



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

PHSSC 4-2021

Tuesday, April 13, 2021

1:00 p.m.

Meeting will be held by electronic participation only

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

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

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

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Pages

1. CALL TO ORDER

2. DISCLOSURES OF PECUNIARY INTEREST

3. PRESENTATIONS

4. DELEGATIONS

- 4.1. Public Health Protocols and Concerns Surrounding the Pandemic (PHD-C 8-2021 (Agenda Item No. 6.9))

4 - 5

Rebecca Hahn, Resident, City of St. Catharines

The delegation request is attached to this agenda item as PHD-C 9-2021.

- 4.2. Managing the Licensed Child Care System During the COVID-19 Pandemic (COM 6-2021 (Agenda Item No. 6.4))

6 - 7

Dr. Kate Bezanson, Resident, City of St. Catharines

The delegation submission is attached to this agenda item as COM-C 18-2021.

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

- 4.3. Managing the Licensed Child Care System During the COVID-19 Pandemic (COM 6-2021 (Agenda Item No. 6.4))  
Elisabeth Zimmermann, YWCA Niagara Region

8 - 9

The delegation submission is attached to this agenda item as COM-C 19-2021.

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

## 5. ITEMS FOR CONSIDERATION

- 5.1. PHD 6-2021  
Public Health 2021 Annual Service Plan and Budget Submission

10 - 41

A presentation will precede the discussion of this item.

## 6. CONSENT ITEMS FOR INFORMATION

- 6.1. COM 8-2021  
Long-Term Care Home Redevelopment Project Update: Preliminary Master Plans

42 - 83

A presentation will precede the discussion of this item.

- 6.2. COM-C 17-2021  
COVID-19 Response and Business Continuity in Community Services

84 - 89

- 6.3. COM 5-2021  
Medical Directors Annual Report 2020 – Long Term Care Homes

90 - 93

- 6.4. COM 6-2021  
Managing the Licensed Child Care System During the COVID-19 Pandemic

94 - 99

- 6.5. COM 7-2021  
New Provincial-Municipal Vision for Social Assistance

100 - 104

- 6.6. COM-C 15-2021  
Seniors Services Long Term Care Homes Volunteer Report

105 - 108

- 6.7. COM-C 16-2021  
Strong Communities Rent Supplement Program Funding

109 - 115

- 6.8. PHD-C 5-2021  
Update Regarding Class Action Lawsuit Against Opioid Manufacturers and Distributors on Behalf of Canadian Municipalities

116 - 118

119 - 135

- 6.9. PHD-C 8-2021  
COVID-19 Response and Business Continuity in Public Health &  
Emergency Services (March 2021 Update)

7. OTHER BUSINESS

8. NEXT MEETING

The next meeting will be held on Tuesday, May 11, 2021 at 1:00 p.m.

9. ADJOURNMENT

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

**From:** [Niagara Region Website](#)  
**To:** [Clerks](#)  
**Subject:** Online Form - Request to Speak at a Standing Committee  
**Date:** Monday, March 8, 2021 5:10:10 PM

## Request to Speak at a Standing Committee

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

Name

Rebecca Hahn

Address

[REDACTED]

City

St. Catharines

Postal

[REDACTED]

Phone

[REDACTED]

Email

[REDACTED]

Organization

standing committee

Regional Council

Presentation Topic

Public Health Protocols and Concerns

Presentation includes slides

No

Previously presented topic



No

Presentation Details

I have a number of concerns regarding public health protocol surrounding the pandemic that I would like address with, and hopefully get answers from, Regional Council.

Video Consent

Yes



**From:** [Niagara Region Website](#)  
**To:** [Clerks](#)  
**Subject:** Online Form - Request to Speak at a Standing Committee  
**Date:** Friday, April 9, 2021 4:24:04 PM

## Request to Speak at a Standing Committee

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

Name

Dr. Kate Bezanson

Address

[REDACTED]

City

St. Catharines

Postal

[REDACTED]

Phone

[REDACTED]

Email

kbezanson@brocku.ca

Organization

standing committee

Public Health and Social Services Committee

Presentation Topic

Childcare

Presentation includes slides

No

Previously presented topic

No

Presentation Details

I am seeking to provide context and offer policy direction to the committee on the report on childcare being considered at committee on April 13, 2021. I am Associate Professor and Associate Dean at Brock University, and a expert and advisor on social policy, particularly in relation to gender, family policy (childcare and leaves to care), and public law.

Video Consent

Yes



**From:** [Niagara Region Website](#)  
**To:** [Clerks](#)  
**Subject:** Online Form - Request to Speak at a Standing Committee  
**Date:** Monday, April 12, 2021 7:53:57 PM

## Request to Speak at a Standing Committee

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

Name

Elisabeth Zimmermann

Address

183 King St.

City

St. Catharines

Postal

L2R3J5

Phone

905-988-3528

Email

ezimmermann@ywcaniagararegion.ca

Organization

YWCA Niagara Region

standing committee

Public Health and Social Services Committee

Presentation Topic

Childcare in Niagara

Presentation includes slides

No

Previously presented topic

No

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Presentation Details

To speak to Report COM 6-2021, Managing the licensed child care system during the COVID-19 pandemic, offer considerations for next steps for committee and council and speak to why child care is critical to the Region's economic and social recovery from the pandemic; to emphasize the importance of this issue for women, equity and Niagara's future health and prosperity

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Video Consent

Yes



# Annual Service Plan 2021

PHSSC  
PHD 06-2021

April 13, 2021

Dr. Hirji and Diane Vanecko

# Public Health Annual Service Plan and Budget Submission 2021

April 13, 2021

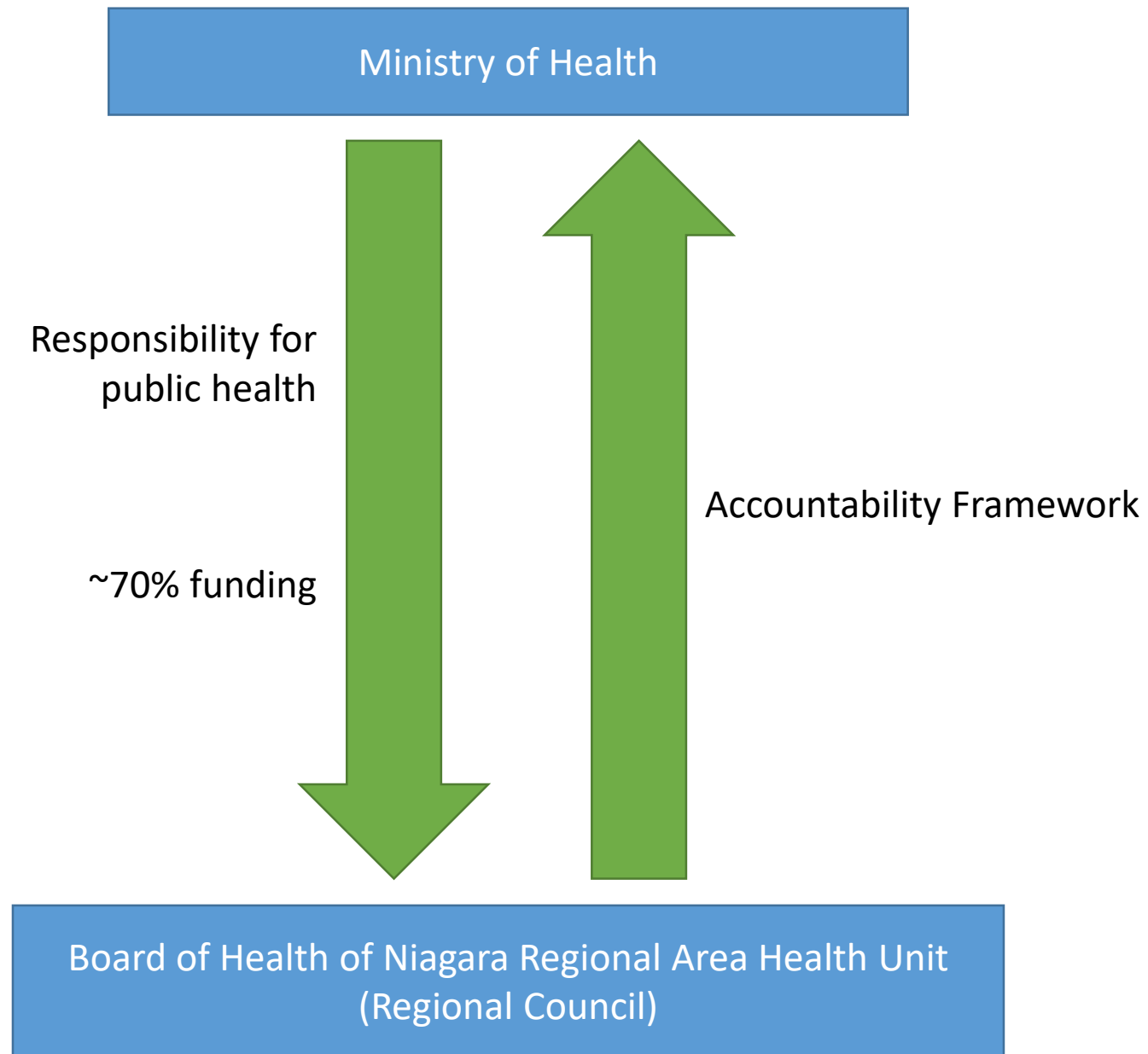
M. Mustafa Hirji  
Medical Officer of Health & Commissioner (Acting)

Diane Vanecko  
Director, Clinical Services (Acting)

# Contents

- Public Health Accountability Framework
- Annual Service Plan (ASP) and Budget submission





## Accountability Requirements

- Organizational Requirements
- Accountability Agreement

## Plans to Fulfill

- Strategic Plan
- Annual Service Plan & Budget

## Performance & Funding Reports

- Quarterly Reports
- Annual Report

# 2021 Ministry of Health Expectations

- Take all necessary measures to respond to COVID-19
- Support provincial roll-out of COVID-19 Vaccine Program
- Continue to maintain critical public health programs and services as identified in business continuity plans

# Annual Service Plan 2021

- Requirement to communicate program plans and budgeted expenditures required to deliver in accordance with the Standards
- Condensed requirements:
  - Budget allocations and summaries for each Standard and program
  - One-time funding requests
  - Board of Health membership

# Health Promotion Priorities

1. Healthy eating/physical activity
2. Substance use and addictions
3. Mental health promotion
4. Healthy child development
5. Sexually transmitted infections (on hold temporarily)

# Purpose of Report

- To seek Board of Health/Regional Council approval for:
  - Adjustment to the 2021 Levy Operating budget
    - Reinstatement of business continuity staffing used to mitigate Pandemic Response Division approved budget
    - Vaccination program funding
  - 2021 Annual Service Plan (ASP) and Budget submission

# Ministry of Health ASP and Budget Submission

Description (in millions)	Gross Budget Expenditure	ASP Funding Request	Net Levy Expense
2021 Base Ministry Funding Request	\$34.7	\$24.4	\$10.3
Seniors Dental Program (100%)	2.1	2.1	-
2021 One-Time Requests (100%)	22.2	22.2	-
Overall Total	\$59.0	\$48.7	\$10.3

# 2021 Base Ministry Funding Approved in 2021 Levy Operating Budget

Description (in millions)	Gross Budget Expenditure	ASP funding Request	Net Levy Expense
2020 Base Funding Request (70%)	\$33.6	\$23.5	\$10.1
Mitigation Funding (100%) - one time funding from Ministry not moving to 70% funding	0.5	0.5	-
Request for 6 Permanent Staff (70%) - requesting province 70% rather than approved	0.6	0.4*	0.2
TOTAL 2021 Base Ministry Request	\$34.7	\$24.4	\$10.3

\*subject to future budget adjustment if approved by Ministry



# One-Time Funding Requests

Project Title (in millions)	100% Funding Request
COVID-19 Extraordinary Costs/Pandemic Response Division	\$8

- Dedicated staffing resources for the COVID-19 response
  - Call centre, Contact tracing, Case management, Outbreak management
- Council approved \$4.9 million of \$11.8 million gross costs.
  - One mitigation was \$3.5 million in business continuity reductions being requested to be reinstated as 2021 Budget Adjustment (recommendation 1)
  - \$0.5 million transferred to vaccination program
  - Total request = \$4.9 million plus \$3.5 million less \$0.5 million

# Reinstatement of Business Continuity Staffing

- Requesting reinstatement of 50.9 FTE which totals \$3,520,927
- Mitigation against the Pandemic Response division budget when funding from the Ministry was unconfirmed and due to limitations on service delivery
- Increased confidence that the Ministry will provide COVID-19 funding
- COVID-19 has had a tremendous negative impact on health
- Need to reinstate critical programs and services that were significantly reduced or stopped altogether

# One-Time Funding Requests

Project Title (in millions)	100% Funding Request
Vaccine Program Extraordinary Costs (100%)	\$13.5

- Dedicated resources for the COVID-19 vaccine program:
  - Lead and coordinate mass immunization clinics
  - Recruitment of staff
  - Medical supplies and other resources
  - Costs tracked separately
- \$13 million 2021 Budget Adjustment only because \$0.5 million transferred from approved Pandemic Response Division budget

# Remaining One-Time Funding Requests

Project Title	100% Funding Request
Capital: Mobile Dental Clinic	\$457,940
Capital: Infection Prevention and Control Compliant Flooring	\$65,000
Extraordinary Cost: Needles to Support Community Based Safe Injection Activities	\$162,000
PHI Practicum: Public Health Inspector (PHI) Practicum Program	\$ 20,000

Future 2021 budget adjustments pending Ministry approval

# Additional Considerations

- As per Ministry, cost shared program-based funding must first be maximized before being eligible for 100% COVID-19 related funding
- Budget adjustment to Taxpayer Relief Reserve (\$4.9 million) funding of Pandemic Response Division net cost will be recommended for Council approval once Ministry funding is confirmed

# Recommendations

- That a budget adjustment in the amount of \$16,552,272 **BE APPROVED** and **BE FUNDED** from Ministry of Health funding for 2021 COVID-19 extraordinary cost funding for the following items:
  - COVID-19 Vaccine Program Extraordinary Costs \$13,031,345
  - Reinstatement of Business Continuity Staffing \$ 3,520,927
- That the Board of Health/Regional Council **APPROVE** the 2021 Annual Service Plan and Budget Submission to the Ministry of Health for a Total Gross ask of \$59,026,080 inclusive of the one-time funding request (\$22,170,280).

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**Subject:** Public Health 2021 Annual Service Plan and Budget Submission

**Report to:** Public Health and Social Service Committee

**Report date:** Tuesday, April 13, 2021

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## Recommendations

1. That a budget adjustment in the amount of \$16,552,272 **BE APPROVED** and **BE FUNDED** from Ministry of Health funding for 2021 COVID-19 extraordinary cost funding for the following items:
  - 1.1. COVID-19 Vaccine Program Extraordinary Costs \$13,031,345
  - 1.2. Reinstatement of Business Continuity Staffing \$ 3,520,927; and
2. That the Board of Health/Regional Council **APPROVE** the Public Health 2021 Annual Service Plan (ASP) and Budget submission to the Ministry of Health for a Total Gross ask of \$59,026,080 inclusive of the following one-time funding requests (\$22,170,280):
  - 2.1. COVID-19 Extraordinary Costs (Pandemic Response Division) (\$7,969,326)
  - 2.2. COVID-19 Vaccine Program Extraordinary Costs (\$13,496,014)
  - 2.3. Mobile Dental Clinic (\$457,940)
  - 2.4. Infection Prevention and Control Compliant Flooring (\$65,000)
  - 2.5. Needles to Support Community Based Safe Injection Activities (\$162,000)
  - 2.6. Public Health Inspector Practicum Program (\$20,000)

## Key Facts

- The purpose of this report is to seek Board of Health (BOH)/Regional Council approval for; an adjustment to the 2021 Levy Operating Budget related to establishing a budget for the COVID-19 Vaccine Program, reinstatement of Business Continuity Staffing, and the 2021 Annual Service Plan (ASP) and Budget submission.
- The ASP and Budget submission is a Ministry of Health (the Ministry) requirement for BOH accountability and to communicate the program plans and budgeted expenditures for a given year in fulfillment of the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.

- The ASP includes the opportunity to apply for six one-time funding grants from the province; these requests, if granted, would enable enhanced service and action on public health priorities and support capital improvements and any remaining budget adjustments would follow.
- At the time the 2021 Levy Operating Budget was approved it was unclear what the Region's role would be in the COVID-19 immunization, therefore; the approved budget did not include any funding for these efforts. In accordance with the budget control policy, this report seeks approval for a \$16.5 million budget adjustment to be included in the ASP related to the COVID-19 Vaccine Program as well as a budget adjustment to reinstate Business Continuity staffing that originally had been removed from the 2021 budget, in part to mitigate staffing costs in the Pandemic Response Division (PRD).
- At the request of the Ministry and to facilitate quicker Provincial approvals, the 2021 ASP and Budget submission was submitted electronically in draft form on April 6, 2021. Pending BOH approval, a final version of the submission will be provided to the Ministry.

## **Financial Considerations**

The Ministry provides cost shared funding to BOHs, and has instituted the ASP and Budget submission process as a major accountability mechanism towards provisioning of funding for mandatory and related public health programs and services. The budget figures included in the ASP are the formal request to the Ministry for provincial funding accounted for within the Regional Municipality of Niagara 2021 Levy Operating Budget that was approved by the BOH/Regional Council on January 21, 2021. However, as there was a great deal of uncertainty at the time the 2021 budget was approved regarding incremental provincial funding for Pandemic Response and the COVID-19 Vaccine Program, this report is seeking budget adjustments to include both of these initiatives in the 2021 Levy Operating Budget.

The Public Health base budget is largely cost shared between the Ministry (70%) and the Regional Municipality of Niagara (30%), with the Seniors Dental program being the only 100% funded program reported on the ASP. The Public Health 2021 annual funding request to the Ministry is for \$48,747,089 and is based on gross budget expenditures of \$59,026,079 as outlined in Table 1 below:



Table 1 – Summary of 2021 ASP Budget Submission

<b>Description</b>	<b>Ministry Funding %</b>	<b>Gross Budget Expenditure</b>	<b>ASP Funding Requests</b>	<b>Net Levy Expense</b>	<b>Notes</b>
2020 Base*	70%	33,680,286	23,576,200	10,104,086	See below 1.
Mitigation Funding*	100%	455,500	455,500	-	See below 1.
Request for 6 Permanent Staff*	70%	583,014	408, 110	174,904	See below 1.
<b>Total 2021 Base Request</b>		<b>34,718,800</b>	<b>24,439,810</b>	<b>10,278,990</b>	
Seniors Dental*	100%	2,137,000	2,137,000	-	See below 2.
Extraordinary Costs (PRD)*	100%	8,433,995	8,433,995	-	See below 3.
Extraordinary Costs (moved to Vaccine Program)*	100%	(464,669)	(464,669)		See below 3.
Vaccine Program Extraordinary Costs	100%	13,031,345	13,031,345	-	See below 3.
Vaccine Program Extraordinary Costs (moved from PRD)*	100%	464,669	464,669		See below 3.
Mobile Dental Clinic	100%	457,940	457,940	-	See below 3.
Infection Prevention and Control Compliant Flooring	100%	65,000	65,000	-	See below 3.
Needles to Support Comm. Based Safe Injection Activities	100%	162,000	162,000	-	See below 3.
Public Health Inspector Practicum Program	100%	20,000	20,000	-	See below 3.

