



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

PHSSC 5-2021

Tuesday, May 11, 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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1. <u>CALL TO ORDER</u>	
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5. <u>ITEMS FOR CONSIDERATION</u>	
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7. OTHER BUSINESS

8. CLOSED SESSION

- 8.1. Confidential MOH 1-2021
A Matter of Labour Relations or Employee Negotiations and Personal
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Act, 2001 - Associate Medical Officer of Health

9. BUSINESS ARISING FROM CLOSED SESSION ITEMS

10. NEXT MEETING

The next meeting will be held on Tuesday, June 15, 2021 at 1:00 p.m. in the
Council Chamber, Regional Headquarters.

11. ADJOURNMENT

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

Subject: COVID-19 Emergency Shelter Procurement Approval

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 11, 2021

Recommendations

1. That the special circumstance purchase order relating to the rental costs of the COVID-19 Emergency Shelters **BE INCREASED** by \$585,000 (excluding HST) for a total special circumstance purchase order of \$1,583,200 (excluding HST); and
2. That an additional contingency of \$250,000 **BE APPROVED** should system adjustments be necessary up to December 31, 2021.

Key Facts

- The purpose of the report is to seek approval to increase the COVID-19 Emergency Shelter purchase order in accordance to procurement by-law 2019-06 section 17 Special Circumstance and Schedule B where purchases greater than \$1 million require approval by Council.
- Through approval of this report, Niagara Region is able to continue to run the COVID-19 self-isolation and housing focused shelters to December 31, 2021, which have been operating out of the location since late March 2020.
- The increase is to continue to rent 65 rooms (35 rooms specific to self-isolation and 30 rooms for the housing focused pilot).
- A contingency of \$250,000 is being requested as there have been periods where additional rooms are needed temporarily due to outbreaks or rising COVID-19 cases. It is also expected that there will be additional final costs relating to damages on rooms when the self-isolation shelter is no longer required.
- The current purchase order #80132 totals \$998,200 (excluding HST) and was funded through provincial and federal COVID-19 funding to support vulnerable populations.
- Additional provincial funding, announced in March 2021 to cover COVID-19 costs specific to the homelessness division to December 31, 2021, will be the funding source for the recommended increase resulting in no impact to the regional tax levy.

Financial Considerations

The special circumstance purchase order is within the funding available by the provincial and federal governments to stop the spread of the virus within homeless populations in Niagara. When the pandemic was originally declared the province announced funding up to March 31, 2021. In March 2021, the province announced additional funding to cover incremental COVID-19 costs, such as the COVID-19 Emergency Shelters, for the period ending December 31, 2021. Recognizing the benefits of the shelters now in place to protect our most vulnerable residents during this pandemic, it is important that they be extended to the end of the year. Confirmed provincial COVID-19 specific funding from the Social Service Relief Fund (SSRF) 1 and 2, relating to operating dollars for the fiscal year April 1, 2020, to March 31, 2021, was \$3,664,729, and SSRF 3 funding for the fiscal period April 1, 2021, to December 31, 2021, is \$4,745,507. Federal Reaching Home funding for the period April 1, 2020, to June 30, 2021, is \$2,958,617.

The facility changed legal operating names in July requiring a new purchase order to be set up. The following table shows the total costs of the current special circumstance purchase order #80132.

Description	PO Number	Amount (excluding HST)	
Rent 60 rooms (Aug. to Sept. 2020)	80132	\$168,000	
Rent 65 rooms (Oct 2020 to Jun. 2021)	80132	819,000	
Additional 8 rooms April – Outbreak	80132	11,200	
Sub-Total	80132		\$998,200
Extension - Rent 65 rooms (Jul. to Dec. 2021)	80132	585,000	
Sub-Total	80132		\$1,583,200
Contingency			\$250,000
TOTAL			\$1,833,200

Analysis

The Community Services department operationalizes the Region's responsibilities as the Consolidated Municipal Service Manager (CMSM) for the homelessness system in Niagara, through the Homelessness Services division. Its key responsibility is service system planning and administration for the homelessness system, and it operates under rules established by the Ministry of Municipal Affairs and Housing (MMAH).

As a result of the COVID-19 pandemic, the Homelessness Services division needed to locate a facility willing to work with Niagara Region in providing a safe place for individuals experiencing homelessness to isolate if presenting with COVID-19 symptoms in order to stop the spread of the virus, particularly within the shelter system. Niagara also needed to obtain this type of site immediately once the province announced the pandemic and the first lockdown. Through the assistance from the Region's Realty division and calls made to a number of potential providers, this provider indicated a willingness to work with Niagara Region, was able to provide a sufficient number of rooms to support the initiative, provided a layout that was essential to the implementation of required infection control measures, was cost effective compared to other sites and the geographical location provided for additional assurances that clients would remain isolated. The facility has been flexible when additional rooms were required due to outbreaks or surges in COVID-19 cases in the homelessness or vulnerable populations. The provincial and federal governments provided funding in order to support this initiative and any additional incremental COVID-19 related costs in relation to the homelessness population in Niagara.

The self-isolation shelter supports the regular shelter system as the only isolation facility in Niagara to support homeless individuals that fail COVID-19 shelter screening and are directed by Public Health to isolate and/or get tested. Partnerships are in place with McMaster family medicine team to support client health monitoring, and with Niagara Region's Emergency Medical Services (EMS) to support the swabbing of clients at the facility. In addition to self-isolation, the facility is also being used as part of the Housing Focused shelter pilot. Individuals receive case management and mental health and addiction supports with the goal of individuals moving into stable housing. The housing focused initiative at this facility also achieved the pandemic objective of creating additional shelter spaces to ensure social distancing could be achieved in other shelters and reduce the risks of over crowding.

Alternatives Reviewed

The decision to secure this facility in March 2020 was made with both a great appreciation of urgency and little understanding of the duration and impact of the emerging pandemic. While there is reason to be hopeful that such a facility now may not be needed beyond the end of the year, it is clear that one will remain essential for the present time, to the safety of the homelessness system and the people it services. Council could direct staff to prepare an RFP for an isolation shelter for the homeless for the remainder of the year (as opposed to the recommendation above). However, this would require significant time to go through the procurement process and additional time, and costs to prepare any other site for the same purpose. This could result in Niagara's homelessness populations not having a safe place to isolate if impacted by COVID-19 and no supportive place to live while the two new facilities are being completed placing the vulnerable individuals back on the streets.

Relationship to Council Strategic Priorities

Aligns with the goals in Niagara's 10-Year Housing and Homelessness Action Plan, including Goal 1: housing individuals who do not have a home and Goal 4: building capacity and improving the effectiveness of the housing system.

Other Pertinent Reports

N/A

Prepared by:

Cathy Cousins
Director, Homeless Services &
Community Engagement
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Margaret Penca, Manager, Homelessness Services; Stephanie Muhic, Program Financial Specialist; Jeff Mulligan, Manager Strategic Sourcing.

Subject: Niagara Emergency Management Program Annual Report

Report to: Public Health & Social Services Committee

Report date: Tuesday, May 11, 2021

Recommendations

1. That Regional Council **APPOINT** the members of the Niagara Region's Municipal Emergency Control Group, as provided in Report PHD 5-2021, by position as required by the Office of the Fire Marshal and Emergency Management.

Key Facts

- This report is intended to provide a brief summary of the key activities of the Program in 2020
- The Niagara Region Emergency Management was heavily involved in the COVID-19 response in 2020. This work has continued into 2021
- The program has been supporting both the Regional Emergency Operations Centre (REOC) and the Public Health Response to COVID-19
- The REOC has been in full activation since March 18, 2020. This makes the COVID-19 response the longest emergency response to date in Niagara
- The Program is required under the Office of the Fire Marshal and Emergency Management's Emergency Management and Civil Protection Act (EMCPA) Compliance Guide for Municipalities to provide an annual report to Council
- While the province waived the emergency exercise requirement for 2020, the program was still required to undertake all other activities required for compliance including planning, training, public education, hazard identification and risk assessment, and other legislated activities.

Financial Considerations

Due to the response required as a result of the COVID-19 pandemic, approximately \$5 million in additional staff supports were required to support the Emergency Operations Centre efforts. Some of these costs were mitigated through the redeployment of existing staff resources from other departments, which required them to re-prioritize their work plans.

Other incidents and responses that required action from the program were provided within budget.

COVID-19 Response

Pandemics are complex and evolving emergencies that are known for having a significant impact on the capacity and business continuity of organizations, including governments. The COVID-19 response has required significant effort from the entire corporation. The pandemic affected capacity in terms of requiring staff to fill roles with the REOC, redeploy to other positions to support the response efforts, and staff absenteeism due to having to isolate and illness.

The Regional Emergency Operations Centre (REOC) was activated to:

- Support Public Health
- Coordinate the corporation's response
- Ensure the continued delivery of critical Regional services
- Support key stakeholders

The REOC went to full activation on March 18, 2020. The state of full activation continues to this day. The complexity of the response required the activation of 27 REOC positions under the provincial Incident Management System (IMS). Each of these positions has unique roles and responsibilities related to managing the response. The duration of the response has required that both the primary and alternate for some of these positions work in the REOC.

A Mid-Response Review for the REOC was conducted by Emergency Management in winter of 2020 to identify any gaps or opportunities to improve REOC practices and procedures. All REOC members participated in the review process. Opportunities for improvements in several areas were identified and activity on addressing these is ongoing.

