funding as outlined in the Boulevard Strategy Group Report, as well as the items noted in Option # 6 – Hybrid Model. The following Table demonstrates how the criteria are met:

	Criteria Item	Reference
<input checked="" type="checkbox"/>	Total Regional contributions available for each hospital funding request are consistent with the past precedent; 21 % of the planned local share	Page 3
<input checked="" type="checkbox"/>	Regional components of WLMH clearly demonstrate evidence of regional benefit – Economic and Social	Page 4 to 6
<input checked="" type="checkbox"/>	Regional components of WLMH clearly demonstrate evidence of regional benefit – Healthcare	Page 6 to 9
<input checked="" type="checkbox"/>	The request is part of the annual budgeting process as per policy; the request does not exceed 25% of the local share or 7.5% of project costs	Table on page 3
<input checked="" type="checkbox"/>	The support by the Region of \$ 14 M can be budgeted over the long term as per Option #3	See page 21 of Blvd Report
<input checked="" type="checkbox"/>	As per the policy framework we have provided detailed information in our Case for Support and in this Addendum; as a response to the guiding principles	Pages 3 to 9
<input checked="" type="checkbox"/>	Principle 1 – Fairness and equity across the twelve municipalities	Page 3
<input checked="" type="checkbox"/>	Principle 2 – Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region	Page 3 to 4
<input checked="" type="checkbox"/>	Principle 3 – Demonstrated benefit for all Niagara residents	Page 4 to 8
<input checked="" type="checkbox"/>	Principle 4 – Alignment with Niagara Regional goals and priorities	Page 9
<input checked="" type="checkbox"/>	Principle 5 – Regional contribution as a component of a larger community-wide effort	Page 9

The WLMH funding request also meets the following funding criteria as found on page 23 of the Boulevard Strategy Report:

- ☒ The request is from the organization directly responsible for project delivery and a formal presentation was made to Corporate Services Committee on Nov. 9, 2020. A formal letter will be submitted as well.
- ☒ The request provides evidence of regional benefit
- ☒ Our submission explains how the project advances Niagara Region's goals and priorities
- ☒ Our submission provides detail regarding financial contributions and how the project is funded in collaboration with all levels of government and the community
- ☒ The project is approved by the provincial government and is supported with a minimum of 70% provincial funding commitment
- ☒ The community fundraising exceeds the Niagara Region's contribution
- ☒ The project is located within the municipal boundaries of the Niagara Region
- ☒ Recognition for regional contributions will be communicated as part of the project

INTRODUCTION

Further to our submission of the Case for Support to Corporates Services in November, 2020 and our presentation to the Committee, we would like to provide an addendum of information outlining how our request for support aligns with the guiding principles in the framework document for the new hospital funding policy.

As outlined in our case, in the year of late 2024 or early 2025 will be celebrating the opening of doors to one of the Niagara Region's newest, state of the art, community hospitals known as West Lincoln Memorial Hospital. We request that the Region be a partner in the local financial contribution in the amount of \$ 14 million towards a significant regional asset.

This exemplary hospital will be one of six sites serving the residents and visitors of the Niagara Region. Healthcare in Niagara is shifting; geographic boundaries are being removed so that opportunities for care can be centered on patients, families and caregivers, in an effort to provide care close to home.

WLMH is a vital resource for the health care system and for achieving healthy communities. The new build is critical for offering integrated, safe hospital services, close to home for the projected 674,000 residents of the Niagara Region. On average 85 % of patients utilizing inpatient services by WLMH are Niagara Region residents. A small number of patients reside outside Niagara and they are attributable to tourism, travel and/or work-related injuries. This is comparable to every other hospital in Niagara Region.

Residents of Niagara, that have less complex health care needs, have the benefit of accessing services offered at WLMH, thereby alleviating and allowing the Niagara Health System to focus on more complex and specialty care. Patients need all levels of this system for cradle to grave healthcare; traversing these levels as needed for diagnostics, treatments, surgeries, palliative care at home or in the hospital. It is a shared care approach. The following story is about Jane, it's fictional but real to many. Through this story we hope to demonstrate this shared care approach which is provided in Niagara. This example can also be applied to other diagnoses:

Example of Integration of Healthcare

- *Jane is 50 years of age and makes a regular annual visit to her family physician, her family physician recommends she start having mammograms.*
- *Jane visits WLMH where she receives a mammogram and it's a good thing she does as an irregularity is detected and based on the results a biopsy is recommended.*
- *Jane's biopsy is performed at WLMH and the pathology report suggests a more aggressive form of cancer and she is referred to an oncologist who works in Niagara's Health's Walker Family Cancer Centre.*
- *The oncologist at Niagara Health recommends surgery to perform a mastectomy.*
- *Surgery is performed at the Juravinski Cancer Centre in Hamilton, a specialized centre of care. Recovery care is provided until Jane is stable enough to return to WLMH.*
- *Jane returns to WLMH where she can recover more fully closer to home. Repatriation of patients to WLMH helps provide space for more acute patients needing specialized care.*
- *Post-surgical follow up occurs with her family doctor in collaboration with her surgeon at Juravinski and her oncologist at the Walker Cancer Center and further chemotherapy treatments are administered at the Walker Cancer Centre.*

- Follow up care is provided through clinical services at WLMH including the option for breast reconstructive surgery.
- Jane's journey demonstrates how healthcare partners are increasingly working together to better connect services without geographic boundaries.

Example of Alleviating Wait Times - Surgical

- Andy is 49 years of age and loves to play hockey recreationally with his league in Niagara Falls; during one evening's game he suffered a wrist injury.
- The injury was affecting Andy's ability to work well. The family physician recommended surgery as soon as possible but wait times were lengthy at NHS according to reported wait times.
- His family physician recommended that he be referred to a surgeon at WLMH; should an opening for his type of surgery occur.
- Surgery was performed at WLMH, creating openings for more complex surgeries to occur within the NHS hospital system.

GUIDING PRINCIPLES IN FUNDING POLICY

Utilizing the guiding principles found in the Niagara Region Hospital Funding Research and Policy Report prepared in October 2020 by Boulevard Strategy Group, the following can be expanded upon from information found in our Case for Support.

☑ FAIRNESS AND EQUITY ACROSS THE TWELVE LOCAL MUNICIPALITIES IN NIAGARA

- WLMH is located in the Niagara Region, benefiting 65,000 residents of the Niagara Region annually.
- A small number of patients reside outside Niagara and they are attributable to tourism, travel and/or work-related injuries. This is comparable to every other hospital in Niagara Region.
- All patient care should be valued equally; no matter what healthcare they require. Each hospital is integral to providing connected healthcare for all patients, families and caregivers in the Niagara Region; a system designed by Ontario Health.
- **Regional Council's decision for funding the St. Catharines site was made based upon what was known at the time of the request; a \$100 M local share. It would seem fair that a decision for supporting WLMH should be considered in an equal manner; at 21% of the current local share.**

Comparison item	NHS St. Catharines site	WLMH
Local share *	\$100 M x 21% = \$21 M	\$60 M x 21% = 12.6 M
Project cost *	\$759 M	\$200 M
% of project cost to local share	13%	30%
Foundation fundraising goal per capita based on request	\$25 M goal - \$128.21	\$20 M goal - \$283.33
*As reported in Boulevard Strategy Group Report, October 2020		

☑ FINANCIAL CERTAINTY AND PREDICTABILITY FOR ANNUAL AND LONG-TERM CAPITAL AND OPERATING BUDGETS AT NIAGARA REGION

- Our request for support can be amortized over a number of years and the full project payment can be made at the completion of construction in early 2025; therefore creating predictability for budget purposes.

- Various operational budgets for the Niagara Region may be impacted due to the programs supported by WLMH including Regional EMS and long term care and these should be considered. The efforts of the Niagara West Palliative Care Team alleviate emergency calls as well as their efforts to keep patients in home longer.
- Pre-COVID off load delays which included 18,000 hours in 2018 (as per NEMS reports) will potentially be alleviated and in any event greater predictability for budgeting purposes will be created as a result of our increased services in Emergency Services.

DEMONSTRATED BENEFIT FOR ALL NIAGARA RESIDENTS – ECONOMIC & SOCIAL

- Rural hospitals are often one of the largest providers of high-skilled and higher wage employment in many rural communities. When there is a thriving and modern hospital system, alongside healthy employment levels, the demand for schools, housing, transportation, and other services go up across the surrounding rural and urban communities.
- WLMH continues to play a significant role as an anchor institution for Niagara West’s Local Area Municipalities (LAMs) and has become a strong component of the economic engine of our communities. The proposed development of a new WLMH will be a major source of continued economic activity throughout West Niagara, ensuring a prosperous and sustainable future.
- The following economic statement provides an estimation of the economic impact that will arise from the proposed development and construction of the WLMH, as well as future employment, both direct and indirect, into the future. Estimates of the economic impact have been derived using Statistics Canada’s Input-Output multipliers at the provincial and National detail level. The model is used to provide the economic impact that will accumulate from the investment in the development of healthcare (hospital) infrastructure for the WLMH proposed redevelopment based on a construction budget of \$200 million.
- It is important to note that the data gathered from Statistics Canada’s Input-output total multiplier effect is comprised of the Direct, Indirect, and Induced economic impacts from a particular amount of output. A definition of each type of impact is provided below:
 1. **Direct impacts** are those economic impacts generated by the industry in question and can be observed through an analysis of an industry’s employee base, payroll, taxes paid and the difference between the value of sales and purchased inputs.
 2. **Indirect impacts** are those economic impacts generated by suppliers further-up the supply chain. These expenditures ultimately result in income to labour, income to businesses or governments, or in the import of a good or service from another jurisdiction.
 3. **Induced impacts** are the direct and indirect impacts that result from the subsequent spending by employees of their wages and salaries. This includes spending by employees both within an industry and within its upstream supplier base.
- For the purposes of this analysis, the Statistics Canada model uses the North American Industry Classification System (NAICS) 622–Hospitals to measure the impacts of Hospital infrastructure investments.
- The economic impact of the \$200 million WLMH development on the economy is summarized in the table below.

Table 1: Summary of Economic Impacts of WLMH Investment

Summary of Economic Impacts			
Economic Impacts	Ontario	Rest of Canada	Canada
GDP Impact	\$ 176 M	\$ 20 M	\$ 196 M
Labour Income	\$ 120 M	\$ 11 M	\$ 131 M
Jobs (No.)	1568	154	1722
Government Revenues	\$ 23 M	\$ 2 M	\$ 25 M
Total Gross Output	\$ 331 M	\$ 39 M	\$ 370 M

Source: Estimates from Statistics Canada Input-Output Model

According to Statistics Canada's Input-output model and its total multiplier effect estimates the \$200M development proposal of the WLMH is anticipated to:

- contribute \$176 million to Ontario's GDP, while allocating \$20 million to other provinces to contribute a total of \$196 million to Canada's GDP
- support the creation of 1,568 jobs, generating a total of \$120 million in labour income for Ontario. In Canada as a whole, the project will produce 1,722 jobs and generate \$131 million in total labour income.
- create \$23 million in government revenues in Ontario from taxes on products and production collected by the municipal and provincial governments. In total the Government of Canada will collect \$25 million in revenues. Determining the economic impacts and spin-offs at the regional level is not possible utilizing the Statistics Canada tool.
- generate a total Gross Output of \$370 million in Canada, of which \$331 million will be generated in Ontario.

It is important to note that the economic impacts outlined in Table 1 are in 2020 dollars and are subject to change based on annual inflation rates.

- The proposed development of the WLMH in West Niagara is also likely to spur adjacent development on surrounding lands within the three local area municipalities. The economic impacts associated with the development of surrounding properties are not included in the scope of this analysis. Instead, these ancillary impacts should be considered as future value-added impacts that will further stimulate the Niagara economy.
- With West Niagara's increasing population and despite the decades of efforts to redevelop the almost 80 year old WLMH, our local hospital can no longer sustain West Niagara's healthcare needs.
- With the Region's contribution, the \$200M investment will encourage the development of 300+ highly skilled medical science jobs and 200 full-time construction jobs for the duration of the multi-year build period, catalyzing almost immediate positive impact on the region's economic and social status. These highly skilled jobs will result in local spending and spur additional business development along the Grimsby-Lincoln-West Lincoln corridor.
- WLMH is an educational training ground for medical professionals and healthcare providers which results in the recruitment and retention of medical professionals and healthcare providers for our entire Region. More detail regarding the medical professionals can be found below.