Description	Ministry Funding %	Gross Budget Expenditure	ASP Funding Requests	Net Levy Expense	Notes
<b>Total 2021 One-Time Requests</b>		<b>22,170,280</b>	<b>22,170,280</b>	<b>-</b>	
<b>Overall Total</b>		<b>59,026,080</b>	<b>48,747,090</b>	<b>10,278,990</b>	

\*Approved by Council in 2021 Levy Operating Budget

### ***1. Cost Shared Program-Based Funding (70% Ministry funded/30% Levy funded)***

The 2020 approved allocation was \$23,576,200. The 2021 base funding request is for \$24,439,810 which includes a one-time increase of \$455,000 in mitigation funding approved by the province in-year in 2020 (was intended to offset the original reduction in cost sharing from 75% to 70%) as well as an increase of \$408,110 (70% of the total cost of \$583,014) related to the six permanent full time equivalents (FTE's) that were approved as part of the PRD business case in the 2021 Levy Operating Budget. Council approved these six positions with funding from the tax levy. If the Province approves this base funding request, a budget adjustment will be required to reflect this incremental provincial funding which will decrease contribution from the levy.

### ***2. Seniors Dental Program Funding (100% Ministry funded)***

This request relates to the Seniors Dental Program for \$2,137,000 and has not changed from 2020 to 2021.

### ***3. One-Time Funding Requests (100% Ministry funded)***

There is an opportunity to submit up to six one-time budget requests as part of the ASP. The Public Health portion of the 2021 Levy Operating Budget was based on an assumption of no new provincial funding (a reduction in "real funding" when accounting for inflation). This assumption appears to be validated by the Ministry only allowing for one-time requests for increases, and not allowing for any requests for increased base funding. The one-time requests must fit into one of the following seven categories: Capital, COVID-19 extraordinary costs, COVID-19 vaccine program extraordinary costs, non-COVID-19 extraordinary costs, new purpose-build vaccine refrigerators, public health inspector practicum program, or smoke-free Ontario enforcement tablet upgrades. One-time requests will be considered by the Ministry at 100%, however, approval of one-time requests must not be assumed and will be dependent upon the availability of ministry funding.

One-time requests related to COVID-19 Extraordinary Costs (PRD and the COVID-19 Vaccine Program) were/or will be approved by Council in the 2021 Levy Operating Budget and/or in this report. The other four requests have not been included in the 2021 Levy Operating Budget as it is unknown which if any might be granted by the Province. If one of these four requests are approved by the Ministry, a budget adjustment would be done to reflect these expenditures in the 2021 Levy Operating Budget.

The one-time funding requests include the following (\$22,170,279):

- COVID-19 Extraordinary Costs (PRD) (\$7,969,326)
- COVID-19 Vaccine Program Extraordinary Costs (\$13,496,014)
- Mobile Dental Clinic (\$457,940)
- Infection Prevention and Control Compliant Flooring (\$65,000)
- Needles to Support Community Based Safe Injection Activities (\$162,000)
- Public Health Inspector Practicum Program (\$20,000)

#### COVID-19 Extraordinary Funding Request

As part of the 2021 Levy Operating Budget, the BOH approved a gross expenditure budget related to the PRD of \$11,807,063 (net \$4,913,067). The PRD budget included dedicated staffing resources for the COVID-19 response to support the call centre, contact tracing, case management, and outbreak management. The one-time funding request related to the PRD has been adjusted to \$7,969,325 as outlined in Table 2.

Table 2 – Reconciliation of Council Approved PRD to ASP Submission

Description	Council Approved	Budget Adjustment	Budget Reallocation	COVID-19 Extraordinary Funding Request	Notes
<b>EXPENSE:</b>					
Pandemic Response Division	9,622,518			9,622,518	

Description	Council Approved	Budget Adjustment	Budget Reallocation	COVID-19 Extraordinary Funding Request	Notes
6 Permanent Staff	583,014		(583,014)	-	See above 1.
Reallocation of staffing	464,669		(464,669)	-	See below 4.
School-focused Nurses Initiative	1,136,862		1,136,862	-	See below 5.
<b>Total Expense</b>	<b>11,807,063</b>	<b>-</b>	<b>(2,184,545)</b>	<b>9,622, 518</b>	
<b>FUNDING:</b>					
Business Continuity Staff	(3,520,927)	3,520,927		-	See below 6.
6 Permanent Staff	(583,014)		583,014	-	See above 1.
School-focused Nurses Initiative	(1,136,862)		1,136,862	-	See below 5.
Gapping	(1,653,193)			(1,653,193)	
<b>Total Funding</b>	<b>(6,893,996)</b>	<b>3,520,927</b>	<b>1,719,876</b>	<b>(1,653,193)</b>	
<b>Total</b>	<b>4,913,067</b>	<b>3,520,927</b>	<b>(464,669)</b>	<b>7,969,325</b>	

**4. Reallocation of Staffing Costs to the COVID-19 Vaccine Program (Reduction of \$464,669)**

These staffing costs were originally approved in the 2021 Levy Operating Budget in the PRD. Since these costs more closely align with the COVID-19 Vaccine Program they

have been included in the COVID-19 Vaccine Program Extraordinary Costs Fund One-Time request.

**5. Removal of Costs/Funding For the School-Focused Nurses Initiative (Gross \$1,136,862/Net \$0)**

As per the ASP and Budget submission guidelines from the Ministry, compensation costs associated with this program are not to be included in the ASP and will be captured through a separate process.

**6. Budget Adjustment Related to the Reinstatement of Business Continuity Staffing (Increase of \$3,520,927)**

The ASP and 2021 Budget have been adjusted (see recommendation number one) to reflect the reinstatement of business continuity staffing reductions (50.9 FTE's) which were originally approved by Council as a result of reduced program and services due to COVID-19 as well as a mitigation against the PRD budget. Reinstating these positions/related budget will result in less compensation savings to offset PRD costs and results in an increased request for one-time funding from the Ministry. The Region received reimbursements for 2020 COVID-19 related expenditures giving us confidence that we can expect reimbursements of these costs on a go forward basis.

COVID-19 Vaccine Program Extraordinary Funding Request

The 2021 Levy Operating budget did not include a fulsome budget related to the COVID-19 Vaccine Program as staff did not have enough information at that time to present and seek approval for the budget required. Staff are now asking Council to authorize a budget adjustment of \$13,031,345 related to the COVID-19 Vaccine Program. Staff have been proceeding with resourcing the mass immunization efforts as required in anticipation that the Ministry would provide the required funding. The one-time request for the COVID-19 Vaccine Program Extraordinary Costs of \$13,496,014 includes positions in the PRD approved budget (\$464,699) because the staffing costs have already been approved by Council and, therefore, these costs have not been included in the budget adjustment.

Other Funding Implications

As per the funding agreement with the Ministry, the cost shared program-based funding must first be maximized before being eligible for 100% COVID-19 related funding. If

there is underspending in the base program budget, COVID-19 related expenditures would first be charged against the cost shared budget which could result in less COVID-19 specific funding being provided by the Ministry, as well as less public health programming provided to Niagara residents. Staff are balancing the resourcing requirements associated with pandemic response and business continuity and will continue to do so to the fullest extent possible.

The 2021 Levy Operating Budget that was approved by the BOH included a transfer from the Taxpayer Relief Reserve for the net cost of all program costs related to COVID-19 that did not have confirmed external COVID-19 related funding (\$4,913,067). Since the budget was approved, there have been many instances where external funding related to COVID-19 has been confirmed, including funding from the Ministry. Based on the recommendations in this report staff are seeking funding from the Ministry for 2021 COVID-19 extraordinary cost. Budget adjustments will be recommended in the first quarter financial report scheduled for Corporate Services Committee on June 16, 2021, for all existing programs that have secured incremental external COVID-19 related funding that were originally approved with funding from the Taxpayer Relief Reserve.

## **Analysis**

The ASP is a requirement of the Ministry of Health to communicate the BOH's program plans and budgeted expenditures to be delivered in accordance with the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* (the *Standards*) based on local needs. For the 2021 funding year, the Ministry expects BOHs to take all necessary measures to continue to respond to COVID-19, to support the ministry in the provincial roll-out of the COVID-19 Vaccine Program, and to continue to maintain critical public health programs and services as identified in business continuity plans. Due to workload pressures related to COVID-19, the Ministry has condensed the ASP requirements. At the request of the Ministry and to facilitate quicker provincial approvals, the 2021 ASP and Budget submission was submitted electronically in draft form on April 6, 2021. Pending BOH approval, a final version of the submission will be provided to the Ministry. The Ministry recognizes the tremendous efforts to respond to COVID-19 and therefore, the BOH is not required to complete specific sections of the ASP for the 2021 funding year. For this year, the community assessment and narrative program plans are not required.

While Niagara Region Public Health (NRPH) did not use a comprehensive process to reassess 2021 priorities, it was determined to continue the plans set in motion in early

2020 prior to COVID-19 with some reduction in services while staffing resources are re-stabilized. Due to the redeployment of staff, four of the five health promotion priorities continued as business continuity priorities: healthy eating/physical activity, substance use and addictions, mental health promotion, and healthy child development. The sexually transmitted infections priority was put on hold temporarily.

Similar to previous years, the ASP has not been included as an appendix with this report given its extreme length and its format which is not printer-friendly nor AODA compliant. Regional councillors may review the document in full by contacting the Office of the Medical Officer of Health to make an appointment.

#### One-Time Funding Requests

<b>Project Title and Amount</b>	<b>Description</b>
COVID-19 Extraordinary Costs: Case and contact and outbreak management (\$7,969,326)	Dedicated staffing resources for the COVID-19 response to support the call centre, contact tracing, case management, and outbreak management. This streamlines staff reporting relationships and allows improved COVID-19 reporting capabilities.
COVID-19 Vaccine Program Extraordinary Costs: Mass immunization clinics (\$13,496,014)	Dedicated resources to support the COVID-19 mass immunization clinics, working with community partners to deliver vaccinations to Niagara residents following Ontario's three phased vaccination distribution plan.
Capital: Mobile dental clinic (\$457,940)	Replacement of a 33-foot Class A mobile dental clinic. The mobile dental clinic provides preventative services to youth under 18 years of age, restorative treatments for seniors enrolled in the Ontario Seniors Dental Care Program. A new unit will provide accessibility to seniors in rural communities.
Capital: Infection prevention and control compliant flooring (\$65,000)	Replacement of flooring in 24 clinic and counselling rooms across three Regional sites in order to meet infection prevention and control compliance.
Extraordinary Cost: Needles to support community based	Increased demand for needles as a harm reduction strategy. The cost for needles and hazardous waste disposal have increased significantly during COVID-19

<b>Project Title and Amount</b>	<b>Description</b>
COVID-19 Extraordinary Costs: Case and contact and outbreak management (\$7,969,326)	Dedicated staffing resources for the COVID-19 response to support the call centre, contact tracing, case management, and outbreak management. This streamlines staff reporting relationships and allows improved COVID-19 reporting capabilities.
safe injection activities (\$162,000)	and there has been an alarming increase in substance related deaths locally.
PHI Practicum: Public Health Inspector (PHI) practicum Program (\$20,000)	PHI practica build increased workload capacity and supports the response to the Standards and recent legislated amendments. With the increased workload related to COVID-19 enforcement and infection prevention and control compliance inspections, the practica also help balance workload and support recruitment and retention efforts.

### COVID-19 Vaccine Program

In order to effectively respond to COVID-19, the BOH approved additional funding to create the PRD with dedicated, temporary resources and streamlined staff reporting relationships to support COVID-19 call centre work, contact tracing, case management, and outbreak management. As the role of Public Health evolved to include leading the COVID-19 vaccine program, additional resources are required. Part of the one-time ASP request includes funding for the COVID-19 Vaccine program. NRPH plays a significant lead role in coordinating and rolling out mass immunization clinics across the Region. Currently, NRPH delivers clinics in 11 locations across Niagara. This also includes working with many community partners to deliver vaccinations to the population including acute care hospital settings, primary care, and pharmacies. In order to ensure adequate staffing levels, NRPH has recruited nurses, immunization clinic assistants, screeners, data support roles, logistic support, volunteer coordinators, and leadership staff. There are also significant costs for medical supplies and other resources to support the clinics. All costs associated with the COVID-19 Vaccine Program are being tracked separately to allow reporting to the province and BOH as required.



The COVID-19 Vaccine program one-time funding request is based on the assumption that the NRPH will deliver 415,000 doses of vaccine with an anticipated end date of October 14, 2021. This accounts for doses already administered and doses that will be offered through pharmacies and other health care providers. The budget is built on a scenario of administering approximately 2,200 doses per day, alternating between two medium clinics (1,100 doses per day) and a combination of some smaller clinics (500 doses per day) to ensure Niagara residents have access to the vaccine. Depending on vaccine supply and uptake by residents, the actual locations and speed of delivery of vaccines will adjust to match the supply and best target populations with lower uptake. The scenario used for planning is a good approximation of the scale of costs for the range of scenarios that might play out.

To date, the mass immunization rollout has vaccinated all eligible and consenting long-term care home and retirement home residents and staff, and essential caregivers. This was completed well in advance of the deadline imposed by the province. NRPH is following Ontario's [three phased vaccination distribution plan](#) and supporting the provincial online booking tool. NRPH has been running mass immunization clinics targeting the seniors population and the Indigenous community. Additional efforts will be focused on resuming dedicated, culturally appropriate clinics for the Indigenous population as the provincial registration tool does not accommodate Indigenous persons booking into the mass immunization clinics. NRPH is currently at the end of Phase 1, vaccinating the final priority group in that phase, while simultaneously making progress on Phase 2 with seniors under 80 years of age and other targeted populations (e.g. developmental sector, agricultural workers, educators). Working with Niagara Health, vaccination of health care workers, staff, and caregivers in congregate settings and home care recipients is near completion.

The effort to vaccinate thus far has been, and will continue to be, a true team effort. The immunization clinics have involved support not only from NRPH and external partners, but from across the corporation as a whole: Community Services helping connect with vulnerable populations; Human Resources supporting a mammoth hiring effort; Legal Services helping secure site agreements; Facilities Management, Public Works, and Information Technology helping us with the logistics of getting each clinic set up and to keep them running; Business Licensing to provide security; and Finance to ensure resources are not holding back this effort. Numerous external partners have also made significant contributions.

#### Other Funding Implications

COVID-19 has had a tremendous negative impact on the residents of Niagara region. A majority of NRPH resources have been diverted to the pandemic response, including significant expansions and reallocations at the staff level. This shift in resources has come at the expense of many of the routine programs and services being significantly reduced or stopped altogether. Niagara is already seeing the detrimental and compounding impacts of COVID-19 on the health and health equity of residents. As a result, a reinstatement of business continuity resources (50.9 FTE and \$3,520,927) is recommended.

A Niagara Community Health Survey conducted between November 9, 2020 and December 6, 2020 revealed many poor health behaviours. Since COVID-19 began, notable lifestyle trends from the survey included: one third of respondents increased their alcohol consumption; roughly half increased their processed food consumption; 80% increased watching TV or using an electronic device; and about a half of respondents decreased their leisure activity and use of active ways. Respondents also identified employment and finance related issues as a result of the pandemic and was responsible for causing negative changes to their employment status. This included a disruption in the form of working from home, working part-time from a full time position, loss of employment and/or created barriers to employment. In some instances, respondents indicated a greater need to work to support others during COVID-19. Female respondents appeared to be disproportionately burdened by loss of employment and lack of child care.

The survey also revealed that the mental health of Niagara's population has worsened during COVID-19, including greater perceived stress, anxiety, and depression. Specifically, participants identified the following contributing factors associated with their decline in mental health: social isolation, lack of adherence to public health measure by others, stress and anxiety related to contracting and exposing others to COVID-19, employment related burnout, media and misinformation, and seasonal effect on mental health. Many parents also perceived a decline of their children's mental health and felt that their children experienced greater negative mental health impact as a result of social isolation from the lack of available school and extracurricular activities and the limiting of social interactions. This was a particular concern for parents of children living with pre-existing mental health issues. If Niagara residents do not seek timely access to healthcare services, it will only serve to exacerbate existing or preventable chronic health issues. Other internal data sources from our Mental Health program also identified higher than normal waitlists and opioid data indicates significantly higher EMS transports, hospitalizations and death in Niagara in comparison to this time last year.

While NRPH has leveraged the use of virtual platforms, chat features, texting, and telephone to reach residents in Niagara for routine programs and services, it is not always possible to rely solely on this. As a result of redeployed staff and barriers to managing in-person visits in some aspects of service delivery, there is concern with having to deal with potential health crises of clients along side COVID-19 infection, which will severely hinder the response as well as compound health issues. These will further escalate with delays in service. For example, there has been an inability for school aged vaccinations to be offered and primary care providers are equally not able to offer this service to all eligible children. Niagara's vaccine coverage rates are quickly declining. No dental programs for high risk children have been offered since March 16, 2020. With Dental Health staff redeployed, approximately 600 clients have had scheduled appointments for preventive services be cancelled; in addition, many of these clients also have subsequent appointments that have been cancelled. It is anticipated that the shadow effect of the pandemic will affect the oral health status of youth for years to come. Furthermore, early childhood development as a social determinant of health will have long lasting deterioration, and damaging effects in the later stages of development of children will result in many not reach their full potential; already an increasing number of children are not meeting early childhood milestones. Home visiting continues only with the most complex cases who have no other supports in place. This leaves many vulnerable families without the much needed resources and access to in-person service. Most programs and services across the department have stopped or have been significantly modified to reach the highest priority areas.

Recognizing that the COVID-19 emergency is likely to be a public health focus for the foreseeable future, attention needs to be turned to restoring capacity to routine health protection and promotion activities within Niagara region. A COVID-19 recovery will not be possible without reinstating the critical programs and services and to support those disproportionately affected with lower socioeconomic status.