Impact on Other Regional Business Continuity

Members of Regional staff make up the majority of membership of the REOC, including members of senior management. The amount of staff time dedicated to carrying out the duties required of their membership on the REOC includes preparation of reports, attendance at meetings, being available both during and after hours for emergency response, other responsibilities inherent in their role and to the other areas of the

REOC, completing follow up items, etc., this takes a material level of effort by staff, including the time spent carrying out these duties.

Under normal circumstances staff responsibility to the REOC can last days to several weeks, the Region's response to COVID-19 is extraordinary; the response to this event has gone on for well over a year now creating staff burnout and workload concerns. Further, it is important to note that the time spent by staff carrying out its responsibilities to the REOC has also impacted their ability to focus on their regular role within the corporation, which has only contributed to workload and burnout concerns, as well has delayed or outright suspended staff's ability to deliver certain operational requirements.

Redeployment of staff has continued within departments where staff have moved within their normal division of work and those staff who have crossed divisions, this continues today. In addition, staff redeployment occurred in the spring of 2020 and again in January 2021 cross-departmentally to areas that have been identified as requiring a greater need of staff resources, some more notable examples include: Seniors Services LTC Homes, Public Health, and Homelessness. Overall, staff continue to and were redeployed to services deemed as Priority 1- Essential as outlined in respective business continuity plans (BCP), including in accordance with applicable collective agreement and/or terms and conditions of employment provisions. The Region has continued to have excellent collaboration between unions as witnessed by the cross functional placement between union roles across the organization. There have been a number of staff redeployments to date, at last report there have been 478 staff redeployed with an additional 64 staff supporting the EOC units.

It is important to note that more recently redeployment efforts have also included higher-level priority to the Public Health's Pandemic Division, specifically to the mass immunizations clinics, which has also included coordinating staff from Local Area Municipalities (LAMs) through secondment agreements. In addition to significant recruitment efforts this year by Human Resources and hiring managers, staff have spent a considerable amount of time coordinating with the LAMs, and onboarding and training these externally redeployed staff, while still being responsible for their regular duties and responsibilities which as time has gone on has created significant workload and burnout concerns as well.

Other Incidents and Responses

In addition to the COVID-19 response, there were 39 additional hazards or incidents that required at least some level of action by the Program in 2020. This included a

windstorm that resulted in flooding and other damages along the Lake Erie shoreline, a tornado in Port Colborne, winter storms, and other hazards, which required Regional support to the Local Area Municipalities.

Assistance to Municipalities

The Program provided a significant amount of assistance to local municipalities for a variety of purposes including coordination and guidance during the COVID-19 response and the response to other hazards. Teleconferences were held with both LAM Community Emergency Management Coordinators (CEMCs) and a group of key emergency management stakeholders multiple times a week. Documents, including a Niagara Region Daily Consolidated Situation Report were developed and distributed to LAM CEMCs twice a week to provide them with additional information regarding the COVID-19 response. The program also served as a liaison between the LAM CEMCs and Public Health and ensured that the LAM questions and concerns were addressed in a timely manner. This created a substantial volume of work, which significantly challenged the capacity of the Emergency Management program and staff.

Program Components Required for Compliance

Despite the significant demands related to the COVID-19 response, the Region's Emergency Management Program was still able to complete the required program activities to be deemed compliant by the province in 2020. The response has resulted in a delay in many program initiatives due to capacity issues, however the program continues to strive for excellence in emergency management and is focused on continuing to build towards adopting best practices in emergency management. This work will enable Niagara Region to become a leader in emergency management in Ontario and will increase Niagara's resilience to disasters and emergencies.

Training

The Province created a new Instructor Certification Program in late 2019 for Teaching Provincial Emergency Management Courses. The Emergency Management Program Advisor has now completed the progress and joined the Emergency Management Program Manager as a certified instructor. This has resulted in additional capacity to deliver mandatory provincial training.

All Regional Emergency Operations Centre (REOC) staff are required to attend annual

training by the Emergency Management and Civil Protection Act (EMCPA). Multiple opportunities to attend different training session were provided, including the development of a new online course intended for new REOC members. One hundred percent of REOC members completed the training requirements for provincial compliance.

Public Education

Public education is a key function of emergency management programs and is mandated under the EMCPA. COVID-19 and the current capacity of the program resulted in a decrease in public education activities on hazards other than pandemics. Despite this, additional information was added to the program website and copies of the 72-hour booklets were provided to stakeholders.

Symposium

The 2020 Building a Disaster Resilient Niagara Symposium was cancelled due to COVID-19 to protect the health and safety of attendees and due to capacity challenges with Emergency Management program staff heavily involved in COVID-19 response. Despite the cancellation, there were no financial losses due to this event.

Planning

The Regional Emergency Response Plan was reviewed as required by compliance. The response has also highlighted several opportunities to strengthen the plan, which will be incorporated in the 2021 version. Additional Business Continuity Planning support documents were developed to help departments in their planning efforts.

Exercise

The Province waived the requirement for an emergency exercise in 2020 due to the level of involvement of Emergency Management programs in the COVID-19 response. The exercise in the fall of 2019 was focused on running a virtual REOC. This exercise and its outcomes proved to be extremely useful during the COVID-19 response.

Municipal Emergency Control Group

The Province requires that members of the Region's Emergency Control Group (referred to as the Municipal Emergency Control Group (MECG) by the Province) be

appointed by council. This list is provided as an annex to the Region's Emergency Plan. These positions (or their designated alternates) are:

- Niagara Region CAO
- Commissioner of Corporate Services
- Commissioner Public Works
- Commissioner Community Services
- Commissioner Planning & Development Services
- Commissioner Public Health and Emergency Services/Medical Officer of Health
- Director, Chief Emergency Medical Services (CEMC)
- Director, Transportation Services
- Director Corp Strat & Innovation, Corporate Administration

Alternatives Reviewed

The Emergency Management program is constantly assessing priorities and best methodologies for service delivery. Despite the challenges due to the emergency response to COVID-19, the Region's Emergency Management Program met the provincial compliance requirements under the Emergency Management and Civil Protection Act for 2020 and is well on track to meet and exceed the compliance requirements for 2021.

Prepared by:

Kevin Smith
Chief, Niagara Emergency Medical
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Recommended by:

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

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer (Acting)

MEMORANDUM

COM-C 20-2021

Subject COVID-19 Response and Business Continuity in Community Services

Date: May 11, 2021

To: Public Health & Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

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

Seniors Services – Long-Term Care

Long-Term Care COVID-19 Outbreak Updates

At the time of writing this report, there are two suspect outbreaks within a Regionally operated long-term care (LTC) home:

- Linhaven is in a suspect outbreak due to positive COVID-19 test results for three employees identified through rapid antigen testing. The anticipated clearance date for the suspect outbreak is May 3, 2021.
- Woodlands of Sunset is in a suspect outbreak due to a positive COVID-19 test result for a vaccinated employee. The anticipated clearance date for the suspect outbreak is May 1, 2021.

Since the last report, there have not been any resident cases of COVID-19 at Regional LTC homes. The following homes did have outbreaks in April, but in each outbreak there was no transmission of cases within the homes:

- Rapelje Lodge: April 7, 2021 – April 20, 2021
- Deer Park Villa: April 13, 2021 to April 27, 2021

COVID-19 Vaccine Update

Seniors Services continues to encourage staff and essential caregivers to be vaccinated and are sharing emerging guidance to support decision making for those who may be vaccine hesitant. At this time, the vaccination rates across the homes are as follows:

- Residents: 97%
- Staff: 83%
- Essential caregivers: 85%

Public Health is working in collaboration with Seniors Services to offer continued access to first and second dose vaccinations for residents admitted to LTC homes without full vaccination. Staff and essential caregivers continue to be a priority group for vaccination and can access vaccine clinics through Niagara Health, at the Seymour Hannah Recreation Complex.

Changes to LTC Home Admission / Transfer Requirements

Given the ongoing COVID-19 vaccination program, a number of residents admitted to LTC homes from hospital are now either partially or fully vaccinated. Fully vaccinated means, “an individual has received all doses in their COVID-19 vaccine series and more than 14 days have passed since the receipt of their last dose”. The Ministry of Long-Term Care (MLTC) has issued a number of changes to testing and isolation requirements in recognition of this vaccination status. These changes are as follows:

- Fully immunized residents (two weeks past second dose of immunization)
 - Require a negative lab-based test at time of admission/transfer
 - Do not require isolation (unless the COVID-19 test result is pending)
- Partially immunized or non-immunized residents
 - Require a negative lab-based test at time of admission/transfer
 - Isolation is required for these residents. A lab test will be taken on day 8 of isolation, and if the result is negative, the resident can end isolation on day 10.
- Residents who had COVID-19 in the last 90 days and have recovered
 - Do not need a negative COVID-19 test result
 - Do not need to be isolated

Updated Guidance on Limiting Work to a Single LTC Home

The MLTC has issued an amendment to the restriction that prohibits staff from working in more than one home, or in another health care setting. The amendment now permits staff who are fully vaccinated to work in more than one setting.