- The long-term care facility, Deer Park Village and the palliative care facility, McNally House are on the same property of WLMH. Together these three facilities provide collaborative support for the health care needs of the population.
- The outpatient mental health services of WLMH will provide care to over 10,000 patients annually.
- WLMH is a family-physician supported hospital which has far reaching impact. This model provides local family physicians with broad clinical exposure and support, allowing them to provide inpatient care, emergency care, palliative care and obstetrical care. Local family physicians are uniquely able to provide very experienced, competent, community medical care that lessens the need for referrals or emergency room visits within the Niagara Region by providing services in their clinics and through home-based care.

☑ DEMONSTRATED BENEFIT FOR ALL NIAGARA RESIDENTS – HEALTHCARE

- Many of the services provided at WLMH are integral to both the fabric and reputation of regional health care in Niagara, and without them, it would overwhelmingly impact other health care providers, and the residents of the Niagara Region.

SOME MAIN FACTORS THAT AN EXPANDED WLMH WILL PROVIDE:

- Reduce overwhelming wait times in Niagara Region: Diagnostics, Day Surgeries, Procedures
- Alleviate Regional EMS and hospital emergency care – WLMH Emergency Services is a critical part of Regional EMS
- Support patient flow in hospitals by making beds available for specialized care – WLMH is a vital gateway to specialized services in tertiary hospitals in Niagara Region and Hamilton
- Supports the palliative care needs of residents in the Region – WLMH is located in campus of care. West Niagara's Palliative Care Team is focussed on keeping patients in home longer, being cared for by their family physician. This focus alleviates health care facilities (hospital, hospice and long term care).
- WLMH provides another option for expecting families: maternal and newborn services
- Without WLMH patients from the mental health clinical services (27 per day) would need to be absorbed elsewhere at Niagara health sites.

SOME SPECIFIC FACTORS THAT AN EXPANDED WLMH WILL PROVIDE:

- **Diagnostics**
 - CT Care at WLMH: Computed Tomography otherwise known as CT scanning is more commonplace for the purpose of diagnosing a patient's condition. By 2021, WLMH will be conducting onsite CT scans.
 - Impact on Niagara Region: The current annual volumes of over 1,100 scans would need to be absorbed elsewhere. Our capacity in 2024/25 for CT scans volumes will be 7,500 per year or 20 per day. If WLMH did not have this service, the need for CT scans would have to be absorbed elsewhere resulting in a substantial increase of wait times for the population; which for non-urgent scans can range from 10 to 97 days.
 - Mammography care at WLMH: WLMH mammography services are part of the Ontario Breast Screening Program and total annual volumes range between 2,500 to 3,000. Our anticipated volumes will be 4,000 per year (11 per day) in 2024/25.

- **Impact on Niagara Region:** Over 12,000 mammograms were performed at WLMH in the past five years for Niagara Residents. Wait times for this service would increase substantially in Niagara if WLMH no longer provided this care.
- **Emergency Services**
 - **Care at WLMH:** Emergency services at WLMH are provided to patients arriving by ambulance or walk-in. Services at WLMH are expected to grow over the next five years and particularly from those aged 60 plus.
 - **Impact on Niagara Region:**
 - Without the Emergency Services at WLMH over 20,000 (55 per day) residents annually would require care elsewhere.
 - The family physician model of care helps alleviate use of emergency services.
 - Niagara EMS services experience high patient off load delays at the St. Catharines hospital site. Without WLMH those off load wait times would substantially increase and hinder healthcare for others in need of 911 emergency service calls.
- **Surgical Services**
 - **Care at WLMH:** WLMH will be doubling its capacity for surgeries and procedures for Niagara residents. Outpatient surgical services include orthopedic, urology, gynecology, gastroenterology, dental, general, breast and plastic surgery.
 - **Impact on Niagara Region:** Over 6,500 surgeries are projected for 2024/25 (18 per day), without WLMH wait times for these services and procedures would increase significantly. Our surgical services will help alleviate wait times and give more capacity to NHS hospitals for complex surgeries.
- **Outpatient Services**
 - **Impact on Niagara Region:**
 - Treatments via intravenous therapy, procedures, injections and transfusions would need to take place elsewhere if WLMH did not provide this care.
 - Colposcopy screen tests and procedures for abnormal screen tests would need to take place elsewhere if WLMH did not have a clinic.
 - Wait times would increase for residents of Niagara should these services not exist at WLMH
- **Mental Health Services**
 - **Care at WLMH:** The Community Health Clinic sees patients referred to the clinic from the Niagara community seeking mental health care by a clinician.
 - **Impact on Niagara Region:**
 - Projections indicate that close to 10,000 (27 per day) patients receive care through WLMH. This care would need to take place elsewhere without WLMH.
 - Referrals from Gillian's Place, Oak Centre Club, Grimsby Benevolent Fund Services, and Community Addiction Services of Niagara would have to go elsewhere.
- **Geriatrics**
 - **Care at WLMH:** Older adults in the Niagara Region will receive care in the Geriatric Assessment Clinic. They provide one on one home assessment and consultations. Typically, patients are over the age of 65 and are experiencing confusion, memory concerns, dementia, complex medical issues, functional decline and frailty, mobility challenges, or have had multiple emergency room visits.

- **Impact on Niagara Region:** Having this type of clinic to serve our aging population in the Niagara Region will alleviate the NHS and WLMH emergency departments from multiple calls as well as demands on the Emergency Medical Services.
- **Palliative Care**
 - **Care at WLMH:** Palliative care is the care given to patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering. Specialized care is given to a patient to provide pain relief and comfort for the threatening illness they face. Palliative care at WLMH is a population-based model serving all citizens regardless of their location (home, hospice, long term care, hospital, congregant setting) which is a best practice model. The Niagara Region has reason to be proud of this model of community based, hospital supported, and population-centred care. The palliative care team has built and maintained connections to providers and clinicians all across Niagara.
 - **Impact on Niagara Region:** The impact of this care is two-fold:
 - Many family physicians are trained to provide palliative care for their patients, thereby alleviating the care needed by specialists and other providers.
 - Our growing population in the Niagara Region and the increase of palliative care services by 24 % at WLMH would have to be absorbed elsewhere if this service did not exist.
 - Projections indicate that we will be serving close to 15,800 (43 per day) palliative care patients in Niagara
- **Retention of Medical Professionals**
 - **At WLMH:** WLMH is one of the teaching sites for the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine, supporting the medical training of undergraduate MD students and postgraduate resident physicians. WLMH also supports the training of nurses, physician's assistants, physiotherapists, occupational therapists and other allied health care professionals.
 - **Impact on Niagara Region:**
 - The investment in medical education in Niagara has been a highly effective and cost-efficient opportunity to increase the availability of high-quality primary and specialist care as well as allied health care professionals to the citizens of Niagara.
 - The training that medical learners receive through WLMH has been pivotal to the successful recruitment and retention of high-quality family physicians for Niagara.
 - 18% of all undergraduate students who have completed their studies (done residency) have returned to practice in the Niagara Region.
 - 50% of all undergraduate students who have completed their studies have become and practice in Niagara are also appointed faculty.
 - 52% of all family medicine residency graduates have set up practice in the Niagara Region.
 - 41 of the faculty are from WLMH.
- **Maternal and Newborn**
 - **Care at WLMH:** WLMH will be a place to receive low risk obstetrical care for women in the Niagara Region. The new hospital will provide an important and well-regarded birthing experience for families.
 - **Impact on Niagara Region:** Growth projections indicate that over 1,600 patients from Niagara will receive care at WLMH. Without WLMH maternal care would need to be provided elsewhere.

☑ ALIGNMENT WITH REGIONAL GOALS AND PRIORITIES

- Priority 1 - Supporting Businesses and Economic Growth
 - Economic and business growth will be a great benefit to the surrounding area of WLMH which is outlined on pages 4 and 5 of this document. This growth is very much aligned with the Region's goals and priorities.
- Priority 2 - Healthy and Vibrant Community
 - The Mental Health Services provided in the hospital help fill an especially important need in Niagara and it will ultimately help achieve one of the Region's strategic objective to invest in mental health. One of the anticipated outcomes being to reduce repeat Emergency Services visits.
 - The new build of WLMH will contribute to increasing access to health and health equity in community infrastructure design.
 - Long term care is provided on the WLMH campus and this Regional asset receives value by being part of this campus of care; an anticipated outcome is benefiting the community at large with long term care provided by the Region.
- Priority 3 – Responsible Growth and Infrastructure Planning
 - A Niagara Region contribution to the WLMH would support the funding of responsible infrastructure projects. The new build is an infill location requiring no major infrastructure requirements from the Niagara Region.

☑ REGIONAL CONTRIBUTION PART OF A COMMUNITY WIDE-EFFORT

- Supporting the new build of WLMH through a regional contribution will be part of a broader effort within Niagara to raise the community local share as part of the Foundation's \$ 60 million capital campaign.

WLMH Hospital Project		Total	\$200,000,000
Funding Partner		% of project	Portion Amount
Ontario - Provincial		70 %	\$ 140,000,000
Municipal (Grimsby, Town of Lincoln and Lincoln)		13 %	\$ 26,000,000
WLMH Foundation		10 %	\$ 20,000,000
Niagara Region		7 %	\$ 14,000,000

- In late 2018, over 20,000 signatures were gathered within 10 days from the public demonstrating the support of the wider community for saving and building the new WLMH. This petition for support was demonstrated to the provincial government and since that time this project has been moving forward at a fast pace.

<i>Policy Category</i>	<i>Hospital Funding Contribution Policy</i>
<i>Financial</i>	

Policy Owner	Commissioner, Corporate Services
Approval Body	Council
Approval Date	January 25, 2021
Effective Date	January 25, 2021
Review by Date	January 2026

1. Policy

To ensure fairness and equity across Niagara's municipalities and provide financial certainty in municipal budgeting, the Niagara Region Hospital Funding Contribution Policy provides a framework, process and criteria to govern Regional capital contributions to hospital facilities.¹

2. Purpose

The Niagara Region Hospital Funding Contribution Policy governs the allocation of Regional financial resources to hospital funding requests for the capital construction, expansion or redevelopment of hospital facilities within the municipal boundaries of Niagara Region.

3. Scope

This policy applies to health care systems seeking a financial contribution from Niagara Region for the local share of hospital capital construction costs, expansion costs or redevelopment costs for hospital projects within the municipal boundaries of Niagara Region. Consideration of hospital funding requests will occur as part of Niagara Region's annual budget planning and approval process.

4. Guiding Principles

¹ "Hospital" means any institution, building or other premises or place that is established for the purposes of the treatment of patients and that is approved under the *Public Hospitals Act, R.S.O. 1990, c. P.40* as a public hospital

<i>Policy Category</i> <i>Financial</i>	<i>Hospital Funding Contribution Policy</i>
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This policy is based on the following guiding principles:

- 4.1. Fairness and equity across the twelve local municipalities in Niagara;
- 4.2. Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region;
- 4.3. Demonstrated benefit for all Niagara residents;
- 4.4. Alignment with Niagara Region goals and priorities; and,
- 4.5. Regional contribution is a component of a larger community-wide effort.

5. Mandatory Requirements

Niagara Region will accept funding requests for capital hospital funding that meet the following mandatory requirements:

- 5.1. The request must come from the organization directly responsible for project delivery;
- 5.2. The project must be approved by the Provincial government and supported with a minimum 70 per cent provincial funding commitment;
- 5.3. Niagara Region's contribution shall not exceed 18 per cent of the total local share² of hospital projects where the local share does not exceed 30 per cent of the total project costs;
- 5.4. Within the maximum threshold of 18 per cent, Niagara Region's contribution will be scaled according to objective measures of regional benefit (see Hospital Funding Scoring Matrix, attached);

² "Local share" means the portion of the project that is not funded by the Provincial Government.