### **Alternatives Reviewed**

Submitting the ASP and Budget submission is a requirement to receive Ministry funding as outlined in the Standards. The alternative not to submit the ASP would be loss of provincial funding which would impose an untenable burden onto the Regional levy.

While typical priority setting has not been formally completed for 2021, the programs and services offered are based on the 2020 ASP data regarding ill health in Niagara, research and practice evidence around impact to health, priorities that have been endorsed by the BOH, and assessments that incorporate the input of community

partners. The alternative of using other inputs to service planning would be contrary to best practice and exclude critical inputs. Public Health refines services plans annually to incrementally improve Public Health's impact in spite of declining resources. This past year in particular has required Public Health to pivot and offer programs and services in a way that supports COVID-19 public health safety measures.

NRPH is not required to submit additional one-time funding requests. Nonetheless, a total of six one-time funding requests totalling \$22,170,280 have been identified to be included in the ASP and Budget submission to identify options that would be most beneficial to Niagara residents and improve their health. These requests are not mandatory, nor guaranteed, however, NRPH aims to maximize revenue to Niagara Region in order to bring greater benefit to Niagara residents and to stabilize levy costs.

### **Relationship to Council Strategic Priorities**

The ASP is based on NRPH's operational planning that aligns with Council's strategic priority #2 Healthy and Vibrant Community which aims to foster a high quality of life through safe, inclusive neighbourhoods and delivery of quality, affordable, and accessible human services.

### **Other Pertinent Reports**

- [BRC-C 4-2021](#) Levy Workshop Discussion Items from January 7, 2021
- [PHD 02-2020](#) Public Health 2020 Annual Service Plan and Budget Submission, Feb. 11, 2020
- [PHD 05-2019](#) 2019 Public Health Annual Service Plan and Budget Submission, Feb. 19, 2019
- [MOH 02-2018](#) Public Health Annual Service Plan & Budget Submission, Feb. 20, 2018
- [MOH 01-2018](#) Strategic Plan, Jan. 30, 2018
- MOH 03-2017 Program Budgeting and Marginal Analysis in Public Health, Oct. 17, 2017
- PHD 01-2017 Key Health Issues in Niagara, Jan. 31, 2017
- PHD 06-2016 MOH 2016 Program Based Grants Budget Submission, Feb. 16, 2016
- PH 04-2015 Levy Operating Budget, Jan. 29, 2015

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**Prepared by:**

Diane Vanecko, RN, BScN, MBA  
Director, Clinical Services (Acting)  
Public Health and Emergency Services

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**Recommended by:**

M. Mustafa Hirji, MD, MPH, FRCPH  
Medical Office of Health &  
Commissioner (Acting)  
Public Health and Emergency Services

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**Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Helen Chamberlain, Director, Financial Management and Planning, Beth Brens, Manager, Program Financial Support, Enterprise Resource Management Services and Amanda Fyfe, Program Financial Specialist, Enterprise Resource Management Services.*

# Long-Term Care Home Redevelopment Project Update Preliminary Master Plans

Public Health and Social Services Committee  
COM 8-2021

April 13, 2021

Henri Koning, Director, Seniors Services

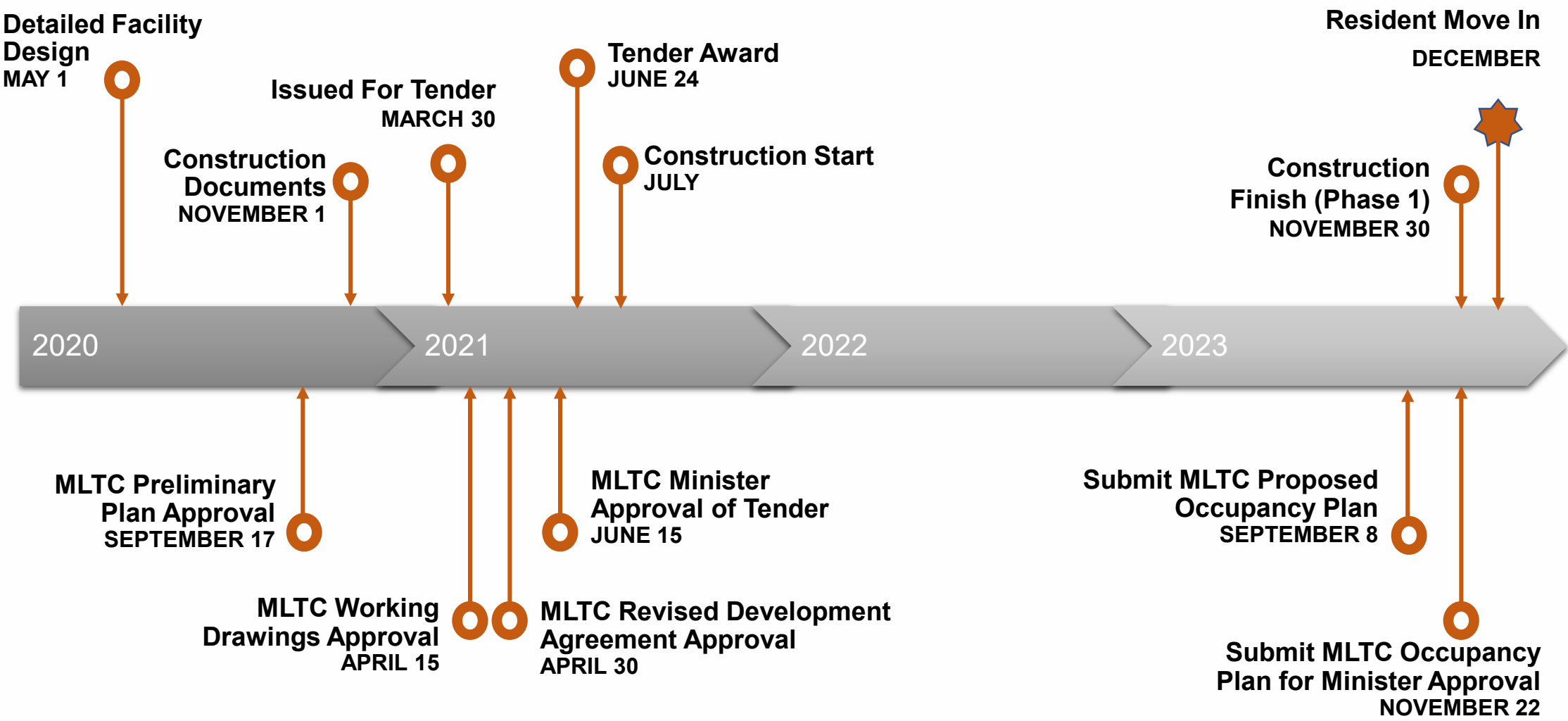
Mislav Koren, Senior Project Manager, Facilities

# LONG-TERM CARE HOME REDEVELOPMENT

Project Status Update  
Public Health and Social Services Committee  
April 13, 2021

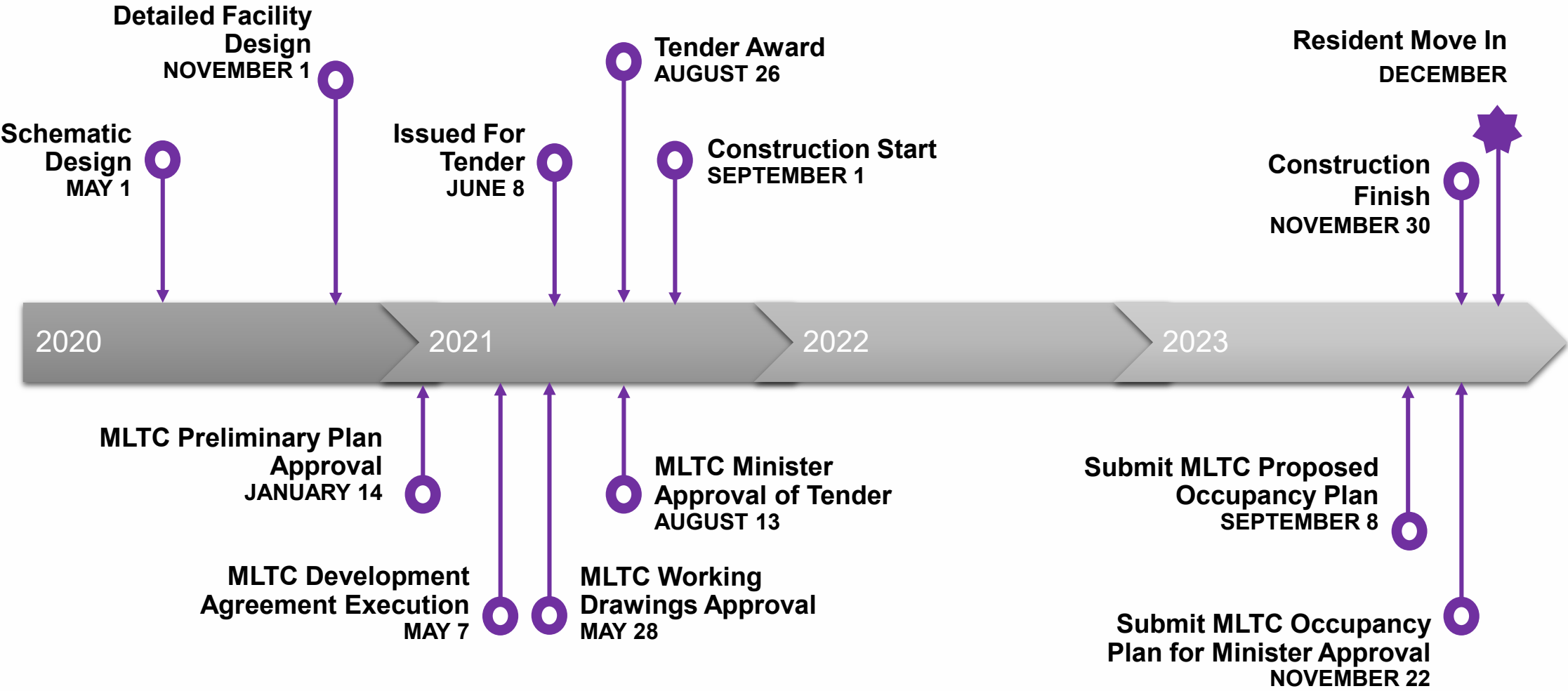


# Project Milestones - Linhaven





# Project Milestones - Gilmore

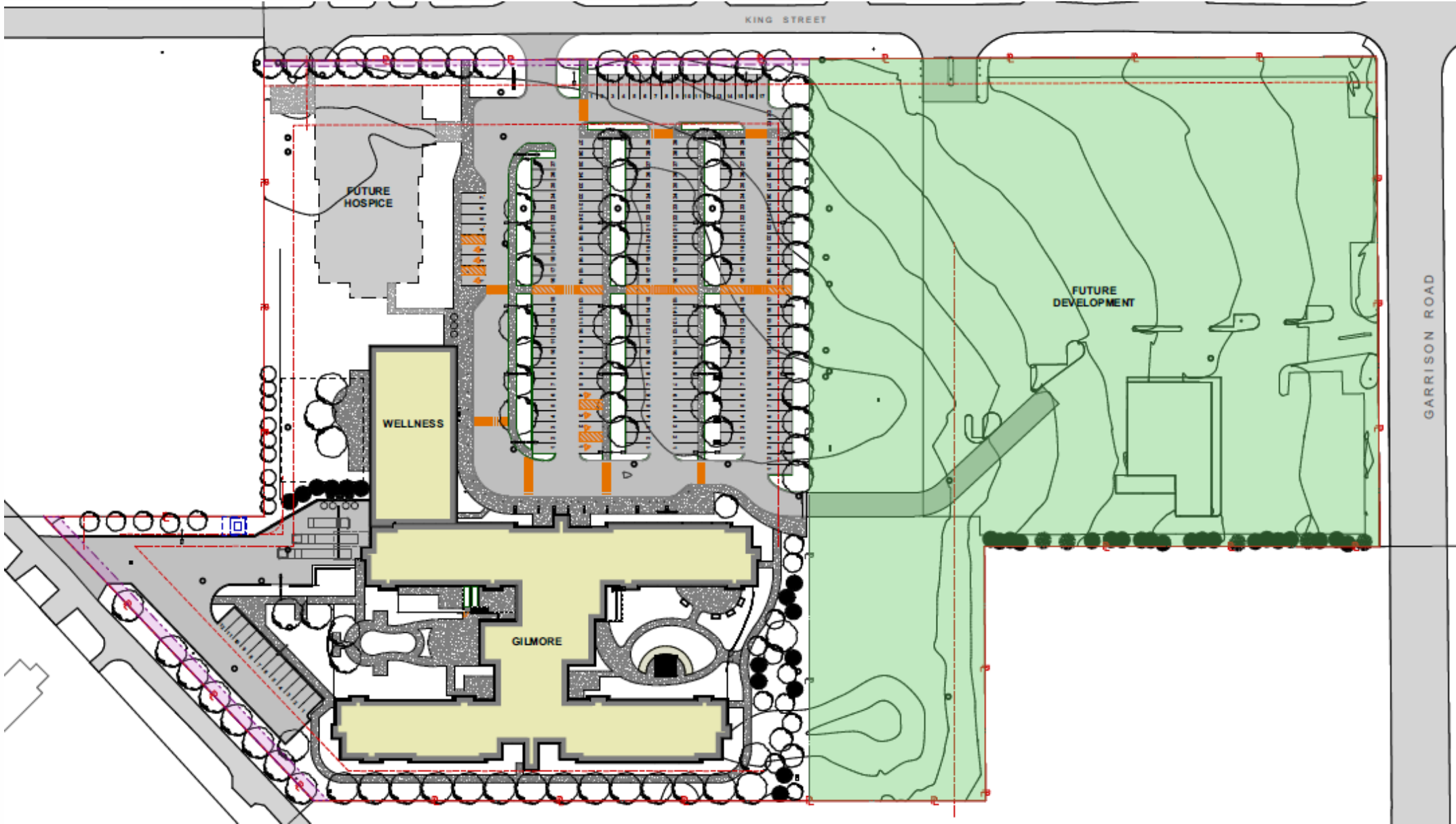


# Linhaven Site Plan



**LONG-TERM CARE HOME REDEVELOPMENT**

# Gilmore Lodge Site Plan



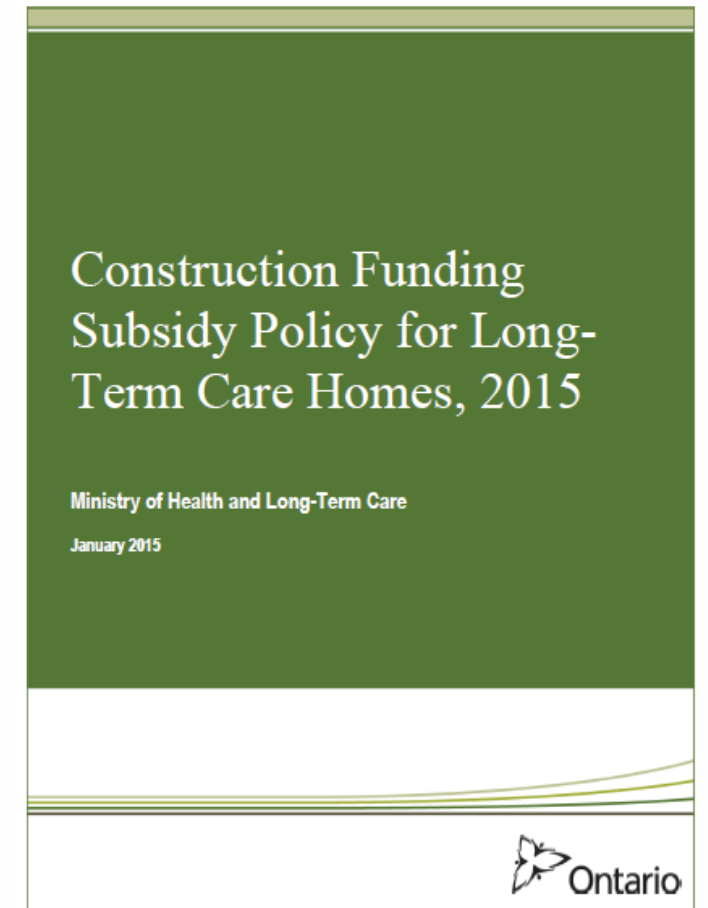
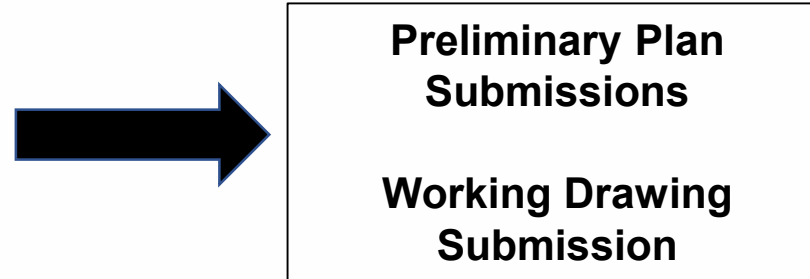
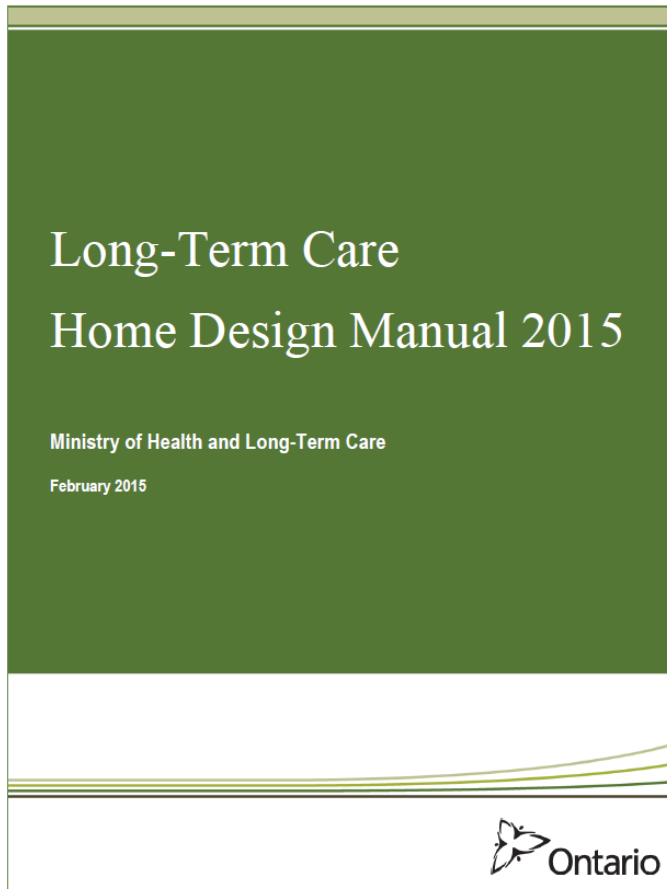
**LONG-TERM CARE HOME REDEVELOPMENT**

## Design Goals & Objectives

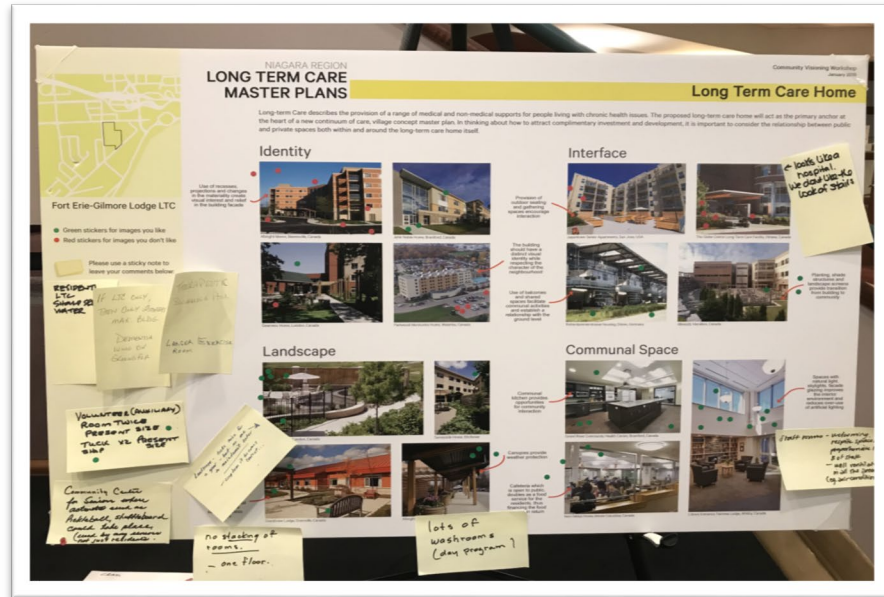
- Redevelop the LTC homes to **meet Ministry of Long-Term Care structural compliance requirements** for long term care homes and meet fire safety requirements.
- Provide a design that is incorporates **feedback of residents, staff and families.**
- Design resident home areas to be **safe, efficient** and provide a **warm family atmosphere**
- Incorporate building features that support **enhanced infection control** practices
- Create a built environment that **enhances** the **wellbeing** of **residents** and **staff.**
- **Incorporate** community **resources** / wellness **programming** for seniors to help defer or avoid long-term care placement where possible.