Waiving of Co-Payment

The MLTC introduced a program waiving co-payment for patients who accept placement in a home that may not be their preferred choice, to go into effect April 23, 2021. Co-payments for these residents will be waived until they can be transferred to a home of their choice. Residents who accept these placements will maintain priority status on the waitlist for their preferred home. To cover the cost of this incentive program for families, homes will be funded through the regular occupancy funding process.

Transfer of Hospital Patient(s) under the Emergency Management and Civil Protection Act (Amendment to Emergency Order O. 272/21)

The MLTC has introduced a temporary, emergency-based transfer protocol to allow for the transfer of hospital patients to alternate care settings without having to obtain the consent of the patient or their substitute decision-maker.

The intent of this amendment is to enable hospitals to safely and respectfully transfer these patients in order to urgently optimize capacity across the system in the face of rising hospitalization rates, and to allocate ICU and high acuity medicine beds as necessary during the third wave.

Patients transferred out of hospitals under the authority of this order to LTC or retirement homes, who are not placed in their first choice of LTC home, will retain their priority status on the waitlist for their first choice and will be transferred to that home at the earliest available opportunity.

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 April 27, 2021, 604 individuals have been referred to the isolation facility with testing administered in shelter.

COVID-19 Vaccine Update

From April 7 to April 16, five additional COVID-19 vaccination clinics were set up in various emergency shelter locations across the region. The vaccination clinics offered second doses to clients experiencing homelessness, as well as first doses to both clients and staff who may have reconsidered their decision to get vaccinated, or were new to the homeless serving system. The clinics were done in collaboration with Niagara Region Public Health, Niagara Region Homelessness Services, and Regional Essential Access to Connected Healthcare (REACH) Niagara. Through the vaccination clinics, 227 clients have received their first dose of the COVID-19 vaccine and 89 have received their second dose.

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.

Children's Services

COVID-19 Vaccine Update

Beginning on April 9, 2021 and based on guidance from Niagara's Community Coordination Taskforce for COVID-19 Vaccination, child care, elementary and secondary school sectors were prioritized for COVID-19 vaccination in Niagara. Eligible workers within these sectors were contacted by Regional staff to book their vaccination at Niagara Health's immunization clinic at the Seymour Hannah Recreation Complex in St. Catharines. Approximately 2,000 child care staff were eligible and notified to receive their first dose vaccines.

To note, the province announced that as of April 29, 2021, child care workers in licensed child care settings will be eligible to book a vaccine appointment through the

provincial vaccine booking line or directly through public health units that use their own booking system.

Emergency Child Care Update

The provincial government announced that elementary and secondary students across Ontario would move to remote learning, following the April spring break. As a result, emergency child care services were once again made available to eligible health care and frontline workers, with school-aged children, across Niagara. Children's Services has been actively reaching out to service providers to either increase their capacity at current emergency child care sites if possible, and to consider opening new locations for emergency child care to help offset the demand for service. As of April 23, 2021:

- In total, 22 licensed child care centres and home child care programs were operating emergency child care for school-aged children, across Niagara.
- 530 emergency child care spaces were available across Niagara.
- 452 school-aged children were placed in emergency child care.
- 211 school-aged children were on the waitlist to access emergency child care.

Child Care Services Update

Licensed child care centres and home child care programs documented 5,145 COVID-19 related child absent days in March 2021. 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 has regularly provided information regarding provincial or federal subsidy programs, such as the Canada Emergency Wage Subsidy (CEWS), to help licensed child care service providers mitigate some of the financial impacts of the COVID-19 pandemic. The 2021 federal budget indicated that the CEWS would be extended until September 25, 2021, and that the subsidy rate would be gradually decreased starting on July 4, 2021. This is welcome news to many licensed child care providers as it will continue to help providers manage various operating costs (e.g. staffing costs), and remain economically viable while revenue from parent fees gradually begin to increase as the economy reopens.

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)

The 2021 federal budget made several announcements regarding temporary recovery benefits for Canadians as well as the Employment Insurance (EI) program:

- The Canada Recovery Benefit will be extended by 12 weeks for those who qualify, for a total of 50 weeks, with payments to be phased out by September 2021. The first four additional weeks will be paid at \$500 a week before tax, then reduced to \$300 a week pre-tax for the remaining eight weeks.
- The Canada Recovery Caregiving Benefit will be extended four weeks for a total of 42 weeks, at \$500 per week.
- The universal entrance requirements for eligible workers for the EI program will remain at 420 hours for the next three years. Sickness benefits under the EI program will be extended from 15 to 26 weeks.
- Introduction of a new Canada Recovery Hiring Program to help qualifying employers hire employees as the economy reopens by providing up to \$1,129 per week for employees hired between June 6, 2021 and November 20, 2021.

The availability of federal benefits has helped to mitigate the expected increase in demand for social assistance in Niagara. Demand for Ontario Works is predicted to increase in October 2021, leading to rising caseloads and increased administrative pressure for provincial social assistance programs, when temporary federal recovery benefits expire.

SAEO has continued to adapt its focus to new provincial initiatives including Electronic Document Management, Employment Services Transformation and Centralized Intake. SAEO also continues to operate under a blended service delivery model to provide supports to Niagara's most vulnerable residents.

Niagara Regional Housing (NRH)

NRH has continued to provide essential services, in all business streams, while taking all the necessary safety precautions and protocols, during the stay-at-home order that is currently in effect. NRH has also continued to include and support housing providers in all COVID-19 related information and initiatives.

Targeted communication materials are being distributed to promote the vaccines. Identified COVID-19 "hotspots" will receive flyers and posters that indicate their heightened need for vaccine protection. All communications will include translation

documents noting the importance of the information and advising that translation is recommended. Partners will also be engaged to assist through social media and any other forms of communication available to them.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

Service System Manager Responsibilities

Public Health & Social Services Committee
COM 10-2021 and COM 11-2021

May 11, 2021

Adrienne Jugley, Commissioner, Community Services

Service System Manager Responsibilities

- Provincially mandated to plan and administer the homeless system in Niagara.
- Niagara also acts as the Community Entity for planning and delivery of homeless systems under the Federal funding agreement.
- Niagara currently is receiving additional funding from both the Provincial and Federal Governments to support the response and demands of COVID.

A Built for Zero Community

- Accepted as a Built for Zero Community in 2019.
- Goal is to work toward ending chronic homelessness.
- In 2020 achieved a Quality By Name List.
- Next steps is Coordinated Access; requires standardizing a process for intake, assessment, referral and prioritization of services for homeless clients.

COVID-19 Response

- Communication and support with homeless serving agencies.
- March 2020 established an Isolation Facility – 355 intakes to Dec 31, with 56 moving to permanent housing.
- Expand shelter system, outreach services, shelter diversion, emergency assistance fund and housing stability program to low income.
- Pilot a housing focused shelter for high needs chronic homeless - 48 intakes, with 50% exiting to permanent housing.
- Vaccine clinics for clients held at the shelters.

Niagara's Assertive Street Outreach

- Centralized intake for all residents and clients to access outreach services via 211.
- Services available 7 days a week, response times during services hours generally under one hour.
- Encampment mapping tool developed.
- COVID screening and isolation support for those living rough.

Shelter Diversion Pilot Expansion

- Through the NRFP process, awarded youth diversion pilot to the RAFT.
- Early promising results, expanded to include one adult shelter and an additional youth shelter mid year.
- 2020 Results: Youth - 30% of all youth presenting at shelter diverted, Adults - 9% of all presenting at pilot shelter diverted.

Housing-Focused Shelter Pilot

- Launched June 2020, currently a 30 bed capacity.
- On average clients selected had 318 days of homeless in the past year and 639 in the past three years.
- Clients are selected from the by name list, priority population is youth, seniors and those with the longest experiences of homelessness.
- Operating as an incubator for policy development and system learnings in preparation for Bridge Housing project.

Niagara's Affordable Housing Need

- 2,136 individuals accessed shelter in 2020. Main clients profiles were 30.6% single men, 17% single women, 11.6 % seniors (55+), youth 10.6% and Indigenous 9.2%.
- Core housing need in Niagara: 23,830 households (12.8%), of which 20,002 (84%) were single person households and 3,254 (14%) were lone parent households.
- St. Catharines was trending upward in October 2020 with one bedroom prices of \$1,300 and two bedroom prices of \$1,500 per month. Ranked by Padmapper as 12th most expensive rental market in Canada.

Affordable Housing Development

- 8 Home for Good Supportive Units (Gateway Residential, Port Colborne)
- 30 net new units (Stamford Kiwanis, Niagara Falls)
- Remediation of 3 units, St. Catharines
- 6 net new units, Thorold
- 20 Bridge Housing Units/Recuperative Units, Niagara Falls (Occupancy 2021)
- 73 NRH owned units, including 10 Housing first, Niagara Falls (Occupancy 2022)
- 15 Home for Good Units (YWCA, St. Catharines, Occupancy 2021)

Bridge Housing Project

- Project will include both bridge housing units and recuperative beds.
- Project is in partnership with REACH Niagara.
- Facility will be staffed 24/7.
- Clients will be selected using the by name list.
- Support Niagara's most vulnerable on a transition to permanent living.
- Supports will include case management, mental health and addictions supports and referrals, primary health care, skills development for more independent living (example: teaching kitchen).

Subject: Homelessness Services Report 2020

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 11, 2021

Recommendations

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

Key Facts

This report provides information regarding Homelessness Services key activities for system transformation, metrics for 2020 and planned activities for 2021.