<i>Policy Category</i>	<i>Hospital Funding Contribution Policy</i>
<i>Financial</i>	

- 5.5. The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives;
- 5.6. Community fundraising³ and revenue generation must exceed Niagara Region's contribution as part of the funding plan;
- 5.7. The project must be located within the municipal boundaries of Niagara Region;
- 5.8. Niagara Region's contribution will be capped at percentage of local share as stated at the time of the request. Subsequent requests for funding increases will not be considered for higher than anticipated project costs or fundraising revenues; and,
- 5.9. Only requests for new projects that have not commenced will be considered. Regional contributions will not be provided on a retroactive basis for completed projects.

6. Regional Benefit

The Regional contribution will be scaled according to demonstrated evidence of regional benefit.

- 6.1. Funding requests that fulfill mandatory requirements will proceed to the evaluation stage based on a scoring system out of a maximum 100 points that will determine regional benefits associated with the project. Points will be allocated according to the following categories of regional benefit:
 - a) Mandatory Requirements – 35 points
 - b) Economic Benefits – 15 points
 - c) Social Benefits (Access and Inclusion) – 10 points
 - d) Direct Regional Healthcare Benefits – 20 points
 - e) Indirect Regional Healthcare Benefits – 20 points

³ "Community fundraising" means the share of funding that does not come from provincial or municipal sources (including both regional and local area municipal contributions).

<i>Policy Category</i>	<i>Hospital Funding Contribution Policy</i>
<i>Financial</i>	

Objective measures under each of these categories are included in the Hospital Funding Scoring Matrix, attached as Appendix 1.

- 6.2. The final score out of 100 will represent the percentage of Niagara Region's maximum funding threshold that will be recommended for the project. For example, a request that scores 50 will result in a funding recommendation equal to 50 percent of Niagara Region's maximum funding threshold.

7. Roles and Responsibilities

Applications shall be submitted to the Office of the Regional Clerk, who will forward the request to the Commissioner of Corporate Services. The Commissioner of Corporate Services or designate will validate that the application meets the mandatory criteria and include the request as an information item on the agenda of an upcoming Corporate Services Committee meeting.

Following notification of Corporate Services Committee and Council, the Commissioner of Corporate Services and Chief Administrative Officer will convene a meeting of the Corporate Leadership Team to review and evaluate the application based on the Hospital Funding Contribution Scoring Matrix (attached as Appendix 1). The Corporate Leadership Team, through the Commissioner of Corporate Services, may, at their discretion, contact the requestor during the evaluation process for the purposes of obtaining further information and clarification.

The Commissioner of Corporate Services will report the evaluation results to Corporate Services Committee and/or Budget Committee of the Whole seeking approval for the recommended Regional funding contribution. Council's decision will be reflected in the annual budgeting process as an allocation separate from the Region's operational budget requirements and will not be considered as part of the annual budget guidance directed by Council.

The Regional Clerk shall notify applicants of Council's decision. Following budget approval, the Commissioner of Corporate Services or designate will contact the applicant to prepare a contribution agreement.

8. References and Related Documents.

Hospital Funding Scoring Matrix (attached as Appendix 1)

Hospital Funding Scoring Matrix – Long Form Explanation (attached as Appendix 2)

<i>Policy Category</i>	<i>Hospital Funding Contribution Policy</i>
<i>Financial</i>	

8.1. Legislation, By-Laws and/or Directives

- **Public Hospitals Act, R.S.O. 1990, c. P.40**

Procedures

N/A

9. Related Policies

N/A

10. Document Control

The electronic version of this document is recognized as the only valid version.

Approval History

Approver(s)	Approved Date	Effective Date
Regional Council		

Revision History

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

Total Project Cost:	
Local Share:	
Maximum Available Regional Contribution	\$0.00
Recommended Regional Contribution	\$0.00

Scoring Criteria	Demonstrated by requestor (Y/N)	Maximum Available Value	Points Awarded to Project	Notes
Part 1: Mandatory Requirements (35 points)		35		All requirements must be met to earn 35 points and proceed to Part 2
The request must come from the organization directly responsible for project delivery				Mandatory requirement - evaluation stops if not provided
The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives				Mandatory requirement - evaluation stops if not provided
The project must be approved by the Provincial government and supported with a minimum 70 per cent provincial funding commitment				Mandatory requirement - evaluation stops if not provided
Community fundraising and revenue generation must exceed Niagara Region's contribution as part of the funding plan				Mandatory requirement - evaluation stops if not provided
The project must be located within the municipal boundaries of Niagara Region				Mandatory requirement - evaluation stops if not provided
The requestor and funding partners must agree to recognize regional contributions in all communications related to the project				Mandatory requirement - evaluation stops if not provided
Part 2: Economic Benefits (15 points)				
Short-term jobs created are greater than 100		2		
Long-term jobs created or sustained (2 points >50; 4 points >100; 6 points >200)		6		
Plans in place to leverage surrounding employment lands		4		
Project associated with a Centre for Innovation, Life Sciences Cluster or similar initiative		3		
Part 3: Social Benefits: Access and Inclusion (10 points)				
Facilities and services to improve access and inclusion				
Commitment to on-site childcare services		2		
Commitment to age friendly design		3		
Commitment to facilities that promote inclusion		3		
Transit supported location (within 500m)		2		
Part 4: Direct Regional Healthcare Benefits (20 points)				
Project delivers net new services in one or more areas that address Niagara's top 5 health conditions and diseases that require healthcare interventions		10		
Project delivers net new services in one or more areas that address Niagara top 3 EMS transport issues		10		
Part 5: Indirect Regional Healthcare Benefits (20 points)				
Explanation of how project contributes to overall system of healthcare in Niagara (must include validation through written correspondence from OHT)		14		
Project includes Niagara-based health care teaching component (must include validation through written correspondence from Brock University, Niagara College, and/or McMaster Satellite campus)		3		
Commitment to patient off load delay targets through performance agreement		3		
TOTAL		100		Points awarded to project are applied to the Maximum Available Regional Contribution to determine Recommended Regional Contribution

Niagara Region Hospital Funding Contribution Policy

Scoring Matrix – Long Form Explanation

FINAL
January 2021



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Introduction

To ensure fairness and equity across Niagara's municipalities and provide financial certainty in municipal budgeting, Niagara Region has developed a policy to govern its future contributions to capital costs associated with new, expanded or redeveloped hospital facilities.

On November 19, 2020 Regional Council directed staff to proceed with developing a formal policy based on Option 6, Hybrid Model, as presented to Corporate Services Committee in a report on research and policy options on November 9, 2020. During the discussion, a maximum threshold of 18 per cent of local share for hospital projects was established for current and future funding requests.

The Hybrid Model selected by Niagara Region consists of the following features:

- The total maximum threshold for Regional contributions is consistent with a past precedent of 18 per cent of the local share of hospital projects.
- Regional contributions are subject to mandatory eligibility criteria.
- The Regional contributions are scaled according to demonstrated evidence of regional benefit, including economic benefits, community and public health benefits, direct regional healthcare benefits, and indirect regional healthcare benefits.
- To support current and future funding requests, Niagara Region shall set a separate annual allocation for hospital projects as part of the annual budgeting process.
- The policy and scoring matrix shall set parameters for funding requests and provide clear expectations to requestors.
- Niagara Region's contribution will be capped at percentage of local share as stated at the time of the request. Subsequent requests for funding increases will not be considered for higher than anticipated project costs or fundraising revenues.

This paper provides a long form explanation of the proposed scoring matrix. The scoring matrix is based on a scoring system of 100 points, with each point representing a percentage allocation to Niagara Region's maximum funding threshold.

Guiding Principles

The following guiding principles, approved by Corporate Services Committee on November 9, 2020 and ratified by Regional Council on November 19, 2020, govern Niagara Region's financial contributions to the local share of hospital projects:

1. Fairness and equity across the twelve local municipalities in Niagara.
2. Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region.
3. Demonstrated benefit for all Niagara residents.
4. Alignment with Niagara Regional goals and priorities.
5. Regional contribution is a component of a larger community-wide effort.

1. Part 1 – Mandatory Requirements

Maximum Value:

35 points

Context:

The mandatory requirements listed below must be fulfilled in order to be considered for funding from Niagara Region. If all requirements are met, the project is eligible for base funding equal to 35 per cent of Niagara Region's maximum funding threshold. If the requestor does not fulfill all of the below mandatory requirements, the evaluation process will cease and the request will not be considered further until the requestor provides evidence necessary to fulfill mandatory requirements.

Mandatory Requirements:

- 1.1 The request must come from the organization directly responsible for project delivery.
- 1.2 The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives.
- 1.3 The project must be approved by the Provincial government and supported with a minimum 70 per cent provincial funding commitment.
- 1.4 Community fundraising and revenue generation must exceed Niagara Region's contribution as part of the funding plan.
- 1.5 The project must be located within the municipal boundaries of Niagara Region.
- 1.6 The requestor and funding partners must agree to recognize regional contributions in all communications related to the project.

2. Part 2 – Economic Benefits

Maximum Value:

15 points allocated according to the below criteria.

Context:

New hospital construction, expansion and redevelopment within Niagara's boundaries has the potential to deliver broad economic benefits to Niagara. In particular, hospital projects can attract new jobs, retain existing jobs, attract business, investment and talent to the region and act as a catalyst for adjacent development.

These kinds of economic benefits align with Regional Council's strategic priorities related to business and economic growth and are part of delivering benefits to residents across Niagara.

Scoring Criteria:

- 2.1 Estimated number of short-term contract/ construction jobs that will be created as a result of the project (2 points maximum)
 - 2 points awarded if projection is greater than 100.
- 2.2 Estimated number of permanent, full-time jobs that will be created or retained as a result of the project (6 points maximum)
 - 2 points awarded if projection is greater than 50; or,
 - Additional 2 points awarded if projection is greater than 100; or,
 - Additional 2 points awarded if projection is greater than 200.
- 2.3 Demonstrated evidence that municipal plans are in place to leverage employment uses in surrounding lands (4 points maximum)
 - 4 points awarded if Council approved municipal land use and/or economic development plans are in place to leverage hospital project
- 2.4 Plans in place to create a Centre for Innovation (3 points maximum)
 - 3 points awarded if project is associated with Centre for Innovation, Life Sciences Cluster, or similar initiative to increase research and development activity and jobs, provide incubation space and commercialization programs, create public-private partnerships and create partnerships with academic institutions

3. Part 3 – Social Benefits: Improved Access and Inclusion

Maximum Value:

10 points allocated according to the below criteria.

Context:

New hospital projects may deliver broad social and public health benefits in Niagara. As such, Niagara Region may consider aligning funding with infrastructure, services and facilities that improve access and inclusion for all in Niagara. Supportive facilities and services related to childcare and age friendly construction help to improve access for all. Facilities that promote an inclusive environment, such as prayer and reflection facilities and all gender washroom facilities, help to improve inclusion in health care services. Funding may also be allocated based on ease of access to health care services through public transit or other forms of delivery that improve access to all.

Scoring Criteria:

- 3.1 On-site facilities and services are in place to improve access to health care and inclusion (8 points maximum)
 - 2 points awarded for evidence of commitment to on-site childcare services
 - 3 points awarded for evidence of commitment to age friendly design, including a dedicated emergency unit dedicated to seniors, geriatric specialty unit, consideration for families, and other age friendly considerations pertaining to parking, reduced glare, colours, rest areas, etc.
 - 3 points awarded for evidence of commitment to facilities that support diversity and inclusion, for example: prayer and reflection rooms and all gender washroom facilities
- 3.2 Project is located in a transit supported location (2 points maximum)
 - 2 points awarded if transit stop is located within 500m of facility, or there is written commitment from transit operator that transit stops will be in place prior to facility opening

4. Part 4 – Direct Regional Healthcare Benefits

Maximum Value:

20 points allocated according to the below criteria.

Context:

Depending on the project, hospital redevelopments and expansions could include specific services and facilities that serve an unmet need in Niagara and address Niagara's top health issues.

Projects will be deemed to have direct regional healthcare benefits if they provide net new services that address Niagara's top health issues. This is defined as projects that address the top five health conditions in Niagara that lead to healthcare interventions as reported by Niagara Public Health and/or net new services that address Niagara's top three Emergency Medical Services (EMS) transport issues. These health issues are provided below and will be updated as new data becomes available.