# Ministry of Long-Term Care Requirements



# Feedback From Residents, Staff and Families



Engagement on all elements of the building including common spaces, resident bedrooms and bathrooms, spas, care stations, dining areas etc. were carried out at all of the Region's 8 long-term care homes

## Engagement Sessions - June to August 2019

**LONG-TERM CARE HOME REDEVELOPMENT**

let's build the future with your input

Name: Michelle Schultz

Position: RPN Work location: NLP

Other work locations: Mindway, Woodlands & Gilmore on occasion

Focus Session: Communication Centres / Care Station

What I like: ample center space

What I don't like: not enough privacy  
lack organization  
no designated CPR station  
not enough computers

Suggestions: code to get through (into) nurses station, red button put out for quick exit in emergency situations  
only registered staff have the code, door see through

Niagara Region



## Who Was Involved

- Over 340 front line staff
- Management Team
- Family & Resident Councils
- Functional Teams
- Community Groups
- Volunteers & Students



# Engagement Outcomes

Feedback was analyzed for common themes. This information enabled the design team to be responsive to identified priorities and incorporate these key features into the facility design.



Dining  
Rooms



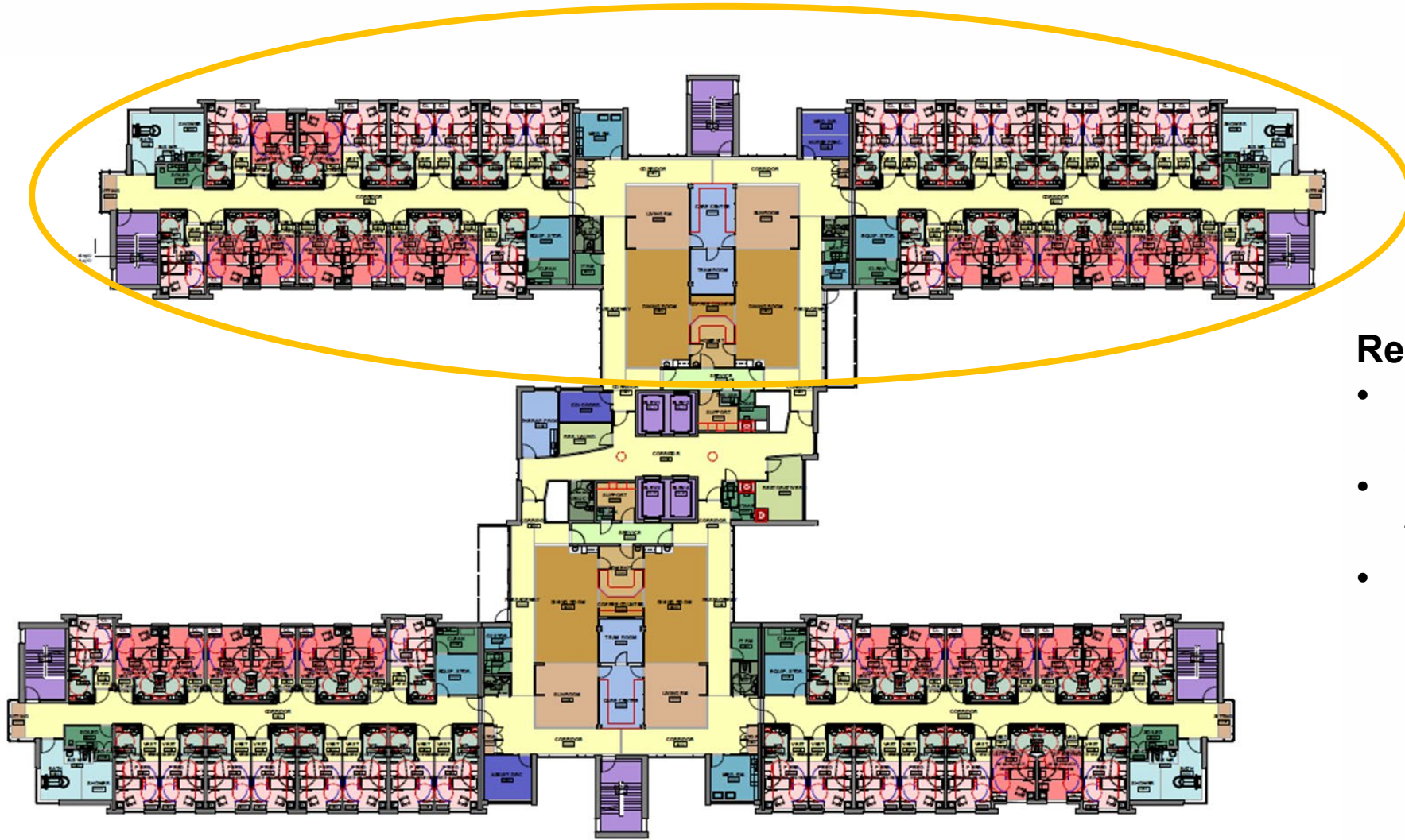
Resident  
Rooms



Care  
Stations



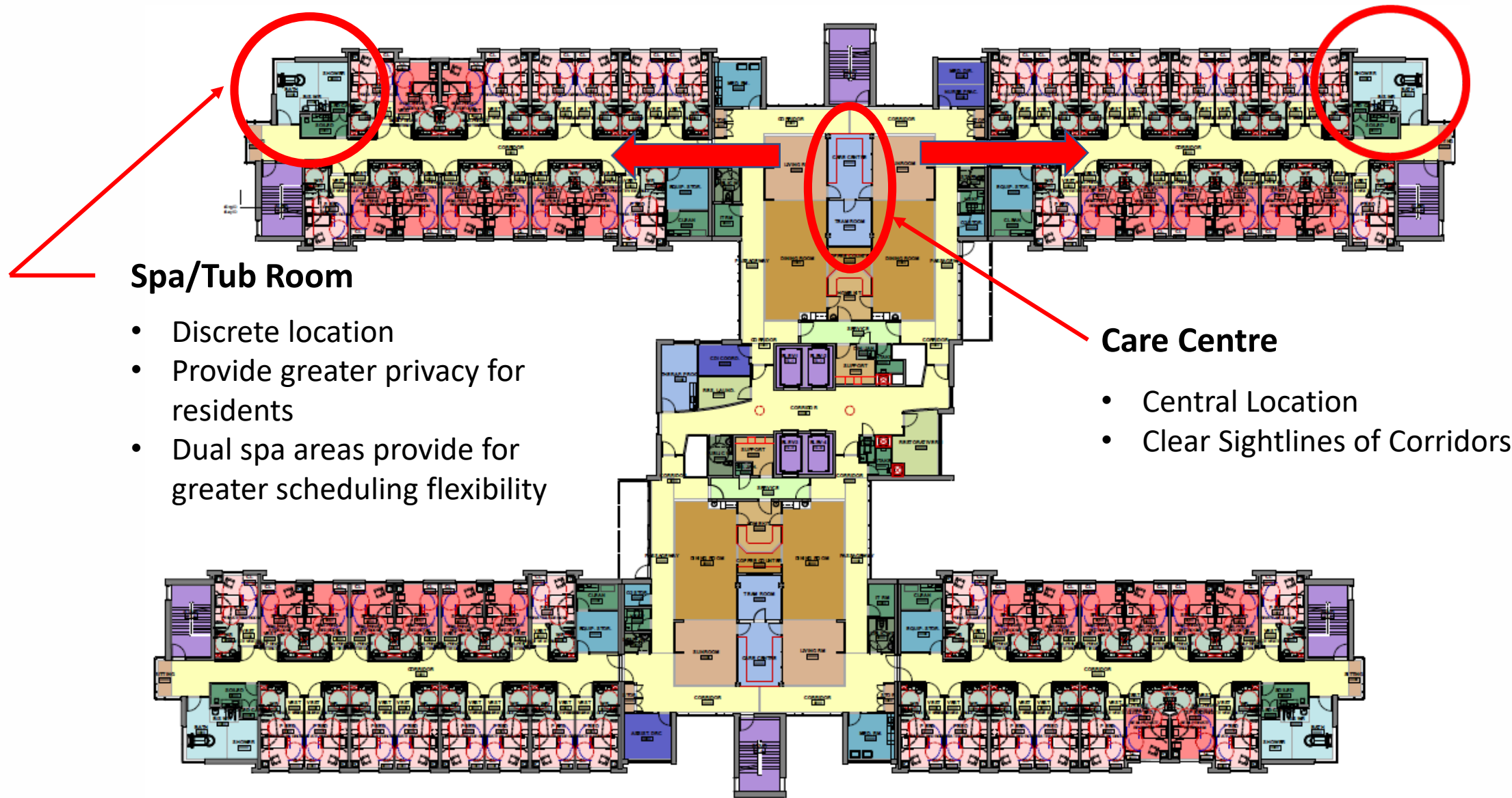
# Resident Home Areas - Safe, Efficient and Warm Atmosphere



## Resident Home Area

- 32 Residents per home area
- Designed to function as two 16 bed units
- Short, efficient corridors





### Spa/Tub Room

- Discrete location
- Provide greater privacy for residents
- Dual spa areas provide for greater scheduling flexibility

### Care Centre

- Central Location
- Clear Sightlines of Corridors

# Innovative Design Features to Support Optimal Infection Prevention and Control

- All residents will have single bedrooms to mitigate risks related to infection transmission as well as risks related to responsive behaviors
- Thirty-two bed units that can be sub-divided into 16 bed units for outbreak purposes
- Built-in PPE storage space outside each residents room
- Implementation of a decentralized HVAC strategy

# Resident Rooms

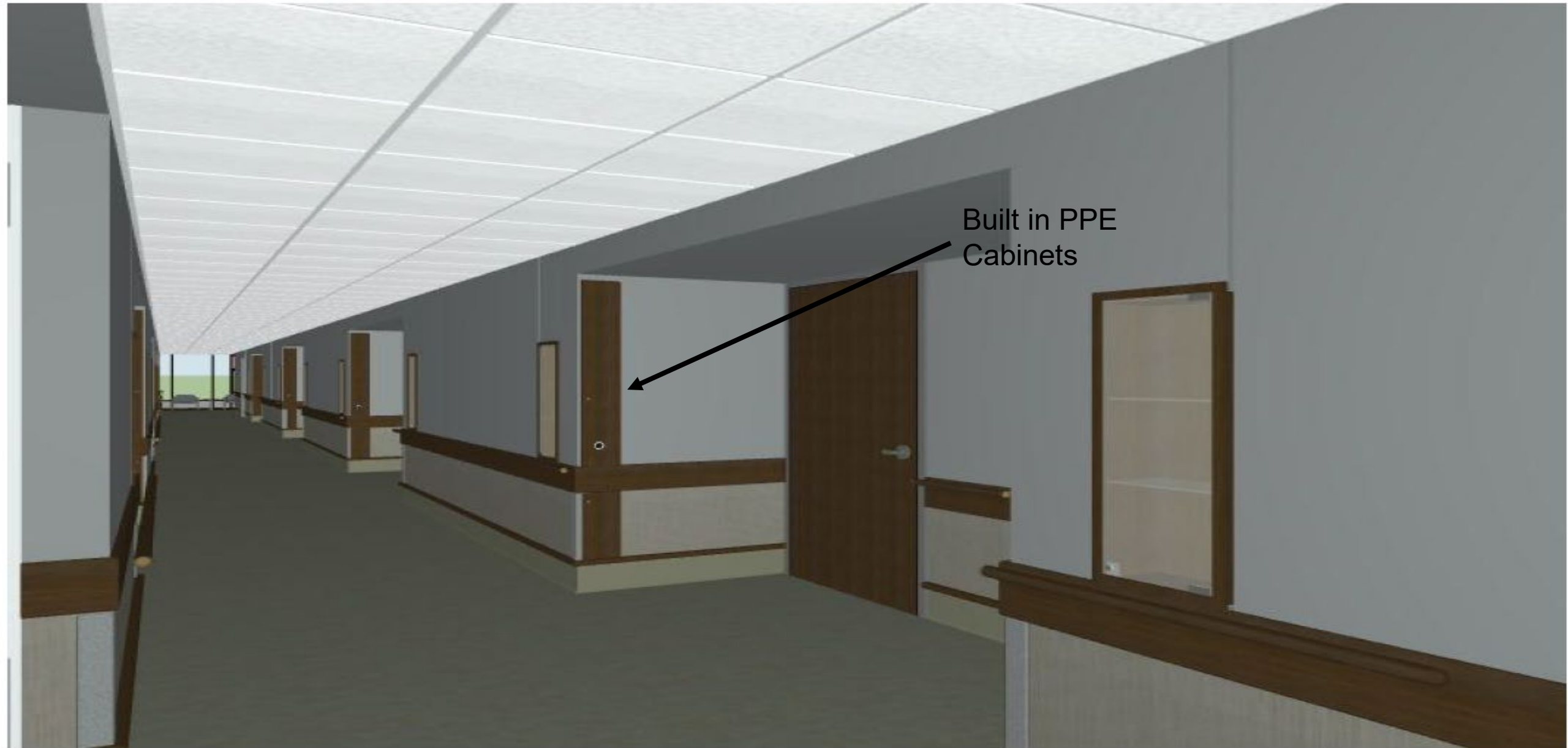


Resident Bedroom

Resident Ensuite Washroom







Built in PPE  
Cabinets

View Down RHA Corridor

# LONG-TERM CARE HOME REDEVELOPMENT

# Enhancing Wellbeing of Residents and Staff

- Linhaven and Gilmore Lodge will be pursuing WELL™ Silver certification under the WELL Building Standard
- Holistic approach focused exclusively on enhancing people's health and well-being through the built environment
- Based on scientific and medical research
- **Benefits of WELL**
  - Creates a built environment that enhances physical and mental wellbeing of residents and staff
  - Supports staff recruitment and retention strategies
  - Increase staff engagement and promote the delivery of high quality, compassionate care to residents.



The leading tool for advancing  
health & well-being in buildings  
and communities globally.





# LONG-TERM CARE HOME REDEVELOPMENT





# LONG-TERM CARE HOME REDEVELOPMENT





Exterior South Courtyard a

# LONG-TERM CARE HOME REDEVELOPMENT





# LONG-TERM CARE HOME REDEVELOPMENT



LTC View in Lobby b

# LONG-TERM CARE HOME REDEVELOPMENT





Wellness Program Kitchen





Wellness Exercise Room

# LONG-TERM CARE HOME REDEVELOPMENT

## Next Steps:

Long-Term Care Redevelopment updates will be provided to Council through monthly newsletters issued via Councillor Weekly Correspondence distribution.

Tender award recommendation reports for Linhaven and Gilmore Lodge construction contracts will be routed through Corporate Services Committee and Regional Council in June and August respectively.

# LONG-TERM CARE HOME DEVELOPMENT UPDATE

Issue 2021-1 | January 2021

Niagara Region



## Gilmore Lodge Design Update – January 2021

Despite disruptions and uncertainty around the COVID-19 pandemic, the project team has continued to make good progress on the project, meeting “virtually” with the design team, to advance the design. The Gilmore Lodge Redevelopment remains on schedule with a planned completion date of December 2023.

Schematic design, which defines the form, size, character and preliminary design detail of the project is complete and the project team is currently in the design development phase where building elements and details are being further refined and coordinated.

The architects are in the process of refining the building aesthetics and selecting exterior materials. With the guidance of the Working Group, refinements to the floor plans and layouts continue to evolve. Preliminary concepts for the structural, mechanical and electrical systems are being defined through design development.

Planning applications for the site plan development are being prepared and will be submitted to the Town of Fort Erie in early January to commence the planning approval process.

Stay tuned for the March issue of the Long-Term Care Home Redevelopment Update.

### PROJECT TIMELINE

- November 2020**  
Preliminary Plans
- May 2021**  
Contract Documents Completed
- July 2021**  
Tender Award
- September 2021**  
Construction Start
- November 2023**  
Substantial Performance
- December 2023**  
Residents Move In

Thank You



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**Subject:** Long-Term Care Home Redevelopment Project Update: Preliminary Master Plans

**Report to:** Public Health & Social Services Committee

**Report date:** Tuesday, April 13, 2021

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## **Recommendations**

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

## **Key Facts**

- This report is intended to provide an information update on the status of the long-term care home redevelopment project.
- Significant work on the design of Linhaven and Gilmore Lodge has occurred and this report seeks to share with Council key features of the design and upcoming project milestones.
- Linhaven and Gilmore Lodge construction tenders are anticipated to be issued on March 30, 2021 and May 16, 2021, respectively.
- The construction sector has been significantly impacted by the global pandemic, with substantial material price increases being observed. Impacts to the long-term care redevelopment project are being tracked and monitored.
- The redevelopment process, applications, reporting and building requirements are largely directed by the province and require ministry approvals.