- Homelessness Services awarded contracts to 18 agencies for a three-year period from April 1, 2020 - March 31, 2023 to deliver homelessness services and participate in system transformation.
- As a Built for Zero community, Niagara achieved a key milestone - the development of a Quality By-Name List - a list of all known individuals experiencing homelessness in the community, updated in real-time.
- Niagara's Assertive Street Outreach team was nationally recognized by the Canadian Alliance to End Homelessness for its use of mapping software.
- Homelessness Services tested best practices through a 30-bed capacity housing focused shelter pilot (opened June 2020). In the first six months of the pilot, there were 48 admissions with nearly half exiting to permanent housing.
- Niagara's Shelter Diversion program operates in three emergency shelters. The program supports individuals presenting to shelter to access alternate stable housing options with diversion rates of 30% in youth and 9% in adults.
- In 2020, using COVID-19 funding, 20 spaces were added to the Housing First and Home for Good supportive housing programs, bringing the total capacity at the end of the year to 200 and 68, respectively.
- The Housing First and Home for Good Landlord Engagement program expanded to support landlord-tenant relationships, landlord outreach, and housing stability for high acuity clients.
- Homelessness Services responded to COVID-19 through the establishment of a multifaceted system approach.

Financial Considerations

The activities highlighted in this report were provided within the 2020 approved operating budget. As per the 2020 approved budget, Homelessness Services is primarily funded by the Ministry of Municipal Affairs and Housing (MMAH) (\$8,518,012 – 70.7% (which includes Community Homelessness Prevention Initiative (CHPI) and Home for Good funding), and also by the federal Reaching Home program (\$945,471 – 7.8%), as well as Regional levy (\$2,590,239 – 21.5%).

Homeless Services received funding specific to incremental costs related to COVID. Available funding from the provincial Social Services Relief Fund for April 1, 2020 to March 31, 2021 was \$3,664,729 specific to operating expenditures and \$6,146,057 for capital. Available federal Reaching Home operating funding for April 1, 2020 to June 30, 2021 is \$2,958,617.

Analysis

Community Services operationalizes the Region's provincially mandated responsibilities as the Consolidated Municipal Service Manager (CMSM) for the homeless serving system in Niagara. Its key responsibility is service system planning and administration for the homeless-serving system, and it operates under rules established by the MMAH. Niagara Region also receives federal funding under the Reaching Home program and is identified as the local Community Entity for this funding, operating within directives provided by Employment and Social Development Canada (ESDC). Niagara Region is also currently operating within additional, specific COVID-19 funding guidelines and directives for the provincial Social Services Relief Fund and the federal Reaching Home program.

Service system management includes establishing and maintaining relationships with community agencies, setting priorities, identifying gaps and measuring the progress of homelessness goals and objectives. Administrative responsibilities include allocating resources to meet local needs including setting and implementing accountability structures to manage and deliver an outcome-focused service system.

Homelessness Services Metrics

Initiative	2018	2019	2020
Emergency Shelter			
Number of unique individuals accessing shelter	2156	2141	2136
Average length of stay (in days per admission)	25.0	20.9	20.9
Average nightly bed occupancy rate*	104.5%	107.3%	91.6%
Prevention**			
Number of unique households that received a Niagara Emergency Energy Fund (NEEF) issuance	826	802	326
Average value of NEEF issuances	\$681	\$703	\$796
Number of unique households that received a Housing Stability Plan (HSP) benefit	3615	3675	2914
Average value of Housing Stability Plan benefits issued (e.g., rent arrears, last month's rent deposit)	\$738	\$782	\$831
Housing with Related Supports			
Number of unique (new) individuals placed in Housing First	68	63	52
Number of unique (new) individuals placed in Home for Good	33	9	20

*Reasons for decrease in shelter occupancy rate include individuals avoiding shelter related to COVID-19 risk; increase in number of shelter spaces to address changes in shelter policies related to social distancing and COVID-19 protocols; reduced demand for refugee shelter spaces due to policy changes e.g. border closure; and outbreaks not allowing for shelter admissions.

** Reasons for decrease in NEEF and HSP issuances is of the result of temporary measures put in place by the province such as disconnection ban extensions, COVID-19 specific assistance programs and restrictions on evictions.

Homelessness Services Activities

The following are key activities undertaken in 2020 to support continuous improvement within the homeless serving system and drive outcomes related to the reduction of chronic homelessness.

Homelessness Services System Procurement Awards

In the first quarter of 2020, Homelessness Services contracts were awarded based on a negotiated request for proposal process. Approximately \$8.7 M per annum was awarded to 18 agencies in the following priority areas: prevention, outreach, shelter, transitional housing, Niagara Emergency Energy Fund, and Housing First (HF) and Home for Good (HFG) supportive housing programs. As part of Niagara's homeless serving system, agencies deliver services and participate in best practice development opportunities and system transformation efforts.

To achieve an improved integrated homelessness services system, the procurement process resulted in a consolidation of the Housing First and the Home for Good programs, and the formalization of the Niagara Assertive Street Outreach (NASO) team. Gateway Residential and Community Support Services collaborates with The RAFT, Southridge and Port Cares for NASO, and with Southridge for both the HF and HFG programs.

Built for Zero

Through the leadership of Niagara's Built for Zero (BFZ) Home Team, Niagara announced in September 2020 the achievement of a Quality By-Name List - a list of all known individuals experiencing homelessness in the community, updated in real-time.

In order to achieve a Quality By-Name List, Niagara had to score 10/10 on the By-Name List Scorecard, confirm completion of the Provider Participation Tool, and submit three consecutive months of reliable data and set a baseline month. Niagara's baseline month was September 2020; at that time, 306 people were actively experiencing chronic homelessness.

According to Niagara's By-Name List (BNL), 158 individuals experiencing chronic homelessness moved into housing in 2020. Returns from housing for individuals on the BNL were low: 32 during 2020 (fewer than 3 per month, on average). Niagara's dashboard can be found on the [Built for Zero Canada](#) (BFZ-C) website.

Niagara's Homelessness Services team and IT Services won Niagara Region's Corporate Award for Excellence: Innovation and Sustainability. The award was to recognize Niagara as one of a few communities in Canada who have managed to create a BNL solely using real-time client data stored in HIFIS to measure the extent and nature of homelessness in the region.

Niagara Assertive Street Outreach Team

The Niagara Assertive Street Outreach team is a collaboration between Gateway Residential and Community Support Services, The RAFT, Southridge Community Church, and Port Cares. The team expanded, from five members in April 2019 to 13 in April 2020, as part of Niagara's pandemic response to support clients who tend to avoid shelter for safety and social distancing, and generally individuals experiencing unsheltered homelessness. With the support of the City of St. Catharines, three street outreach workers focused on activities for that specific city. Funding was also obtained through the Niagara Prosperity Initiative for two outreach workers (2019) and a dual diagnosis outreach specialist (2020) which enhanced service delivery and weekend coverage. The NASO team works closely with local area municipalities, St. Lawrence Seaway Corp., the Ministry of Transportation, and hydro companies.

As of May 27, 2020, a centralized community intake line was established to offer a one-stop option for community members and agencies to make a referral to the NASO team by dialing 2-1-1 if they are concerned about someone who is experiencing unsheltered homelessness.

In order to achieve an effective and efficient outreach approach during the pandemic, Niagara developed a customized, online comprehensive mapping and geo-location tool to understand Niagara's hot spots, establishing a new way of tracking street outreach efforts. The [Canadian Alliance to End Homelessness](#) recognized the work as an example of experimenting with new technologies to improve coordinated outreach. The outreach encampment mapping tool has supported the development of new measures that display successes in encampments. The table below includes information on this work.

Encampment information	Oct 2020	Nov 2020	Dec 2020
Number of new encampments	11	5	7
Number of resolved encampments	5	14	6
Number of unique clients supported by Outreach who accessed emergency shelter	26	34	32
Number of unique clients supported by Outreach who accessed housing	10	16	23

Housing Focused Shelter Pilot

In June of 2020, the Housing Focused shelter pilot was established to test best practices of harm reduction, low barrier service and coordinated access approach to housing services. All clients admitted to the housing focused shelter were selected from the By-Name List. Those clients selected for the pilot had experienced an average of 318 days of homelessness in the past year, 639 days of homelessness in the past three years and averaged a score of eight on the VI-SPDAT (indicating an individual with high acuity, complex needs). The 30-bed capacity housing focused shelter pilot has had 48 intakes to date, with almost 50% exiting to permanent housing.

Shelter Diversion Pilot Expansion

Building on the success of The RAFT's Shelter Diversion program, Niagara has expanded the program to two additional emergency shelters (one adult shelter in late 2019 and one youth shelter in mid-2020) in order to support even more individuals presenting to shelter to access stable housing options, where possible, instead of a shelter stay.

In 2020, there were 98 successful diversions for youth (age 16-24 years), representing 30% of possible shelter intakes. In the same period, there were 129 successful diversions for adults (age 25+), representing 9% of possible shelter intakes. The following table contains information on the diversion rates.

Successful Diversion	Youth new to shelter system	All youth presenting at shelter including those that are new	Adults new to shelter system	All adults presenting at shelter including those that are new
No	48.7%	69.9%	74.3%	90.8%
Yes	51.3%	30.0%	25.7%	9.2%
Total	100.0%	100.0%	100.0%	100.0%

Housing First and Home For Good

In 2020, in addition to the consolidation of the programs, Housing First and Home for Good have undertaken the following activities in order to align with Built for Zero goals.