Criteria:

- 4.1 Project delivers net new services in one or more areas that address Niagara's top five health conditions and diseases that lead to healthcare interventions
 - 10 points awarded if project provides net new services that address one or more of the following: ischaemic heart disease; accidental falls; diabetes; cerebrovascular disease (stroke); lung, bronchus, trachea cancer¹
- 4.2 Project delivers net new services in one or more areas that address Niagara's top three EMS transport issues
 - 10 points awarded if project provides net new services that address one or more of the following: cardiac emergencies; severe trauma; neurological (stroke)²

¹ Based on most recent data (2019) – to be updated as new data becomes available.

² Based on most recent data (2020) – to be updated as new data becomes available.

5. Part 5 – Indirect Regional Healthcare Benefits

Maximum Value:

20 points allocated according to the below criteria.

Context:

Part 5 recognizes the integrated nature of health care services across Niagara. While there may not be usage data to demonstrate that residents from across Niagara will access a hospital directly, there may be indirect benefits, for example: reduction in average wait times across a region, reduction in off-load times, reduction in emergency visits and physician training.

Criteria:

- 5.1 Explanation of how the project contributes to the overall system of healthcare in Niagara
 - 14 points awarded for explanation within application and validation through written correspondence from Ontario Health Team (OHT)
- 5.2 Facility contains a Niagara-based health care training component in partnership with programs as Brock University, Niagara College and/or McMaster satellite campus
 - 3 points awarded for explanation within application and validation through written correspondence from Brock University, Niagara College, and/or Niagara-based McMaster satellite campus
- 5.3 Commitment from healthcare operator to patient offload delay targets
 - 3 points awarded if healthcare operator enters into a performance agreement with targets for patient offload delays

Total Project Cost:	
Local Share:	\$60,000,000.00
Maximum Available Regional Contribution (18 per cent of Local Share)	\$10,800,000.00
Recommended Regional Contribution	\$9,072,000.00

Scoring Criteria	Demonstrated by requestor (Y/N)	Maximum Available Value	Points Awarded to Project	Notes
Part 1: Mandatory Requirements (35 points)		35	35	All requirements must be met to earn 35 points and proceed to Part 2
The request must come from the organization directly responsible for project delivery	Y			Mandatory requirement - evaluation stops if not provided - Sufficient information provided
The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives	Y (see notes)			Mandatory requirement - evaluation stops if not provided - The evaluation demonstrates some leniency for the WLMH application on this item. There is an expectation that future proposals would include more detail regarding risks and financing alternatives that were explored by the applicant
The project must be approved by the Provincial government and supported with a minimum 70 per cent provincial funding commitment	Y			Mandatory requirement - evaluation stops if not provided - Sufficient information provided
Community fundraising and revenue generation must exceed Niagara Region's contribution as part of the funding plan	Y (see notes)			Mandatory requirement - evaluation stops if not provided - Sufficient information provided. It should be noted that the community fundraising portion for this project is \$20 million (vs \$46 million as noted in the request). Regardless, the funding request from Niagara is lower than the \$38 million community fundraising component
The project must be located within the municipal boundaries of Niagara Region	Y			Mandatory requirement - evaluation stops if not provided - Sufficient information provided
The requestor and funding partners must agree to recognize regional contributions in all communications related to the project	Y (see notes)			Mandatory requirement - evaluation stops if not provided - The evaluation demonstrates some leniency for the WLMH application on this item. Future proposals should describe this commitment in greater detail, with specific instances, protocols and examples
Part 2: Economic Benefits (15 points)				
Short-term jobs created are greater than 100	Y	2	2	Sufficient information provided - Request indicates that 200 construction jobs will be created during the build on a short-term basis
Long-term jobs created or sustained (2 points >50; 4 points >100; 6 points >200)	Y	6	6	Sufficient information provided - Request indicates that more than 280 highly skilled medical science jobs will be created or sustained as a result of the project
Plans in place to leverage surrounding employment lands	Partial points awarded (see notes)	4	2	Partial points have been awarded to acknowledge that the Town of Grimsby Council has passed a resolution committing to the development of these plans. Additional points would be awarded if plans are completed and approved
Project associated with a Centre for Innovation, Life Sciences Cluster or similar initiative	Partial points awarded (see notes)	3	2	Partial points awarded to acknowledge that an integrated hub is in the planning stages. Remaining point would be awarded if an approved plan was appended that clearly demonstrates relationship with the hospital, and letters of validation from partners in the Hub
Part 3: Social Benefits: Access and Inclusion (20 points)				
Facilities and services to improve access and inclusion				
Commitment to on-site childcare services	N	2	0	The WLMH hospital request identifies privately operated childcare on a nearby site, but no on-site services are specifically provided as part of the project - no points have been awarded, as awarding points for nearby operators would put future proposals at a disadvantage
Commitment to age friendly design	Partial points awarded (see notes)	3	2	Partial points awarded as the request commits to such age friendly design features as wayfinding, colour considerations, lighting, and other features generally associated with new hospital construction. Additional point would be awarded if there was an emergency unit dedicated to seniors, a geriatric specialty unit, and parking considerations
Commitment to facilities that promote inclusion	Y (see notes)	3	3	All points have been awarded as sufficient information has been provided with respect to examples that have been communicated by Niagara Region. In future, staff would recommend additional requirements associated with Indigenous considerations and creation of a breastfeeding friendly facility
Transit supported location (within 500m)	Y	2	2	All points have been awarded given the explanation included in the request, and the Town of Grimsby's commitment to transit services
Part 4: Direct Regional Healthcare Benefits (20 points)				
Project delivers net new services in one or more areas that address Niagara's top 5 health conditions and diseases that require healthcare interventions	Partial points awarded (see notes)	10	5	Proposal does not demonstrate net new services in these areas. Partial points have been awarded in recognition of some expanded services
Project delivers net new services in one or more areas that address Niagara's top 5 EMS transport issues	Partial points awarded (see notes)	10	5	Proposal does not demonstrate net new services in these areas. Partial points have been awarded in recognition of some expanded services
Part 5: Indirect Regional Healthcare Benefits (20 points)				
Explanation of how project contributes to overall system of healthcare in Niagara (must include validation through written correspondence from OHT)	Y (see notes)	14	14	All points have been awarded, even though there is no validation from the local OHT. Specific circumstances in West Niagara did not allow for OHT validation for this proposal at this time, however written validation is provided from NHS and HHS. Expectation for future proposals is OHT validation through written correspondence
Project includes Niagara-based health care teaching component (must include validation through written correspondence from Brock University, Niagara College, and/or McMaster, Seneca, etc.)	Y	3	3	All points have been awarded. In future, Niagara Region may wish to indicate an expectation for net new or expanded teaching facilities and partnerships
Commitment to patient off load delay targets through performance agreement	Y	3	3	All points have been awarded. In future, Niagara Region may wish to include a deadline for completion of patient offload delay performance agreement in partnership with Niagara Region EMS
TOTAL		100	84	Points awarded to project are applied to the Maximum Available Regional Contribution to determine Recommended Regional Contribution

Subject: Financial Disclosure Requirements – Ontario Regulations 284/09

Report to: Budget Review Committee of the Whole

Report date: Thursday, January 14, 2021

Recommendations

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

Key Facts

- Municipal budgets exclude estimated amounts for non-cash expenses:
 - Amortization of tangible capital assets
 - Post-employment benefit expenses
 - Solid waste landfill closure and post-closure expenses
- *Ontario Regulation 284/09 Budget Matter – Expenses*, requires that before adopting a budget for the year that excludes any of these expenses a Municipality must prepare a report to council about the excluded expenses.
- This report identifies the components that move the Region's balanced operating budget (prepared on modified accrual basis for tax levy and water and wastewater rate setting purposes) to a forecasted operating surplus of \$134.4 million (prepared on full accrual basis – including non-cash outlay items) that would be reported in the Region's annual financial report in accordance with Public Sector Accounting Standards (PSAS).

Financial Considerations

As required by Ontario Regulation 284/09 this report addresses current funding practices of tangible capital assets, employee future benefits, and solid waste landfill closure and post closure costs and identifies the potential impact on the Niagara Region (the Region) operating surplus if the Region were to budget for tangible capital assets through amortization, changes in the employee future benefits (EFBs) liabilities and changes with solid waste landfill closure and post closure costs liabilities. The impact of budgeting for these items, on the operating surplus, is summarized in Table 1 – 2020 PSAS Adjusted Budget.

Table 1 – 2021 PSAS Adjusted Budget (in millions)

Description	2021 Budget
Budgeted Operating Surplus	\$ 0
Impact of Non-Budgeted Items	
Tangible Capital Assets	
Principal debt repayments	52.0
Amortization	(98.0)
Other capital program revenues and expenditures	132.0
Total Tangible Capital Assets Impact	86.1
Total Net Transfers to Reserves	49.6
Employee Future Benefits Increase	(2.5)
Landfill Liability Decrease	1.2
Operating Surplus adjusted for PSAS	134.4

Analysis

The Region's operating budget is prepared for the purpose of setting tax rates and user fees rather than a framework for presenting annual financial results. Therefore, in order to issue financial statements, the Region is required to adjust its presentation of the financial results to be in accordance with Canadian public sector accounting standards. The report identifies the components that move the Region from its approved balanced operating budget to a presentation consistent with Canadian public sector accounting standards.

The Region is required under Ontario Regulation 284/09 to report the estimated impact of excluding amortization, EFBs, and solid waste landfill closure and post closure costs from the annual budget on accumulated surplus and future tangible capital asset funding requirements. The Region, like most municipalities, does not budget for amortization and its annual impact on tangible capital assets, changes in the EFBs liabilities, and changes in the solid waste landfill closure and post closure costs liability.

This report contains forward-looking information; a number of factors could cause actual results to differ from the financial estimates disclosed in this report.

Tangible Capital Assets

Amortization is a non-cash expense reflecting the estimated usage of our tangible capital assets in the financial statements over time. For purposes of this report the 2021 budget for amortization has been estimated at \$98.0 million. The differential between the estimated amortization and proposed capital funding budgeted in 2021 is approximately \$86.1 million, as disclosed in Table 1. Amortization reflects the historical cost of the asset. Budgeting for amortization alone does not support the Region's future capital needs, nor does it properly consider the Region's asset funding strategies. As

detailed in Table 1, budgeting for amortization alone would result in a cash flow deficit to the Region.

Employee Future Benefits

In 2021, it is estimated that the Region's EFB liability will increase by \$2.5 million from \$110.1 million to \$112.5 million. If the forecasted growth in the EFB liabilities was budgeted, in addition to the projected cash payments, the impact would be a reduction in the accumulated surplus by approximately \$2.5 million (the increase in estimated liability during 2021). The forecasted balance of the Region's EFB reserves at December 31, 2020 based on the Q3 financial update is \$34.4 million. Any unfunded growth in the EFB liability could impact the Region's credit rating in the future.

Solid Waste Landfill Closure and Post Closure Costs

If solid waste landfill closure and post closure liability costs were included in the budget the accumulated surplus would increase by \$1.2 million as we are anticipating that the liability will decrease from \$69.1 million to \$67.9 million during 2021. The forecasted balance of the Region's Landfill Liability reserve at December 31, 2020 based on the Q3 financial update is \$10.8 million.

Based on closure and post closure cost projections as of December 31, 2020 the estimated operating and capital costs for 2021 are \$3.8 million. The Region has two remaining open landfill sites for which the closure and post-closure costs have been reflected in the liability.

Contaminated Sites

Similar to the EFB and solid waste landfill closure and post closure costs, the Region does not budget for liabilities related to contaminated sites. No properties recorded are determined to be contaminated and no liability is recorded. This liability is not anticipated to change in 2021 and therefore would not impact the accumulated surplus.

Alternatives Reviewed

No alternatives were reviewed as all municipalities are required to comply with Ontario Regulation 284/09.

Relationship to Council Strategic Priorities

This report was written to comply with Ontario Regulation 284/09. There are no direct links between this report and Council Strategic Priorities.

Other Pertinent Reports

CSD 5-2021 2021 Levy Operating Budget

Prepared by:

Tyler Potts, CPA, CA
Senior Budget Analyst
Corporate Services

Recommended by:

Todd Harrison, CPA, CMA
Commissioner/Treasurer
Corporate Services

Submitted by:

Ron Tripp, P.Eng.
Acting, Chief Administrative Officer

This report was prepared in consultation with Margaret Murphy, Associate Director, Budget Planning and Strategy, and reviewed by Helen Chamberlain, Director, Financial Management & Planning/Deputy Treasurer.