## **Financial Considerations**

The Council approved capital budget for the long-term care (LTC) home redevelopment project is \$175M, of which \$102M has been allocated to Linhaven and \$73M to Gilmore Lodge.

Ongoing project financial updates will be routed through Corporate Services Committee.

## **Analysis**

Following completion of the master plan development phase, which established two master plans to support Niagara Region's vision of a long-term care home and campus in Fort Erie and St. Catharines, the consultant team embarked on design development

of the Linhaven and Gilmore Lodge LTC homes. Over the past year, the project team has been advancing the design of both LTC homes in accordance with the Ministry of Long-Term Care (ministry) 2015 Design Guidelines and infection control best practices.

Many features within the building have been designed based on the feedback of residents, staff and families. Extensive engagement on all elements of the future LTC homes (common spaces, resident bedrooms and bathrooms, spas, care stations, dining areas, etc.) enabled the design to be responsive to identified priorities and key features.

Within the resident home areas particular focus has been placed on ensuring excellent sight lines of the unit and designing for optimal infection control. Resident home areas feature two short bedroom corridors that have clear sight lines from the central nursing station. Each resident will have their own bedroom, regardless of the type of accommodation, and shared ensuite washrooms provide two vanities and sinks to avoid cross contamination. Resident home areas have been designed to function as two individual 16 bed units with the inclusion of separate tub rooms and soiled/clean linen rooms to support enhanced infection control practices and dining areas. Resident rooms include individual heating, ventilation and air conditioning units that will provide residents with optimal temperature control and confine air circulation to within the room, reducing the potential spread of air borne contaminants.

In support of Niagara Region's commitment to the health and wellbeing of residents and staff who will be living and working in the new facilities, together with guests, families and volunteers who visit and utilize the various amenities, both Linhaven and Gilmore Lodge will be pursuing WELL™ Silver certification under the WELL Building Standard. The WELL Building Standard is premised on a holistic approach and is focused exclusively on enhancing people's health and well-being through the built environment. WELL was developed by integrating scientific and medical research, and literature on environmental health, behavioral factors, health outcomes and demographic risk factors that affect health with leading practices in building design, construction and management.

Creating a built environment that enhances the wellbeing of residents and staff will positively support recruitment and retention strategies for staff, increase staff engagement and promote the delivery of high quality, compassionate care to residents. Through the implementation of WELL, the Region will be demonstrating leadership by building the first two WELL certified LTC homes in North America, in addition to demonstrating alignment with project deliverables, divisional strategies and corporate vision, values and strategic plans.



The redevelopment process and building design requirements are largely directed by the province. Throughout the design process Niagara Region was required to provide mandatory design submissions to the ministry's Redevelopment Office for verification of compliance with ministry design guidelines and to obtain approval to proceed to detailed design and tender. To date, the Region has provided preliminary and detailed plan submissions for the Linhaven project with both being vetted and approved by the ministry. The preliminary plan submission for Gilmore Lodge has also been approved, with a detailed plan submission scheduled for April 2021, following completion of construction documents. Timely submissions and responses from the ministry are essential to maintaining the project schedule.

### **Linhaven – St. Catharines**

The new 256 bed LTC home is being constructed on the existing Linhaven property located at 403 Ontario Street, St. Catharines. The building is five stories with a total gross floor area of 229,000 square feet. The building program will be comprised of eight 32 bed resident home areas, clinical and administration offices, support spaces, commercial kitchen and laundry facilities, and a senior's wellness centre with community service areas, supporting community programs.

### **Gilmore Lodge – Fort Erie**

The new 160 bed LTC home is being constructed on the former County Fair Mall property located at 200 Garrison Road, Fort Erie. The home will be replacing the current 80 bed Gilmore Lodge in Fort Erie and 80 bed Upper Canada Lodge in Niagara-on-the-Lake. The building will be three stories with a total gross floor area of 159,000 square feet. The building program will be comprised of five 32 bed resident home areas, clinical and administration offices, support spaces, commercial kitchen and laundry facilities, rehabilitation space, a senior's wellness centre, an EarlyON Child & Family Centre and community service areas, supporting community programs.

### **Site Plan Design**

The site plans for both Linhaven and Gilmore Lodge provide ample parking for staff and visitors, efficient LED lighting and a discrete shipping /receiving area that is considerate of adjacent residential neighbourhoods. Bio-swales (channels designed to concentrate and convey storm water runoff while removing debris and pollution) have been incorporated into the parking lots to assist with storm water management, but also provide for a pleasant and welcoming approach to the buildings. Entrances to the

buildings are designed with accessibility and safety as a top priority. Dropped curbs have been incorporated along the entire frontage of the buildings for safe and unobstructed access from all areas of the parking lot; covered canopies and a radiant snow melting system in the sidewalks provide a sheltered and safe approach to the front entrances.

## **Exterior Spaces**

The Linhaven and Gilmore Lodge designs incorporate outdoor spaces throughout the buildings and sites that will provide residents with a safe environment to enjoy the outdoors. In each home area, residents will have access to an outdoor balcony space centrally located off the dining room. An outdoor rooftop terrace at Linhaven has been incorporated on the second floor of the home that is accessible to all residents and staff and will also serve as the outdoor space for the behavioural support unit. Access to the terrace is conveniently located off the elevator lobby.

Two large secure courtyards service the buildings and will be accessible from several program spaces available to residents and visitors including the celebration room, café, great room, diner, rehabilitation gym and auditorium (Linhaven). The courtyards will be designed to provide a variety of experiences for residents and visitors ranging from quiet meditative spaces to more active and stimulating areas. The courtyards will feature hard flat surfaces in looped configurations allowing residents to easily and safely navigate all areas. Shade structures and seating have been incorporated into the design to provide residents with rest areas and protection from the elements.

## **Next Steps in the Redevelopment Project**

1. Contract documents for Linhaven have been completed and the construction tender was issued on March 30, 2021.
2. The tender award report for Linhaven will be brought to Council, through the Corporate Services Committee, for approval on June 24, 2021.
3. Linhaven construction period – July 2021 to May 2024.
4. Execution of Development Agreement for Gilmore Lodge and revised Development Agreement for Linhaven.
5. Issue Gilmore Lodge Detailed Drawing Submission to the Ministry of LTC for technical review and approval.

6. Complete contract documents for Gilmore Lodge and issue for tender in May 2021.
7. The tender award report for Gilmore will be brought to Council, through the Corporate Services Committee, for approval in July 2021.
8. Gilmore Lodge construction period – August 2021 to November 2023.

### **Alternatives Reviewed**

Not applicable.

### **Relationship to Council Strategic Priorities**

Not applicable

### **Other Pertinent Reports (2018-2020)**

- CWCD 210-2020 Long-Term Care Redevelopment Status Update
- CSD 26-2020 Long-Term Care (LTC) Redevelopment Procurement Process
- COM 32-2019 Long-Term Care Home Redevelopment Project Update: Preliminary Master Plans
- CSD 15-2018 Long-Term Care Home Redevelopment
- CLC 21-2018 Financing Plan for Niagara Region LTCH Redevelopment

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#### **Prepared by:**

Mislav Koren  
Senior Project Manager, Facilities  
Corporate Services

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#### **Recommended by:**

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

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#### **Submitted by:**

Ron Tripp, P. Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Henri Koning, Director, Senior Services and Nicole Wolfe, Director, Construction, Energy & Facilities Management.*

## **Appendices**

Appendix 1          Architectural images of LTC home redevelopment

## Appendix 1 Architectural images of LTC home redevelopment

### Ontario Street Elevation Looking North West:

The five storey Linhaven LTC home will have a prominent street presence along Ontario Street. The exterior façade is comprised of stone, masonry and aluminum composite metal panels providing a durable, low maintenance building envelope. Transparency and natural light is brought into the building through a combination of curtain wall and punched windows.



### Wellness Centre – Adult Day Program Room

An open concept great room that allows for optimal flexibility in room configuration to meet varying program interests of participants. Adjacent small programming space, and a quiet room are tailored to very specific interests and needs of the participant group. Participants will move to the exercise and program kitchen areas for functional programming needs while simultaneously creating the circumstance for movement and mobility which are essential to continued independent living.





## Wellness Centre – Exercise Room

Design elements create a community space that supports regularly scheduled Healthy, Safe, and Strong exercise classes in addition to an informal walking track. IT projection capacity to alternate rooms allows others to benefit from the class. Beyond scheduled classes, the space can be transformed into community meeting space with flexible furnishings and built in TV, audio and IT connectivity.



## Wellness Centre – Program Kitchen/Dining

Primary use is to support Adult Day Program client meal service and food related baking/cooking programs. Integrating the space with the adjacent conference room allows for projection and audio of cooking programs and/or target instructional healthy cooking habits such as heart smart cooking; while refining skills through the teaching kitchen.





### Linhaven – Great Room & Café Seating

Residents, families and visitors will have access to a large multi-use area on the ground floor of the home. The area has been purposely designed to provide a variety of environments, through the use of décor, equipment and furniture, to encourage casual use by both residents and their families as well as to facilitate appropriately scaled programs and events.



## Resident Home Area – Dining Room

The dining rooms are located within the central hub of each resident home area. There are two dining rooms per resident home area, each accommodating 16 residents, and are serviced from a centrally located home kitchen. Incorporating two smaller dining rooms into the design provides residents with a home like setting to experience pleasurable dining. Dining rooms have been designed to facilitate optimal circulation around tables and mobility aids. Beyond their function during meal services, the dining rooms add to the domestic character of the home area and serve as a catalyst for social activities that relate to food and home.



### Resident Home Area – Bedroom Corridor

Resident home area corridors have been designed in an efficient manner thereby minimizing the distance residents need to travel to access amenities within the home area. Handrails on both sides of the corridor hallways provide for safe and secure travel by residents. Outside of each bedroom memory boxes have been incorporated to personalize the space and provide visual cues for residents. Personal protective equipment (PPE) cabinets have been discretely incorporated into the space providing convenient access for staff and optimizing infection control.





## Resident Bedroom

The layout and location of the private and semi-private (basic) resident bedrooms are similar for all resident home areas. The design of the resident bedroom was informed in part by the requirements of the ceiling-mounted lift track system that will be installed in each room. Resident rooms include large operable windows and individual HVAC units for personalized comfort and temperature control. Wood accents on the wardrobe and walls provide for a warm homelike feel. Lighting controls provide for day and nighttime settings, supporting resident wellbeing by minimizing the effect of electric light on the human circadian rhythm.



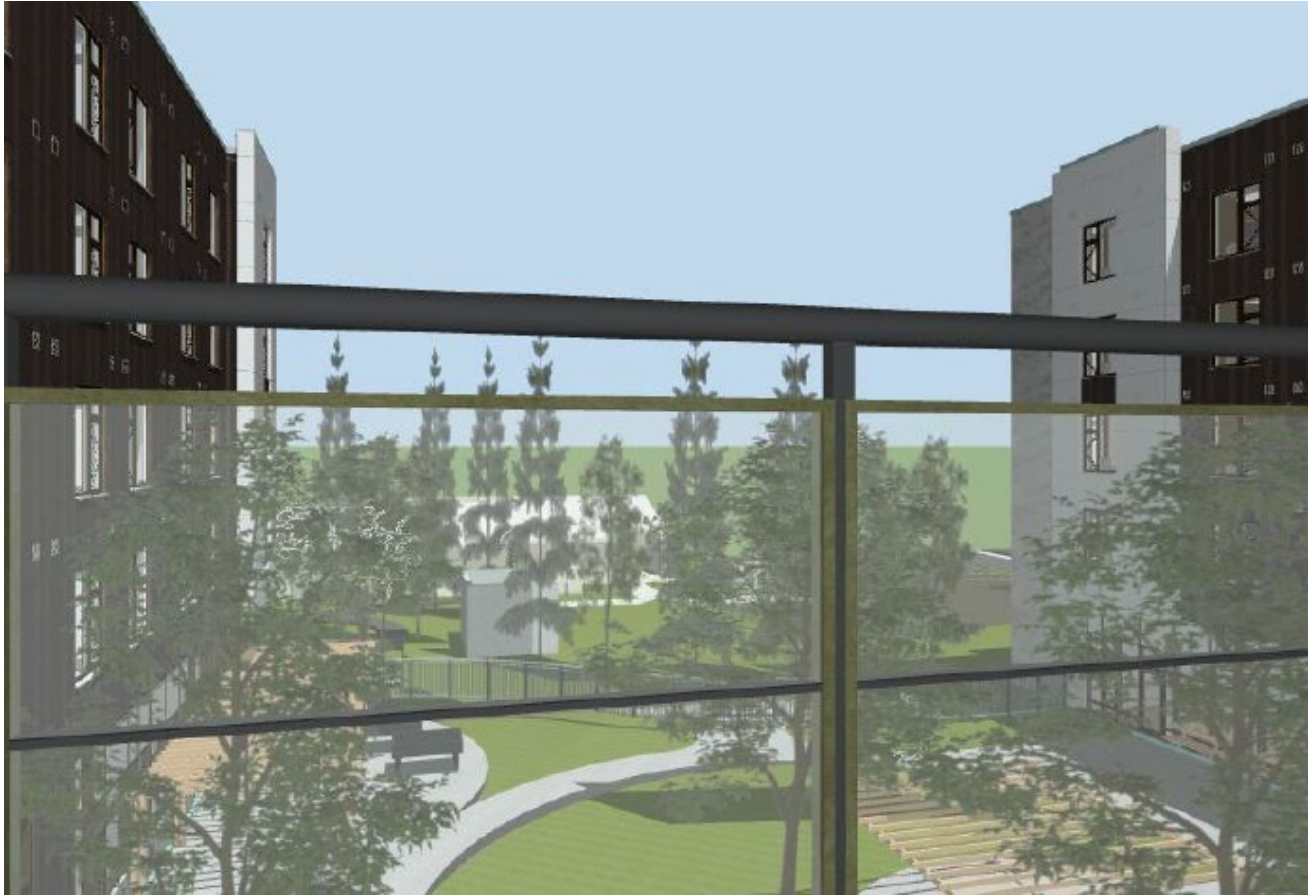
### Semi-Private Resident Washroom

Semi-private washrooms include two vanities and storage cabinets, providing residents with their own space for personal grooming items. Separate vanities also assist with infection control and avoidance of cross contamination.



### View from Resident Home Area Balcony – Looking South

The building design incorporates outdoor spaces throughout the LTC home that will provide residents with a safe environment to enjoy the outdoors. In each home area, residents will have access to an outdoor terrace centrally located off the dining room.





## LTC Exterior Courtyard

The home features two large secure courtyards at ground level which will be accessible from several programming spaces available to residents including the celebration room, café, great room, diner, rehabilitation gym and auditorium. The courtyard will be designed to provide a variety of experiences for residents ranging from quiet meditative spaces to more active and stimulating areas. The courtyard will feature hard flat surfaces in looped configurations allowing residents to easily and safely navigate all areas. Shade structures and seating will be incorporated into the design to provide residents with rest areas and protection from the elements.



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**MEMORANDUM**

**COM-C 17-2021**

**Subject: COVID-19 Response and Business Continuity in Community Services**  
**Date: April 13, 2021**  
**To: Public Health & Social Services Committee**  
**From: Adrienne Jugley, Commissioner, Community Services**

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This memo provides continued updates on the measures Community Services has taken to ensure the ongoing delivery of essential services during the COVID-19 pandemic, and the alternate approaches used to support those most vulnerable in Niagara.

**Seniors Services – Long-Term Care**

**Long-Term Care COVID-19 Outbreak Updates**

At the time of writing this report, there is one active outbreak within a Regionally operated long-term care (LTC) home.

**Woodlands of Sunset**

Public Health declared an outbreak at Woodlands of Sunset on March 26, 2021. The asymptomatic case was identified through the rapid antigen screening testing. The positive result was then confirmed through a follow-up PCR test. It should be noted, as we know that vaccination is not a guarantee of protection, that the positive case was vaccinated and had received both doses of the COVID-19 vaccine. A second, unrelated positive case has also been identified. The second case is an essential caregiver who has not been vaccinated. Residents have been isolated in contact and droplet precautions, as per Public Health direction and all outbreak measures have been implemented in the home.

Since the last report, the following homes have been in declared outbreaks with no transmission of cases within the homes:

- Woodlands of Sunset: March 3 – March 19

- Rapelje Lodge: March 3 – March 14
- Linhaven: February 6 – February 28

### **COVID-19 Vaccine Update**

Seniors Services has completed the initial vaccine campaign for residents, staff and essential caregivers across all eight Regionally operated LTC homes. At this time, the vaccination rates across the homes are as follows:

- Residents: 96%
- Staff: 82%
- Essential caregivers: 75%

Given the high level of vulnerability of residents in LTC homes and that some residents are not eligible to be vaccinated, efforts to encourage staff and essential caregivers to be vaccinated are ongoing.

Public Health and EMS are working in collaboration to develop a sustainable solution to ensure that residents who are being admitted into LTC homes and retirement homes from hospital and the community have a means of being vaccinated. Given the current vaccines available, LTC homes and retirement homes are unable to keep vaccines in-house and manage vaccinations internally. The homes require support with transporting the vaccine and reconstituting the vaccine.

### **Rapid Antigen Testing Update**

Seniors Services has moved to the full introduction of mandatory rapid antigen screening testing across all LTC home sites. Everyone who enters the home is required to complete a rapid antigen screening test up to a maximum of three times weekly. The homes fully operate the antigen screening clinics including administering the tests, processing the tests, communicating results, processing the associated paperwork and meeting ongoing reporting requirements with Public Health, the Ministry of Long-Term Care and the Ministry of Health.

All positive rapid antigen screening results are followed by a PCR test. Anyone who tests positive is required to isolate pending results of the PCR test. To date, the program has been effective in proactively identifying positive COVID-19 cases among asymptomatic staff. The drawback to the program is the significant cost, the impact on staff and essential caregivers subjected to a high frequency of testing, and the

unintended consequence that people may engage in higher risk behaviour if three times weekly testing indicates that they are clear of COVID-19.

### **Personal Support Worker (PSW) Wage Enhancement Update**

The temporary wage enhancement for PSW's has been extended until June 30, 2021. The province has been providing the temporary wage increase since October 1, 2020.