- Standardization of policies and procedures between the two programs.
- Pilot the By-Name List to triage individuals into the programs.
- Training and use of the SPDAT suite of tools to support with intensive case management (ICM).
- With the support of provincial COVID-19 Social Services Relief Funding, Niagara added 20 program spaces to Home for Good and enhanced landlord engagement support from one to two staff (FTE) to improve tenant-landlord relations, find appropriate rental opportunities, and improve housing stability for high acuity clients.

Pandemic Response

All of the above successes have been achieved within an environment of COVID-19. Niagara Region and its homelessness partners continued to ensure the ongoing delivery of essential services during the COVID-19 pandemic. The following are some examples of how Niagara Region and its partners achieved a coordinated pandemic approach.

1. Establishment of a Self-Isolation Shelter – opened isolation shelter March 30, 2020. As of December 31, 2020, Homelessness Services completed 355 intakes at the isolation shelter with testing administered on site. Of those 355 intakes, 56 individuals moved from isolation into permanent housing, or family reunification took place. Around 1/3 of individuals sought support for mental health and addictions during isolation.
2. As the CMSM, Niagara Region convened the Homelessness Service System on a monthly basis in order to coordinate efforts and provide updates on the COVID-19 response plan.
3. Increased the capacity of the emergency shelter system by securing rooms at motels to provide temporary housing for shelter system clients.
4. One shelter was established dedicated to supporting individuals who are health compromised.
5. Expansion of outreach, Out of the Cold and day programming for unsheltered individuals.
6. Homelessness Services collaborated with Niagara Region Public Health, REACH Niagara (Regional Essential Access to Connected Health) and emergency shelter providers to enhance efforts targeted towards the prevention and mitigation of COVID-19 within the homeless population.
7. Homelessness Services worked closely with Public Health on outbreak management within the shelter system.

Other Planned Enhancements

Enhancements planned or started for 2021:

- Continue COVID-19 responses including implementation of vaccine clinics specifically for individuals experiencing homelessness and those staff who work in congregate settings and the rest of the homeless serving system.
- Capital builds for permanent supportive housing units, bridge housing units, and recuperative care beds.
- Increase physical accessibility within the shelter system through a \$60,000 grant obtained from the Inclusive Community Grants Program, Ministry for Seniors and Accessibility.
- Built for Zero - continue to work on implementing a coordinated access system, implement a common assessment and mini diversion tool across the homeless serving system.
- In alignment with the Housing and Homelessness Action Plan, continue to implement system transformation in the areas of housing focused shelter, prevention and transitional housing.
- Enhance HIFIS through improved data quality and policy projects.
- COVID-19 funding has allowed for additional mental health worker supports for Home for Good supportive housing clients, emergency shelter and high acuity clients of the housing focused shelter.
- Implement a Point-in-Time Count of homelessness, with results reporting in Q3 of 2021.
- Develop the Homelessness Services data strategy to enhance measurement and progress toward program and system-wide key performance indicators

Alternatives Reviewed

N/A.

Relationship to Council Strategic Priorities

Homelessness services support the Healthy and Vibrant Community Council Priority.

Other Pertinent Reports

- CWCD 286-2020 Homelessness Plans for Winter 2020
- CWCD 171-2020 Niagara Assertive Street Outreach (NASO) 211 Referral Line

- CWCD 108-2020 Confirmation of Incremental CHPI Funding – Homelessness (COVID-19)
- CWCD 103-2020 Confirmation of Incremental Reaching Home Funding – Homelessness (COVID-19)
- COM C 14-2020 2020 RFPQ-08–Niagara Emergency Energy Fund NEEF
- COM C 13-2020 2019 RFP-305–Prevention Request for Proposal Award Results
- COM C 11-2020 2019 RFP-308–Housing with Supports – Supported Transitional Housing Request for Proposal Award Results
- COM C 9-2020 2019-RFP-311 Housing for Good for Proposal Award Results
- COM C 8-2020 2019-RFP-310 Housing First Request for Proposal Award Results
- COM C 7-2020 2019-RFP-300 – Assertive Street Outreach Request for Proposal Award Results
- COM 14-2020 Homelessness System Report
- COM 8-2020 Housing and Homelessness Action Plan Update 2019
- COM 6-2020 Homelessness Services Housing First and Home for Good Contract Extensions
- COM 4-2020 Emergency Shelter Negotiated Request for Proposal (NRFP) Award Results
- COM 1-2020 Community Homelessness Prevention Initiative Investment Plan 2020-21
- CWCD 285-2019: Niagara Region Participation in Built for Zero Canada

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Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
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Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Stephanie Muhic, Program Financial Specialist, Kristina Nickel, Program Evaluation and Data Advisor and reviewed by Cathy Cousins, Director, Homelessness Services and Community Engagement.

Subject: Housing and Homelessness Action Plan Update 2020

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 11, 2021

Recommendations

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

Key Facts

- The purpose of this report is to update Council and the Ministry on actions completed in 2020 related to Niagara's Housing and Homelessness Action Plan (HHAP).
- Consolidated Municipal Service Managers (CMSM) are required to report to the public and Ministry of Municipal Affairs and Housing (MMAH) by June 30 each year with respect to efforts of the previous year. This report serves to meet the requirement for 2020.
- The HHAP provides a complete vision for aligning activities to address current and future need in Niagara related to affordable housing and homelessness.
- In 2020, the HHAP focused on activities related to policies and practices that support a shift to better practice and housing-focused homeless services, and increased readiness for developing local affordable and community housing.
- During the COVID-19 pandemic the HHAP continued to guide ongoing homeless services system transformation by informing pandemic responses that were consistent with long term system goals and could be leveraged as part of the ongoing housing and homeless system after the pandemic response has ended.

Financial Considerations

The resources required to facilitate the management of the Housing and Homelessness Action Plan (HHAP) are provided within the approved annual budget.

Analysis

The purpose of this report is to update Council and the Ministry of Municipal Affairs and Housing (MMAH) on progress achieved in 2020 related to Niagara's updated HHAP. Consolidated Municipal Service Managers (CMSM) are required by legislation to report

to the public and MMAH by June 30 each year with respect to efforts of the previous year. This report serves to meet the requirement for 2020.

The HHAP was developed in response to the *Housing Services Act 2011, section 6*, which requires municipalities to establish and implement a 10-year plan to address local housing and homelessness needs. The five-year review and updated HHAP was approved by Regional Council in October 2019, pending ministry approval. In March 2020, MMAH confirmed that they had reviewed Niagara's five-year review and updated Housing and Homelessness Action Plan.

The HHAP provides a complete vision for aligning activities to address current and future need in Niagara related to affordable housing and homelessness. The plan is expected to be responsive to recent changes in the community and the housing market that affect local demand for homelessness services and affordable housing over the long term. In 2020, Region and Niagara Regional Housing (NRH) staff continued to align the recommended housing strategies of the New Official Plan, Community Housing Master Plan and HHAP.

The HHAP incorporates recognized Canadian best practices and emerging practices in the areas of land use planning, affordable housing, and homeless services. This includes Built for Zero Canada (BFZ-C), a national initiative to end chronic homelessness in which Niagara has participated since 2019. BFZ-C focuses on decreasing the number of people experiencing chronic homelessness and ensuring the experience of homelessness is brief and non-recurring.

Niagara Region cannot accomplish the goals of the HHAP on its own, and so must partner broadly with housing and homelessness services providers, across the health, corrections and child welfare systems, with municipal, provincial and federal governments, and with Indigenous organizations and communities. The HHAP working groups support collaboration in nine focus areas by providing opportunities for participants to align initiatives and provide input to the CMSM about service and system planning on an ongoing basis. In 2020 the HHAP working groups included:

- Assertive Street Outreach
- Housing-Focused Shelter
- Supported Transitional Housing
- Housing First and Home for Good
- Coordinated Access and By-Name List
- Lived Experience Advisory
- Homelessness Prevention and Diversion
- Housing Provider Advisory
- Housing Affordability and Innovation

During the COVID-19 pandemic the HHAP continued to guide ongoing homeless services system transformation by informing pandemic responses that were consistent with long-term system goals and could be leveraged as part of the ongoing housing and homeless system after the pandemic response has ended. Mindful of the pandemic, the HHAP work focused on policies and practices that support a shift to housing-focused homeless services and increased readiness for developing local affordable and community housing. Pandemic responses that align with the long-term HHAP strategy include:

- Use of a low-barrier, housing focused approach to support people to exit from homelessness at the isolation shelter and Housing Focused shelter pilot.
- Increased access to appropriate health, mental health trauma, and addictions supports for people experiencing homelessness through a partnership between outreach with EMS and the LHIN.
- The initiation of the Niagara Falls Bridge Housing Project, which includes recuperative beds, which seeks to reduce discharges from hospital to homelessness.