MEMORANDUM**BRC-C 2-2021****Subject:** Associate Medical Officer of Health Recruitment – Financial Implications**Date:** January 14, 2021**To:** Budget Review Committee of the Whole**From:** Melanie Steele, Associate Director, Reporting & Analysis

The purpose of this memo is to provide supplemental information to CAO 25-2020 on the financial implications related to the recruitment of an additional permanent Associate Medical Officer of Health (AMOH) as part of 2021 budget. A gross cost of \$247,000 for salary and benefits for this new position was included in the proposed 2021 budget. Proposed funding for this position in the 2021 budget include \$125,000 sustainable levy funding from growth and \$122,000 from one-time reserve transfers/safe restart funding. Notwithstanding the aforementioned 2021 budget figure, the amount required from the levy to sustain this position into future budget years could range from \$45,400 to \$267,000 depending on recruitment strategy required and Ministry approval/funding for position. Once known, staff would incorporate all funding and adjust future budgets accordingly. For 2021, the difference between budgeted amounts and actuals will be reconciled in year.

In order to ensure competitive salaries are available for the recruitment of AMOH's, the province has established what it considers appropriate salary ranges for the role. As of April 1 2020, the Ministry range for an AMOH is \$227,439 to \$259,930 base salary plus benefits. The Region's range for AMOH positions is between \$128,660 and \$151,370 base salary plus benefits. The province has established a top up program for eligible positions whereby municipalities can apply to be reimbursed 100% of the salary and benefit difference between the Region's salary range and the Ministry's range.

Under normal circumstances the Region would attempt to recruit a candidate at the Region's salary range and notify them they would be entitled to provincial top-up upon Ministry approval. The Region will attempt the same recruitment strategy now to minimize the financial risk of having to cover the top-up amount, but given this is a net new position and recruitment is expected to be difficult this may not be feasible to secure a suitable candidate.

The following table outlines the total estimated cost for an AMOH position and how it would be funded under normal circumstances which assumes:

- The Ministry approved the position for top-up (which is done via application)
- Salary range remain at 2020 levels and we use bottom of Ministry and Region range
- Our share of base salary/benefits can be accommodated within our 70/30 cost shared model.

Table 1: AMOH cost estimate under normal circumstances

	Total cost estimate	Province	Region
Base salary	\$228,000	\$189,600	\$38,400
Benefits (approx. 17%)*	39,000	32,000	7,000
Total**	\$267,000	221,600	\$45,400
		Provincial funding includes: <ul style="list-style-type: none"> • \$117,000 from top-up program • \$104,600 from 70% cost sharing 	

* Benefits for non union staff in the 2021 budget are approximately 22% on average. Given the higher salary range for this position and some benefits being fixed, 17% is the estimate for this role.

** This amount is slightly higher than the \$247,000 included in the 2021 budget.

Due to ongoing support for the pandemic, the Region's proposed 2021 public health budget exceeds our normal base funding formula of 70% Ministry Funded and 30% Levy funded. While it is likely that additional public health funding will be made available in 2021 (such as the public health funding recently provided for 2020), at the time of budget preparations amounts and permanency of this funding has not yet been announced. Additionally any permanent changes to the public health model and services levels after the pandemic are also unknown.

The Region's budget strategy was to ensure all temporary COVID related costs above our normal funding formula are funded from reserves/safe restart funding to not burden taxpayers with tax increases of a temporary nature. Since this position is being requested on a permanent basis due to recruitment challenges, staff felt it was prudent to ensure some permanent funding be put in place given the uncertainty around Ministry approval of the position/top-up and our ability to accommodate the position within our future cost shared program envelop on a permanent basis.

As a result of the above considerations, the 2021 budget includes the new permanent AMOH position as part of the Pandemic Division Business case at a total estimated cost of \$247,000 being funded 50% from one-time reserve/safe restart and 50% from growth. While there are still many unknowns around the future public health services, this approach helps ensure some permanent funding is in place to accommodate this permanent position if either the top-up or accommodating the position within cost our cost shared program envelop does not occur.

Respectfully submitted and signed by

Melanie Steele, MBA CPA CA
Associate Director, Reporting & Analysis

MEMORANDUM

BRC-C 1-2021

Subject: Hospital Funding Contribution Policy
Date: January 14, 2021
To: Budget Review Committee of the Whole
From: Todd Harrison, Commissioner, Corporate Services/Treasurer

In preparation for Thursday's Budget Review Committee of the Whole (BRCOTW) meeting, staff have been working quickly to finalize the Hospital Funding Policy. In addition, staff have received the final submission from the West Lincoln Memorial Hospital Foundation in regards to their request for Regional funding towards their hospital project.

The evaluation of this proposal, using the newly developed hospital funding contribution policy is scheduled for tomorrow. The final staff report on both the policy and the recommendation for funding will be provided prior to BRCOTW.

Attached to this memo is the proposed Hospital Funding Contribution Policy (Appendix 1). In addition, the Scoring Matrix (Appendix 2) and the explanation associated with the matrix (Appendix 3) are also being provided in advance of the BRCOTW.

Respectfully submitted and signed by

Todd Harrison, CPA, CMA
Commissioner, Corporate Services/Treasurer

<i>Policy Category</i>	<i>Hospital Funding Contribution Policy</i>
<i>Financial</i>	

Policy Owner	Commissioner, Corporate Services
Approval Body	Council
Approval Date	January 2021
Effective Date	January 2021
Review by Date	January 2026

1. Policy

To ensure fairness and equity across Niagara's municipalities and provide financial certainty in municipal budgeting, the Niagara Region Hospital Funding Contribution Policy provides a framework, process and criteria to govern Regional capital contributions to hospital facilities.¹

2. Purpose

The Niagara Region Hospital Funding Contribution Policy governs the allocation of Regional financial resources to hospital funding requests for the capital construction, expansion or redevelopment of hospital facilities within the municipal boundaries of Niagara Region.

3. Scope

This policy applies to health care systems seeking a financial contribution from Niagara Region for the local share of hospital capital construction costs, expansion costs or redevelopment costs for hospital projects within the municipal boundaries of Niagara Region. Consideration of hospital funding requests will occur as part of Niagara Region's annual budget planning and approval process.

4. Guiding Principles

¹ "Hospital" means any institution, building or other premises or place that is established for the purposes of the treatment of patients and that is approved under the *Public Hospitals Act, R.S.O. 1990, c. P.40* as a public hospital

<i>Policy Category</i>	<i>Hospital Funding Contribution Policy</i>
<i>Financial</i>	

This policy is based on the following guiding principles:

- 4.1. Fairness and equity across the twelve local municipalities in Niagara;
- 4.2. Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region;
- 4.3. Demonstrated benefit for all Niagara residents;
- 4.4. Alignment with Niagara Region goals and priorities; and,
- 4.5. Regional contribution is a component of a larger community-wide effort.

5. Mandatory Requirements

Niagara Region will accept funding requests for capital hospital funding that meet the following mandatory requirements:

- 5.1. The request must come from the organization directly responsible for project delivery;
- 5.2. The project must be approved by the Provincial government and supported with a minimum 70 per cent provincial funding commitment;
- 5.3. Niagara Region's contribution shall not exceed 18 per cent of the total local share² of hospital projects where the local share does not exceed 30 per cent of the total project costs;
- 5.4. Within the maximum threshold of 18 per cent, Niagara Region's contribution will be scaled according to objective measures of regional benefit (see Hospital Funding Scoring Matrix, attached);

² "Local share" means the portion of the project that is not funded by the Provincial Government.

<i>Policy Category</i>	<i>Hospital Funding Contribution Policy</i>
<i>Financial</i>	

- 5.5. The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives;
- 5.6. Community fundraising³ and revenue generation must exceed Niagara Region's contribution as part of the funding plan;
- 5.7. The project must be located within the municipal boundaries of Niagara Region;
- 5.8. Niagara Region's contribution will be capped at percentage of local share as stated at the time of the request. Subsequent requests for funding increases will not be considered for higher than anticipated project costs or fundraising revenues; and,
- 5.9. Only requests for new projects that have not commenced will be considered. Regional contributions will not be provided on a retroactive basis for completed projects.

6. Regional Benefit

The Regional contribution will be scaled according to demonstrated evidence of regional benefit.

- 6.1. Funding requests that fulfill mandatory requirements will proceed to the evaluation stage based on a scoring system out of a maximum 100 points that will determine regional benefits associated with the project. Points will be allocated according to the following categories of regional benefit:
 - a) Mandatory Requirements – 35 points
 - b) Economic Benefits – 15 points
 - c) Social Benefits (Access and Inclusion) – 10 points
 - d) Direct Regional Healthcare Benefits – 20 points
 - e) Indirect Regional Healthcare Benefits – 20 points

³ "Community fundraising" means the share of funding that does not come from provincial or municipal sources (including both regional and local area municipal contributions).

<i>Policy Category</i>	<i>Hospital Funding Contribution Policy</i>
<i>Financial</i>	

Objective measures under each of these categories are included in the Hospital Funding Scoring Matrix, attached as Appendix 1.

- 6.2. The final score out of 100 will represent the percentage of Niagara Region's maximum funding threshold that will be recommended for the project. For example, a request that scores 50 will result in a funding recommendation equal to 50 percent of Niagara Region's maximum funding threshold.

7. Roles and Responsibilities

Applications shall be submitted to the Office of the Regional Clerk, who will forward the request to the Commissioner of Corporate Services. The Commissioner of Corporate Services or designate will validate that the application meets the mandatory criteria and include the request as an information item on the agenda of an upcoming Corporate Services Committee meeting.

Following notification of Corporate Services Committee and Council, the Commissioner of Corporate Services and Chief Administrative Officer will convene a meeting of the Corporate Leadership Team to review and evaluate the application based on the Hospital Funding Contribution Scoring Matrix (attached as Appendix 1). The Corporate Leadership Team, through the Commissioner of Corporate Services, may, at their discretion, contact the requestor during the evaluation process for the purposes of obtaining further information and clarification.

The Commissioner of Corporate Services will report the evaluation results to Corporate Services Committee and/or Budget Committee of the Whole seeking approval for the recommended Regional funding contribution. Council's decision will be reflected in the annual budgeting process as an allocation separate from the Region's operational budget requirements and will not be considered as part of the annual budget guidance directed by Council.

The Regional Clerk shall notify applicants of Council's decision. Following budget approval, the Commissioner of Corporate Services or designate will contact the applicant to prepare a contribution agreement.

8. References and Related Documents.

Hospital Funding Scoring Matrix (attached as Appendix 1)

Hospital Funding Scoring Matrix – Long Form Explanation (attached as Appendix 2)

<i>Policy Category</i>	<i>Hospital Funding Contribution Policy</i>
<i>Financial</i>	

8.1. Legislation, By-Laws and/or Directives

- **Public Hospitals Act, R.S.O. 1990, c. P.40**

Procedures

N/A

9. Related Policies

N/A

10. Document Control

The electronic version of this document is recognized as the only valid version.