### **Homelessness Services & Community Engagement**

Homelessness Services continues to operate the full emergency shelter system, overflow hotel rooms, the self-isolation facility and an enhanced street outreach service. As of March 24, 2021, 506 individuals have been referred to the isolation facility with testing administered in shelter.

Niagara Region Homelessness Services is grateful for the donation from the Rotary Club of St. Catharines, which provided activity kits for individuals in the self-isolation facility, as well as masks, new shoes, towels, toiletries and clothing.

### **COVID-19 Vaccine Update**

The last report indicated staff and clients across the emergency shelter system would be receiving their first doses of the COVID-19 vaccine. Throughout February and March 2021, emergency shelter staff and medical staff who support emergency shelter clients received their first dose of the COVID-19 vaccine through the Niagara Health clinic.

From March 8 to March 19, five COVID-19 vaccination clinics were set up in various emergency shelter locations across the region. The clinics were done in collaboration with Niagara Region Public Health, Niagara Region Homelessness Services, and Regional Essential Access to Connected Healthcare (REACH) Niagara. Approximately 50 to 60 per cent of Niagara's homelessness population received their first dose of the COVID-19 vaccine. The clinics also provided vaccinations to additional staff who support the homeless serving system. Over 250 clients and staff received their first dose vaccine through these clinics.

During the COVID-19 vaccination clinics, clients who attended were offered coffee, breakfast and various nourishments. Niagara Region Homelessness services received a generous donation from Starbucks to support the provision of food and refreshments to clients at the clinics.

Prior to implementing the vaccination clinics, Homelessness Services collaborated with REACH Niagara, family health teams, and agencies across the homeless serving system, to inform planning for the administration of the COVID-19 vaccination to this high risk population. REACH Niagara and shelter staff provided clients with information regarding the vaccine, and answered any client questions to address vaccine hesitancy as well as encourage vaccine uptake. It is believed that these efforts contributed significantly to the positive uptake of the vaccine on the clinic days.

### **Children's Services**

Licensed child care centres and home child care programs documented more than 10,000 COVID-19 related child absent days in February 2021. This was due to the provincial stay-at-home order and the closure of in-person learning for kindergarten and school-aged children, which continued during the first week of February. This does not include any absent days incurred by children for regular occurrences such as non-COVID-19 illness, injury, absence, etc. Children's Services continues to support licensed child care service providers with COVID-19 related costs through one-time funding supports. Children's Services continues to monitor the child care system and provide support to service providers in their ability to remain open.

### **Social Assistance & Employment Opportunities (Ontario Works)**

Staff from Social Assistance and Employment Opportunities (SAEO), Senior Services and Niagara Regional Housing came together to develop and implement a very successful campaign to help accelerate local vaccination efforts of the older adult community. Together, the team identified hundreds of seniors to contact, designed a process and script for calls, developed a transportation strategy, coordinated bookings with hospital clinic staff, developed a tracking tool and made hundreds of calls to, and bookings for seniors. Staff from the team also attended on site to ensure these seniors were able to access the clinic safely. The team provided the tools and processes developed through this work to the Local Health Integration Network so that their staff could also facilitate calls to their clients.

SAEO and Senior Services staff also collaborated to assist with providing interpretation supports at the vaccination clinic held by Niagara Health for migrant farm workers. Spanish speaking staff were on site at the clinic to provide translation and supports to over 300 migrant workers. Migrant workers live in congregate settings and work in spaces or roles that preclude physical distancing, putting them at a higher risk for infection.

## **Niagara Regional Housing (NRH)**

### **COVID-19 Vaccine Update**

During the week of March 8 to 12, every NRH public housing tenant, housing provider tenant and the majority of applicants on the centralized waiting list over 80 years of age were contacted and assisted with booking vaccines as low-income priority populations. NRH staff, with assistance from Niagara Region Community Services (SAEO and Seniors Community Programs staff) called tenants and tenant/members and registered them online for their first COVID-19 vaccine at the Seymour-Hannah Sportsplex in St. Catharines.

In addition to booking the appointments for the seniors, transportation arrangements were made for those unable to make them for themselves. Seniors Community Programs staff were onsite at the clinic to ensure mobility issues and any other concerns were addressed immediately when seniors reached the site.

NRH will continue to work with partners to assist with the next priority population to receive the vaccine, and has communication materials developed and ready for possible vaccine rollouts.

### **VIP@home Tenant Wellness Program**

The NRH partnership with McMaster University and Niagara College, for the VIP@home Tenant Wellness Program, began in March. The program involves Niagara College Social Worker students contacting tenants of NRH communities to determine their support and service needs, provide them with referrals to programs or services they require, and track their current needs to improve future well-being.

### **Affordable Internet Services**

NRH has begun discussions with local internet provider “*Neighbourhood Connects*” to determine if affordable internet service can be piloted in an NRH community. If successful, this will provide tenants with the opportunity to participate in online programs and supports that have been inaccessible to them at current internet provider rates. In March, NRH was advised that the CyberSeniors program received funding to extend virtual programs to additional NRH communities. With affordable internet and the CyberSeniors’ training, workshops and activities, many new social, mental health and educational opportunities will be made more accessible to community housing tenants.



Respectfully submitted and signed by

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Adrienne Jugley, MSW, RSW, CHE  
Commissioner

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**Subject:** Medical Directors Annual Report 2020 – Long Term Care Homes

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, April 13, 2021

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## **Recommendations**

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

## **Key Facts**

- The purpose of this report is to provide a summary of the 2020 Annual Reports submitted by the Medical Directors of Niagara Region's eight long-term care homes.
- Under the Long-Term Care Homes Act, 2007, each home is required to have a Medical Director, who must be a physician. The Medical Director fulfills a number of functions including liaising with the Director of Resident Care on matters related to medical care in the home, and serving as a member of Medical Advisory Committee. Medical Directors review and provide input into medical and clinical policies based on best practices. They also ensure 24/7 medical coverage for the home and residents and oversee the Attending Physicians in their home.
- The pandemic has had a significant impact on long-term care homes and the considerations and recommendations from the Medical Directors arise from the unique circumstances COVID-19 presented.

## **Financial Considerations**

As per the Long-Term Care Homes Act and the Ministry of Long-Term Care (MLTC) Level-of-Care Per Diem funding policy, Medical Directors are issued a payment through the Nursing and Personal Care envelope.

## **Analysis**

Annually, the Medical Directors (MD) of each home complete a review of the prior year's data and provide insight into the trends and changes they observe in their respective home.

## **The Significant Impact of COVID-19 on Residents in Long-Term Care Homes**

COVID-19 has had a significant impact on residents of long-term care homes. Most residents are frail seniors with multiple underlying health conditions and as such they are particularly vulnerable to this virus. Adding to their challenges, very few residents in long-term care homes can tolerate wearing a mask. A large proportion of residents have a diagnosis of dementia and are unable to follow physical distancing guidelines. It is also very difficult to ensure continued isolation among this population when they are restricted to their room due to contact and droplet precautions.

*Implications:* Staff in full personal protective equipment are providing care for residents who are not wearing any personal protective equipment. Care requires close, sustained contact within resident's bedrooms, increasing the risk of exposure for both the resident and front-line staff. Staff are required to fully don and doff their personal protective equipment as they move from room to room. Additional staffing is required to afford the extra time required for frequent, and safe donning and doffing, the enhanced work to support physical distancing of residents, and ongoing efforts to encourage residents in isolation to remain in their rooms.

## **COVID-19 Treatment Options**

The Medical Directors report that although there are care pathways to treat symptoms, there has not been an acceptable treatment for patients once exposed or infected with COVID-19.

*Implications:* Managing resident safety throughout the pandemic focuses on mitigating the risk of transmission. Enhanced disinfecting of high touch surfaces, ongoing staff training, diligent active screening of anyone entering the home, and ongoing surveillance of residents through twice daily active screening help to support early detection and prompt isolation of potential COVID-19 cases. A significant contributing complication to effective early detection of COVID-19 is asymptomatic virus transmission.

## **Staffing Levels**

The pandemic has again highlighted the previously identified need for increased staffing. Niagara Region long-term care homes that had COVID-19 outbreaks brought in additional Nurse Practitioner resources to ensure enhanced resident assessment and care planning support. Personal Support Worker (PSW), Registered Nurse (RN),

Registered Practical Nurse (RPN) and housekeeping staffing were also increased to support the significantly increased workload of providing care and services in an outbreak. Future increases in staffing will be instrumental in ensuring that staff are equipped to address increases in resident acuity. The homes will require the ability to increase full-time positions to ensure sustained staff cohorting practices.

*Implications:* In response to staffing concerns highlighted by the pandemic, the province has committed to increasing front-line PSW, RPN and RN staffing to four hours of care per resident per day. Staffing will increase, in line with funding increases, over the next four years. The Medical Directors encourage expediting this increase in staffing if possible.

### **Medical Care and Virtual Resources**

Medical Directors have access to a number of virtual resources to support the ability to provide care remotely. Remote access to the residents' electronic medical record is available through Point Click Care, and Zoom for Health Care Providers supports secure communication. Medical Directors and Attending Physicians also have access to further virtual tools including the Ontario Telemedicine Network (OTN) and Clinical Connect tools that afford remote access to acute care records. Seniors Services continues to pursue further virtual tools and are currently trialing an e-consult program at one site, prior to rolling it out across all eight homes.

*Implications:* Throughout 2020 Medical Directors and Attending Physicians have increased their use of virtual resources to support medical care. The medical team will build on this learning to leverage virtual tools that contribute to better and more timely resident care and support.

The impact of COVID-19 on long-term care homes will be the subject of studies for years to come. Lessons learned from this analysis will help to support enhanced infection prevention and control measures in future.

The Medical Directors commented that the past year has been an unprecedented one and will hopefully not recur in the near future. Long-term care homes were significantly challenged by the demands of care at the onset of the pandemic. The administration and front-line staff should be commended for their dedication and continuous efforts in providing the best care for the residents and their families during a difficult and demanding year.

## **Alternatives Reviewed**

Not Applicable.

## **Relationship to Council Strategic Priorities**

Healthy and Vibrant Community

## **Other Pertinent Reports**

- COM 10-2020 Medical Directors Annual Report 2019 – Long-Term Care Homes

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### **Prepared by:**

Kim Eros  
Associate Director Clinical & Support  
Services  
Community Services

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### **Recommended by:**

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

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### **Submitted by:**

Ron Tripp, P. Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Dr. D. Al-baldawi, Dr. M. Ali, Dr. T. Bastedo, Dr. A. Daniel, Dr. D. Henry, Dr. C. Hu, Dr. S. Khandelwal and Henri Koning, Director, Seniors Services.*

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**Subject:** Managing the Licensed Child Care System During the COVID-19 Pandemic

**Report to:** Public Health and Social Service Committee

**Report date:** Tuesday, April 13, 2021

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## **Recommendations**

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

## **Key Facts**

- On March 17, 2020 the provincial government declared a state of emergency due to the COVID-19 pandemic, and all licensed child care centres were, at that time, ordered to cease operations, and remained closed until June 12, 2020.
- Further to changing provincial direction, licensed child care centres have been operating since June 2020, however service providers are facing fiscal challenges, due to increased costs associated with enhanced COVID related operating requirements, and reduced revenues with parents not working or opting not to access care.
- The province wide shortage of qualified Registered Early Childhood Educators (RECE) has been exacerbated by COVID-19, with some staff electing not to return to work in a licensed child care centre; some seeking higher paying employment, while others are on infectious disease leave further to risks associated with the virus.
- Because of legislated staffing ratios, a reduction of qualified staff means a reduction in the operating capacity of licensed child care centres, and fewer licensed child care spaces accessible to families. Currently, the Niagara licensed child care system is operating at approximately 42 percent of the pre-COVID system operating capacity.
- Niagara Region Children's Services used core provincial funding, federal Safe Restart funding (SRF), and reallocated funds to offset pressures and stabilize licensed child care service providers throughout the challenging and rapidly evolving COVID-19 pandemic in 2020.
- Niagara Region Children's Services is closely monitoring the licensed child care system and continues to use core funding to stabilize service delivery as much as possible, to ensure access to reliable care for parents currently utilizing child care, and in the future when more parents can return to the workplace.



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## Financial Considerations

In accordance with its role as a provincially designated municipal service manager, Niagara Region Children's Services receives a child care allocation from the provincial government, which includes funding that supports the operation and expansion of licensed child care and early years services across Niagara.

The Ministry of Education (MEDU) has consistently supported Children's Services' approach to be flexible with the child care allocation, as well as federal Safe Restart funding throughout 2020, to direct funds to stabilize licensed child care service providers throughout the challenging and rapidly evolving COVID-19 pandemic.

In addition, Children's Services has regularly provided information regarding federal programs, available through the Canada Economic Response Plan, which licensed child care service providers should continue to maximize in 2021.

## Analysis

Children's Services is responsible for planning and management of the local licensed child care system, operating under guidelines established by the Ministry of Education, and the legislative requirements of the *Child Care and Early Years Act, 2014*.

On March 16, 2020, the licensed child care system across Niagara had the following capacity:

Total number of licensed child care service providers contracted with Niagara Region	61
Total number of licensed child care centres (Note: many providers have more than one centre)	175
Total number of licensed child care spaces (infants, toddlers, preschoolers, and school age children)	11,595
Number of children in receipt of financial assistance for child care fees for the month of March 2020 (Note: the monthly average is approximately 2,500 children)	2,620

On March 17, 2020, the provincial government declared a state of emergency due to the COVID-19 global pandemic. As such, all licensed child care centres were ordered to

cease operations, and remain closed until further notice. While not mandated by the provincial government, out of an abundance of caution, the Niagara Region Home Child Care Program was also temporarily closed.

On March 22, 2020, the provincial government announced that it would exempt certain licensed child care centres from the closure order to provide emergency child care, free of charge, to provincially identified health care and essential services workers.

Niagara Region Children's Services submitted a local emergency child care plan, approved by the Ministry of Education, to reopen four Niagara Region directly operated licensed child care centres, as needed, based on demand. Because Niagara Region provides essential services, and directly operates licensed child care centres, this allowed Children's Services to quickly pivot and reopen centres to provide emergency child care. Over the course of 12 weeks, from April 1<sup>st</sup>, until June 26, 2020, 186 children from 127 families received emergency child care at one of these four directly operated centres. As well, the licensed Home Child Care Program operated by Niagara Region, and a third party home child care agency, provided emergency child care to 66 children from 43 families during this time.

Only one other licensed child care service provider was able to reopen beginning in May 2020. Other service providers were unable to reopen because of their location in schools (unable to access the centre due to school closures), and/or an insufficient number of qualified staff willing to return to provide emergency child care in order to meet legislated staffing ratios.

For the duration of the closure period, the provincial government prohibited licensed child care service providers from charging child care fees to parents, and mandated that parents could not lose their child care spaces or be otherwise penalized as a result of fees not being paid during the closure period.

On June 9, 2020, the provincial government announced that the licensed child care system may begin to reopen commencing June 12, 2020 and emergency child care would end on June 26, 2020. As part of the reopening of licensed child care, the Ministry of Education announced regulatory changes to the *Child Care and Early Years Act*, to be in alignment with the "Operational Guidance During COVID-19 Outbreak" document.

The regulatory changes and the operational guidance document outline health and safety requirements necessary in order to operate a licensed child care centre during

the pandemic. More specifically, it details enhanced cleaning and disinfecting protocols, use of masks and other personal protective equipment, daily screening of children and staff, and protocols when a staff or child present with symptoms. While critical to the safe operation of a licensed child care centre during the pandemic, the added health and safety requirements has meant additional costs to service providers.

To ensure licensed child care service providers remain viable, Children's Services has used the flexibility in Niagara's child care allocation, in addition to the federal Safe Restart Fund, to financially stabilize service providers throughout the challenging and rapidly evolving COVID-19 pandemic.

In December 2020, the licensed child care system across Niagara had the following capacity:

Total number of licensed child care service providers contracted with Niagara Region	60
Total number of licensed child care centres	172
Total number of licensed child care spaces (infants, toddlers, preschoolers, and school age children)	11,787
Total number of licensed child care spaces in operation (based on qualified staffing ratios)	4,910
Number of children in receipt of financial assistance for child care fees for the month of December 2020 (Note: the pre-pandemic monthly average was approximately 2,500 children)	1,553

As the licensed child care system continues to operate during the global pandemic, and because of the importance licensed child care will play in the economic recovery as parents return to work, Children's Services is closely monitoring the system, due of the following factors:

### **Reduced revenues**

A factor affecting operations of licensed child care centres is the reduced parent fee revenue due to parents opting not to access child care at this time, or parents currently not working during the pandemic. With the increased costs to operate during the pandemic and reduced revenue, some licensed child care centres may have to increase parent fees in the future or risk permanent closure.

### **Shortage of qualified staff**

Prior to the COVID-19 global pandemic, the province faced a critical shortage of qualified Registered Early Childhood Educators (RECE) to care for children attending a licensed child care centre. This staffing crisis has been exacerbated by COVID-19, as some staff have elected not to return to work in a licensed child care centre, but rather are seeking higher paying employment, while others are on infectious disease leave further to risks associated with the virus. It should be noted, prior to the pandemic many RECEs were earning less than a living wage, and had no benefits, further contributing to recruitment and retention challenges.

Because of legislated staffing ratios, a reduction of qualified staff means a reduction in the operating capacity of licensed child care centres, and fewer licensed child care spaces accessible to families when they can return to the workplace. Currently, the Niagara licensed child care system is operating at approximately 42 percent of the pre-pandemic system operating capacity.

In order to support recruitment and retention of qualified staff for local licensed child care centres, Children's Services is in discussion with the Ministry of Labour, Training and Skills Development and Niagara College to create a long-term path to support individuals interested in pursuing a career as a RECE.

Niagara Region Children's Services is closely monitoring the licensed child care system and using core funding to stabilize service delivery, to ensure access to reliable care for parents currently utilizing child care, and in the future, when more parents can return to the workplace.

It should be noted that provincial funding that supports affordability in the licensed child care system is now, and will be in the future, critical to the ability of a community to support access to care. As the provincial government moves to redirect its funding to a CARE Credit approach, and potentially reducing municipal funding, system access and affordability will need to be monitored carefully.

### **Alternatives Reviewed**

Not applicable.