Further to Council direction in October 2019 (COM 40-2019), staff continued to provide regular updates about activities, outcomes and challenges related to the HHAP throughout 2020. Highlights from 2020 related to the four HHAP goals include:

Goal 1 – House People Who do not Have a Home

- Through participation in BFZ-C, Niagara became one of 23 Canadian communities to have implemented a Quality By-Name List (BNL) in November 2020. The BNL provides real time data about people experiencing homelessness in Niagara, and is used to support clients to access appropriate housing and supports and inform system level decision making.
- Increased access to supportive housing through the addition of 20 new Home for Good program spaces. As well, additional spaces became available as a result of the successful discharge of 8 Housing First program participants.
- Expanded and enhanced Niagara's Assertive Street Outreach (NASO) to provide a low-barrier, housing-focused approach to engage those who are living rough (including at encampments) and support them to engage in the broader system of housing and homeless services. In 2020 NASO engaged with 456 unique individuals, 215 of which entered shelter or a more stable housing situation.
- Launched the HHAP Supported Transitional Housing Working Group, to begin transformation of supported transitional housing services.

- There were 905 shelter discharges to a more stable housing situation. The shift continued toward housing-focused shelters that maintain a focus on helping shelter clients move to safe, permanent housing as rapidly as possible, through:
 - The launch of the Housing Focused Shelter pilot, to test coordinated access for entry into the Housing First and Home for Good programs, ensuring consistent prioritization of clients with the longest experiences of homelessness and highest acuity of need for these programs.
 - The introduction of housing focused shelter policies, including use of common assessments across shelter providers, reducing restrictions to shelter access, and increasing continuity of service.

Of the 2,136 unique individuals who accessed emergency shelter in 2020, the largest proportion were single men (30.6%), single women (17.0%), seniors 55+ (11.6%), youth 16-24 without a guardian (10.6%), and Indigenous individuals (9.2%). Seventy-three individuals (3.4% of shelter clients) had 180+ days in shelter.

Goal 2 – Help People to Retain a Home

- Initiated the process to transform homelessness prevention in line with recognized best practices and the BFZ-C model, to reduce inflow into homelessness and the number of homeless individuals who become chronically homeless.
- Expanded youth shelter diversion to the adult shelter system. Shelter diversion supports individuals seeking access to emergency shelter to find and secure safe alternatives to shelter that may be available to them, and maintain their supports in the community while reducing demand for emergency shelter beds. In 2020, there were 98 successful diversions for youth (age 16-24 years), representing 30% of possible shelter intakes and 129 successful diversions for adults (age 25+), representing 9% of possible shelter intakes.
- Expanded the landlord specialist role in the Housing First and Home for Good programs to assist service providers and program participants to have positive relationships with landlords in order to sustain successful tenancies.
- In collaboration with Niagara Region's Mental Health division, a mental health social worker was introduced to enhance service access for those with concurrent disorders who are experiencing homelessness in response to the findings of the concurrent disorders shelter assessment pilot.
- Eviction prevention and supports have been extended to housing providers and the Rent Supplement program on a pilot basis through Ontario Priorities Housing Initiative (OPHI) funding.

- NRH supported affordable home ownership by entering into an agreement with a developer in St. Catharines to provide an opportunity for ten NRH tenants currently paying market rent to purchase a micro condominium with down payment assistance through the Welcome Home Niagara program.
- NRH provided rental assistance to 254 households on the NRH waitlist through the administration of the Canada Ontario Housing Benefit (COHB).

Goal 3 – Increase Housing Options and Opportunities for Low- and Moderate-Income Households

- Niagara Region's Planning and Development Services prepared a Joint Report on the new Niagara Official Plan that includes substantial completion of background studies, options and policies on various land use matters, including the Affordable Housing component of the Plan. Substantial public consultation was completed, including the use of virtual engagement methods. Additional public consultation will follow in summer and Fall 2021.
- Planning and Development Services retained the Canadian Centre for Economic Analysis (CANCEA) to update the forecasts of housing need in the Niagara Housing Statement to 2051. The updated statement defines housing affordability and includes data on affordable housing requirements, core and deep core housing need at the regional and local area municipal level, and income levels and job categories for different submarkets.
- Planning and Development Services delivered existing incentive programs while advancing interdepartmental work on the Regional Incentive Review. The review work included the preparation of programs to align with the four priority areas identified by Council (Affordable Housing, Brownfield Remediation, Employment, Public Realm), engagement with local area municipalities and coordination with other key Region projects.
- NRH awarded the contract for the Community Housing Master Plan in early November, with work beginning immediately. The Master Plan will provide a long-term road map to ensure the sustainability of existing community housing stock and outline the future needs for community housing in Niagara.
- NRH and Region staff participated in local area municipality working groups on affordable housing and provided data and support to local area municipalities developing affordable housing plans and implementing housing initiatives.
- NRH hired an additional project manager to support non-profits and agencies that expressed interest in affordable housing development by completing front-end development planning activities. Community projects supported in 2020 represented a potential of 372 units in seven local municipalities.

- NRH partnered with 37 new in situ units/landlords, which will provide rent-geared-to-income subsidy to tenants in their current homes.
- Progress on new affordable and community housing development included:
 - 8 Home for Good units (Gateway Residential and Support Services, Port Colborne), occupied February 2020
 - 30 net new units (Stamford Kiwanis, Niagara Falls), completed January 2020
 - Remediation of units (St David's Road, St Catharines), 3 units in progress
 - 6 net new units (Ormond Street, Thorold), 2 units in progress
 - 20 Bridge Housing units (Niagara Falls), initiated November 2020 and on track for December 2021 occupancy
 - 73 NRH owned units, including 10 Housing First units, at Hawkins Street (Niagara Falls), 40% complete and on track for target completion January 2022
 - 15 Home for Good units (YWCA Oakdale Commons, St. Catharines), nearing completion at end of 2020

Goal 4 – Build Capacity and Improve the Effectiveness and Efficiency of the Housing and Homelessness System

- Increased alignment of contracted homelessness services with the system 2.0 model by introducing concepts and requirements (Housing First Approach, Coordinated Access) to service providers through contracts executed in April 2020.
- Increased the use of system and program standards for funded homelessness programs (Niagara Assertive Street Outreach, housing focused shelter, Housing First and Home for Good) through contract management and HHAP working groups.
- Supported provider capacity through virtual training for Assertive Street Outreach and Housing First and Home for Good workers in summer 2020.
- Collaborated with Regional Essential Access to Connected Healthcare (REACH) Niagara to provide access to primary care for shelter and NASO clients with unmet health needs.
- Introduced peer support into the Housing First and Home for Good programs to formalize how those with previous lived experience of homelessness provide support to people who are experiencing chronic homelessness, to help them to leave the street.
- Successfully applied to the Inclusive Community Grants Program, through the Ministry for Seniors and Accessibility for \$60,000 for resources to address barriers for persons with a disability in accessing the Regionally funded shelter system.

- Initiated planning for Niagara's homelessness enumeration in March 2021. The count will be used to validate the information in Niagara's By Name List.

A key component of BFZ-C, the Quality By-Name List supports system planning to meet community need. Of the 365 unique (chronically homeless) individuals on Niagara's Quality By-Name List at December 31, 2020, the largest proportion were single men (29.6%), single women (20.0%), seniors 55+ (14.8%), youth 16-24 without a guardian (13.7%), and Indigenous individuals (12.3%).

Alternatives Reviewed

Not applicable. Reporting is required under the *Housing Services Act, 2011* per its regulations as noted above.

Relationship to Council Strategic Priorities

The HHAP describes actions, outcomes, and targets for the priority project of Affordable Housing that supports the Council Priority of a Healthy and Vibrant Community and contributes to Council's direction to develop and implement an affordable housing strategy.

Other Pertinent Reports

- COM 40-2019 Five-Year Review of Niagara's 10-Year Housing and Homelessness Action Plan
- COM-C 2-2020 HHAP Update January 2020
- COM-C 3-2020 HHAP Update February 2020
- COM-C 18-2020 HHAP Update (March, April and May Activities)
- COM-C 25-2020 HHAP Update (June, July, and August Activities)
- COM-C 33-2020 HHAP Update (September, October, November Activities)
- COM-C 9 2021 HHAP Update (December, January, February)
- COM 10-2021 Homelessness Services Report 2020

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Ron Tripp, P.Eng.

Acting Chief Administrative Officer

This report was prepared in consultation with Wendy Thompson, Community Resource Unit Manager Niagara Regional Housing and Alexandria Tikky, Planner Planning and Development Services, and reviewed by Cathy Cousins, Director Homelessness Services & Community Engagement.

Subject: New Provincial-Municipal Vision for Social Assistance, Part II

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 11, 2021

Recommendations

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

Key Facts

- The purpose of this report is to outline system changes underway in Niagara, achievements and early learnings, including challenges aligned with the province's New Provincial-Municipal Vision for Social Assistance.
- On April 15, 2021 proposed amendments to the Ontario Works Act were tabled in the Legislature aligned to the new vision.
- 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.
- 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.
- It is anticipated that municipalities will be responsible to deliver life stabilization and person-centred case management support to both Ontario Works (OW) clients and adults on the Ontario Disability Support Program (ODSP), resulting in over 15,000 additional people requiring service from SAEO between 2021 and 2024 when the system reaches a mature state.
- It is unknown if provincial funding will increase relative to the demand for service.

Financial Considerations

There are no financial implications associated with this report. Social Assistance and Employment Opportunities (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 second of two reports related to the province's New Provincial-Municipal Vision for Social Assistance.