Approval History

Approver(s)	Approved Date	Effective Date
Regional Council		

Revision History

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

Total Project Cost:	
Local Share:	
Maximum Available Regional Contribution	\$0.00
Recommended Regional Contribution	\$0.00

Scoring Criteria	Demonstrated by requestor (Y/N)	Maximum Available Value	Points Awarded to Project	Notes
Part 1: Mandatory Requirements (35 points)		35		All requirements must be met to earn 35 points and proceed to Part 2
The request must come from the organization directly responsible for project delivery				Mandatory requirement - evaluation stops if not provided
The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives				Mandatory requirement - evaluation stops if not provided
The project must be approved by the Provincial government and supported with a minimum 70 per cent provincial funding commitment				Mandatory requirement - evaluation stops if not provided
Community fundraising and revenue generation must exceed Niagara Region’s contribution as part of the funding plan				Mandatory requirement - evaluation stops if not provided
The project must be located within the municipal boundaries of Niagara Region				Mandatory requirement - evaluation stops if not provided
The requestor and funding partners must agree to recognize regional contributions in all communications related to the project				Mandatory requirement - evaluation stops if not provided
Part 2: Economic Benefits (15 points)				
Short-term jobs created are greater than 100		2		
Long-term jobs created or sustained (2 points >50; 4 points >100; 6 points >200)		6		
Plans in place to leverage surrounding employment lands		4		
Project associated with a Centre for Innovation, Life Sciences Cluster or similar initiative		3		
Part 3: Social Benefits: Access and Inclusion (10 points)				
Facilities and services to improve access and inclusion				
Commitment to on-site childcare services		2		
Commitment to age friendly design		3		
Commitment to facilities that promote inclusion		3		
Transit supported location (within 500m)		2		
Part 4: Direct Regional Healthcare Benefits (20 points)				
Project delivers net new services in one or more areas that address Niagara's top 5 health conditions and diseases that require healthcare interventions		10		
Project delivers net new services in one or more areas that address Niagara top 3 EMS transport issues		10		
Part 5: Indirect Regional Healthcare Benefits (20 points)				
Explanation of how project contributes to overall system of healthcare in Niagara (must include validation through written correspondence from OHT)		14		
Project includes Niagara-based health care teaching component (must include validation through written correspondence from Brock University, Niagara College, and/or McMaster Satellite campus)		3		
Commitment to patient off load delay targets through performance agreement		3		
TOTAL		100		Points awarded to project are applied to the Maximum Available Regional Contribution to determine Recommended Regional Contribution

Niagara Region Hospital Funding Contribution Policy

Scoring Matrix – Long Form Explanation

FINAL
January 2021



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Introduction

To ensure fairness and equity across Niagara's municipalities and provide financial certainty in municipal budgeting, Niagara Region has developed a policy to govern its future contributions to capital costs associated with new, expanded or redeveloped hospital facilities.

On November 19, 2020 Regional Council directed staff to proceed with developing a formal policy based on Option 6, Hybrid Model, as presented to Corporate Services Committee in a report on research and policy options on November 9, 2020. During the discussion, a maximum threshold of 18 per cent of local share for hospital projects was established for current and future funding requests.

The Hybrid Model selected by Niagara Region consists of the following features:

- The total maximum threshold for Regional contributions is consistent with a past precedent of 18 per cent of the local share of hospital projects.
- Regional contributions are subject to mandatory eligibility criteria.
- The Regional contributions are scaled according to demonstrated evidence of regional benefit, including economic benefits, community and public health benefits, direct regional healthcare benefits, and indirect regional healthcare benefits.
- To support current and future funding requests, Niagara Region shall set a separate annual allocation for hospital projects as part of the annual budgeting process.
- The policy and scoring matrix shall set parameters for funding requests and provide clear expectations to requestors.
- Niagara Region's contribution will be capped at percentage of local share as stated at the time of the request. Subsequent requests for funding increases will not be considered for higher than anticipated project costs or fundraising revenues.

This paper provides a long form explanation of the proposed scoring matrix. The scoring matrix is based on a scoring system of 100 points, with each point representing a percentage allocation to Niagara Region's maximum funding threshold.

Guiding Principles

The following guiding principles, approved by Corporate Services Committee on November 9, 2020 and ratified by Regional Council on November 19, 2020, govern Niagara Region's financial contributions to the local share of hospital projects:

1. Fairness and equity across the twelve local municipalities in Niagara.
2. Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region.
3. Demonstrated benefit for all Niagara residents.
4. Alignment with Niagara Regional goals and priorities.
5. Regional contribution is a component of a larger community-wide effort.

1. Part 1 – Mandatory Requirements

Maximum Value:

35 points

Context:

The mandatory requirements listed below must be fulfilled in order to be considered for funding from Niagara Region. If all requirements are met, the project is eligible for base funding equal to 35 per cent of Niagara Region's maximum funding threshold. If the requestor does not fulfill all of the below mandatory requirements, the evaluation process will cease and the request will not be considered further until the requestor provides evidence necessary to fulfill mandatory requirements.

Mandatory Requirements:

- 1.1 The request must come from the organization directly responsible for project delivery.
- 1.2 The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives.
- 1.3 The project must be approved by the Provincial government and supported with a minimum 70 per cent provincial funding commitment.
- 1.4 Community fundraising and revenue generation must exceed Niagara Region's contribution as part of the funding plan.
- 1.5 The project must be located within the municipal boundaries of Niagara Region.
- 1.6 The requestor and funding partners must agree to recognize regional contributions in all communications related to the project.

2. Part 2 – Economic Benefits

Maximum Value:

15 points allocated according to the below criteria.

Context:

New hospital construction, expansion and redevelopment within Niagara's boundaries has the potential to deliver broad economic benefits to Niagara. In particular, hospital projects can attract new jobs, retain existing jobs, attract business, investment and talent to the region and act as a catalyst for adjacent development.

These kinds of economic benefits align with Regional Council's strategic priorities related to business and economic growth and are part of delivering benefits to residents across Niagara.

Scoring Criteria:

- 2.1 Estimated number of short-term contract/ construction jobs that will be created as a result of the project (2 points maximum)
 - 2 points awarded if projection is greater than 100.
- 2.2 Estimated number of permanent, full-time jobs that will be created or retained as a result of the project (6 points maximum)
 - 2 points awarded if projection is greater than 50; or,
 - Additional 2 points awarded if projection is greater than 100; or,
 - Additional 2 points awarded if projection is greater than 200.
- 2.3 Demonstrated evidence that municipal plans are in place to leverage employment uses in surrounding lands (4 points maximum)
 - 4 points awarded if Council approved municipal land use and/or economic development plans are in place to leverage hospital project
- 2.4 Plans in place to create a Centre for Innovation (3 points maximum)
 - 3 points awarded if project is associated with Centre for Innovation, Life Sciences Cluster, or similar initiative to increase research and development activity and jobs, provide incubation space and commercialization programs, create public-private partnerships and create partnerships with academic institutions

3. Part 3 – Social Benefits: Improved Access and Inclusion

Maximum Value:

10 points allocated according to the below criteria.

Context:

New hospital projects may deliver broad social and public health benefits in Niagara. As such, Niagara Region may consider aligning funding with infrastructure, services and facilities that improve access and inclusion for all in Niagara. Supportive facilities and services related to childcare and age friendly construction help to improve access for all. Facilities that promote an inclusive environment, such as prayer and reflection facilities and all gender washroom facilities, help to improve inclusion in health care services. Funding may also be allocated based on ease of access to health care services through public transit or other forms of delivery that improve access to all.

Scoring Criteria:

- 3.1 On-site facilities and services are in place to improve access to health care and inclusion (8 points maximum)
 - 2 points awarded for evidence of commitment to on-site childcare services
 - 3 points awarded for evidence of commitment to age friendly design, including a dedicated emergency unit dedicated to seniors, geriatric specialty unit, consideration for families, and other age friendly considerations pertaining to parking, reduced glare, colours, rest areas, etc.
 - 3 points awarded for evidence of commitment to facilities that support diversity and inclusion, for example: prayer and reflection rooms and all gender washroom facilities
- 3.2 Project is located in a transit supported location (2 points maximum)
 - 2 points awarded if transit stop is located within 500m of facility, or there is written commitment from transit operator that transit stops will be in place prior to facility opening

4. Part 4 – Direct Regional Healthcare Benefits

Maximum Value:

20 points allocated according to the below criteria.

Context:

Depending on the project, hospital redevelopments and expansions could include specific services and facilities that serve an unmet need in Niagara and address Niagara's top health issues.

Projects will be deemed to have direct regional healthcare benefits if they provide net new services that address Niagara's top health issues. This is defined as projects that address the top five health conditions in Niagara that lead to healthcare interventions as reported by Niagara Public Health and/or net new services that address Niagara's top three Emergency Medical Services (EMS) transport issues. These health issues are provided below and will be updated as new data becomes available.

Criteria:

- 4.1 Project delivers net new services in one or more areas that address Niagara's top five health conditions and diseases that lead to healthcare interventions
 - 10 points awarded if project provides net new services that address one or more of the following: ischaemic heart disease; accidental falls; diabetes; cerebrovascular disease (stroke); lung, bronchus, trachea cancer¹
- 4.2 Project delivers net new services in one or more areas that address Niagara's top three EMS transport issues
 - 10 points awarded if project provides net new services that address one or more of the following: cardiac emergencies; severe trauma; neurological (stroke)²

¹ Based on most recent data (2019) – to be updated as new data becomes available.

² Based on most recent data (2020) – to be updated as new data becomes available.

5. Part 5 – Indirect Regional Healthcare Benefits

Maximum Value:

20 points allocated according to the below criteria.

Context:

Part 5 recognizes the integrated nature of health care services across Niagara. While there may not be usage data to demonstrate that residents from across Niagara will access a hospital directly, there may be indirect benefits, for example: reduction in average wait times across a region, reduction in off-load times, reduction in emergency visits and physician training.

Criteria:

- 5.1 Explanation of how the project contributes to the overall system of healthcare in Niagara
 - 14 points awarded for explanation within application and validation through written correspondence from Ontario Health Team (OHT)
- 5.2 Facility contains a Niagara-based health care training component in partnership with programs as Brock University, Niagara College and/or McMaster satellite campus
 - 3 points awarded for explanation within application and validation through written correspondence from Brock University, Niagara College, and/or Niagara-based McMaster satellite campus
- 5.3 Commitment from healthcare operator to patient offload delay targets
 - 3 points awarded if healthcare operator enters into a performance agreement with targets for patient offload delays

MEMORANDUM

BRC-C 3-2021

Subject: Homelessness Capital Project – Provincial Social Services Relief Funding

Date: January 14, 2021

To: Budget Review Committee of the Whole

From: Adrienne Jugley, Commissioner, Community Services

The purpose of this memo is to provide Council with information on new provincial funding that has become available and the impacts on the levy for 2021. The following initiative is not included in the 2021 budget as it stands. Should Council deem it appropriate to recommend its inclusion, a motion could be made to add it to the 2021 budget.

On December 15, 2020, the Ministry of Municipal Affairs and Housing announced the final allocations of the Social Services Relief Fund (SSRF) Phase 2, Holdback amounts. Niagara Region's allocation was \$4,068,100. These additional SSRF funds came with the same spending guidelines as the SSRF Phase 2 monies announced earlier in the fall. These guidelines indicate that funds can be used to support operating pressures as a result of the pandemic, and expenditures up to March 31, 2021 are eligible. In addition, the funds can be used for capital builds or acquisitions, to respond to the pandemic or implications of the pandemic, and capital funds must be expended by December 31, 2021, and the new asset must be occupied by December 31, 2021.

The Homeless Services division, in light of the additional funding already received to date, does not require the use of the additional SSRF Phase 2 Holdback money to support operating costs to deliver the current homelessness programs. Therefore it is proposed that this new funding opportunity is best utilized to enhance the system through a capital purchase. The challenge with this capital opportunity, similar to the Bridge Housing capital opportunity presented in the fall, is that, at this time, the Province has not committed to any operating dollars to support the asset and the associated programming. However, in an effort to ensure that the provincial funding remains in Niagara, Community Services is working closely with the Realty team of Corporate Services to determine what assets may be available (within the funding allocated) and

can meet the deadlines noted above. At this time, there is confidence that the Region could acquire an asset(s) in 2021, and complete any minor renovations in time to occupy for December 31st (as is required with this funding program) ensuring that the Region leverages the opportunity to enhance the homeless system. Currently, the parameters that have been provided to Realty is to identify an asset which could accommodate 20 to 25 clients, plus some office space for staffing. Once staff have more details around the capital project, a report will be presented to Council requesting an in-year capital budget adjustment to add the project to the capital budget. This project will be fully funded through the provincial funding available.

As per the budget by-law, in-year operating budget adjustments cannot be completed unless additional external funding is made available to fully fund these operating costs. Thus if an increase to the 2021 operating budget for the incremental operating costs associated with the purchase of the capital acquisition is not made available at the time the 2021 budget is approved, Niagara Region will have to decline this additional capital funding available from the Province.

Homelessness Services has determined two options for program delivery to leverage this capital opportunity. Under the Council budgeting bylaw, operating costs must be identified when proposing the acquisition of a new capital asset, to determine if the division proceeds with the asset acquisition and develops an additional program to support homeless persons.

Option 1: Permanent Supportive Housing

The first and **recommended** option is to create a permanent supportive housing facility with 24 hour supports to work with Niagara's most complex homeless clients, similar to the Bridge Housing project currently under development. Niagara region has very limited permanent supportive housing assets that address the complex needs of chronically homeless clients. This need is identified by the agencies of the homeless serving sector, and also through the community and agency consultation that took place to develop the update to the Council endorsed Housing and Homelessness Action Plan, which includes a specific recommendation around the need for an asset for the individuals with complex issues requiring more support than the current Housing First and Home For Good programs can provide. The estimated operating budget for the supportive housing proposal is approximately \$1 million. The clients accessing the site will be individuals identified as chronically homeless with extended periods of homelessness, the majority of whom will present with significant mental health and addiction needs. The operating budget requirement has been estimated to reflect the

necessary staffing for a 24 hour/7 day per week operating model in alignment with best practice for intensive supportive housing. In addition, the budget estimate includes the purchase of addiction and mental health supports as required. The capital purchase and renovations to the building may not be finalized until December 31, 2021. If the operating budget is established for 2021 and not used, these unused dollars will be transferred to the Capital Reserve at the end of 2021 in accordance with Policy.

Permanent Supportive Housing Operating Budget:

Type of Expense	Estimated Cost	Details
Staffing	\$527,829	N/A
Program Expenses	\$255,943	Includes meals, addiction and mental health supports, laundry, admin
Facility Expenses	\$118,700	Includes utilities, property taxes, damages, janitorial, snow, insurance
Contribution to Reserves	\$90,000	N/A
Shelter Revenues	\$(63,000)	N/A
Sub-total	\$929,472	N/A
Contingency	\$100,000	N/A
Total Estimate	\$1,029,472	N/A

Option 2: Housing First Units replacing Community Based Supportive Housing Units (Housing First and Home for Good)

Currently the Homelessness Services division operates a large Housing First program along with a smaller Home for Good supportive housing program. These programs operate largely in community based (market) units offering supports with a staffing ratio ranging from 1:10 to 1:15, but do not offer every day, or 24/7 supports. This program option would see these programs leverage the capital asset to house clients, rather than placing them in the broader community. The budget ask for this option would be \$300,000. Niagara region, like many communities, is seeing a decline in vacancy rates, particularly in affordable units, which Housing First clients would require. An owned

asset or assets, would ensure that more clients eligible for the Housing First program could be placed in affordable units. This option reduces the ask for an enhanced 2021 budget, as some of the funding could come from the existing Housing First or Home for Good budgets, as supports for these clients already exist. Housing First and Home for Good clients have a range of acuity, and it is reasonable to anticipate that the clients that are unsuccessful in finding or retaining housing in the community could be the clients of this new facility and therefore some increased funding is included to address the need for more enhanced supports. This option, while more affordable will not add more overall spaces for Niagara clients.

Housing First Operating Budget:

Type of Expense	Estimated Cost	Details
Staffing	\$90,000	N/A
Facility Expenses	\$120,000	Includes utilities, property taxes, damages, janitorial, snow, insurance
Contribution to Reserves	\$90,000	N/A
Total Estimate	\$300,000	N/A

The budgets for both options also include a contribution to reserves to ensure that ongoing capital maintenance of the building, necessary to keep the asset in good repair, is addressed. The Region's current practice is to include, in the total operating cost of any new incremental capital asset, a contribution to reserves in accordance with best practice in asset management that ranges from 2-3% based on the useful life of the assets. A contingency has been included in the estimates of Option 1, as the operation of the facility would be subject to a public procurement process, potential start-up operational costs and to reflect potential escalation in costs as the facility would not be operational until 2022.

Funding Source:

Efforts are currently underway to secure new provincial or federal operating funds in relation to Option one, the new supportive housing project. Dialogue with the province confirms a recognition that operating dollars must be secured for this project to be successful and supportive housing is fully recognized by both the provincial and federal

governments as the most critical and successful solution to ending chronic homelessness and has been the focus of new investments in the last four years.

If Council chooses to add operating dollars into the budget for 2021 and sustainable operating dollars are secured for this project in the future, staff would reduce the levy in the subsequent budget year. However, in the event that new provincial operating monies are not secured for the start of this program for January 2022, staff are recommending that Council consider an increase to the Homelessness Services division budget of \$1,029,472, or 0.25% of the Regional levy.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

MEMORANDUM

BRC-C 4-2021

Subject: Levy Workshop Discussion items from January 7, 2021

Date: January 14, 2021

To: Budget Review Committee of the Whole

From: Todd Harrison, Commissioner/Treasurer Corporate Services

This memo is a result of discussions that occurred at the January 7, 2021 Levy Workshop, staff is providing additional context for the following budget items:

1. Vacancy Rebates
2. Emerald Ash Borer program
3. Niagara Prosperity Initiative and Pro Kids
4. Pandemic Response Team Business Continuity Mitigations

1. Vacancy Rebates

Niagara Region Council at its meeting held on January 17, 2019, passed a recommendation from Report CSD-3-2019 to begin the phase-out of the Commercial/Industrial vacant unit rebate and vacant/excess subclass discount as approved in provincial O. Reg. 325/01 and O. Reg. 580/17 on February 6, 2019.

Vacant Unit Rebates:

- Application based program which is funded from regional and municipal operating budgets
- 2021 Rebate is 0% for commercial and industrial property classes if vacancies are experienced in year
- 2020 Rebate is 10% and included in the 2021 budget at a cost of \$558,000
- Business effected by COVID-19 closures are not eligible for the vacant unit rebate based on existing legislative requirements such as:
 - Business is vacant for at least 90 consecutive days

- No portion of the building or structure was used at any time in the period of time
 - The portion of the building was not used and was clearly delineated or separated by physical barriers from the portion of the building that was used
 - was capable of being leased for immediate occupation or unfit for occupation
- The budget measures act made amendments to the municipal act that permit a rebate which would prevail over the O. Reg. with the authority of the local municipality to pass a by-law with a rebate of up to 35%
- Options for municipal by-law as per the municipal act section 2.1
 - A local municipality that has a tax rebate program may, by by-law
 - a) Provide for requirements for the program in addition to the requirement under this section, including additional requirement or criteria for a property or portion of a property to be eligible property,
 - b) Specific circumstance under which no rebate is payable in respect of a property that would otherwise be eligible property, and
 - c) Specific, for each class in respect of which the rebate applies, a percentage for the rebate for eligible property of up to 35 per cent 2020. C.36. Sched. 30, s. 2(7).
- Should a local municipality choose to readopt a vacancy rebate; the Region can consider partnering however this would have budget implications which cannot be quantified until after municipalities' decisions are complete which will be after budget approval. This would result in an in-year budget amendment

Vacant Tax Rate Reduction:

- The vacant subclass reductions are approved in tax policy and are automatic in the tax rates for applicable properties
- Provided to commercial and industrial vacant/excess lands; amount to approximately \$1.8 million in 2020 (Regional portion only)
- Any change in the subclass discount percentage results in a shift to other property types primarily residential as it represents approximately 75% of taxes collected

- Eligibility for the subclasses is determined by MPAC and is reflected annually on the tax roll

Table 1

Taxation Year	Vacant Unit Rebate %	Vacant/Excess Land Tax Rate Reduction %
2018	30%	30%
2019	20%	30%
2020	10%	30%
2021	0%	22.5%
2022	0%	15%
2023	0%	7.5%
2024 and onwards	0%	0%

Staff are preparing a report for Corporate Services Committee for the February meeting to discuss the recently announced optional small business tax class which will also include discussion on other programs and options that are available as financial support to businesses. This report will be in advance of the formal tax policy setting exercise to be presented to committee in April.

2. Emerald Ash Borer Program

Niagara Region's original plan to combat the Emerald Ash Borer (EAB) beetle infestation was to remove all dead and/or dying ash trees in the Right of Way (ROW) over a ten (10) year timeframe, beginning in 2017. High risk and unsafe trees were targeted first to avoid significant damage and reduce liability to the Niagara Region. Due to high infestation rates in Niagara; the lack of reliable proven treatments, the Region decided upon tree removal versus injections or the application of other treatments to EAB trees (as determined by trained arborists and staff). Staff estimated that there were approximately 15,000 dead and/or dying ash trees in the ROW.

- 2020 Budget was \$700,000
- 2021 Budget is \$400,000 (\$300,000 reduction)
- 13,500 ash trees have been removed to-date with approximately 1,500 ash trees still to be removed. This was established as a 10 year program, but with favourable tender pricing and available resourcing, the removals have been expedited and will be finished within a 5 year time period (half of the timeframe)
- This advances the start of the tree replanting program to 2022

- The tree planting/replanting phase of the EAB program is targeted at a rate of 2:1 replacement for each ash tree removed per Public Works department PW5.T01.2 Tree Removal Policy; which equates to approximately 30,000 trees or other plantings
- As stewards of the environment, staff are reviewing the viability of planting/replanting 30,000 trees within the Region's ROW in collaboration with the work underway with the Transportation Engineering roads rehabilitation and reconstruction projects where trees are already being planted; complete streets design guidelines; planting strategy; funding availability and competitive procurement pricing; and ROW width and availability to replant
- To date approximately 300 trees have been replanted due to requests by residents for a new tree to be planted
- Staff also consult with the Conservation Authority and Local Area Municipalities to see if synergies can be coordinated to assist with the increase of tree canopies through the Niagara Region
- If tree replanting is completed across a twenty (20) year period, 30,000 trees can be replanted at a cost of \$750,000 per operating year
- Price vary from \$275 to \$600 depending on tree size and type, this also includes maintenance costs for one year
- With \$400,000 per operating year we can plant 30,000 treats in 35 years
- In addition to the EAB program there is a general tree planting/replacing budget included in the 2021 budget of \$90,000

3. Niagara Prosperity Initiative (NPI) and Pro Kids

Niagara Prosperity Initiative (NPI):

- The annual budget for NPI is \$1,500,000
- In 2020 this was reduced by \$250,000 in order to support our efforts to meet the budget planning strategy
- The reduction is not anticipated to have a significant impact on the program for 2021
- The category within NPI that would be removed for this year has been identified previously as having lower individual poverty reduction impacts (Community Engagement category) and also tends to include activities that currently are restricted or impacted due to the pandemic. In addition the initiative was underspent as of the end of 2020 due to the pandemic
- Brock University is currently concluding its research and evaluation of the NPI program and will be bringing further recommendations for NPI in early spring

which will help inform future project categories that are hoped to have the greatest impacts in Poverty Reduction

Pro Kids:

- The annual budget for NPI is \$250,000
- There is a one-time reduction of \$100,000 included in the 2021 budget. The program includes funding for many recreational activities including sports memberships for youth, and YMCA memberships, many of which are currently not possible due to the pandemic. As a result there were savings with the program in 2020
- The proposed one-time reduction is not expected to negatively impact the program for 2021

The plan is to fully re-establish these budgets in future years if budget strategy permits.

4. Pandemic Response Team Business Continuity Mitigations

Additional information in relation to the reduction of services in Public Health General has been included in Appendix 1 detailing the impact of the service changes on the community and the budgeted savings by division/service change. These changes are resulting from operations that are impacted by COVID-19 related restrictions and therefore provide for the repurposing of resources, both human and financial, to the Pandemic Response Team.

Respectfully submitted and signed by

Todd Harrison, CPA, CMA
Commissioner/Treasurer Corporate Services

Appendix 1 Community Impact of Public Health General Service Changes

Public Health Business Continuity Reductions

Community and Financial Impact of Public Health General Service Changes

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
Chronic Disease & Injury Prevention	Reduction in Administration	Typically have a roster of many volunteers that will provide Public Health 2,000 - 3,000 hours of their time to support many of our initiatives. The focus is typically in areas that are responsible for morbidity and mortality in Niagara (tobacco, alcohol, unhealthy eating and lack of physical activity)	Based on typically using an outreach model there is less opportunity to get out in the community
Chronic Disease & Injury Prevention	Reduction in Health Promotion	Chronic conditions that are often preventable cause 70% of morbidity and mortality in Niagara (tobacco, alcohol, unhealthy eating and lack of physical activity); by reducing our efforts in health promotion, we lessen our collective impact in dealing with non-communicable diseases. As we have reduced our efforts in health promotion, we expect that our community will be compromised. The positions reduced focus on Niagara's priority populations and mental health promotion.	With the reduction of internal health promotion positions, we look to our external partners to take on some of the extra pressure where possible. However, our external partners have limited health promotion staff available and as a result, there will be limited mitigation to the reduction of internal health promotion staff.