## **Relationship to Council Strategic Priorities**

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

## **Other Pertinent Reports**

- CWCD 219-2020 New Child Care EarlyON Provincial Announcement

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### **Prepared by:**

Sandra Noël  
Manager  
Community Services

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### **Recommended by:**

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

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### **Submitted by:**

Ron Tripp, P. Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Lori Bell, Manager, and John Pickles, Program Financial Specialist, and reviewed by Darlene Edgar, Director.*

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**Subject:** New Provincial-Municipal Vision for Social Assistance

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, April 13, 2021

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## **Recommendations**

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

## **Key Facts**

- The purpose of this report to provide an overview of the province's New Provincial-Municipal Vision for Social Assistance.
- The new vision aims to create an efficient, effective and streamlined social services system that focuses on people by connecting them with a range of local services that respond to their unique needs, address barriers and support movement to employment.
- The province intends to work collaboratively with municipalities to co-design the transformation, with a focus on developing a new operating model for social assistance, including updated roles and responsibilities, the revised human services approach as well as a new funding, performance and accountability framework.
- Broad engagement, testing and prototyping will occur in 2021-2022 in anticipation of a provincial roll out of a new human services model in 2024.
- Ontario is facing economic challenges brought on by COVID-19 and Ontario's social assistance system must be ready to support increased numbers of people in returning to employment, independence and stability.

## **Financial Considerations**

There are no financial implications associated with this report. SAEO has an approved 2021-operating budget of \$133.3M (\$11.9M net tax levy). This operating budget is inclusive of program operating costs and income benefits paid to recipients.

## **Analysis**

This is the first of two reports and the purpose of this report is to provide an overview of the province's new vision for social assistance. Details outlining system changes



underway in Niagara, early learnings, achievements and challenges that align with the new vision will be presented at the May 2021 PHSSC meeting.

### **Need for Change**

The COVID-19 pandemic has shown that a new approach is needed as more Ontarians are looking for help with basic needs, stabilizing their family's lives, and returning to work and financial security. Ontario's social assistance system must be poised to focus on supporting people back into employment, independence and stability. There is an opportunity to build on the learnings from COVID-19 and fundamentally change how social assistance is delivered.

### **System Changes**

The vision is for the province to automate, streamline and realign functions that are largely administrative, making it easier for people to access the system while maintaining program integrity. It is expected that municipal partners will use their expertise in delivering person-centred case management and leveraging knowledge of local community resources to support people on a pathway to greater independence and employment.

The Ministry of Children, Community and Social Services (MCCSS) has started the work of transformation by realigning the roles and responsibilities in the areas of income support and employment services/programs to allow staff to focus on case management.

### **Income Support**

Eligibility for social assistance will no longer be determined at the local level. Individuals in need of assistance now apply through a provincial digital application or by contacting a provincial Centralized Intake Unit. MCCSS will assess and grant the majority of cases through a mix of automation and manual granting and will provide phone support for clients who need assistance with the technology or who need to apply over the phone. In Niagara, the centralized application process launched in February 2021.

### **Employment Services Transformation**

The vision of employment services transformation is to build a locally responsive employment services system that more effectively meets the needs of a range of job

seekers and employers in Ontario. The transformation will integrate employment programs for Ontario Works and the Ontario Disability Support Program into a transformed Employment Ontario service to create one system. The new employment services model launched in January 2021 beginning in three prototype catchment areas: Region of Peel, Hamilton-Niagara Peninsula and Muskoka-Kawartha.

### **Human Services Integration**

In the current state, income-tested and publicly funded programs are often seen as difficult to navigate and many clients are unable to access the broader system of supports they need. Human Services Integration focuses on the alignment and integration of children's services, housing, homelessness services and income support programs where possible. By working to build better connections between programs, it is hoped that people will be able to access support outside of their eligibility period for social assistance.

### **Co-Designing the Social Assistance System**

The province will be seeking input from municipal and sector partners to design and prototype elements of the new system. The province is taking an integrative approach to municipally delivered programs as well as building better connections between programs in the community. The provincial vision for social assistance transformation is a starting point for a phased approach to system change and integration. Phases will begin at different times in different regions between now and 2024 with the following timeline:

- Phase 1: 2021-2022. Learning, testing, prototyping the new model and engagement with municipal partners
- Phase 2: 2022-2024. Realign service delivery with human services model ready by the end of 2024

In the spring of 2021, the province will release the road map to a co-designed social assistance system. Stakeholder engagement is expected to occur within the community once the province releases more details regarding the plan.

### **New Funding Model, Performance Measures and Accountability Framework**

The province currently shares the cost of Ontario Works delivery with municipalities. At this time, it is not known how the Ontario Works operational budget that is 100%

provincially funded or the cost of the administration budget that is shared 50/50 will be affected. However, the vision paper does note that there will be no additional costs to municipalities. As transformation continues for employment services and social assistance, the funding model will evolve alongside the system changes. The transformed system will include a new approach to funding and a new performance and accountability framework co-designed between the province and municipalities.

### **Next Steps**

Based on many process improvements already implemented and continuous efforts to align services with emerging provincial policy, SAEO is well positioned to move forward with the first phase of transformation. Details outlining system changes underway in Niagara, early learnings, achievements and challenges that align with the new vision will be presented at the May 11, 2021 PHSSC meeting.

### **Alternatives Reviewed**

Not applicable

### **Relationship to Council Strategic Priorities**

The province's New Provincial-Municipal Vision for Social Assistance aligns to Council's strategic priority of ensuring a "Healthy and Vibrant Community" by creating an efficient, effective and streamlined social services system.

### **Other Pertinent Reports**

COM 36 – 2019	Confidential Report- A Matter respecting A Position, Plan, Procedure, Criteria or Instruction to be Applied to Any Negotiations Carried on by or on Behalf of the Municipality under s.239(2) of the <i>Municipal Act, 2001</i> - Niagara Region Application for Service System Manager Employment Services Transformation
CWCD 66 – 2019	Ministry of Training, Colleges and Universities Announcement Plan to Transform Employment Services
CONF – C 1-2020	Ministry of Labour, Training and Skills Development Plan to Transform Employment Services
COM-C 4 – 2020	Provincial Employment Transformation

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**Prepared by:**

Lori Watson  
Director  
Community Services

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**Recommended by:**

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

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**Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

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**MEMORANDUM****COM-C 15-2021**

**Subject: Seniors Services LTC Homes Volunteer Update**  
**Date: April 13, 2021**  
**To: Public Health and Social Services Committee**  
**From: Henri Koning, Director, and Heather Wilde, Volunteer Coordinator, Seniors Services**

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Each year Seniors Services provides a Volunteer Report that outlines the level of contribution provided by volunteers in the previous year. Unfortunately, in 2020 on-site volunteer services were suspended as part of the COVID-19 risk mitigation measures. Many of the volunteers who support Seniors Services are seniors themselves and in a high risk category for COVID-19. In 2021 Seniors Services will be reviewing the opportunity to safely re-introduce volunteers back into the homes. In lieu of the Volunteer Report, Heather Wilde, Volunteer Coordinator has provided an update to offer Committee with an overview of the role and experience of volunteers in 2020.

**2020 Seniors Services Volunteer Update**

2020 began as any other year, with opportunity and possibilities aplenty. Volunteer presence in Regional homes was bountiful, providing emotional, social, and physical support to residents. The first quarter of 2020 saw 9,439 hours of volunteer time invested into Niagara Region's long-term care homes by 500 dedicated volunteers.

March 2020 came in like a lion and dramatically altered the daily functions of long-term care. The onset of COVID-19 and the restrictions that came with it ended all volunteer programming in the blink of an eye. Given the average age of the Region's volunteer group, it was also evident that COVID-19 could have a negative impact on our volunteers' social, physical and mental health. Our dedicated volunteers continued to keep the residents and their health in mind, and accepted the pause in volunteering with hopes of returning in a few short weeks.

**Staying Connected**

As the days and weeks continued to fly by and the restrictions mounted, becoming creative in how volunteering could look in the homes became a new priority. Open

communication via phone and email was the first step taken to ensure volunteers remained an active part of each home. Keeping the residents informed of the day-to-day events in the homes through communication and newsletters brought continued dedication from the volunteers. It was clear that residents remained present in the minds and hearts of volunteers.



### **Volunteer & Staff Appreciation**

Each year, April brings the volunteer appreciation event, typically held at The Americana Resort, where volunteers from all eight homes come together to celebrate their many years of service. Not wanting to miss the opportunity to thank them for their hard work and dedication, a letter of recognition was delivered to each volunteer. The volunteers were appreciative that at the beginning of a global pandemic, the homes took the time to recognize and appreciate their contributions, no matter how small in comparison to previous years.

Residents were not the only ones who felt the loss of volunteer presence in the homes. Staff, too, were missing the daily interactions with the volunteers who are an integral part of each home. Volunteers were quick to recognize that every day Niagara Region's front line staff put themselves at risk to provide the best resident care possible. Pairing up with various local family owned restaurants, our generous volunteers ensured that staff were also recognized for their hard work and dedication during these difficult times by providing funding for staff appreciation events.



Outside of COVID-19, many volunteer hours are spent running tuck shops and cafes. Volunteers saw a great opportunity to ensure residents were still able to access treats through travelling tuck shop carts in collaboration with recreation and redeployed staff. Volunteer funds were used to ensure residents had regular access to extra treats and supplies not typically available to them.



## Technology

Throughout the pandemic, we recognized the opportunities that technology can provide. Using technology, volunteers were able to have meaningful virtual connections with residents via FaceTime, Zoom and Skype. Building upon this “new to volunteers” technology, several tech-savvy volunteers brought forward ideas on how to creatively engage residents in small group activities within the home. Volunteers provided pre-recorded videos where they were able to share things such as; current events, local news, inspirational stories, craft programs, as well as denominational and non-denominational spiritual content. These videos were uploaded to a secure link allowing recreation teams to stream the programs on in-home smart TVs. This gave volunteers, from the comfort and safety of their homes, the ability to provide meaningful social interaction to the residents. Volunteers continue to provide new and innovative virtual ideas to Program Managers and Volunteer Coordinators as the pandemic continues.

## **Community Support**

Not only have the volunteers continued to support the homes during these times of uncertainty, it has been heartwarming to see the outpouring of community support from local restaurants and businesses to residents and front line workers.

Over the year, local businesses have donated meals, coffee, tea, treats, masks, ear savers and shields. Resident family members have provided Christmas gifts, gift cards and cash donations to be used toward resident and staff appreciations. The support from the volunteers and community, have helped boost resident and staff morale, and reminded the homes of the kindness and compassion that exist within our communities.

## **Holiday Season**

The holiday season is a time that reminds us of those who are most important to us, and a time where we reflect upon the past year. Although 2020 has been difficult, it has brought to light the dedication, resilience, and compassion that our volunteers truly have for the residents and the homes, and the vibrant community support within the Niagara region. Volunteers ensured their presence was felt throughout the holiday season by financially funding treats, staff and resident appreciation gifts, ensuring the homes were decorated with poinsettia plants, and providing hand written Christmas notes and cards.

To end the year, with our volunteers still physically out of the homes, each home sent personalized holiday cheer cards or letters to every volunteer.

Although we remain in the midst of difficult times, and under normal circumstances our volunteers would be by our sides with a joke or a coffee to brighten our spirits, the support from the volunteers and community that Senior Services has received throughout 2020 remind us that we truly are in this together, but from a social distance.

Respectfully submitted and signed by

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Heather Wilde, Volunteer Coordinator



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

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

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

Main Fax: 905-687-4844  
Fax – Applications: 905-935-0476  
Fax – Contractors: 905-682-8301  
Web site: [www.nrh.ca](http://www.nrh.ca)

March 19, 2021

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

Dear Ms. Norio,

At their March 19, 2021 meeting, the Niagara Regional Housing Board of Directors passed the following motion as recommended in attached report NRH 6-2021:

1. That the Niagara Regional Housing Board of Directors **RECEIVES** this report for information regarding the end of provincial funding for the Strong Communities Rent Supplement program.
2. That the Niagara Regional Housing Chief Executive Officer **BE DIRECTED** to send a letter on behalf of the Niagara Regional Housing Board of Directors to the Minister of Municipal Affairs and Housing (MMAH) advocating for a continuation of the Strong Communities Rent Supplement Program or replacement program funding.
3. That the Niagara Regional Housing Board of Directors **FORWARD** this report to the Public Health and Social Services Committee (PHSSC).

Your assistance is requested in moving report NRH 6-2021 through proper channels to Regional Council.

Sincerely,

Councillor Walter Sendzik  
Chair



**REPORT TO:** Board of Directors of Niagara Regional Housing

**SUBJECT:** Strong Communities Rent Supplement Program Funding

## RECOMMENDATION

1. That the Niagara Regional Housing Board of Directors **RECEIVES** this report for information regarding the end of provincial funding for the Strong Communities Rent Supplement program.
2. That the Niagara Regional Housing Chief Executive Officer **BE DIRECTED** to send a letter on behalf of the Niagara Regional Housing Board of Directors to the Minister of Municipal Affairs and Housing (MMAH) advocating for a continuation of the Strong Communities Rent Supplement Program or replacement program funding.
3. That the Niagara Regional Housing Board of Directors **FORWARD** this report to the Public Health and Social Services Committee (PHSSC).

## PURPOSE

To provide the Niagara Regional Housing Board with information regarding the approaching end of Strong Communities Rent Supplement funding.

## KEY FACTS

- Strong communities currently funds 250 Units across Niagara Region;
- Some of the strong community units are funded through agency agreements that support highly vulnerable tenants (Positive Living, CMHA);
- There is currently no plan to replace this funding and if the Province doesn't fund, NRH will have to cancel 200+ agreements or seek levy for 1.7M. NRH is still committed to funding these units beyond March 31, 2023;
- Current funding is set to expire March 21, 2023 (Annual funding allocation \$1,758,387);
- Under the Strong Communities Rent Supplement agreements, all 250 units that are currently in receipt of Rent Geared to Income will continue to receive Rent Supplement for as long as the tenant remains in their unit and maintains eligibility per the agreements;
- Donna Woiceshyn, CEO, NRH has been selected as Service Manager Representative on a committee with other service managers, OMSSA, AMO and the Province, for the Strong Community Rent Supplement Program technical table.

## Summary

Niagara Regional Housing (NRH) administers various rent supplement programs, including Strong Communities Rent Supplement Program (SCRS), funded 100% by the Provincial Government. This 20-year program is set to expire on March 31, 2023. The expiration of this program will effectively leave 250 units unfunded.

SCRS funding is divided into three streams, each of which are required to meet set targets annually. The three program streams are: Regular; Ministry of Health/Long Term Care supportive (MOHLTC); and Ministry of Community/Social Services supportive (MCSS).

- As of April 2021 250 units are supported by Strong Communities Funding:
  - Regular Stream 200 Units
  - MOHLTC Stream 33 Units (Target groups supported include: Psychiatrically disabled, Frail elderly, Adults with brain injuries, Physically disabled, Adults with HIV or AIDS. Individuals recovering from substance abuse)
  - MCSS Stream 17 units (Target groups supported include: Adults with developmental disabilities, Youth under 18, Abused women and their Children, Chronically Homeless)

These funded units are supporting highly vulnerable tenants who will be at risk of homelessness, hospitalization and/or other crisis with a loss of funding. With 250 units being supported by Strong Communities the ongoing well-being of these tenants will require a replacement of funding, a continuation of funding in its current form, or a commitment from Regional levy to keep the program whole.

An important factor in this funding is that Niagara Regional Housing administers it in partnership with agencies supporting people living with physical and mental capacity issues. The method of administration is a safety net for many tenants and allows individuals to remain living as independently as possible.

- Strong Communities Rent Supplement was delivered in partnership with several community agencies who were able to support their clients in maintaining housing through memorandum of agreements to the rent supplement agreements. Community partners who were able to support their clients include:
  - Canadian Mental Health Association
  - Brain Injury Community Re-entry
  - Positive Living Niagara (formerly AIDS Niagara Supportive Housing)
  - Gateway Residential & Community Support Services
  - Grimsby/Lincoln and District Association for Community Living
  - Community Living Fort Erie
  - Oak Centre (Welland)
  - St Catharines Community Living
  - Mainstream Vocational & Residential Services

The combination of the financial and human impact of this funding stream being ended is significant and it is with this in mind that we ask for support in our advocacy to keep this funding intact.

## **CONSIDERATIONS**

### **Financial**

The projected annual expenditure for 2021 is estimated at \$1,864,140 (based on April 2021 \$154,345). Spending in excess of annual allocation is due to an approved prior year carryover of funds.

The program currently has an annual allocation of \$1,758,387.00. This figure is the minimum amount to maintain current housing with no new growth. Attrition will happen naturally and therefore there will be movement of tenants but no new net units. Without provincial funding this amount will be required from Regional levy.

### **Governmental Partners**

Current funding is provided exclusively by the Province and should this cease, the funding will be required to come from the Niagara Region tax levy.


### **Public and or Service Users**

Ensuring that existing Social Housing Stock in Niagara remains a safe and affordable place for those who need it across Niagara is a priority. If the Province fails to continue or replace this funding, there is a significant risk that many of our tenants will become homeless or cause undue pressure in the healthcare and homelessness sector.

## **ANALYSIS**

It is essential that our position is shared with the Provincial government as well as OMSSA in an effort to play a role in advocacy and preservation of these units.

**Submitted by:**

  
Donna Woiceshyn  
Chief Executive Officer

**Approved by:**

  
Walter Sendzik  
Chair

*This report was prepared by Jenny Shickluna, Manager Housing Programs with Andrew Hope, Rent Supplement Supervisor.*

Appendix 1: Positive Living Niagara

Appendix 2: Client Testimony



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120 Queenston St ♦ St. Catharines, ON ♦ L 2R 2Z3 ♦ Phone (905)984-8684 ♦ Fax (905) 988-1921

March 15, 2021

To Whom It May Concern,

Positive Living Niagara has been a participant in the Strong Communities Rent Supplement Program since its inception. This program has been crucial in the support of HIV positive individuals in the Niagara Region. As the HIV/AIDS epidemic enters its 40<sup>th</sup> year, this chronic medical condition continues to have profound impacts on physical and mental health, as well as economic well being. For people living with HIV — the majority of whom are men who have sex with men, and Black, Indigenous and people of colour on minimal or fixed income, housing support is foundational to having access to food and life-saving HIV medications. The end of this program in 2023, which has provided housing support for people living with HIV, would significantly threaten individual and population health, particularly for Black, Indigenous and racialized people who are disproportionately impacted by HIV and poverty, many of whom experience stigma and discrimination based on their HIV-positive status as well as Indigeneity, race, gender, gender identity and sexual orientation. Providing access to subsidized rent, enables people living with HIV to have shelter security and focus on medication and treatment adherence.

Below is a small sampling of the benefits of the Strong Communities program that we have had on our clients living with HIV:

- A 65-year-old senior on OAS, with several co-morbidities associated with HIV and who suffers from the after-effects of a stroke, is able to live independently with the assistance of our in-home support program. Without the rent subsidy, he would be relegated to a long-term care home at considerably more cost.
- A 54-year-old immigrant from Africa, suffering with PTSD as a result of persecution based on sexuality in his home country, is able to focus on his mental health recovery and maintain his connection to HIV treatment, because of the Strong Communities Program.
- A 43-year-old gay man, previously not on any treatment for HIV and living precariously and in poor health as a result has, since benefiting from the Strong Communities program, connected to HIV treatment, is regaining his health and has been able to start part-time employment. The impact on his mental and physical health is the direct result of having stable, secure housing.

As previously stated, those living with HIV are often from racialized and/or marginalized communities who are disproportionately impacted by HIV and poverty. Many of our clients are dealing with homelessness and when access to affordable housing is unavailable, these clients, out of necessity, must focus on finding shelter, rather than managing their HIV health. Others are racialized individuals working minimum wage jobs, who are forced to spend the majority of their income on unsustainable housing costs, which impacts their ability to stay in care and achieve viral suppression. When coupled with case management and in-home care, access to affordable housing directly impacts the lives of those living with HIV, enabling them to focus on treatment and viral suppression, rather than the basic human need of shelter. Not only does viral

suppression lead to healthier individual lives, but people living with HIV who have a suppressed viral load can no longer pass the virus to others.

The Strong Communities Rent Supplement Program has been invaluable in helping those living with HIV maintain their health and become active members of the larger community.

Sincerely,

A handwritten signature in black ink, appearing to read "Glen Walker", with a long horizontal flourish extending to the right.

Glen Walker  
Executive Director

NRH 6-2021  
21-197-3.4. App. 2  
March 19, 2021  
Page 1 of 1

Having subsidized rent has enabled me to focus on my health and ability to maintain my HIV treatment and health, but alleviating the great financial burden (and stress), of rent. With limited ODSP funds, rent is extremely difficult to balance, with hydro, proper nutrition, telephone (for both job hunting and doctor appointments), as well as transportation, laundry, insurance, and miscellaneous bank fees etc. The financial burden is extremely difficult at this time due to the COVID-19 not only severely limited my job hunting options and prospects, but has also brought upon extra costs, such as hand sanitizers, and mask replacements. ODSP has not provided me with any type of financial assistance during this time, that is available to everyone else via CERB, so the need to stretch my money forces me to choose between my own personal health and wellbeing (very important to be hireable), or simply fulfilling financial obligations, which will lead to not being about to maintain my health via proper foods, vitamin supplements etc.

Without the subsided rent my costs would at this time, be unsustainable.

-45 year old male client

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## MEMORANDUM

**PHD-C 5-2021**

**Subject:** Update Regarding Class Action Lawsuit Against Opioid Manufacturers and Distributors On Behalf of Canadian Municipalities

**Date:** April 13, 2021

**To:** Public Health & Social Services Committee

**From:** Scott Crocco, Legal Counsel

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The purpose of this Memorandum is to provide Regional Council with an update further to the resolution of PHSSC, approved September 19, 2019, directing staff *“to provide a legal opinion on the feasibility of Niagara Region joining the Ontario and British Columbia (and any other) provincial governments in their proposed class action lawsuit from August 2018 against pharmaceutical companies with respect to the opioid crisis”*.

Given the significance of this issue for many municipalities, Staff’s investigations have focussed on engagement and collaboration with various other municipal legal departments, including Peel Region, Brampton, Mississauga, St. Catharines, Brantford and Toronto, some of which had received a similar direction from their respective Councils.

In March 2020, Guardian Law Group LLP (**“Guardian Law”**), a Calgary-based class action law firm, approached municipal legal departments across Canada seeking municipalities willing to participate as “representative plaintiffs” in a proposed class action lawsuit against opioid pharmaceutical manufacturers and distributors to be commenced on behalf of all Canadian municipalities.

Guardian Law is working with Napoli Shkolnik PLLC (**“Napoli Law”**), a New York City based law firm who reached a \$260-million settlement with three opioid distribution companies and one manufacturer on behalf of an Ohio county in 2019.

In June 2020, the City of Grande Prairie, Alberta agreed to stand as a representative plaintiff for the proposed class action. At that time, Guardian Law and Napoli Law filed a proposed **\$10 billion class action** lawsuit in Alberta against opioid manufacturers and

distributors, naming Grande Prairie as Representative Plaintiff on behalf of **all Canadian municipalities** (the “**Proposed Class Action**”). The Proposed Class Action, as amended, is attached as **Appendix 1**.

Through summer and fall of 2020, Guardian Law continued to seek a second, Ontario-based “representative plaintiff” to join the Proposed Class Action. Region legal staff continued to engage with other Ontario-based municipal legal departments through this period, particularly Brantford, who liaised with lawyers at Guardian Law. In late Fall 2020, Brantford confirmed that it was prepared to take the lead and come forward as the second, Ontario-based representative plaintiff in the Proposed Class Action. As a result, on November 17, 2020, Brantford was formally added as a second, Ontario-based Representative Plaintiff in the Proposed Class Action.

Staff engaged in discussions with lawyers at Guardian Law who confirmed that **Niagara Region does not need to undertake any steps or assume any costs or risks** to participate in the Proposed Class Action at this time.

A summary of the Proposed Class Action and anticipated timelines are as follows:

- The \$10 billion claim is made on behalf of all Canadian municipalities and seeks recovery of increased costs incurred by municipalities as a result of the opioid crisis, including, among other things, increased EMS, policing and mitigation costs. A separate class action has been commenced in British Columbia seeking recovery of health care costs incurred by Provinces.
- More than 40 companies are named as defendants. There are two main targets: drug manufacturers and drug distributors.
- The lawsuit asserts a number of causes of action, including conspiracy, public nuisance, negligence, negligent misrepresentation, fraud, unjust enrichment, and alleges (at page 1) that manufacturers of prescription opioids “*engaged in a massive false marketing campaign to drastically expand the market for such drugs and their own market share,*” and both manufacturers and distributors “*reaped enormous financial rewards by refusing to monitor and restrict the improper distribution of those drugs.*”
- Niagara Region does not need to come forward or take any steps until the example case (representative case) is determined, likely in **2 to 3 years** from now, or not at all. This is known as the **certification stage**, which includes determination of (1)

issues in common; (2) whether the proposed class (municipalities) is an appropriate class; and (3) whether the named Representative Plaintiffs are appropriate representative plaintiffs.

- At the certification stage (2 to 3 years from now), if the Proposed Class Action is certified, a Notice will go out to all municipalities, providing an option for the Region to “opt out” of the lawsuit. If the Region does nothing at that point (does not opt out), it will automatically be included in the Proposed Class Action going forward.
- **Settlement** negotiation typically occurs after certification. If there is no settlement, the class action proceeds to: (1) common issue trial; and (2) individual issues trial (e.g. individual municipalities proving damages). Such trials are extraordinarily rare.
- If a settlement is reached, the Region can elect to “opt out” of that settlement. If it does not, the settlement would bind the Region and the Region would receive a portion of the settlement proceeds. A settlement structure is usually put in place to apportion damages / settlement proceeds among the participating plaintiffs. Apportionment may be simple (e.g. population based), but not necessarily, if, for instance, some communities assert they have been disproportionately impacted by the opioid crisis. It is possible that that the Region may need formal legal representation should this lawsuit reach the settlement stage.

The Region does not need to retain Guardian Law, Napoli Law or any other external lawyers, nor otherwise incur any costs in relation to the Proposed Class Action at this stage. Region legal staff will continue to monitor the Proposed Class Action and report back to Council when the claim advances to the certification stage (likely 2023 to 2024).

Respectfully submitted and signed by

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Scott Crocco  
Legal Counsel



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**MEMORANDUM**

**PHD-C 8-2021**

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

**Date:** April 13, 2021

**To:** Public Health & Social Services Committee

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

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**Current Status as of March 26, 2021**

- The latest updates including statistics can be found at the [Niagara Region website](https://niagararegion.ca/health/covid-19). (<https://niagararegion.ca/health/covid-19>)
- Globally, much of the Western world is seeing the resurgence of COVID-19 as variants drive further spread. Countries like Italy, France, and Germany are seeing deaths and hospitalizations increase, and are all instituting or extending lockdowns to protect their health care systems from collapse and prevent loss of life.
- Countries that have had success in acquiring large amounts of vaccine the exception to the above: Israel, the United Kingdom, and the United States have managed to lower or flatten their cases through a combination of very widespread vaccination and restrictions on social life, especially in Israel and the UK where intense lockdowns were impose in alignment with vaccine roll-out.
- Canada has not had success in acquiring vaccine early, and is beginning to see a pattern similar to most European countries of cases increasing driven by variants. Hospital and ICU beds are again filling up, and more people are dying of COVID-19 again.
- The challenge facing Canadian provinces now is to avoid a severe third wave before vaccinations have been delivered in significant quantities by early summer. If a third wave hits, Ontario will likely see hospitals overwhelmed, many deaths, and a delay of returning to looser restrictions while we try and drive cases down from this third wave.
- If a third wave can be avoided, there is the opportunity that restrictions on social life can begin to be lessened by early summer.
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- As cases have gone up in Ontario, they are also now high in Niagara. Many more cases are being seen in schools and workplaces disrupting the operations of these settings.
  - High cases and many outbreaks are also stressing Public Health's capacity for follow-up and contact tracing. Given the simultaneous need to ramp up vaccinations, Public Health has had to move resources to immunization, resulting in more cursory contact tracing now occurring. As well, given the increasing difficulty of contact tracing, given non-cooperation of the public and anger directed towards Public Health, there is low retention of staff in case management, outbreak management, and contact tracing work. Attempts are being made to hire new staff to resume more detailed contact tracing.
  - In order to manage workload, the Public Health COVID-19 Call Centre has stopped working evenings and weekends to prioritize staff for mass immunizations and contact tracing efforts.
  - Vaccinations are now commencing for some Phase 2 priorities, particularly for elderly persons in a sequence of decreasing age categories. Work continues to complete Phase 1 populations, however. Persons with chronic conditions and essential workers will also be vaccinated as part of this group over the next three months.
  - In Emergency Services, call volumes for EMS have largely returned to normal levels as business and life has resumed.
  - EMS is closely monitoring patient flow within local emergency departments and working with Niagara Health to ensure capacity and surge planning for anticipated COVID-19 related hospitalizations.
  - Emergency Management continues to support both Regional and Local Area Municipal EOC's for coordinated response and business continuity planning.

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## **Previous (March 9) Summary on Business Continuity**

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

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

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

### ***Public Health Emergency Operations Centre for COVID-19/Pandemic Response Division***

#### **Current Status of Operations**

Public Health began work in response to COVID-19 on January 8, 2020. As volume of activities grew, the Public Health Emergency Operations Centre was partly activated on January 28, 2020 to ensure coordination of work and central leadership. By March 9, staff had begun to be redeployed from regular duties to supporting the activities of the Emergency Operations Centre, which was fully activated at this time. Currently over 200 staff work in COVID-19 emergency response (equivalent to 70% of the staff complement in Public Health), with close to another 100 being recruited currently.

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

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## Significant Initiatives or Actions Taken

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

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

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

Public Health usually has 12 staff working on case, contact, and outbreak management year-round for 75 diseases of public health significance (e.g. measles, influenza, salmonella, HIV). Within the Emergency Operations Centre, this had been scaled-up to over 100 staff. However, with the need to support mass immunizations, and staff choosing to leave due to increased workload stressors (quickly growing workloads, lack of cooperation by the public, high levels of anger directed towards them by clients), the team is now down to only about 25 persons, and grossly insufficient to meet current demands. Work is underway to try and recruit new staff, however, the hiring pool is very thin as all health care organizations are trying to hire more staff during this time.

In addition, Public Health is further expanding its capacity by “out sourcing” some of this work to staff offered by the Public Health Agency of Canada and the provincial government. With Council’s approval received on August 13, 2020, there is now the ability to enter into assistance agreements with other local public health agencies to further expand capacity if needed. However, with most parts of the province experiencing surges of cases, it is unlikely Niagara will be able to leverage the support of others. The case/contact/outbreak management operation now works 7 days a week, 08:00 to 19:30.

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

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

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

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

Since the reopening of schools, the school health team has

- Managed over 1000 clients who are cases or contacts of COVID-19 and associated with a school
- Provided 350 consultations to schools
- Provided, on average, 5 engagements with each school
- Conducted, on average, 4 in-person visits a week to schools in Niagara to do proactive infection prevention work
- Supported 145 school staff with virtual professional development around preventing COVID-19
- Provided resources that have been accessed over 10,000 times (on-line or in hard copy) by school staff or school boards.

4. **Public Messaging.** Given the rapidly changing landscape of COVID-19. Public Health seeks to provide the public with the information to address their fears and concerns, as well as to understand their risk and how to protect themselves. These efforts include a comprehensive web site library of frequently asked questions, an information phone line to speak to a health professional that operates 09:15 to 20:30 on weekdays and 09:15 on 16:15 on weekends, an online chat service with health professionals that operates during the same hours, social media, and approximately 15 media requests per week. Daily, Public Health has over 20,000 interactions with the public across all channels.

Due to recent increase in cases for COVID-19 as well as pressures for mass immunization, Public Health reduced staff available for the informational phone line and online chat, to increase more staff in case and contact management. There will also be a reduction of the hours of the call centre, so that it closes at 16:15; as well, the call centre no longer operates on weekends. With these changes, wait times for callers are unfortunately increasing. Public Health is looking at options to outsource this work.

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

5. **Vaccination.** Since the start of the pandemic, work has been underway to update and adapt off-the-shelf mass vaccination plans to the current situation. Plans are near complete, and dependent on information on vaccine distribution to finalize and allow execution to begin.

Early parts of the plan, in terms of mobile teams, have already been mobilized to vaccinate in long-term care homes, retirement homes, and congregate care setting with the limited volume of vaccine available.

~~With mass immunization clinics expected to begin at the end of March, work is underway to recruit and add staff to facilitate operation of these clinics. Further details as well as the budgetary impact of this will be shared with Council at a future date.~~

Public Health has now launched mass immunization clinics. As of late March, clinics are vaccinating up to 1000 persons a day. The goal is to continue to scale this volume up over time to several thousand a day as more staff are hired and trained, and more vaccine supply becomes available.



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

## **Operational Outlook**

### 1 month

- As the Shutdown and vaccination reduced cases, Public Health managed to return to case and contact management operations more similar to the rest of the fall.
- However, with variants of COVID-19 growing rapidly now, it is likely that case will surge again and overwhelm case and contact management capacity again.
- Due to the pressures of mass immunization efforts, quickly growing numbers of cases and outbreaks, and poor retention of staff in case/outbreak/contact management, Public Health is again unable to conduct full contract tracing on all new cases and has significantly curtailed follow-up.

### 3 months

There is a strong possibility of a third lockdown which would bring cases back to a manageable level. Alternately, with the pressure to staff expanding vaccination activities, staff available for case and contact management are decreasing, and will no longer be able to actively control the pandemic in Niagara.

### 3 months to 6 months

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response and the speed at which vaccines become available. The expectation is that current emergency operations would continue with emphasis shifting based on provincial response and expected high vaccine roll-out which will control the pandemic. The emergence of new variants that could be vaccine-resistant however threaten this outcome.

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***Clinical Services Division (Excluding Mental Health)*****Current State of Operations**

Most efforts in this area normally focus on infectious disease prevention. Many staff (60 FTE of 84 total) have been reallocated to the Emergency Operations Centre for COVID-19 response. Current operations are focused on

- case and contact management of sexually transmitted infections
- case and contact management of significant infectious diseases (e.g. tuberculosis, measles)
- distributing provincial vaccination stockpiles to primary care
- advising primary care around complex immunization scenarios
- emergency contraception
- outreach to marginalized populations around vaccination and sexual health

**Services/Operational Changes**

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

With the current state of COVID-19 cases and the ramping up of COVID-19 vaccinations, it is very unlikely any school vaccinations will take place this year.

**Operational Outlook**

1 month & 3 months

- Partnership with primary care to deliver vaccination to school-aged children during the week-long April School Break.
- Increasing staff investigating adverse events following immunization since these will surge as vaccines are rolled out.
- ~~Plan for enforcement of the *Immunization of School Pupils Act*.~~

## ***Mental Health***

### **Current State of Operations**

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

### **Services/Operational Changes**

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

### **Operational Outlook**

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

## ***Environmental Health***

### **Current State of Operations**

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

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

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

### **Services/Operational Changes**

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

### **Operational Outlook**

1 month

- Environmental Health staff will be supporting mass immunization efforts.

3 month & 6 month

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

## ***Chronic Disease & Injury Prevention***

### **Current State of Operations**

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

Efforts are being consolidated around three areas:

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

The above three priorities align with the underlying causes of most ill health and most deaths in Canada. In order to support COVID-19 vaccinations, some staff have been redeployed to support data management around vaccinations. Of 35 staff, 24 remain in their role supporting work on these health issues. However, on a temporary basis, 19 additional staff have been redeployed to support mass immunization while hiring and training takes place to fill critical immunization support roles.

### **Services/Operational Changes**

- Consolidation of resources around the previously mentioned three priorities
- Elimination of engagement of populations in-person
- Elimination of activities in schools, workplaces, and other public settings
- Cessation of most cancer prevention work

- Cessation of most healthy aging work
- Cessation of most injury prevention work
- Expansion of role of Tobacco Control Officers to also enforce Provincial emergency orders around physical distancing

## **Operational Outlook**

### 1 month

- Almost all chronic disease prevention work is suspended while staff are temporarily redeployed to fill mass immunization support roles, until new employees can be hired and trained.

### 3 month & 6 month

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

## ***Family Health***

### **Current State of Operations**

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

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



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

Staff are focusing their efforts on the following areas:

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

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

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

### **Services/Operational Changes**

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

For the period of March 16, 2020 to March 20, 2021:

- 793 registrants for online prenatal education
- 3700 HBHC postpartum screens and assessments completed by PHN
- 2374 HBHC home visits
- 1140 Nurse Family Partnership visits
- 719 Infant Child Development service visits
- 986 Breastfeeding outreach visits

- 2828 interactions with Niagara Parents (phone, live chat, and email)
- 247 moms received support and skill building through our cognitive behavioural therapy post-partum depression group
- 276 visits to families receiving support and skill building through our Triple P Individualized Parent Coaching

## **Operational Outlook**

### 1 month

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

### 3 month & 6 month

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

## ***Organizational and Foundational Standards***

### **Current State of Operations**

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

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

### **Services/Operational Changes**

- Cessation of public health surveillance work

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

### **Operational Outlook**

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

### ***Emergency Medical Services***

#### **Current State of Operations**

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

#### **Services/Operational Changes**

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

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**Operational Outlook****1 month**

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

**3 month & 6 month**

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

***Emergency Management*****Current State of Operations**

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

**Services/Operational Changes**

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

and opportunities to improve emergency management coordination as the emergency continues

### **Operational Outlook**

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

### **Recommended by:**

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