The purpose of this report is to outline system changes that are underway and share SAEO's achievements and early learnings, including challenges aligned with the new vision.

Need for Change

The new vision builds on previous system redesign efforts to modernize, streamline, reduce administrative burden and advance human services integration to improve client outcomes.

In addition, 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 when federal COVID benefits end.

Legislative Changes

On April 15, 2021, the government proposed amendments to the *Ontario Works Act* (OWA), focusing on two key areas:

- Changes that would enable the re-alignment of Ontario Works functions across municipalities and the Ministry to support a new provincial-municipal delivery model; and,
- Changes that would support an enhanced focus on life stabilization to enable people on social assistance to achieve greater independence and financial resilience, connecting them to a network of supports that are right for them and connected to their communities.

These proposed changes would be critical enablers to implementing a new model that supports a whole-of-government approach to accessing human services that will not only help more people succeed in employment, but also support better outcomes in other areas of life including health and education.

Provincial – Municipal Roles and Responsibilities

The new provincial-municipal delivery model for social assistance looks at provincial and municipal roles and responsibilities, not along the traditional program lines of OW and ODSP, but rather identifying who can best provide a service to get the best results for people.

The Ministry of Children, Community and Social Services (MCCSS) has started the work of transformation by realigning the following roles and responsibilities:

MCCSS will:

- Deliver centralized intake for financial assistance
- Administer financial controls and back-office functions suited to centralization or automation
- Assume accountability for program decisions

Municipalities & District Social Service Administration Boards will:

- Deliver services such as life stabilization, including needs assessment, service planning, warm referrals, discretionary benefits (e.g. funerals, dental care)
- Person-centred, connected supports, and navigation of broader system (e.g. housing, employment, health)

Ministry of Labour, Training and Skills Development (MLSTD):

- Deliver employment programs for OW and ODSP as part of the transformed Employment Ontario (EO) service system

In essence, the changes to the provincial-municipal roles and responsibilities result in the province taking over responsibility for how people enter and exit social assistance and the municipality maintains the responsibility for providing support and services to help people move through the system. Municipalities will be expected to deliver person-centred case management support to OW clients and adults on ODSP. The shift in roles and responsibilities from the province to the municipality to provide life stabilization case management support to adults on ODSP will result in over 15,000 additional people requiring service from SAEO between 2021 and 2024, when the system reaches a mature state.

System Changes Underway in Niagara

Centralized Intake

Individuals in need of assistance now apply through a provincial digital application or by contacting a provincial Centralized Intake Unit by phone. Risk based eligibility determination uses the applicant's self-declared information, including household composition, income, assets and living arrangements to validate against information available in proprietary or other government data sources. The assessment is used to determine the timeline for verification at the local level (immediate, within one month or three months). MCCSS has set a target of 70% of applications to be processed without intervention at the local level.

Achievements

In February 2021, SAEO successfully launched centralized risk based intake. To date, approximately 60% of cases require no intervention at the local level. SAEO worked with community partners to explore alternate paths for clients who are experiencing an emergency or have urgent needs. High risk and homeless individuals continue to be assessed at the local level through a warm transfer from MCCSS or a direct referral from community partners. Youth applicants, those requiring interpreters and individuals applying for Temporary Care Assistance will also continue to have their eligibility assessed at the local level due to the increased potential for complexities related to their needs and circumstances.

Early Learnings and Challenges

The shift in roles and responsibilities for the intake function is not, at this time, realizing administrative efficiencies at the local level as anticipated. The process generates a multi-page document outlining the tasks required by SAEO staff for each granted case through MCCSS. Post approval, there are significant technical components and activities required within the Social Assistance Management System (SAMS) to complete the granting process. Staff are then required to contact new applicants within one to three months, depending on the outcome of the risk assessment to complete verification and offer other case management supports. In addition, applicants continue to reach out to SAEO seeking information on the status of their application with MCCSS. Time is also spent assessing individuals deemed ineligible through MCCSS and offering local intervention for applicants where additional information is required.

Life Stabilization

There is enhanced focus on life stabilization as a component of the Ontario Works program. The purpose of focusing on life stabilization is to improve clients' individual circumstances by addressing barriers, and better enabling and preparing OW clients and adult family members on ODSP to participate in employment services and employment.

The province recognizes that municipalities have greater expertise in providing life stabilization services and supports, as this always represented a significant portion of their efforts previously with OW clients. Therefore, municipalities will be responsible to deliver life stabilization and person-centred case management support to both Ontario Works clients and adults on ODSP, resulting in over 15,000 additional people requiring service from SAEO between 2021 and 2024, when the system reaches a mature state.

Life stabilization supports are provided in four service areas:

- Basic Needs (food, housing, crisis),
- Health (mental health and addictions, physical health),
- Life Skills (essential skills, education, literacy) and;
- Community Supports (childcare, transportation, cultural, legal).

Achievements

As part of the new operating model, MCCSS introduced a new digital Common Assessment Tool (CAT) to support the enhanced focus on life stabilization. The CAT is administered by OW and ODSP staff and captures information about clients including strengths, barriers to employment and life stabilization needs. Since January 1, 2021, SAEO staff have completed over 6,000 CATS with individuals in order to support life stabilization, service planning, warm referrals to community partners and provision of discretionary benefits.

Early Learnings

SAEO is responsible for the provision of financial supports, for items such as bus passes and internet access to address life stabilization related needs for OW and adults on ODSP. SAEO has adapted local benefit policies to reflect the new operating model. Clients will continue to be assessed for participation benefits on an individual basis by SAEO staff. Further adjustments to policy adjustments will be necessary if provincial funding does not correspond with caseload increase.

Employment Services Transformation (EST)

The vision of employment services transformation is to build a locally responsive employment services system, integrating employment programs for OW and ODSP 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.

The integration of employment programs for OW and ODSP into EO resulted in the reallocation of 22% (\$4.4M per annum; inclusive of both staffing supports and client employment related benefits) of Niagara Region's OW Delivery Funding from MCCSS to MLTSD effective January 1, 2021. As a result, SAEO experienced a staff reduction of 14 permanent full time positions (1 non-union and 13 union) to respond to changes in funding associated with EST.

Achievements

The CAT is used to help inform an OW and ODSP client's readiness for a referral to Employment Ontario for employment services. Of the 6,000 CAT assessments completed to date, approximately 35% of clients were assessed as being ready for a referral to EO for employment services. Prior to EST, approximately 30% of OW clients were referred to EO for employment services. Strong relationships have been fostered between OW, ODSP and the EO service system manager, FedCap, to resolve issues, share best practices and provide transparent service. Through joint collaboration, SAEO has already successfully influenced system improvements and facilitated access to employment services for clients.

Early Learnings

As a prototype site for EST, SAEO has worked with the MCCSS and MLTSD to identify client service and benefit gaps. The provision of benefits/financial supports differ between OW and EO, creating a gap in benefits for clients for items such as transportation and digital access. SAEO continues to monitor the impact of system changes on client benefits. Thus far, the changes have resulted in a reduction in funding available for clients for items such as interview clothing and transportation to attend a job interview. Changes to local policy were required in order to stay within budget while striving to meet the needs of clients.

Provincial-Municipal Co-Design

There is a comprehensive process of co-design and prototyping of the new provincial-municipal delivery model underway to gradually transform the delivery of social assistance across Ontario.

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

Achievements

Throughout the pandemic and transformative change, SAEO continues to provide seamless, high quality service and support to Niagara's most vulnerable residents. SAEO successfully transitioned to a hybrid model with 80% of staff working remotely and providing uninterrupted service to clients. All five offices remain open and over 4,000 in-person supports have been provided to those in need since July 2020.

SAEO continues to focus on the components of change management in order to support staff through significant change. This has included sharing the province's vision, identifying change agents to support and champion change, sharing clear and frequent communication in various forums including town halls, Q&A's, Zoom meetings and dedicated email addresses to pose questions. SAEO has developed comprehensive in-house training for all staff on new provincial initiatives and frequent changes to the OW directives.

Early Learnings

Social Assistance is undergoing an unprecedented amount of system change. There are factors that are likely to result in increased demand for service by the Region's Social Assistance team including the end of federal pandemic benefits (now anticipated for the end of September 2021) and the expansion of the population served (further to the provincial system transformation) to include adults on ODSP.

As transformation continues for employment services and social assistance, it is anticipated that the funding model will evolve alongside the system changes. The

transformed system is expected to include a new approach to funding and a new performance and accountability framework co-designed between the province and municipalities. As the caseload increases, it is unknown how or if provincial funding will increase relative to the demand for service.

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 7–2021 New Provincial-Municipal Vision for Social Assistance
- COM C 4–2020 Provincial Employment Transformation
- CONF C 1-2020 Ministry of Labour, Training and Skills Development Plan to Transform Employment Services

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This report was prepared in consultation with Melissa Austin, Manager of Social Assistance and Employment Opportunities.