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
Chronic Disease & Injury Prevention	Reduction in Student (Health Campaigns, Youth Engagement and Tobacco/Vaping Enforcement)	Reaching out to vulnerable youth is an important element in addressing health equity and engaging youth in their community. Having a peer-to-peer approach around health and societal issues is an important element in youth having the ability to make healthy choices and this will be compromised. Reducing tobacco initiation, which is the greatest cause of illness will be compromised as the tobacco/vaping test shopping program will not meet its regular numbers - youth tobacco test shoppers ensure that tobacco vendors are not selling to youth under 19	As there are less youth drop-in centres open where youth socialize and often are provided a safe space there is less opportunity for PH youth to support these programs
Chronic Disease & Injury Prevention	Division Subtotal	2021 FTE Savings = 5.8 2022 FTE Savings = 6.3	2021 \$ Savings = \$309K 2022 \$ Savings = \$353K
Clinical Services	<p>Infectious Diseases Program</p> <ul style="list-style-type: none"> Limited case and contact management of significant infectious diseases (non-COVID-19) Limited Infection Prevention and Control follow up outside COVID-19 No ability to focus on health promotion priority work for respiratory infections in children 9 years of age and under 	<ul style="list-style-type: none"> Volume of COVID-19 work/labs is having a negative impact of receiving timely notification for other infectious diseases Potential for increase spread of non-COVID-19 diseases Potential to not thoroughly investigate or educate residents with abridged case and contact management Reduced gatherings is resulting in a reduction in foodborne outbreaks 	<ul style="list-style-type: none"> Provide limited case and contact management, including education (provide service in an abridged manner) ID prevention measures are in alignment with COVID-19 measures so information is still relevant

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
Clinical Services	<p>Vaccine Preventable Program</p> <ul style="list-style-type: none"> • No ability to focus on health promotion priority work for respiratory infections in children 9 years of age and under • No school vaccination clinics/Immunization School Pupils Act • No record review for school age immunizations • No child care record review • No immunization clinics to catch up or general immunization across the lifespan • Limited capacity to support health care providers • No booked appointments in Welland, Niagara Falls, or Fort Erie locations • Not able to support statement of conscience or religious belief affidavit process • No health promotion • No policy and medical directive review 	<ul style="list-style-type: none"> • 8,000 grade 7 and 8 students not immunized and will become ineligible for Hep B (one time extension until august 2021 for last year's grade 8 students) • Potential for increases in Hep B or HPV if students who do not follow up and get it • Inaccurate immunization records (15,000-18,000 notices sent annually to elementary and high schools, 4000 child care records) • Reduced coverage rates and risk an outbreak of a preventable infectious disease • Lengthy wait time for responses to health care responder and resident inquiries 	<ul style="list-style-type: none"> • Encourage health care providers to offer immunizations
Clinical Services	<p>Sexual Health Program</p> <ul style="list-style-type: none"> • Limited Sexually Transmitted Infections (STI) follow up and contact tracing* Limited community outreach and clinics for testing and treatment • Limited harm reduction work • Limited support for priority populations and supporting community partners • Increase call volume but not able to manage all calls 	<ul style="list-style-type: none"> • Increase in STIs and Hep C • Delayed testing and treatment • Relationships with vulnerable population negatively impacted, loss of client • Reduction in accessible services for vulnerable population or those who opt to go to the Sexual Health Centre • Increases in pregnancy • Exacerbation of other health issues (e.g. anxiety, depression, isolation) 	<ul style="list-style-type: none"> • Telephone counselling • Limited book appointments based on issue/risk/access to services • Limited outreach based on issue/risk/access to services • Refer clients to health care provider, walk in clinics/Life labs for testing

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
	<ul style="list-style-type: none"> • Much less wound care offered • No booked appointments in Welland, Niagara Falls, or Fort Erie locations • No outreach locations being serviced (i.e Methadone clinics, Women's shelters, Niagara Detention Centre) • No/limited Hep C follow up • No vaccines provided in the community to high risk clients (Adacel, Hep A/B, pneumovax, flu) • Relationships with vulnerable clients are faltering (consistency and face-to-face is necessary) • No NRT is being offered to new clients* No health promotion 		
Clinical Services	Other Clinical Services <ul style="list-style-type: none"> • Reduction in administrative support 	<ul style="list-style-type: none"> • None expected 	<ul style="list-style-type: none"> • Reduction in program staff require less administrative support
Clinical Services	Division Subtotal	2021 FTE Savings = 17.6 2022 FTE Savings = 22.8	2021 \$ Savings = \$1.8M 2022 \$ Savings = \$2.4M
Family Health	No dental services offered to children since March 16.	Thousands of children have not been screened at school and thousands have not been seen in our clinics. No sealants, no fluoride applications. Increases in childhood tooth decay, pain, negative impacts on health and well being for years to come.	Intake line maintained referrals to open practices, beginning to use tele-dentistry using video to assess and refer.
Family Health	Majority of dental staff redeployed to call centre, case management, and outbreak management.	No staff available to explore further applications of using video and tele-hygiene to support vulnerable families who have children with urgent dental needs.	Few staff providing intake and minimal services.

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
Family Health	Limited services to Ontario Seniors who qualify for the Ontario Seniors Dental care Program (OSDCP)	Vulnerable elderly in pain, provision of dentures significantly delayed and few hygiene services available.	One CHC is delivering services.
Family Health	Climbing wait lists for programs and services for vulnerable children and families (Nurse Family Partnership, Healthy Babies Healthy Children) due to staff redeployment to call centre, case and contact management and outbreak management. Data Analyst for these programs also redeployed so difficult to meet requirements and monitor metrics.	Increased levels of anxiety and depression, worsening/poor management of clinical depression, bipolar, borderline personality disorder since beginning of pandemic. Intimate partner violence (IPV) has also been notable resulting in FACS involvement, apprehension of the child, and displacement of the mother to other living arrangements i.e. women's shelters, moving out, or living with other family members. Notable increase in observed child developmental delays through NCAST assessments resulting in referrals to ICDS, Speech Services, and NCC.	Some staff have been repatriated for periods throughout the year; however have had to go back to direct COVID work several times.
Family Health	Suspension of prenatal appointments at NHS.	Decreased ability to support prenatal care for residents in Niagara Region.	Parents and community partners have been redirected to access our <i>Niagara Parents</i> intake line in lieu of our ability to provide active programs and services.
Family Health	Reduced frequency of high-risk prenatal education to Canada Prenatal Nutrition Program (CPNP).	Mothers with no prenatal care due to lack of access to our programs, limited capacity of primary care or no primary care.	Using virtual approaches and socials wherever possible with the staff that we do have in business continuity.
Family Health	Suspension of Niagara Parents live chat when staffing levels low.	Decreased ability to support parents in Niagara.	Parents and community partners have been redirected to access our <i>Niagara Parents</i> intake line in lieu of our ability to provide active programs and services.
Family Health	<ul style="list-style-type: none"> Suspension of virtual parenting groups for community partners (Ontario Early Years Centres) 	Increased levels of parental stress and anxiety, coping, less successful breastfeeding, anxiety and depression, worsening/poor management of clinical depression, bipolar, borderline personality	Parents and community partners have been redirected to access our <i>Niagara Parents</i> intake line in lieu of our ability to provide active programs and services.

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
	<ul style="list-style-type: none"> • Suspension of Facebook Live parenting events when staffing levels low • Suspension of breastfeeding clinics (lack of staff and offices closed) • Suspension of post-partum groups (lack of staff and offices closed) • Altered delivery of virtual "Triple P" Positive Parenting programs (no 1:1 follow ups, large virtual group size in an attempt to clear wait lists--58 families currently on the wait list) • Decreased capacity to meet demand for virtual breastfeeding outreach services, resulting in increased demand given reduction of HBHC visits • Deferred training of PHNs to deliver Post-partum depression Cognitive Behavioural Therapy (CBT) • Continued suspension of well baby clinics, breastfeeding clinics, and postpartum groups 	disorder since beginning of pandemic. Intimate partner violence (IPV).	
Family Health	Schools closed from March until September 2019 with staff redeployed to COVID-19 response.	Schools have less support to prevent the spread of COVID-19 in school as the outbreak and positive case numbers increase, little to no proactive health promotion programming in schools, no vision screening, no dental screening, no provision of Hep B and HPV vaccines, no sexual health services.	Additional temp 20 PHNs have allowed some supports to schools, proactive and reactive visits, since August/September 2019, with the addition of 20 temporary School Health Nurses, PHN's working with ID case/contact have had more than 1000 encounters with people who have been identified as Covid-19 cases and/or close contacts requiring follow-up since school has opened. On average, each school has had 5 engagements with PH

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
			<p>since the beginning of the school year, and we have provided, in total, an average of 4 in-person visits/week across all schools. At least 145 school staff have accessed PH's virtual Covid-19/IPAC virtual professional development session. PHNs have provided over 350 consultations to schools and resources (web and hard copy) have been accessed (i.e. distributed, viewed online) more than 10 000 times (total for all resources produced/promoted for schools). Over 50 proactive infection prevention focused school visits were completed over the last month: all 4 boards, and some private schools were toured. Ashley, our French nurse has visited all French public schools. School Cases reflect whatever is happening in the community so cases are beginning to rise due to high community spread. Overall, the spread of infection within schools remains low. We will continue to provide outreach and proactive supports to schools to maximize these prevention efforts</p>
Family Health	Division Subtotal	2021 FTE Savings = 11.6 2022 FTE Savings = 15.2	2021 \$ Savings = \$1.0M 2022 \$ Savings = \$1.4M
Environmental Health	Reduction in Public Health Inspection Support	Reduced number of inspections for all programs. Reduction in food handler training. Reduced capacity to respond to outbreaks in a timely fashion. Reduction in customer service (i.e. plan reviews, timely response).	Re-evaluation of priorities to focus on higher risk facilities (i.e. congregate care settings, all COVID-response).

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
Environmental Health	Reduction of PHI intern/students	Reduced pool inspection frequency and reduced inspection of low and medium risk facilities; therefore, less opportunity to identify potential health hazards. Potential reduction in beach water sampling. Focus on vector borne and beaches which will affect routine inspections.	Creation of hybrid model / cross-functional team of students. Re-evaluation of risk assessment, which dictates inspection frequency and focuses on the higher risk facilities. Less demand for full-time PHIs to provide mentorship, allowing for more work in routine areas. Routine inspections will be absorbed by existing staff complement.
Environmental Health	Division Subtotal	2021 FTE Savings = 2.0 2022 FTE Savings = 2.0	2021 \$ Savings = \$137K 2022 \$ Savings = \$140K
Org & Foundational Standards	Communication Support	Currently very little support available for non-COVID related communications campaigns such as STIs, MH etc. General awareness of other health issues is reduced in the public.	Majority of communication supports have been diverted to COVID with little available for Business Continuity initiatives
Org & Foundational Standards	Data Support	Lack of up to date information on non-COVID health statistics. As identified in section above, reduction in general knowledge translation of data from a variety of sources to internal and external audiences due to lack of available analysts to analyse data and no capacity to work with knowledge translation/HP/Comms experts.	Most years we have additional informatics and analyst support from students. These allow us to catch up on pressing data governance tasks and update the non-COVID external facing health statistics pages
Org & Foundational Standards	Administration Support	When NRPH outer offices are permitted to open for clinics/water sample drop off etc again, may be a delay until we are able to hire or redeploy enough PAs to support.	NRPH Outer office closures have negated the need to have a PA at the front desk of outer offices. All outer offices remain closed and the majority of PAs have been redeployed to supporting COVID Case and Contact Management.
Org & Foundational Standards	Division Subtotal	2021 FTE Savings = 4.4 2022 FTE Savings = 4.6	2021 \$ Savings = \$266K 2022 \$ Savings = \$289K

Division	Service Change	Expected impact on the public's health	Ways impact on residents is mitigated
Public Health General	Grand Total	2021 FTE Savings = 41.4 2022 FTE Savings = 50.9	2021 \$ Savings = \$3.5M 2022 \$ Savings = \$4.5M