MEMORANDUM

PHD-C 9-2021

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

Date: May 11, 2021

To: Public Health & Social Services Committee

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

Current Status as of April 29, 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 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. Israel and the UK have endured 3-4 month lockdowns to lower cases, but with high vaccination coverage are now able to reopen widely.
- Canada has not had success in acquiring vaccine early, and similar to what European countries experienced in past months, and most provinces are now experiencing third waves. Hospital and ICU beds are extremely stretched in Ontario which is experiencing the worst wave, and many persons are dying of COVID-19 again.
- As cases have gone up in Ontario, they are also now high in Niagara. Most cases continue to be the result of spread in the community—in household and gatherings in one's home, as well as some outbreaks in workplaces.
- High cases and many outbreaks have overwhelmed Public Health's capacity for follow-up and contact tracing. Most contact tracing is much more cursory. As cases reduce, more fulsome contact tracing will again be possible.
- Retention and recruitment of staff for contact tracing has been a particular challenge. With overwhelmed hospitals and vaccination programs aggressively hiring, staff are leaving to take those opportunities. The difficulty of contact tracing, including the non-cooperation of the public and anger directed towards

Public Health, has made these roles less desirable and more challenging to fill. Attempts are ongoing to recruit more capacity.

- Vaccinations are progressing through Phase 2 priorities, particularly for elderly persons in a sequence of decreasing age categories. Persons with the highest risk chronic conditions are also being vaccinated, and persons with other health conditions will soon become eligible as well. People who cannot work from home will become eligible for vaccination within the next few weeks.
- The increase in vaccinations has come with it an increase in adverse event investigations. Public Health is needed to redeploy and hire additional resources for investigating the hundreds of adverse events being reported.
- Temporary redeployment of chronic disease staff to support mass immunizations has ended, and these staff are resuming work at mitigating and preventing the worsening of chronic diseases that arose over the past year of the pandemic.
- A dedicated partnership with primary care allowed delivering a grade eight school-vaccine catch up clinic during the week-long April School Break.
- In Emergency Services, call volumes for EMS have largely returned to normal levels as business and life has resumed. EMS is also playing a role in vaccination and supporting our hospitals.
- EMS is closely monitoring patient flow within local emergency departments and working with Niagara Health to ensure capacity and surge planning for anticipated COVID-19 related hospitalizations.
- Emergency Management continues to support both Regional and Local Area Municipal EOC's for coordinated response and business continuity planning.

Previous (April 13) 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](#).

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. Having a dedicated team of public health professionals specialized in communications and engagement has been invaluable to managing the volume and scientific content of messaging needed through the pandemic. Some regions without dedicated teams have needed to build them with redeployments during the pandemic, a challenge that Niagara did not have.

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.

Public Health has now launched mass immunization clinics. As of late April, clinics are vaccinating up to 1600 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

- 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 contact tracing on all new cases and has significantly curtailed follow-up.
- As cases of COVID-19 decrease, Public Health will resume more fulsome contact tracing in a phased approach, calibrated by capacity and risk.

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.

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

- Increasing staff investigating adverse events following immunization since these will surge as vaccines are rolled out.

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 as well as providing additional support to outbreak prevention.

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.~~
- Temporary redeployments of staff to support mass immunization have ended, and staff are returning to addressing the increase in chronic diseases as a consequence of the pandemic.

3 month & 6 month

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

Family Health

Current State of Operations

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

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

Efforts are now underway to plan with schools on how school health programming may be delivered this fall. The Healthy Babies Healthy Children program has begun transitioning back to in-person visits with physical distance to better support families, as

well as in-person screening in the hospitals. The Nurse Family Partnership has also been able to transition to mostly in-person visits using physical distance having maintained visiting at pre-COVID levels for the prior 3 months with more virtual visits.

As of April 2021, limited dental services for those at highest risk has been able to resume.

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 April 17, 2021:

- 852 registrants for online prenatal education
- 4009 HBHC postpartum screens and assessments completed by PHN
- 2527 HBHC home visits
- 1223 Nurse Family Partnership visits
- 797 Infant Child Development service visits
- 1092 Breastfeeding outreach visits

- 3261 interactions with Niagara Parents (phone, live chat, and email)
- 273 moms received support and skill building through our cognitive behavioural therapy post-partum depression group
- 241 visits to families receiving support and skill building through our Triple P Individualized Parent Coaching

Operational Outlook

1 month

- Resumption of additional support for vulnerable families

3 month & 6 month

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

Organizational and Foundational Standards

Current State of Operations

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

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

Services/Operational Changes

- Cessation of public health surveillance work
- Cessation of most public health communications and engagement work

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

Operational Outlook

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

Emergency Medical Services

Current State of Operations

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

Services/Operational Changes

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

Operational Outlook

1 month

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

3 month & 6 month

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

Emergency Management

Current State of Operations

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

Services/Operational Changes

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

Operational Outlook

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

Recommended by:

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

MEMORANDUM**COM-C 21-2021**

Subject: Ontario's Long-Term Care COVID-19 Commission Final Report
Date: May 11, 2021
To: Public Health and Social Services Committee
From: Adrienne Jugley, Commissioner

The Ontario Long-Term Care Commission delivered its final report April 30, 2021 ([Ontario's Long-Term Care COVID-19 Commission](#)). The report follows two interim recommendations released in October 2020 (CWCD 290-2020) and December 2020 (CWCD 336-2020).

The Commission details 85 recommendations in 11 categories. The recommendations in the report address interconnected, underlying issues that contributed to why COVID-19 spread through long-term care (LTC) homes in the way it did. The Report details recommendations that are intended to build a community of care' through the promotion and funding of person-centered care.

"The sector's future must be grounded in respect, dignity, compassion and kindness for the people who live and work in long-term care." Justice Marrocco.

Below is a listing of the 11 categories of recommendations and some key highlights.

Pandemic preparedness

- Pandemic plans (provincial and LTC home plans) to be guided by the precautionary principle, "Where there is reasonable evidence of an impending threat to public health, it is inappropriate to require proof of causation beyond a reasonable doubt before taking steps to avert the threat".
- The Ministry must ensure a pandemic stockpile of personal protective equipment and supplies.

Addressing the aftermath of COVID-19 for residents and staff

- The pandemic has had a significant and lasting impact on the emotional and psychological well-being of staff and residents in long-term care. Counselling services should be available to residents and staff living and working in long-term care during the pandemic.
- Infection prevention and control (IPAC) enhancement:
 - Appoint a full-time dedicated nurse per 120 beds as the home's IPAC Practitioner to oversee, implement and maintain the home's infection prevention and control program.
 - Maintain specific minimum IPAC education, training and certification requirements.

Strengthen health care system integration

- Ensure inclusion of long-term care homes in Ontario Health Teams.

Improve resident-focused care and quality of life

- Ensure that essential caregivers who have complied with IPAC training requirements are allowed to enter the home in outbreaks.
- The Residents' Bill of Rights should be amended to include the right to the technology required to permit residents to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
- Physicians must be required to physically attend when needed and within 24 hours of the request for care, when providing care to LTC home residents.
- Diversity and inclusion - the Ministry of Long-Term Care (MLTC), LTC Licensees, management and staff must respect and support diversity in the care and services provided to LTC residents.

French language services

- Design and implement a provincial strategy to increase French language LTC services and increase the number of French language beds.

Address the human resources challenges

- Staffing needs and capacity are paramount. There is an urgent need for skilled staff.
- Accelerate LTC staffing plan implementation (increase staffing to 4 hours of care per resident per day, and workload should be changed so staff can spend more time providing direct care to each resident).
- Increase the number of skilled staff.
- Expand the use of Nurse Practitioners - the Commission supports that the proper ratio for Nurse Practitioners in long-term care facilities to be set at a minimum of one full-time Nurse Practitioner for every 120 residents.
- Retain and attract qualified staff – to be achieved through improve working conditions and compensation, enhanced education, training and development, and the regulation of personal support workers.
- Enhance oversight of the Medical Director – introduce a system of formal oversight by the MLTC, Ministry of Health and College of Physicians and Surgeons.

Funding

- Increased investment in care.

Increase accountability and transparency in long-term care

- Improved public performance indicators and standards (continue the existing 6 indicators; introduce further indicators including family and staff experience, Medical Director engagement, and staffing indicators such as direct care staffing mix and direct care staff-to-resident ratios).
- The government should consult with the Canadian Institute for Health Information (CIHI) and long-term care stakeholders and then create a transition plan to introduce a new assessment and reporting system in Ontario.

Comprehensive and transparent compliance and enforcement

- Compliance – establish a compliance unit to encourage and assist with compliance training tools, compliance coaching, sharing best practices and tracking and reporting on improvements.

- Inspections – introduce a coordinated system between Ministry of Long-Term Care, Ministry of Labour and Public Health (sharing of information and reports).
- Enforcement – introduce proportionate and escalating consequences.

Health Protection and Promotion Act investigations

- Ensure opportunity for continued access to reports / documents from the pandemic.

Responding to the Commission's Report

- The MLTC should, on the first and third anniversaries of the release of this report, provide follow-up reports.

The Report acknowledges that the recommendations may require additional funding, legislative or regulatory amendments and will certainly require considerations of other supporting actions by government actors and long-term care homes.

For the Region's directly operated homes, the recommendations outlined in the Commission Report clearly align with the priority areas that Niagara Region Seniors Services has been focusing on – relational resident centered care, leveraging technology, staff training and engagement to optimize care outcomes, inclusion, and staff recruitment.

Seniors Services is reviewing the recommendations to initiate (or continue) work on those that can be completed within current resources, and to develop plans for implementation of the remainder of the recommendations. Progress updates related to these recommendations and provincial directives will be provided to the Public Health and Social Services Committee through ongoing quality reports.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner