



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

PHSSC 8-2021

Tuesday, September 14, 2021

1:00 p.m.

Meeting will be held by electronic participation only

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

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

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

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
3.1. <u>Health Equity Informed Planning Project Update - Health Impact Assessment (HIA) Review</u> Dr. M. M. Hirji, Acting Medical Officer of Health	4 - 26
3.2. <u>Data Matters</u> Sam Burgio, Corporate Performance Specialist, and Maggie Penca, Manager, Homelessness Services	27 - 38
4. <u>DELEGATIONS</u>	
4.1. <u>Mandating COVID-19 Vaccinations</u>	
4.1.1. April Arthur, Resident, Town of Smithville The delegation submission is attached to this agenda item as PHD-C 10-2021.	39 - 40

4.1.2. Steffannie Hancharyk, Resident, City of Thorold 41 - 42
The delegation submission is attached to this agenda item as PHD-C 11-2021.

4.1.3. Angie Domenegato, Resident, City of Niagara Falls 43 - 44
The delegation submission is attached to this agenda item as PHD-C 13-2021.

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

5. ITEMS FOR CONSIDERATION

5.1. COM 21-2021 45 - 67
Oonuhseh Niagara Native Homes Property Sale

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Approval of 2020 Public Health General Program Audit

6. CONSENT ITEMS FOR INFORMATION

6.1. COM-C 26-2021 89 - 98
Social Assistance Recovery and Renewal Provincial Newsletter

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Niagara Prosperity Initiative - Brock Report

6.3. COM-C 28-2021 101 - 102
Activities related to Niagara's 10-Year Housing and Homelessness Action Plan for June, July, and August 2021

6.4. COM-C 29-2021 103 - 104
Dr. Karl Stobbe – 2020 Canada Volunteer Awards, Community Leader Award Recipient

6.5. CWCD 2021-190 105 - 111
Opioid Update Memo

6.6. PHD-C 12-2021 112
Temporary COVID-19 Memorial

7. OTHER BUSINESS

8. NEXT MEETING

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

9. ADJOURNMENT

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

Health Impact Assessment (HIA) Overview

Public Health & Social Services Committee

September 14, 2021

M. Mustafa Hirji, Medical Officer of Health & Commissioner (Acting)
Kate Harold, Strategic Initiatives Coordinator

Health Impact Assessment (HIA) Overview

PHSSC September 14, 2021

Mustafa Hirji

Medical Officer of Health & Commissioner (Acting)

Kate Harold

Strategic Initiatives Coordinator

Health Equity Informed Planning

Understanding Linkages to Strategic Work at Niagara Region

HEALTHY AND VIBRANT COMMUNITY

Foster a high quality of life through safe, inclusive neighbourhoods and delivery of quality, affordable and accessible human services.




Health Equity Informed Planning

By focusing on the implementation of the Health Equity Strategic Plan, broaden the scope to the corporation as a whole to identify opportunities such as defining priority populations, healthy community design or inequities in service access.

Identify health and health equity impacts within projects through tactics such as embedding in capital project business cases, e-scribe reports or through Environmental Assessments.

- Increase access to health equity data and partnerships to drive decisions
- Increase consideration of health and health equity impacts in community and infrastructure design
- Greater organizational and public awareness of social determinants of health that impact individual health outcomes

Health Equity Informed Planning – Overview

- This project aims to address the unintended impacts on health or health inequities that result when decisions are made in non-health sectors
- Goals:
 1. Increase considerations of health and health equity during decision making and implementation in the Niagara region during 2019–2022
 -  **a. Objective 1- To incorporate HIAs into regional planning and budgeting processes by June 2022**
 2. Advance Health Equity & Socioeconomic Status
 3. Support Sustainable and Engaging government

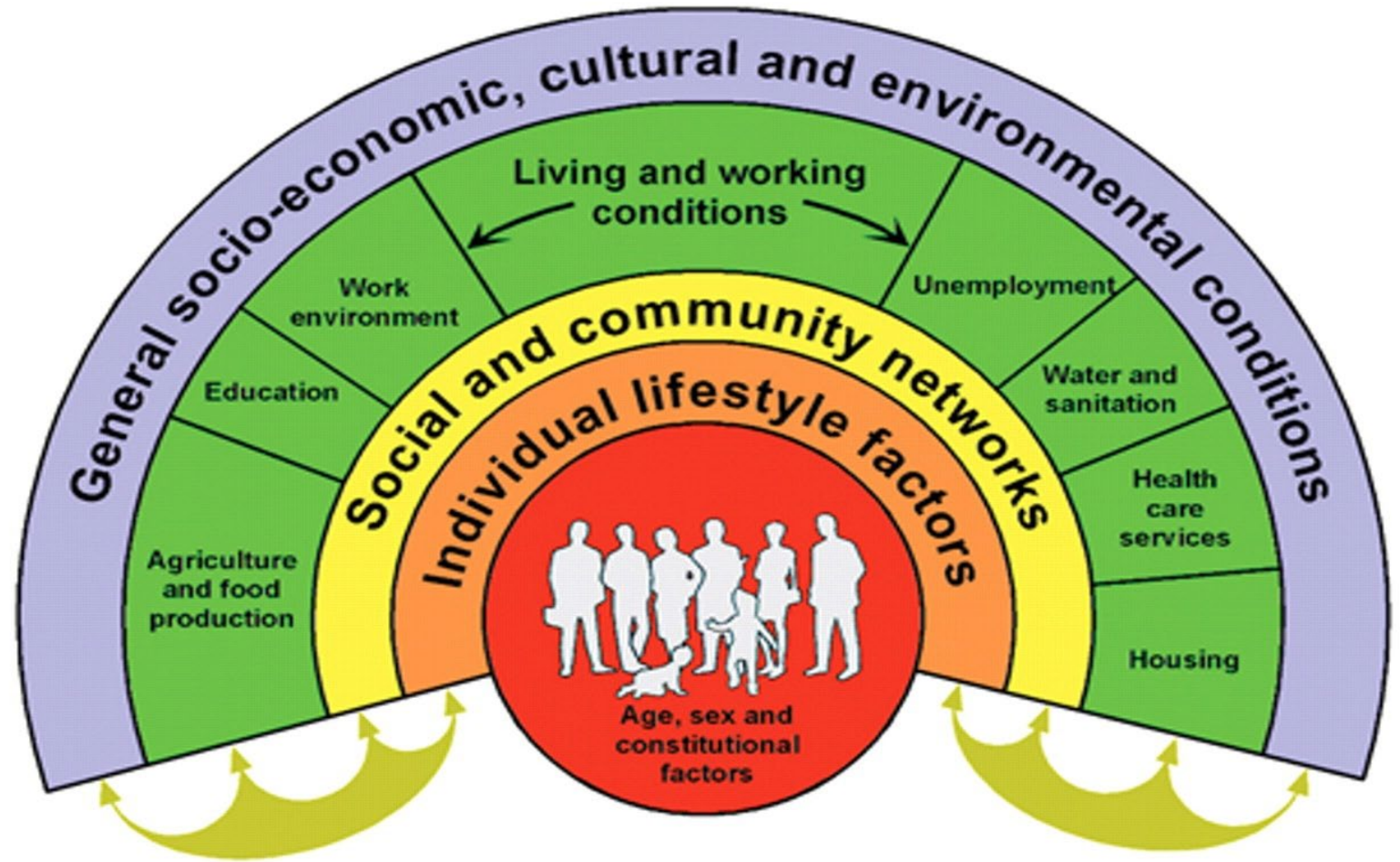
What is a Health Impact Assessment (HIA)?

Important Concepts

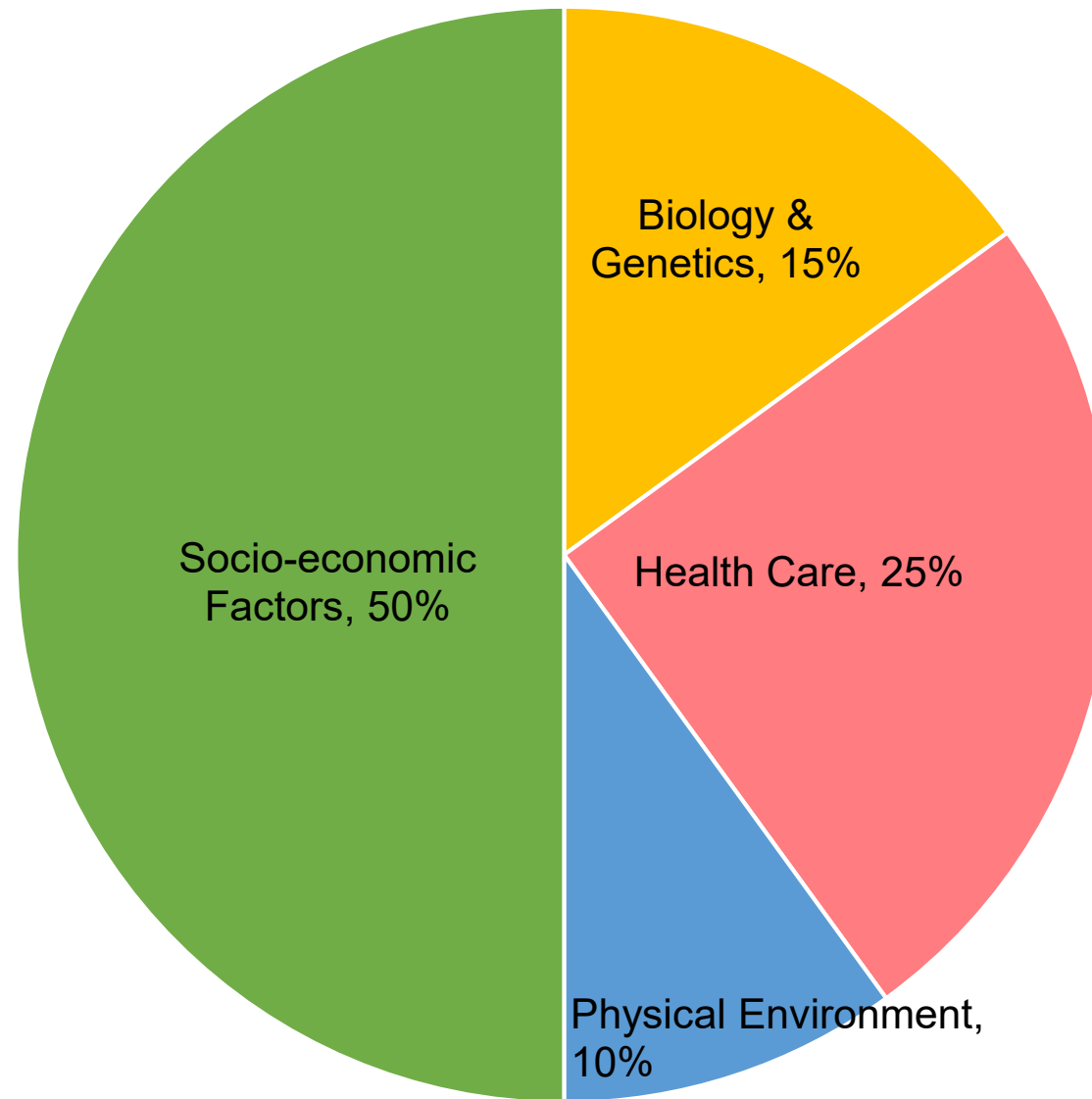
- The health of a population is closely tied to the conditions in which people live and work
- All sectors share responsibility for the health of the population
- As such, two concepts warrant further explanation:
 - *Social Determinants of Health*
 - *Health Equity*

Social Determinants of Health

- Social determinants of health are the factors in your life that affect how healthy or sick you are, including your race/ethnicity, gender, sexuality, level of social supports, working and housing conditions, your education, income and more



Dahlgren, G. and Whitehead, M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Futures Studies.



Keon & Pepin. A Healthy, Productive Canada: A Determinant of Health Approach.
The Standing Senate Committee on Social Affairs, Science and Technology Final Report of Senate Subcommittee on Population Health. June 2009.

Equality



Equity



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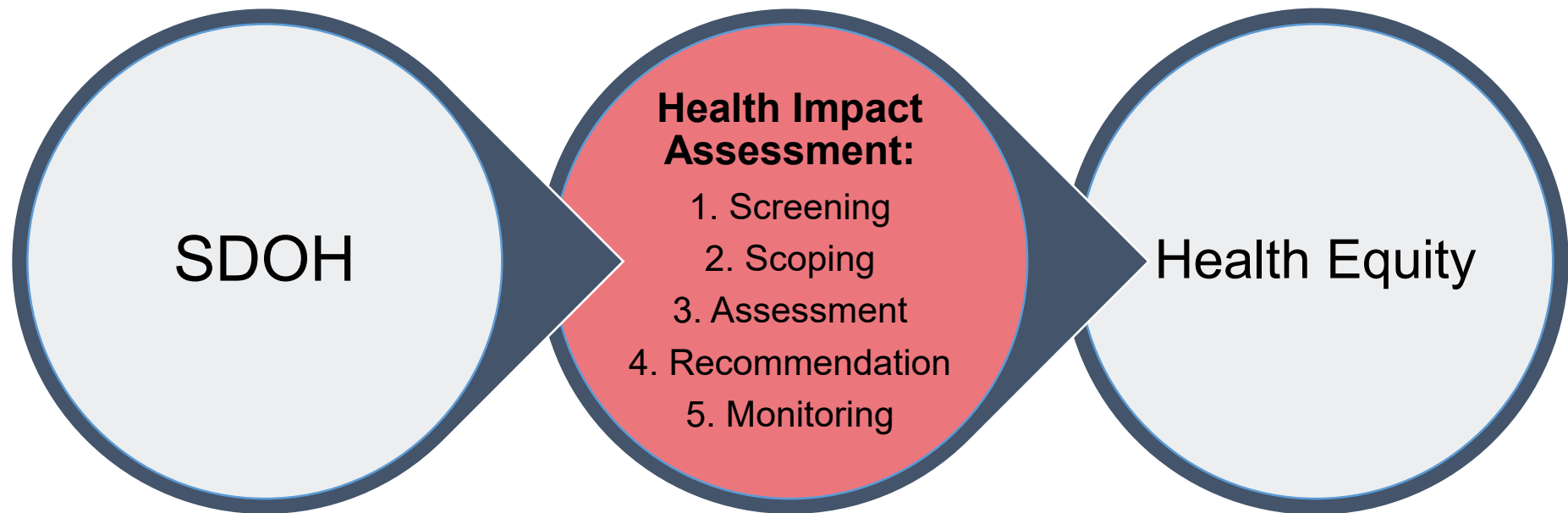
What is a Health Impact Assessment?

HIA is “a combination of procedures, methods and tools by which a **policy, program or project** may be judged as to its **potential effects on the health** of a population”

HIA is most frequently used to assess proposals that are **outside of the traditional health** sector, and which do not target health as their principal goal.

World Health Organization, Gothenburg Consensus, 1999

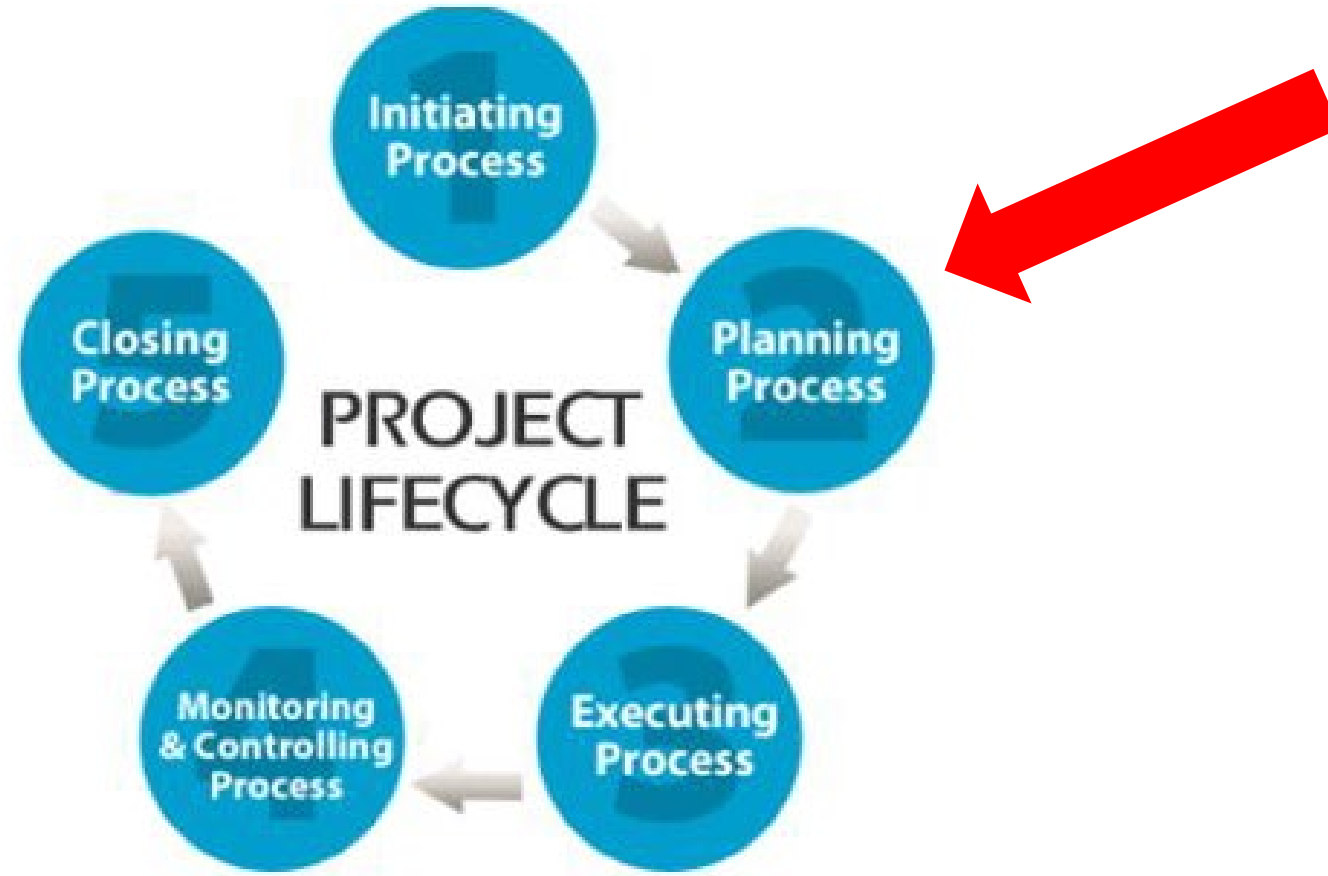
Putting it all Together



Who Uses HIAs?

- In Canada
 - Quebec
 - Vancouver
 - Toronto
- Outside of Canada
 - Europe
 - Cities in the United States
- Niagara Region
 - One of the first in Ontario to implement the HIA process into all capital projects
 - First jurisdiction in Ontario to create a standardized means to implement the process into daily work

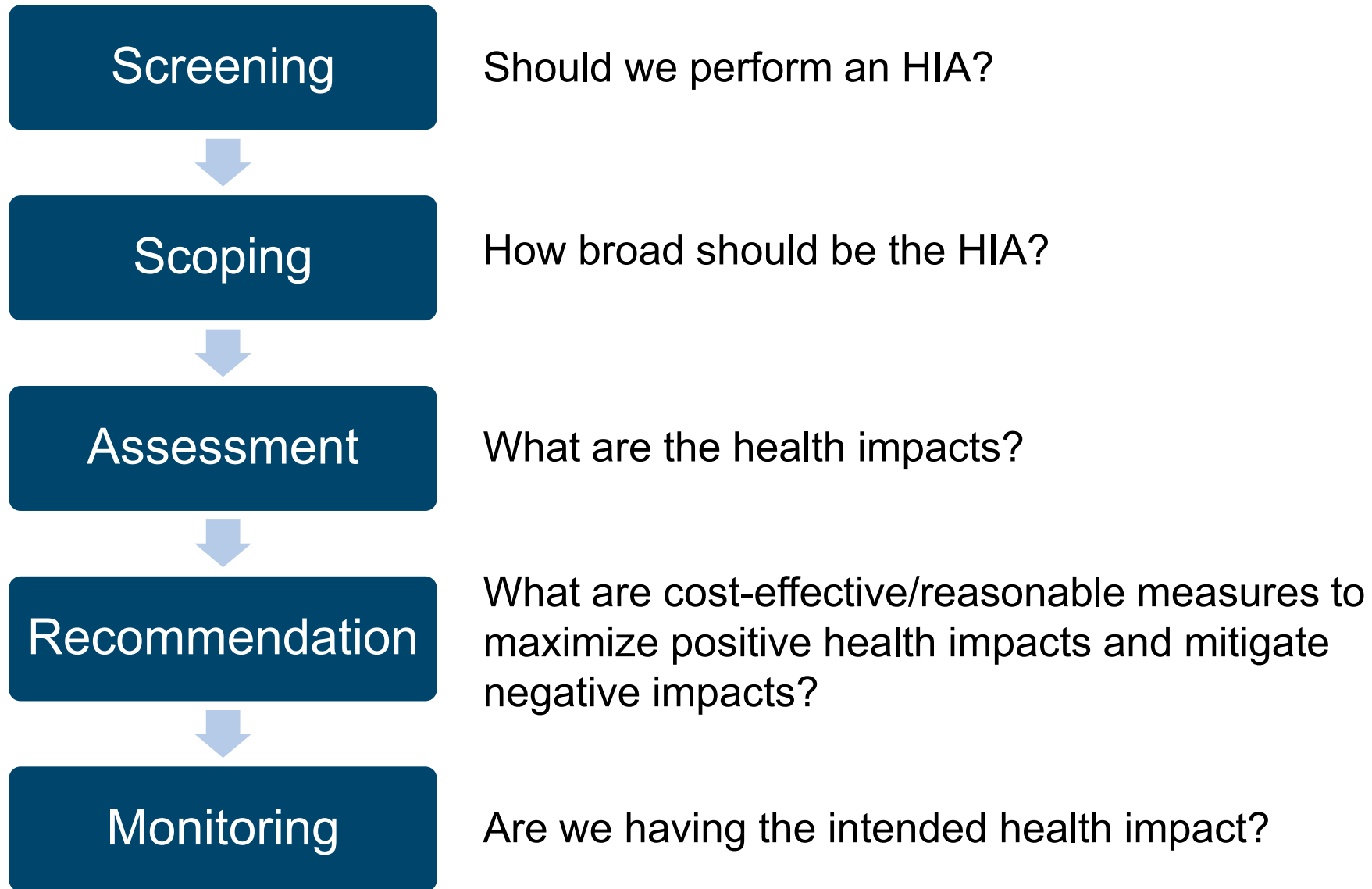
When should a HIA be completed?



Source: (Project Management Overview, 2017)

HIA Levels

	Rapid/Desktop	Intermediate	Comprehensive
Time	3-4 weeks	2-5 months	6-18 months
Personnel	1 FTE	0.5 FTE coordinator, team support	1 FTE, team support
Data Collection	Existing	Existing and some new data	Existing, extensive new qualitative and quantitative data
Stakeholder Involvement	Limited	Moderate	Extensive and Structured



Current State of HIA Work at Niagara Region

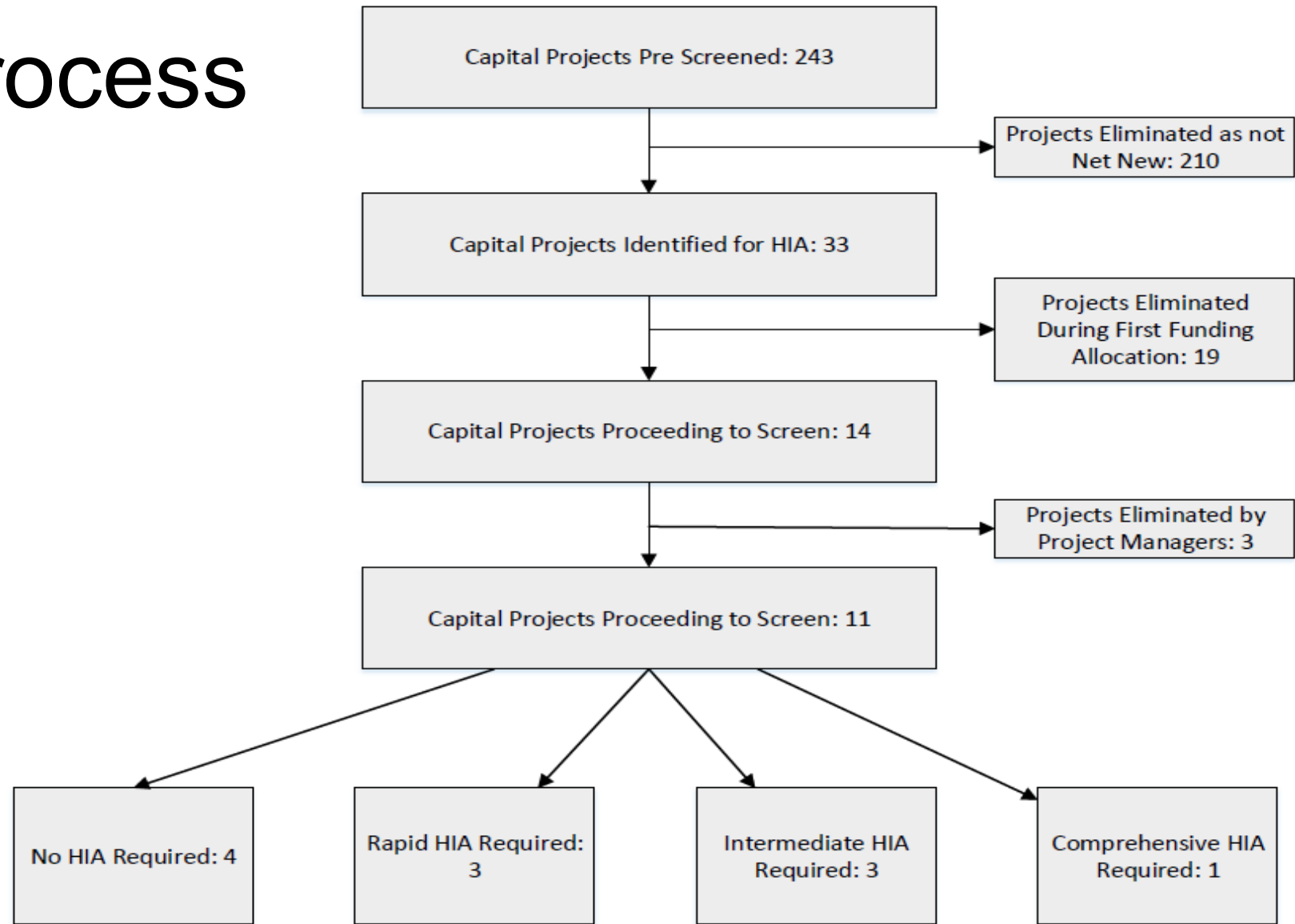
2021 Pilot Projects

Project Name	Department	Division	Level of HIA
Merritt Rd.	Public Works	Transportation Planning	Intermediate
Ontario St.	Public Works	Transportation Engineering	Rapid
Glendale Eco Park	Planning and Development Services	Long Range Planning	Rapid
Glendale Secondary Plan Update	Planning and Development Services	Long Range Planning	Intermediate
Niagara Falls Elevated Tank	Public Works	Water/Wastewater Engineering	Intermediate

Pilot Projects Overview

- **Determinants of Focus:** Transportation, Access to Public Services, Built Environment, Housing, Natural Environment
- **Short-Term Health Outcomes of Focus:** Collisions, Physical Activity, Access to Services, Accessibility, Social & Physical Connection and Cohesion, Safety, Climate Change
- **Long-Term Health Outcomes of Focus:** Chronic Conditions, Respiratory Diseases, Mental Health, Chronic Stress, Injury and Death, Emergency Service Access

HIA Process



2022 Capital Projects Included

Project Name	Department	Division	Level of HIA
POA Intensification	Community Services	Housing Services	Intermediate
Rds Rehab- Sodom Rd.- Lyons Creek to Willick	Public Works	Transportation Engineering	Rapid
Catherine St. Pumping Upgrades	Public Works	Water/Wastewater Engineering	Rapid
Niagara Escarpment Crossing*	Public Works	Transportation Planning	Comprehensive
Rds Rehab- Glendale Ave: Welland Canal to Homer Rd.	Public Works	Transportation Engineering	Intermediate
Capacity Improvement- Montrose Rd.: Lyons Creek to Canadian	Public Works	Transportation Engineering	Intermediate
Rds Rehab- Stevensville Rd.- Eagle to Bowen**	Public Works	Transportation Engineering	Rapid

Future State

- Each year, projects will be screened for inclusion in late **Spring**
- Following budget approval, HIA projects for the following year will be finalized in the **Fall**
- As part of the annual budget report, an appendix will be included that details the results of the HIA screening process for that year
- The success of this work is contingent on sustainable funding for a position to support HIA work
- Overall the HIA process will lead to improved health outcomes and increased health equity for all residents of Niagara

Questions?

For further information, or for any other questions please contact the project leads:

Kate Harold

- Kate.Harold@niagararegion.ca

Jacqueline Gates

- Jacqueline.Gates@niagararegion.ca

Thank you!

DATA MATTERS

Public Health & Social Services Committee

September 14, 2021

Sam Burgio, Corporate Performance Specialist
Maggie Penca, Manager, Homelessness Services



DATA MATTERS

Public Health & Social Services Committee
September 14, 2021

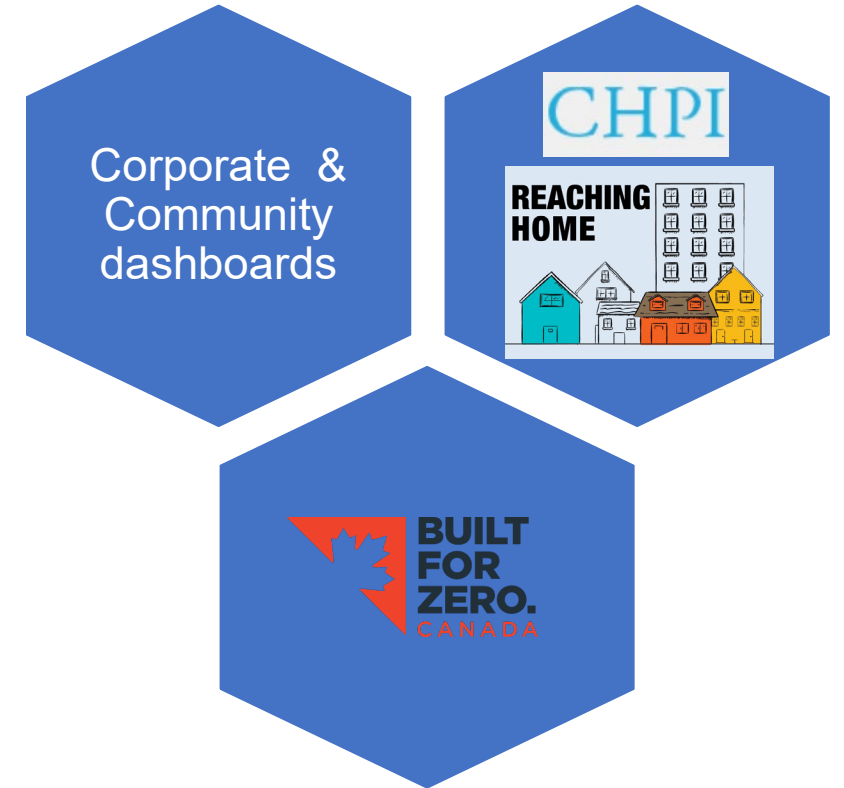
Sam Burgio, Corporate Performance Specialist
Maggie Penca, Manager, Homelessness Services

What do we want you to take away today?

- ▶ Why data is important for Homelessness Services
- ▶ What data we have so far
- ▶ How we are using the data
- ▶ Where we go from here

Why have a data strategy?

- ▶ Supports decision-making
- ▶ Helps to measure success
- ▶ Helps people work together
- ▶ Supports comparing our performance to others
- ▶ Helps us to report how we are doing to others



Who we engaged



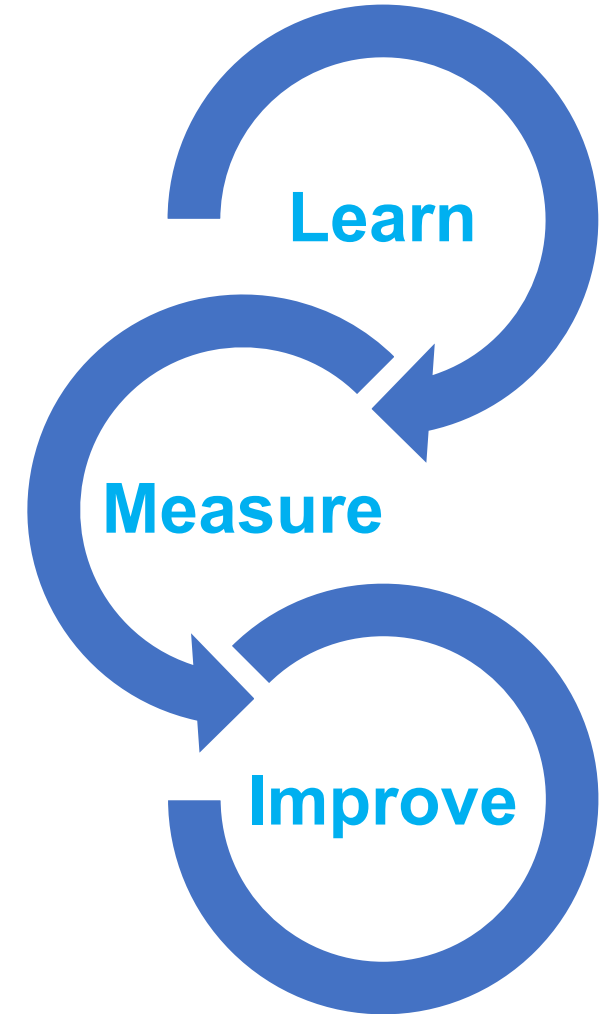
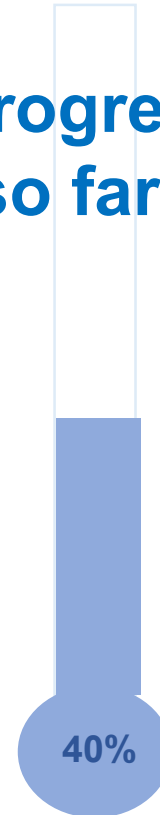
- ▶ Leverage staff expertise
- ▶ Cross-municipality learnings
- ▶ Agency consultation
- ▶ Collaborate with other departments and divisions

Our data & performance framework

Balanced scorecard



Progress so far...



The drivers for more data

Homelessness Service Area	Total	% of Total
Homelessness-serving System	79	~29%
Outreach	15	~5%
Prevention	23	~8%
Housing-focused Shelters	29	~11%
Supported Transitional Housing	13	~5%
Coordinated Access	28	~10%
Housing First / Home For Good	88	32%
Total	275	100%

A snapshot of our clients...



Of the 937 individuals on the Niagara BNL, 382 (~41%) are classified as chronically homeless

...and improved insight & outcomes

In July, there were:

- ▶ **101 homeless Seniors (aged 55+)** of which 43% were classified as chronically homeless
- ▶ **112 homeless Indigenous individuals** of which 51% were classified as chronically homeless
- ▶ **77 children, which accounted for 8% of all homeless individuals**, 9 of which were chronically homeless
- ▶ **49 unsheltered individuals who entered more stable housing**
- ▶ **59 discharges from emergency shelter to more stable housing**

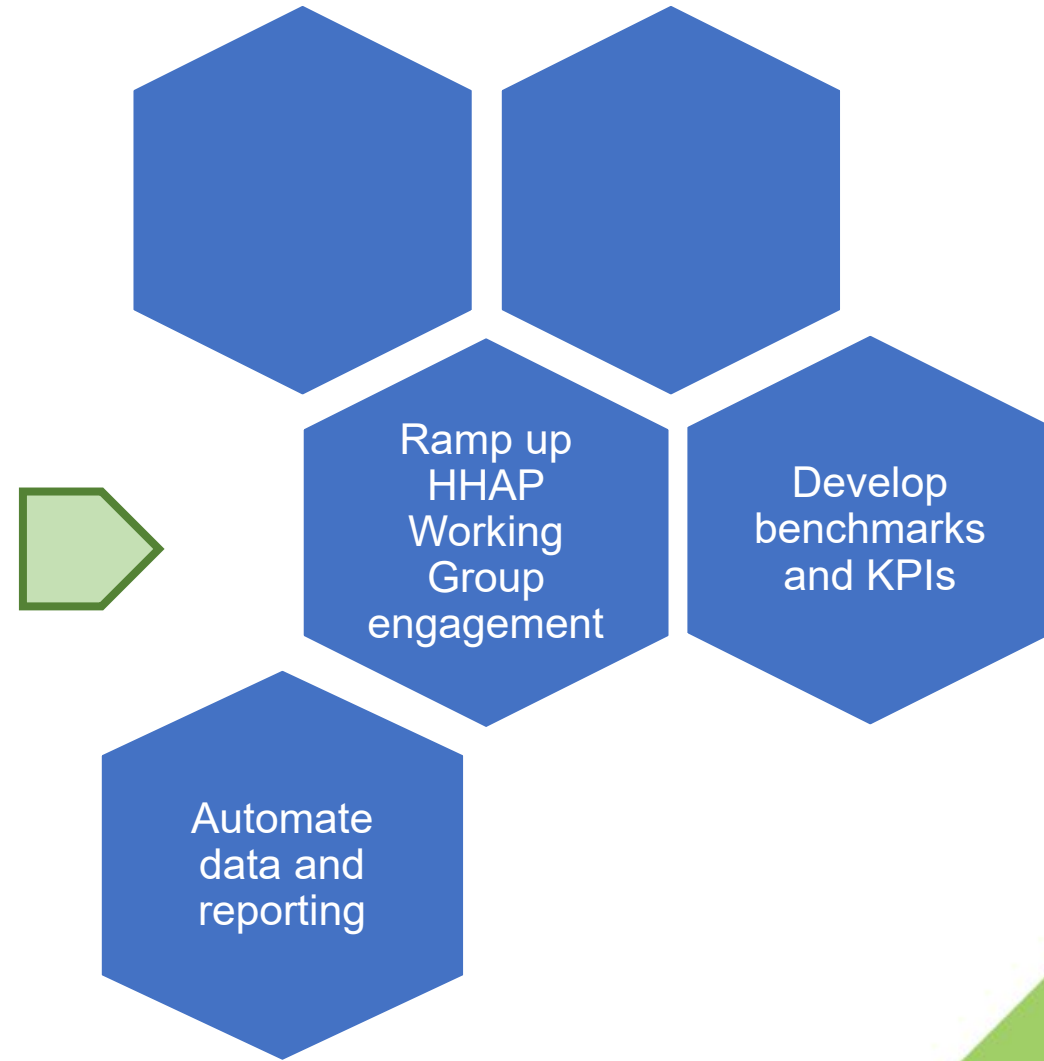
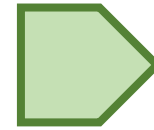
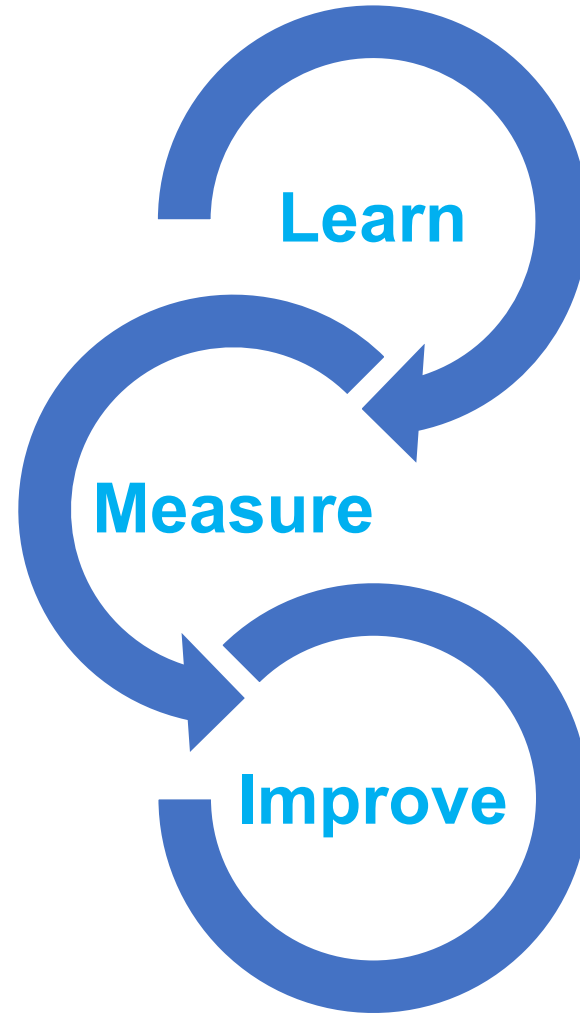
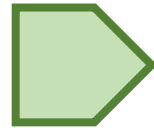
...and are taking data-driven action

**Community
working
together on
several
initiatives**

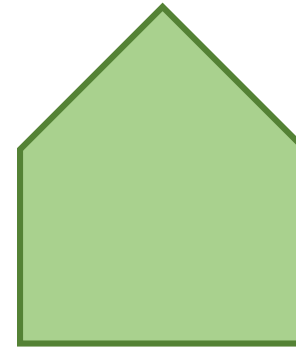
**Initiatives based on data & partner-informed insight:
Community working together on several initiatives**

- ▶ Applied and accepted for Built for Zero Canada (BFZ-C)
 - ▶ Recently joined BFZ-C Veteran Cohort
- ▶ Supportive Housing Initiatives
- ▶ Enhanced Landlord Engagement
- ▶ Enhanced Outreach supports

Next steps



Thank you!



From: [PF-Mailbox-01](#)
To: [Norio, Ann-Marie](#); [Trennum, Matthew](#)
Subject: FW: Online Form - Request to Speak at a Standing Committee or Regional Council
Date: Sunday, August 22, 2021 1:09:22 PM

From: Niagara Region Website
Sent: Sunday, 22 August 2021 13:08:56 (UTC-05:00) Eastern Time (US & Canada)
To: Clerks
Subject: Online Form - Request to Speak at a Standing Committee or Regional Council

Request to Speak at a Standing Committee or Regional Council

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

Name

April Arthur

Address

[REDACTED]

City

Smithville

Postal

[REDACTED]

Phone

[REDACTED]

Email

[REDACTED]

Organization

standing committee

Public Health and Social Services Committee

Presentation Topic

Another perspective on mandating vaccines for health care workers

Presentation includes slides

No

Previously presented topic

No

Presentation Details

I have an e-mail already on file from Anne Marie stating I would be delegating at the September 14 PHSSC as the meeting on August 10, 2021 was cancelled. I just want to put this in 14 days prior to ensure no complications. I would like to address another side of the story from an Ontario mother of a Health care worker in long term care being mandated or forced to take a vaccine and what that could mean for some Hardworking dedicated nurses who would be forced to lose their ability to earn a living and medical apartheid this would create. I also want to address the lack of information by DR. Hirji in his update on the cases of covid 19 who now have natural immunity not being addressed. Why are we testing for antibodies? Natural immunity should be high consider the amount of cases?? I would like to know why we are not pursuing this as well as ivermectin in Preventative treatment for people who can not take a vaccine as international peer reviewed studies show its effectiveness.

Video Consent

Yes



From: [PF-Mailbox-01](#)
To: [Norio, Ann-Marie](#); [Trennum, Matthew](#)
Subject: FW: Online Form - Request to Speak at a Standing Committee or Regional Council
Date: Tuesday, August 31, 2021 10:37:59 PM

From: Niagara Region Website
Sent: Tuesday, 31 August 2021 22:37:55 (UTC-05:00) Eastern Time (US & Canada)
To: Clerks
Subject: Online Form - Request to Speak at a Standing Committee or Regional Council

Request to Speak at a Standing Committee or Regional Council

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

Name

Steffannie Hancharyk

Address

[REDACTED]

City

Thorold

Postal

[REDACTED]

Phone

[REDACTED]

Email

[REDACTED]

Organization

standing committee

Public Health and Social Services Committee

Presentation Topic

Vaccine Mandates

Presentation includes slides

Yes

Previously presented topic

No

Presentation Details

I will be speaking about some current concerns regarding the vaccine mandates and public health.

Video Consent

Yes



From: [Niagara Region Website](#)
To: [Clerks](#)
Subject: Online Form - Request to Speak at a Standing Committee or Regional Council
Date: Tuesday, July 27, 2021 11:22:36 PM

Request to Speak at a Standing Committee or Regional Council

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

Name

Angie Domenegato

Address

[REDACTED]

City

Niagara Falls

Postal

[REDACTED]

Phone

[REDACTED]

Email

[REDACTED]

Organization

standing committee

Public Health and Social Services Committee

Presentation Topic

Vaccines

Presentation includes slides

No

Previously presented topic

No

Presentation Details

I would like to speak about the current situation we are facing with the vaccines.

Video Consent

Yes



Subject: Oonuhseh Niagara Native Homes Property Sale

Report to: Public Health and Social Services Committee

Report date: Tuesday, September 14, 2021

Recommendations

1. That Niagara Region Council, in its role as Municipal Service Manager, **APPROVE** the sale of three scattered homes owned by Oonuhseh Niagara Native Homes (Oonuhseh) and that the revenues from the sales must be used to increase the overall stock of affordable housing for Indigenous households in Niagara region; and
2. That the Commissioner of Community Services **BE AUTHORIZED** to sign a letter, to be provided to the Ministry of Municipal Affairs and Housing (MMAH), giving the Service Manager's consent for the sale of the Oonuhseh properties.

Key Facts

- As of January 2017, the MMAH delegated consent matters to the Service Manager for several matters including decisions regarding the sale or transfer of designated housing projects. In this case, Service Manager consent is required to be provided to the Ministry in writing within 10 days of consent being given. Designated housing projects are the assets owned by housing providers, who are under federal agreement and are listed under the *Housing Services Act* (the "Act"), receiving subsidy for operations and or rental units.
- Oonuhseh Niagara Native Homes currently owns a number of scattered units, comprised of several single dwelling homes. In a prior year, two of these homes were demolished to accommodate the building of new multi-residential housing units.
- With the continuing need for affordable Indigenous housing, Oonuhseh is now planning to undertake a 12 unit development at a site located at 40-42 Oakdale by leveraging the sale of three homes. The sale is intended to provide Oonuhseh with the necessary equity that will help ensure the financial feasibility of the project. Overall, this project will allow for the creation of additional housing while maintaining the same number of RGI units.
- The vacant land at 40-42 Oakdale was recently purchased by Rinaldi Homes and Rinaldi Homes has entered into a Letter of Intent with Oonuhseh to build a 12 plex

on this site. The site is vacant and already has a Record of Site Condition from the Ontario Ministry of Environment.

Financial Considerations

The financial impact to the Niagara Region Housing Services division at this time is zero. The primary involvement of Housing Services at this time is to provide the Service Manager consent to allow Oonuhseh to sell the existing assets to fund the new build.

At the time of completion of the new builds, should there be provincial subsidies available, Housing Services may enter into new rental subsidy agreements with Oonuhseh to increase the affordability of additional units.

In keeping with the organization's strategic plan, reinvesting the equity from the sale of the three properties will offer Oonuhseh the opportunity to increase their portfolio to include 10 new one bedroom units and two 2 bedroom units. The balance of the equity is expected to occur through the Canada Mortgage and Housing Co-investment fund, both capital contribution and CMHC low interest loan.

Analysis

As of January 2017, MMAH gave new consent authorities to Municipal Service Managers, in addition to previously existing Service Manager consent authorities, including:

- mortgaging of housing projects under s.161 and 162 of the Act;
- redevelopment of housing projects under s.161 of the Act; and
- corporate changes (to housing providers) under s.166 of the Act.

It is the role of the Service Manager to evaluate and provide consent for changes to mortgages as well as sale of assets owned by housing providers who are under agreement with Housing Services. As Oonuhseh is currently receiving subsidy from Housing Services, consent must be provided by the Service Manager for the sale of three properties located in St Catharines. In previous cases where consent was required, a report including recommendations would have been provided to the Board of Directors of Niagara Regional Housing (administering the Service Manager responsibilities on behalf of the Region). Since the recent transition to Community Services, this report is now being provided to Regional Council to receive the Service Manager recommendations and ultimately approve the request for consent. Niagara

Region's obligation as Service Manager is, to identify local needs, establish targets to meet those needs, support and plan for improvements to the housing system, evaluate and approve housing related changes/requests and have staff make recommendations to Council (informed by local planning) for changes and improvements to the system.

Over the past two decades, the portfolio of Indigenous social and affordable housing available in the Niagara region has not significantly increased to meet population growth. This proposed leveraging of the housing provider's scattered homes would result in a net increase of nine new affordable homes for Indigenous households. Appendix 1 to Report COM 21-2021 contains the Oonuhseh Niagara Native Homes Business Case in support of its request.

Housing Services has a responsibility to increase the number of affordable and subsidized units across the region and is in full support of the development of the new units by Oonuhseh.

In 2019/2020, Oonuhseh demolished 2 properties in disrepair and successfully replaced them with new multi residential units. The project was quite successful and as such, giving consent for a new build by this provider is anticipated to be low risk. Though unlikely, should there be any reason that the new build is not successful, Housing Services will be able to reduce subsidies to the provider, as a result, for the lost units. As additional information it should be noted that Oonuhseh is bound by an agreement with Housing Services to maintain their Service Level Standards in the form of a minimum number of subsidized units.

All providers who receive subsidies for operations and or rental subsidy are also subject to operational reviews and monitoring to support a healthy, successful housing provider system. Supports are also available to providers who have difficulty with their projects through dedicated staff.

In previous circumstances where Service Manager consent has been required, housing providers were required to complete updated agreements for subsidies, as will be the case with Oonuhseh. Housing Services is dedicated to ensuring the success of this project through monitoring, supports and open communication, and is in complete support of the development.

Alternatives Reviewed

Alternatively, if the Service Manager does not provide consent, it is likely that the new units will not be developed. The loss of these potential units is unfavourable given the vast number of individuals in core housing need in Niagara. Refusing the consent will also be a detriment to Oonuhseh as they will face a loss of time and money related to the work that has been ongoing for this project.

Relationship to Council Strategic Priorities

This initiative aligns with Council's strategic priority of a Healthy and Vibrant Community – Objective 2.3 – Addressing Affordable Housing Needs.

Other Pertinent Reports

N/A

Prepared by:

Donna Woiceshyn, BBA
Director, Housing Services/ CEO NRH
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 Jenny Shickluna, Manager Housing Services, and reviewed by Sterling Wood, Legal Counsel.

Appendices

Appendix 1 Oonuhseh Niagara Native Homes Business Case

Business Plan

Oonuhseh – Niagara Native Homes Inc.



February 2021

Prepared By



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1.0 Executive Summary

Oonuhseh-Niagara Native Homes Inc. (Oonuhseh), an experienced housing provider for Indigenous households in the Region of Niagara, is proposing to leverage a portion of its existing housing stock in order to increase the supply of Indigenous rental housing in the Region of Niagara. The proposed concept is to sell three of its homes – (Two of which are recently vacated with a third one to be vacant in April 2021) in order to create 12 new units which will be particularly helpful in meeting the need for single Indigenous households.

Oonuhseh is requesting Niagara Regional Housing, in its role as Municipal Service Manager, approve the sale of three scattered homes so that the revenues from the sale of the homes can be used to increase the overall stock of affordable housing for Indigenous households.

There is a lack of affordable housing for the Indigenous population in the Niagara area. Oonuhseh-Niagara Native Homes' proposed development aligns with Goal and Objectives 3(i) of the Niagara Region's 10-Year Housing and Homelessness Action Plan. This community objective is:

“Objective: Retaining, protecting and increasing the supply of Affordable Housing 3.3 (a) Exploring off-reserve Aboriginal housing opportunities that can help augment current market options, in collaboration with the Aboriginal community. Retaining, protecting and increasing the supply of Affordable Housing.”¹

Oonuhseh was incorporated on April 7, 1988. Operating under post-1985 Urban Native Housing Programs, it acquired 32 single detached homes in the late 1980s.

Oonuhseh lost two of its homes in recent years through a fire and structural issues but has successfully used that land to build six new rental homes on those two sites- increasing its portfolio to 36 homes as of May 2021.

With the continuing need for affordable Indigenous housing Oonuhseh is now planning to undertake a 12 unit development at a site located at 40-42 Oakdale by leveraging the sale of three homes. This will provide Oonuhseh with the necessary equity that will help ensure the financial feasibility of the project. Overall, this project will allow for the creation of additional housing while maintaining the same number of RGI units. In addition, Oonuhseh will be applying for CMHC Seed Funding, CMHC Co-investment

¹ Niagara 10 Year Housing and Action Plan

funding and will also look for opportunities to submit an application to the Ontario Aboriginal Housing Services (OAHS) and other funding sources.

The Regional Municipality of Niagara, Housing Division, Niagara Regional Housing is one of 47 Service Managers across Ontario responsible for the administration and delivery of social housing as set out in the Housing Services Act (HSA), 2011. In Ontario, Service Managers must maintain a minimum number of the Rent-Geared-to Income (RGI) and modified units referred to as service level standards. This means the loss of an RGI or modified units in one development must be provided elsewhere in the Service Manager area. While the Housing Services Act, 2011 permits housing providers such as Oonuhseh to redevelop housing units (Subsections 161(3), 162(3)), the legislation requires that the overall number of RGI households not be reduced.

Oonuhseh, in making the request to sell three of its homes, will ensure that the three RGI subsidies for those homes will be transferred into three of the new units to be created at 40-42 Oakdale Ave. in St. Catharines.

Oonuhseh's operating agreement is administered by The Regional Municipality of Niagara, but the actual agreement document is between Oonuhseh and the Canada Mortgage and Housing Corporation (CMHC). Oonuhseh recognizes that there will be a need to also seek approval of CMHC for the sale of the three scattered homes due to the existing CMHC mortgages in place for those homes.

Oonuhseh also recognizes that the Ontario government currently has a moratorium on the sale of Housing Services Act regulated stock and that Niagara Regional Housing will need to make a case to the Provincial Government for an exemption from this prohibition.

Oonuhseh believes that the three levels of government will work collaboratively through administrative agreements and issues to approve the sale of the homes in order to achieve the important goal of creating additional housing for Indigenous households, including having new housing which is both accessible and energy efficient.

1.1 Project Team

Proponent – Oonuhseh Niagara Native Homes Inc.

For the past 30 years, Oonuhseh has provided and maintains rental housing units for low to moderate income Indigenous families in the Niagara region. Oonuhseh Niagara Native Homes Inc. has successfully managed a scattered 32-unit non-profit housing corporation that provides services to help Indigenous families become safely and comfortably housed. This non-profit housing organization assists in providing culturally based supports that are critical for the lasting success of the residents.

Oonuhseh recognizes the central role that affordable housing provides in ensuring stability for households in the Indigenous community.

Over the past 18 months Oonuhseh has also gained experience in the development of new affordable housing through to buildings of a duplex and fourplex on sites it already owned.

Housing Development Consultant - Tim Welch Consulting

Oonuhseh Niagara Native Homes Inc. has retained Tim Welch Consulting Inc. (TWC) as the housing development consultant to work with them on the business case for the leveraging of the three homes in order to develop a new 12-plex. Mr. Welch and his associates will work with Oonuhseh Niagara Native Homes Inc. on budget preparation including mortgage financing and transfer of operating subsidies, business plan development, municipal planning approvals and project coordination. TWC staff will work with the selected architect and builder on the municipal planning approvals work for this development. Staff from TWC will work with various funders and levels of government to ensure attainable cost-effective affordable housing for Oonuhseh Niagara Native Homes Inc.

Tim Welch Consulting Inc. is a housing policy, research and development corporation located in Cambridge, Ontario (www.twcinc.ca). Tim Welch, Principal, possesses over thirty years' experience in affordable housing development and policy work. He has worked with over 20 housing providers based in Ontario to create more than 900 units of affordable housing under various government assistance programs, including the Investment in Affordable Housing program (IAH), the Canada-Ontario Affordable Housing Program (AHP) and the First Nation, Inuit, Métis Urban & Rural Housing Program (FIMUR). TWC has helped a number of housing proponents add to their existing portfolios through both intensification and regeneration. TWC has recently worked with Oonuhseh on the development of 6 new rental homes which included working closely with Niagara Regional Housing and CMHC on both the issue of removing existing mortgages from two scattered homes as well as working with CMHC Co-investment staff to successfully access a significant co-investment grant and loan for the recent new Oonuhseh developments.

Architect/Construction Firm

Oonuhseh Niagara Native Homes Inc. is proposing to work with both builder Rinaldi Homes as well as Raimondo Architects. Both the builder and architect worked well with Oonuhseh on the redevelopment and creation of the 6 new rental units.

Rinaldi Homes (www.Rinaldihomes.com) has three decades on building quality homes in St. Catharines while Raimondo And Associates Architects Inc. (www.raimondoarchitects.com) has designed a number of multi-residential developments including recent affordable rental apartments including buildings for Niagara Regional Housing.

Property Management

Oonuhseh Niagara Native Homes Inc. will manage the property once construction is complete. As of May 2021 the organization will be managing 36 rental homes for low and medium income Indigenous households. With its 30 years of property management experience Oonuhseh is in good standing with Niagara Regional Housing, the Housing Service Manager. Ms. Jody Nadeau, Housing Manager of Oonuhseh Niagara has number of years experience in residential property management and has recently gained the experience of overseeing new residential rental development.

2.0 Housing Needs

2.1 Context: Region of Niagara

The region of Niagara is located south of the Greater Toronto Area (GTA), stretching from Grimsby to the United States border. The region encompasses both established urban centres (including the City of St. Catharines) as well as more rural locales situated in the west and south parts of the region. The Regional Municipality of Niagara (Niagara Region) is the designated Service Manager for housing services and affordable housing in the area.

Figure 1: Region of Niagara within the Greater Golden Horseshoe



Source: Places to Grow: Growth Plan for the Greater Golden Horseshoe

Historically, the region of Niagara is known for its agricultural and tourism activities although exporting trade due to the close proximity to the U.S. border is a vital major

contributor to the region's economy. Tourism and agricultural activities include the world-renowned Niagara Falls, festivals and numerous wineries.

St. Catharines had a very strong manufacturing sector during the 20th century, with General Motors as its largest employer, but over the past four decades, like many areas of southern Ontario, the manufacturing sector has declined significantly.

Conversely, increases in service sector jobs locally has resulted in more part-time jobs and seasonal jobs, which are usually lower paying. The increase in service sector employment, combined with the region's older than average population likely contributed to keep the region's median household income lower than the provincial average. These economic conditions influence the demand for housing in the region, as more lower-paying jobs result in a diminished ability to access housing they can afford.

Similar to the provincial economy, the emergence of a global pandemic has led to significant job loss in the Niagara region. In Niagara in January 2021, the unemployment rate jumped to 9.1 percent compared to 7.2 percent in December with the region losing around 4,100 jobs last month. Overall, the Niagara region has been the second hardest-hit region in Ontario losing close 32,000 (15.6 percent) of its jobs between February and June 2020.

Planning Goals and Housing Demand

Niagara Region's Growth Management Strategy establishes a new urban vision for Niagara's long-term growth and development which aligns with the Province's Places to Grow Plan, and the Provincial Policy Statement. The forecasted population growth scenario would see households grow from 178,250 in 2011 to 221,240 in 2031, an increase of 42,990 households or 24 per cent over the 20-year period. During the 10-year period 2011 to 2021, households are estimated to grow by 23,000 or about 2,300 households per year.

St. Catharines-Niagara (CMA), which includes St. Catharines, has experienced steady population growth over the last decade. According to Statistics Canada, the CMA's population increased by 3.5% between 2011 and 2016, which was lower than the provincial average of 5.7% but still represents an increase of close to 14,000 people in ten years.

The Indigenous population in the province of Ontario increased substantially by 24% from 301,430 individuals identifying as Indigenous in 2011 to 374,395 in 2016. As shown in Table 2, the Indigenous population in the St. Catharines-Niagara CMA substantially increased by 32% between 2011 and 2016. The increase is nearly ten

times the rate of growth of the general St. Catharines Niagara CMA population of 3.5% over that same period.

Table 1: Indigenous Population, St. Catharines-Niagara (CMA)

Indigenous Population	2011	2016	2011-2016 % change
St. Catharines-Niagara	8,850	11,645	32%
Male	4,175	5,350	28%
Female	4,675	6,290	35%
Ontario	301,430	374,395	24%

Source: Statistics Canada, 2011, 2016 Census, 2011 National Household Survey

Over the past two decades, the portfolio of Indigenous social and affordable housing available in the Niagara region has not significantly increased to meet population growth. This proposed leveraging of the scattered homes to result in a net increase of nine new affordable homes for Indigenous households will contribute, in a modest way, to helping to meet this growth in the Indigenous population in Niagara.

2.2 Policy Context

The proposed 12 unit development by Oonuhseh is supported by current planning and policy context. Planning policy and growth in urban areas in Ontario is guided by various legislation. The Provincial Policy Statement, 2014 (PPS) is a general policy framework applied on a provincial-wide basis that addresses land use and development while protecting resources of provincial interest.

The Growth Plan for the Greater Golden Horseshoe, 2017 (the “Plan”) provides a framework for implementing the Province’s vision for economic growth, social equity and a high quality of life for communities in the greater golden horseshoe (an area that includes the region of Niagara and the City of St. Catharines). The Plan stipulates that the City’s must accommodate a minimum of 40 percent of their forecasted population growth through residential intensification within the built-up area beginning in 2015. Further, municipalities must plan for a full range of housing options that include affordable housing.

In addition to intensification, Niagara Region’s Official Plan provides a policy framework to support not for profit housing agencies in the development of affordable housing for low- and moderate-income households. In support of the Region’s Official Plan, the City of St. Catharines Official Plan (The Garden City Plan), Section 7.8 (ii) states that the City will target 30% of all new housing units constructed over the long term to consist of affordable housing

2.3 The Rental Market

In terms of housing stock, the trend will be a decline in the growth rate of single detached homes and an increase in demand for row and apartment dwelling reflective of demographic changes; an aging population and smaller household size²

Table 2: Total Number of Private Households by Household Type, Region of Niagara

Household Size	Total	Percentage
Couples with children at home	69,615	38%
Couples without children at home	53,730	29%
One-person households	51,215	28%
Other Household types	9,270	5%
Total census private households	183,830	100%

Source: Statistics Canada, Community Profile, Region of Niagara, 2016

As shown in Table 2, couples without children living at home and one-person households comprise 57% of total private households in the region of Niagara. In keeping with the demographic trend toward smaller household size, the proposed new units will be 10 one bedroom and 2 two-bedroom apartments.

2.4 Vacancy Rates and Average Market

As noted, the proposed affordable housing units will help increase the supply of one-bedroom units. Average market rents for purpose built rental housing are typically higher than low and moderate- income households can afford.

According to the CMHC Rental Market Report, fall 2020, rents for one-bedroom units increased by 4.8% in St. Catharines-Niagara from the previous year. This rate of increase for one-bedroom units was more than double the Government of Ontario's rent guideline increase of 2.2% in 2020. The average market rent (AMR) for a one-bedroom is \$958 and comparably \$1,137 for a two-bedroom apartment. CMHC's median market rent (MMR) for the area is \$950 per month and there is a requirement for the CMHC Co-investment program that 30% of the rental units in the new development be at no more than 80% of the Median Market Rents.

In this same time period, the rental vacancy rates for one-bedroom units was 2.5%. A vacancy rate of 3% is generally considered to be an acceptable balance between the supply and demand for rental accommodation by housing analysts. The data indicates that while there may be an adequate supply of purpose built one-bedroom apartments

² Statistics Canada: The Evolution of Housing in Canada

in the private market, the cost of rent is likely too high for many lower income households. For example, individuals who are paid minimum wage (currently \$14.25 per hour) and working full time (35 hours per week) earn approximately \$2,161 a month before taxes. In this scenario, a sole income earner will spend approximately 44% of their gross income to rent a one-bedroom apartment. Households spending more than 30% of their income are generally considered to have a housing affordability problem.

For those receiving Ontario Disability Support Payments (ODSP), the maximum amount of assistance that can be provided for shelter is based on family size. Single individuals receiving ODSP are unable to afford an average priced bachelor apartment or a one-bedroom unit in the St. Catharines-Niagara CMA. Furthermore, individuals whose only source of income is based on OAP/GIS/GAINS (basic pension for a single senior) have to spend 65% of their income on renting a one-bedroom apartment. The cost of rental housing in the St. Catharines-Niagara CMA is therefore not practical for those dependent on financial assistance. Please refer to Table 4 and 5 for more information.

Table 3: Maximum Monthly OW and ODSP Shelter Allowance (\$)

Family Size	2018 OW Shelter Maximums	2018 ODSP Shelter Maximums
1 Person	\$390	\$497
2 People	\$642	\$781

Source: Income Security Advocacy Centre, 2020

Table 4: Summary of Maximum Monthly Benefits – OAS/GAINS (\$) – Jan. 1/21 to March 31/21

Benefit Programs	Single	Qualified Couple	
		Per Person	Couple
OAS - Old Age Security	\$615.37	\$615.37	1,230.74
GIS - Guaranteed Income Supplement	\$919.12	553.28	1,106.56
GAINS - Guaranteed Annual Income System	83.00	83.00	166.00
Total Monthly Income	\$1,617.49	\$1,251.65	2,503.3

Source: Government of Ontario website, 2021

2.5 Housing Needs and Wait Lists

The demand for affordable housing in Niagara region is significant with 6,425 households on the wait list as of September 2020. As shown on Table 6, wait times vary with seniors waiting an average of 4 years, non-senior singles and couples waiting 8 years and families waiting an average of 5.5 years.

Table 5: Region of Niagara Social Housing Wait List and Average Wait Times

Social Housing Wait List and Average Wait Times	Households Waiting	Average Wait Time for Housing in St. Catharines
Seniors	2,506	5 years
Adults, no dependents	2,049	16 years
Adults with dependents	1,870	3 years
Total	6,425	

Source: Region of Niagara, 2020 Q3

There are many more households not on waiting lists who require affordable housing. These households include those working for minimum wage, receiving social assistance or basic pensions.

Oonuhseh Niagara Native Homes Inc. maintains a separate waiting list for Indigenous households. Currently, with only single detached home in its portfolio up until the 6 new one bedroom units created in 2021, Oonuhseh has 24 households on a one bedroom wait list that they are unable to house due to the lack of one-bedroom units in their portfolio.

In addition to the lack of supply of smaller units, there are gaps in the type of permanent, culturally specific, affordable housing units available in St. Catharines-Niagara. For example, Ganawageh and Ohsto: Seri Urban Homes Native Homes manages 96 units for families with native ancestry, however, there are only 2 one-bedroom units for smaller households. As noted, the proposed Oonuhseh developments will help address the affordable housing needs of one and two-person households.

2.6 Alignment with Niagara Region's Ten Year Housing & Homelessness Plan

The Province of Ontario updated its social housing administration law, now entitled the Housing Services Act (2011) and issued its Long-Term Affordable Housing Strategy (2010). As part of this new legislative framework, Service Managers were required to complete a local housing and homelessness plan (HHP) to be implemented and monitored over a ten-year period starting January 1, 2014.

Niagara Region's Housing and Homelessness Action Plan (HHP) has identified the need to increase the supply of affordable, quality housing. More specifically, the HHP addresses the need for more affordable housing options for Indigenous peoples as there are limited housing units mandated for Indigenous households in the Niagara region. The Regional Municipality of Niagara's HHP also outlines recommendations in

five key areas: supply, affordability, removing service barriers between the mainstream and Indigenous communities, quality of housing and support services.³

3.0 Redevelopment of Properties

As stated, Oonuhseh is just completing the redevelopment of two of its existing properties with two single person households moving into the new duplex of 2 one bedroom apartments at 60 Ormond Street South in Thorold while 4 new one bedroom apartments at 35 Oakdale Ave. in St. Catharines will be occupied in May of 2021. Half of the 6 new one bedroom apartments are ground floor and accessible while all 6 of the new units are energy efficient compared to the approximately 80 year old single family homes that previously occupied these two sites.

Oonuhseh is very passionate about increasing the amount of new Indigenous housing in the community and has an opportunity to leverage its housing resources to build upon its recent development experience to add a net increase of 9 units to its portfolio.

The proposed new 12 plex will also be energy efficient and have half of the units be ground level and barrier free. It will also provide for more cost efficient property management by having 12 units in one location. The efficiency of property management services will be further increased given the proposed 12 plex at 40-42 Oakdale will be located across the street from the new fourplex at 35 Oakdale Ave.

It is Oonuhseh's intention to sell its three existing homes to move forward with the 12 unit development project. It will utilize the proceeds from the sale of the three homes and it will access capital contributions and low interest loans from the CMHC Co-investment program.

This leveraging of resources will be undertaken in co-operation with Niagara Regional Housing in its role as Service Manager. This will also require approval of the Ontario Ministry of Municipal Affairs and Housing due to the current moratorium on selling housing regulated under the province's Housing Services Act. The sale of the three homes will also require the support of CMHC which holds the existing mortgages of the three properties being proposed to sell.

Oonuhseh will also be seeking out other opportunities for capital funding or grants by applying for assistance from the CMHC seed program, TD social investment program and a grant application with Niagara Community Foundation. Oonuhseh will further look to apply for Ontario Aboriginal Housing Services (OAHS) or a potential Canada

³ Housing and Homelessness Action Plan for Niagara Region

Mortgage and Housing (CMHC) Rapid Housing Investment “2” if those programs issue proposal calls during the timeframe of this development.

All three of the homes proposed to be sold currently have a mortgage (a mortgage which in both sites shared with a few other Oonuhseh homes), and approval through the Service Manager and from the Ministry of Municipal Affairs and Housing/CMHC is needed in order to release the identified homes from the mortgage.

The three specific single family homes in St. Catharines to be sold are:

Address	Amount of CMHC mortgage (March 31, 2020)	Properties that share the mortgage	Expiry of mortgage
44 ½ Division	\$85,411	37 Berryman Ave.	August 1, 2023
17 Rodman	\$82,046	32 Elberta, 11 Richmond	December 1, 2023
32 Elberta	\$82,046	17 Rodman, 11 Richmond	December 1, 2023

Both 44 ½ Division and 17 Rodman are recently vacant due to the recent co-incidental deaths of the two single older persons occupying those detached homes. The third property at 32 Elberta will be vacant by April 2021.

The timing of the three vacancies does allow the sale of the homes at a time when the single family home sales market in St. Catharines is very strong, when the CMHC Co-investment program is actively supporting new Indigenous housing with significant capital contributions and below market low interest loans.

Through the Service Manager, Oonuhseh is seeking consent (which will also include informing the Ministry of Municipal Affairs and Housing) for the sale of the three properties. Initial discussions with Niagara Region Housing staff have already occurred with a general support for the proposed redevelopment.

Given the amount of the mortgages tied to these properties in March 2021, about \$70,000 on each of the two clusters, transferring the remaining mortgage amount on to each of the two remaining Urban Native Homes properties (37 Berryman, 11 Richmond) should easily protect the financial interest of CMHC given that each of the remaining two homes would sell for between \$350,000 and \$400,00 in the current market.

In keeping with the organization’s strategic plan, reinvesting the equity from the sale of the three properties offers Oonuhseh the opportunity to increase their portfolio to include 10 new one-bedroom units and two 2 bedroom units.

4.0 Creation of new affordable housing units

40-42 Oakdale Avenue, St. Catharines

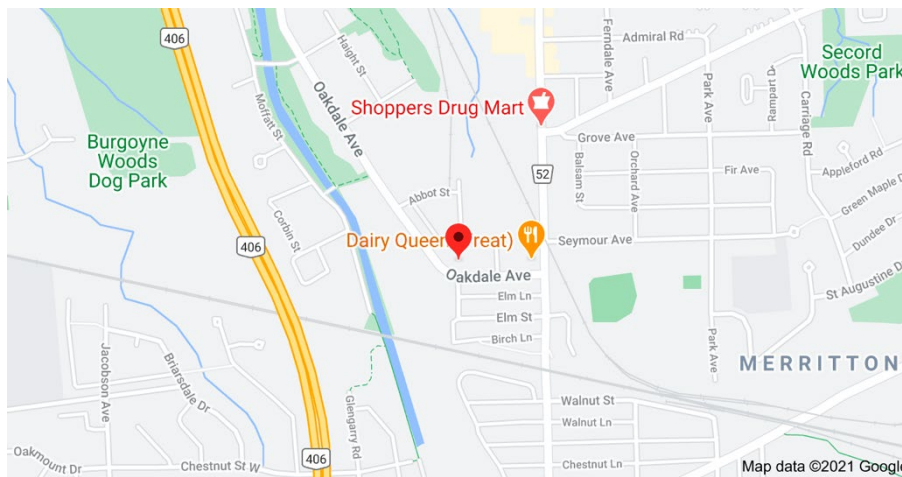
The vacant land at 40-42 Oakdale was recently purchased by Rinaldi Homes who have entered into a Letter of Intent with Oonuhseh to build a 12 plex on this site. The site is vacant and already has a Record of Site Condition from the Ontario Ministry of Environment. The new development at 40-42 Oakdale avenue will increase the existing housing stock offered by Oonuhseh, allowing for the creation of much needed one-bedroom units to better serve the Indigenous community.

In addition, the 12 new units located on 40-42 Oakdale avenue will be more energy efficient and geared to smaller Indigenous households in order to help address this significant housing need.

5.0 Proposed New Development

The following services are located in close proximity to the proposed housing redevelopment: grocery and retail shopping, parks, schools, government services, medical services, transit and the Niagara Regional Native Centre.

Figure 2: Location of 40-42 Oakdale Avenue, St. Catharines Subject Property



Source: Google Maps

The following services are located close by this proposed housing redevelopment: grocery and retail shopping, parks, schools, government services, medical services, transit and office of Metis Nation of Ontario which could provide cultural support.

6.0 Building Form

The proposed development located at 40-42 Oakdale avenue would contain 10 one-bedroom apartments and two two bedroom apartments. This cost-efficient layout would see barrier free ground level units.

The site is currently zoned R2 (multi-residential) which permits apartments. Oonuhseh representatives and Rinaldi Homes met with City of St. Catharines planning staff twice in late 2020 to review the proposed development and have collaboratively come up with a 12 unit two floor design that will not need a re-zoning, nor any minor variances. There will only be a site plan approval process which is a process delegated to staff without public input. St. Catharines planning staff have estimated a 3-4 month time frame for site plan approval which means that construction of the 12 plex could begin by the summer of 2021.

As noted in the previous section, in order to construct the proposed development, Oonuhseh Niagara Native Homes Inc. is looking to utilize proceeds it would gain from selling their existing three properties. It is expected that the current RGI/operating subsidies from the Region of Niagara will be transferred from the three homes to be sold into three of the units in the new 12-plex. Oonuhseh will also be approaching Niagara Regional Housing to see if any additional rent supplement subsidies or housing allowance subsidies could be made available for some of the other new units.

In the new units developed on Oakdale Avenue, all units will incorporate energy efficient design options which are now standard and, in some cases, exceed the Ontario Building Code. These include:

- Energy star rated appliances
- High levels of insulation,
- Energy efficient LED lighting, and
- The new homes will also feature low flow water fixtures.

6.1 Target Market

The proposed developments include one-bedroom apartments and is geared to one and two-person Indigenous households that have difficulty locating suitable housing in the private market. The two 2 bedroom units will be made available for small family households.

6.2 Timeline

The proposed timeline illustrates the anticipated dates for project development.

Task	Date
Submission of business case by Oonuhseh to NRH	March 9, 2021
NRH forwards business case to MMAH and CMHC	March 22, 2021
MMAH and CMHC approve sale of Homes and transfer of existing mortgage	April 2021
3 homes listed for sale	April 2021
Oonuhseh applies for CMHC Co-investment	April 2021
Site plan application submitted to St. Catharines planning staff	May 2021
Detailed drawings undertaken	June 2021
Site plan approval	August 2021
Building Permit application filed	August 2021
Building permit issued/Construction begins	September 2021
Construction Completion	July 2022
Tenant Move-In	August 2022

7.0 Feasibility and Potential Benefits and Risks

The design for this site allows for the units to be constructed with wood frame construction which is cost efficient. As set out in the attached Capital and Operating Budget for the 12 plex, the development will be made financially viable through the proceeds (\$1,050,000) from the sale of their 3 existing properties. The financial viability is further realized through Region development charge waivers, and a 28% coinvestment contribution (a figure similar to the co-investment contribution to the recent 35 Oakdale development).

7.1 Proponent Equity

Oonuhseh will be contributing \$1,050,000 in cash from the proceeds of the sale of the three properties.

The balance of the equity is expected to occur through the Canada Mortgage and Housing Co-investment fund - both capital contribution and CMHC low interest loan.

The mortgage amount is approximately \$1.35 million for the 12 unit development project.

Capital and operating budgets for the proposed development at 40-42 Oakdale Avenue are attached.

7.2 Proposed Rents

The rents for 4 of the units will be set at 80% MMR which is currently \$760 for a one-bedroom apartment. The remaining 70% of the units will be set at 100% AMR which is currently \$958 for a one-bedroom apartment and \$1,137 for a two bedroom apartment.

Given the long waiting list for affordable housing for seniors/non-senior single person/couples housing for Indigenous residents in the Niagara region, there will be little difficulty in renting the 12 apartments. Oonuhseh also will be proposing to move currently over housed seniors in their existing portfolio into the more suitable sized units. This will free up family sized housing units in the portfolio which will be more appropriately used by families with children.

7.3 Operational Risk

The pro-forma financial statements reflect construction and operating costs similar to other affordable housing projects that have recently been completed with this type of construction. The operating of new energy efficient housing reduces the risk of significant capital repairs as Oonuhseh will now have three less 80 year old homes in its portfolio.

7.4 Partial discharge of Mortgages

As noted, the existing mortgages from the three properties will be discharged but the remaining amounts will remain on title to the two properties at 11 Richmond and 37 Berryman. With the consent of the Region and CMHC, the intent is to proceed with the sale of three of its existing properties.

7.5 Communication Plan

Oonuhseh has communicated these proposed new units to members of its Board of Directors. As development continues, Oonuhseh will provide updates to Niagara Region who have been supportive about the addition of the new housing for the Indigenous community.

8.0 Conclusion

Given the overall demand for affordable housing and a growing Indigenous population in the region of Niagara, the proposed new affordable rental housing at 40-42 Oakdale Avenue will help address current community housing needs. Oonuhseh will also continue to maintain a number of three bedroom and four bedroom units in single detached homes suitable for larger Indigenous families.

By using equity derived from the proceeds from the sale of their three properties, Oonuhseh Niagara Native Homes Inc. has a good opportunity to leverage limited housing resources to address significant housing needs for smaller Indigenous households. The proposed development of new one and two-bedroom units at the 40-42 Oakdale site will help to provide permanent affordable housing options for single and couple seniors and non-senior singles/couples. The proposed development also helps support the goals and objectives laid out in the Region's Ten Year Housing & Homelessness Plan and meets intensification objectives in the Region's Official Plan.

Subject: Approval of 2020 Public Health General Program Audit

Report to: Public Health and Social Services Committee

Report date: Tuesday, September 14, 2021

Recommendations

1. That the draft audited schedule of revenue and expenses and the annual reconciliation return for the Public Health General Programs for the year ended December 31, 2020 (Appendix 1 and 2 to Report PHD 9-2021), **BE APPROVED**;
2. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
3. That Report PHD 9-2021 **BE FORWARDED** to the Region's Audit Committee for information.

Key Facts

- The purpose of this report is to obtain approval of the audited schedule of revenue and expenses and the annual reconciliation return in accordance with the provincial requirements.
- The Ministry submission deadline for the program is June 30th but an extension has been granted given the current pandemic situation.
- As per the Financial Reporting and Forecasting Policy (C-F-020), other financial statements or schedules performed for Ministry funding purposes, will be recommended for approval to Council by the standing Committee with oversight of the program. Upon approval by Council, the department Commissioner, or delegated authority, and the Treasurer will be authorized to sign the auditor's representation letter to obtain the auditor's signed report. The approved statements will then be forwarded to Audit Committee for information.

Financial Considerations

The schedule of revenue and expenses ("financial schedule") and annual reconciliation return have been prepared in compliance with legislation and in accordance with the requirements and policies stipulated by the Ministry of Health, specifically for the purpose of meeting the requirements as outlined in the service agreement with the funding Ministry.

Draft copies of the financial schedule and annual reconciliation return for the period ended December 31, 2020, are attached as Appendix 1 and 2 to Report PHD 9-2021.

The financial schedule for the Public Health General Programs is a Ministry requirement as noted in the audit report for the program as follows:

“The accompanying schedule of the Program for the year ended December 31, 2020, is prepared, in all material respects, in accordance with the financial reporting provisions in the Public Health Funding and Accountability Agreement between Her Majesty the Queen in right of Ontario as represented by the Ministry of Health (formerly the Ministry of Health and Long-Term Care) (the “Ministry”) and the Board of Health for the Niagara Region Public Health Department most recently amended effective January 1, 2020 (the “Guidelines”).”

“The schedule is prepared to assist the Region in complying with the financial reporting provisions of the Guidelines. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.”

Funding from the Ministry of Health for General Programs is no longer received and settled on a program-by-program basis. The following report was prepared in alignment with the settlement of funds provided through the Transfer Payment Agreement. The 2020 report will appear less detailed than prior years.

Analysis

The program audit was completed by the Region’s external auditors, Deloitte. The auditors have indicated that, based on their review, nothing has come to their attention that causes them to believe that this information is not, in all material respects, in accordance with the Ministry requirements identified.

The recommendation for approval of audited schedules performed for Ministry funding purposes rests with the Committee to which the department responsible for the funding reports. Upon approval by the Committee, these schedules are referred to Audit Committee for information. Then the department’s Commissioner and Treasurer will be authorized to sign the auditor’s representation letter to obtain the auditor’s signed report.

The grant receivable from the Province of Ontario is subject to audit verification by the Ontario Ministry of Health. Grants receivable are non-interest bearing and are normally

received in the subsequent year. In the current year, there is a grant receivable of \$1,367,765.

The financial schedule is subject to minor wording changes once the schedule is finalized.

Alternatives Reviewed

The audited financial schedule and annual reconciliation return are a Ministry requirement and therefore no alternatives are available.

Relationship to Council Strategic Priorities

Providing formal financial reporting to Council and the public supports the Council Strategic Priority of Sustainable and Engaging Government.

Other Pertinent Reports

None

Prepared by:

Beth Brens, CPA, CA
Acting Associate Director, Reporting &
Analysis
Corporate Services

Recommended by:

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

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Amanda Fyfe, Program Financial Specialist.

Appendices

Appendix 1 Public Health General Programs – Schedule of Revenue and Expenses

Appendix 2 Public Health General Program – Annual Reconciliation Return

Schedule of revenue, expenses and grant returnable

**The Regional Municipality of
Niagara Public Health Department**
General Programs

December 31, 2020

The Regional Municipality of Niagara Public Health Department

General Programs
December 31, 2020

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Draft

Independent Auditor's Report

To the Members of Council of the Regional Municipality of Niagara
and the Ontario Ministry of Health

Opinion

We have audited the accompanying schedule of revenue, expenses and grant returnable of the Regional Municipality of Niagara Public Health Department – General Programs (the "Program" or "Region") for the year ended December 31, 2020 and notes to the schedule (collectively referred to as the "schedule").

In our opinion, the accompanying schedule of the Program for the year ended December 31, 2020, is prepared, in all material respects, in accordance with the financial reporting provisions in the Public Health Funding and Accountability Agreement between Her Majesty the Queen in right of Ontario as represented by the Ministry of Health (formerly the Ministry of Health and Long-Term Care) (the "Ministry") and the Board of Health for the Niagara Region Public Health Department most recently amended effective January 1, 2020 (the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedule* section of our report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the schedule in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to the fact that the schedule has been prepared in accordance with the Guidelines. The schedule is prepared to assist the Region in complying with the financial reporting provisions of the Guidelines. As a result, the schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

Management is responsible for the preparation of the schedule in accordance with the Guidelines, and for such internal control as management determines is necessary to enable the preparation of the schedule that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this schedule.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedule, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants
July 22, 2021

**The Regional Municipality of Niagara
Public Health Department**

General Programs

Schedule of Revenue, Expenditures and Grant Returnable

Year ended December 31, 2020

	Revenue (Budget)	Revenue (Actual)	Expense (Budget)	Expense (Actual)	Surplus (deficit) Actual	Add back: Ineligible expenses	Add back: Eligible expenses (revenues) in excess of Ministry funding (deficit)	Grant Returnable (receivable)
Province of Ontario								
Mandatory Programs MOHLTC (70% Cost-shared)	23,576,200	23,576,200	36,044,651	35,627,359	(12,051,159)	1,771,486	10,279,673	-
Physician Services Agreement [Medical Officer of Health] (70%)	351,000	199,401	351,000	296,414	(97,013)			(97,013)
Ontario Seniors Dental Care Program [OSDCP] (100%)	2,137,000	2,070,108	2,137,000	1,986,358	83,750			83,750
	<u>26,064,200</u>	<u>25,845,709</u>	<u>38,532,651</u>	<u>37,910,131</u>	<u>(12,064,422)</u>	<u>1,771,486</u>	<u>10,279,673</u>	<u>(13,263)</u>
One-time								
Mitigation (100%)	455,500	455,500	455,500	455,500	-			-
Mandatory Programs: Public Health Inspector Practicum Program (100%)	10,000		10,000	-	-			-
Covid-19: Extraordinary Costs (100%)	3,631,000		3,631,000	1,682,094	(1,682,094)			(1,682,094)
Covid-19: Public Health Case and Contact Management Solution (100%)	31,700		31,700	-	-			-
Covid-19: School-Focused Nurses Initiative (100%)	1,340,000	837,500	1,340,000	678,059	159,441			159,441
MOH/AMOH Compensation Initiative (100%)	57,300		57,300	23,359	(23,359)			(23,359)
Ontario Seniors Dental Care Program [OSDCP] Dental Clinic Upgrades - Centre de sante	122,000		122,000	-	-			-
Ontario Seniors Dental Care Program [OSDCP] Dental Clinic Upgrades - Fort Erie (100%)	75,300		75,300	35,969	(35,969)			(35,969)
Ontario Seniors Dental Care Program [OSDCP] Dental Clinic Upgrades - Niagara Falls Community Health Centre (100%)	134,500		134,500	-	-			-
Temporary Pandemic Pay Initiative (100%)	267,700	267,700	267,700	31,002	236,698			236,698
	<u>6,125,000</u>	<u>1,560,700</u>	<u>6,125,000</u>	<u>2,905,983</u>	<u>(1,345,283)</u>	<u>-</u>	<u>-</u>	<u>(1,345,283)</u>
Universal Influenza (UIPP)				1,894	(1,894)		435	(1,459)
Meningococcal C	40,000	4,285		5,944	(1,659)		400	(1,260)
Human Papillomavirus	55,000	1,700		8,905	(7,205)		706	(6,499)
	-	-	-	-	-		-	-
	-	-	-	-	-		-	-
Total before Region grant and other income	32,284,200	27,412,394	44,657,651	40,832,856	(13,420,463)	1,771,486	10,281,214	(1,367,764)
Region grant and other income								
The Regional Municipality of Niagara grant	12,256,951	11,806,589		-	11,806,589			
Other income	125,500	246,110	9,000	-	246,110			
Total Region and other income	12,382,451	12,052,698	9,000	-	12,052,698			
Total	\$ 44,666,651	\$ 39,465,092	\$ 44,666,651	\$ 40,832,856	\$ (1,367,765)			

The Regional Municipality of Niagara Public Health Department

General Programs

Schedule of revenue, expenses and grant receivable/repayable
year ended December 31, 2019

	Revenue Budget	Revenue Actual	Expense Budget	Expense Actual	Surplus (deficit) Actual	Add back: ineligible expenses	Add back: eligible expenses (revenues) in excess of Ministry funding (deficit)	Grant repayable (receivable)
	\$	\$	\$	\$	\$	\$	\$	\$
Province of Ontario								
Mandatory Programs MOHLTC (75%)	20,473,200	20,473,200	31,796,788	31,472,549	(10,999,349)	1,320,278	9,679,071	-
Chief Nursing Officer Support	121,500	121,500	121,500	121,500	-	-	-	-
Infection Control Program	90,100	90,100	90,100	90,100	-	-	-	-
Social Determinants of Health Nurses	180,500	180,500	180,500	180,500	-	-	-	-
Food Safety - Farm to Fork	78,400	78,400	78,400	78,400	-	-	-	-
Harm Reduction Program	250,000	250,000	250,000	250,000	-	-	-	-
Healthy Smiles Ontario (HSO)	1,250,900	1,250,900	1,250,900	1,250,900	-	-	-	-
Infectious Disease Control	611,200	611,200	611,200	611,200	-	-	-	-
Needle Exchange Program Initiative	192,000	192,000	192,000	192,000	-	-	-	-
Physician Services Agreement (Medical Officer of Health)	340,000	173,323	340,000	201,255	(27,932)	-	-	(27,932)
Safe Water Program	35,300	35,300	35,300	35,300	-	-	-	-
Smoke Free Ontario Strategy Program	668,600	668,600	673,599	669,190	(590)	-	590	-
Youth Tobacco Use Prevention	80,000	80,000	80,000	80,000	-	-	-	-
Ontario Seniors Dental Care Program (OSDCP)	1,602,750	805,010	1,602,750	993,050	(188,040)	-	-	(188,040)
One-time								
Business Intelligence Framework (2018-19)	-	159,153	-	159,153	-	-	-	-
New Purpose Built Vaccine Refrigerators (2019-20)	85,000	63,750	-	81,972	(18,222)	-	-	(18,222)
Needle Exchange Program Initiative One time (2019-20)	90,000	67,500	-	54,127	13,373	-	(13,373)	-
OSDCP Dental Clinic Upgrades (2019-20 Capital Funding)	331,800	-	-	-	-	-	-	-
Universal Influenza (UIPP)	-	-	-	56,416	(56,416)	-	44,166	(12,250)
Meningococcal C	-	-	-	102,158	(102,158)	-	62,743	(39,415)
Human Papillomavirus	-	-	-	153,041	(153,041)	-	94,102	(58,939)
	26,481,250	25,300,436	37,303,037	36,832,811	(11,532,375)	1,320,278	9,867,299	(344,798)
Region grant and other income								
The Regional Municipality of Niagara levy	10,411,773	10,776,311	-	-	10,776,311			
Other income	410,014	411,266	-	-	411,266			
	10,821,787	11,187,577	-	-	11,187,577			
Total	37,303,037	36,488,013	37,303,037	36,832,811	(344,798)			

The accompanying notes to the financial statements are an integral part of this financial statement.

The Regional Municipality of Niagara Public Health Department

General Programs

Notes to the schedule

December 31, 2020

1. Significant accounting policies

The schedule has been prepared for the Ontario Ministry of Health in accordance with the Public Health Accountability Agreement effective January 1, 2020 between the Ontario Ministry of Health and Long Term Care and the Regional Municipality of Niagara (the "guidelines"). The agreement requires the schedule to be prepared in a manner consistent with the generally accepted accounting principles ("GAAP"). Management of the Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles and note disclosure required by GAAP for a complete set of financial statements. The financial results for the Community Mental Health Program is not included in the schedule of revenue, expenses and grant receivable/repayable for the year ended December 31, 2020.

Significant accounting policies are as follows:

- (i) Revenues are reported on the cash basis of accounting.
- (ii) Expenses are recorded if they are eligible for the program and incurred in the period, except for employee future benefits (iv).
- (iii) Tangible capital assets acquired are reported as an expenses and amortization is not recorded.
- (iv) Employee future benefits are provided which will require funding in future periods. These benefits included vacation pay, sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.
- (v) Since precise determination of many assets and liabilities is dependent upon future events, the preparation of a periodic schedule involves the use of estimates and approximations. These have been made using careful judgments.
- (vi) Total expenses are reported on the schedule of revenue, expenses and grant receivable/repayable in order to understand the full cost of the program. Ineligible expenses as per the funding agreement have been removed for the purpose of determining the grant repayable/receivable.

2. Grant receivable (Repayable)

The grant receivable from the Province of Ontario is subject to audit verification by the Ontario Ministry of Health. The grants receivable are non-interest bearing and are normally received in the subsequent year. In the current year, there is a grant receivable of \$1.37M.

	2020	2019
	\$	\$
Grant receivable, beginning of year	344,798	95,377
Amounts recovered during the year	(349,360)	(164,216)
Amounts repaid during the year	-	136,223
Adjustment to prior year balances*	4,562	(67,382)
Grant receivable (repayable)	1,367,765	344,796
Net grant receivable (repayable), end of year	1,367,765	344,798

* Represents adjustments made to correct differences between amounts originally recorded and amounts settled related to repayable and receivable balances for prior years.

The Regional Municipality of Niagara Public Health Department

General Programs

Notes to the schedule

December 31, 2020

3. Budget data

The budget data presented in the schedule is based on the budget data submitted to the Ontario Ministry of Health.

Draft

Annual Reconciliation Report

**The Regional Municipality of
Niagara Public Health Department**
General Programs

December 31, 2020

The Regional Municipality of Niagara
Public Health Department
December 31, 2020

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Draft

Independent Auditor's Report

To the Members of Council of The Regional Municipality of Niagara
and the Ontario Ministry of Health

Opinion

We have audited the accompanying 2020 Annual Reconciliation Report (the "Schedule") of the Regional Municipality of Niagara (the "Region") – Public Health Department – General Programs (the "Program") for year ended December 31, 2020.

In our opinion, the accompanying Schedule of the Program as at December 31, 2020 is prepared, in all material respects, in accordance with the financial reporting provisions in the Public Health Funding and Accountability Agreement between Her Majesty the Queen in right of Ontario as represented by the Ministry of Health (formerly the Ministry of Health and Long-Term Care) (the "Ministry") and the Board of Health for the Niagara Region Public Health Department most recently amended effective January 1, 2020 and the "Instructions for Completion of the 2020 Year-End Settlement" dated April 15, 2021 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedule* section of our report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Schedule in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to the fact that the Schedule has been prepared in accordance with the Guidelines. The Schedule is prepared to assist the Region in complying with the financial reporting provisions of the Guidelines. As a result, the Schedule may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedule

Management is responsible for the preparation of the Schedule in accordance with the Guidelines, and for such internal control as management determines is necessary to enable the preparation of the Schedule that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these Schedule.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Schedule, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants
_____, 2021

PHD 9-2021 Appendix 2

September 14, 2021

MINISTRY OF HEALTH

OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH

2020 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT:

Niagara Region

Section 1: Base Funding (January 1, 2020 to December 31, 2020)

- Programs Funded at 70%

- Programs Funded at 100%

Section 4: 2020 One-Time Funding Approved to March 31, 2021 (To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 2: 2019 One-Time Funding Approved to March 31, 2020

- One-Time Projects/Initiatives Funded at 100%

- One-Time Capital Projects Funded at 100%

Section 5: 2020 One-Time Funding Approved to December 31, 2021 (To be settled in 2021)

- One-Time Projects/Initiatives Funded at 100%

Section 3: 2020 One-Time Funding Approved to December 31, 2020

- One-Time Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 1 Base Funding (January 1, 2020 to December 31, 2020)	Programs Funded at 70%	Public Health Program (Mandatory)	23,576,200	23,576,200	33,855,873	(16,743)	23,687,391	23,576,200	-
							-	-	-
							-	-	-
							-	-	-
		Sub-Total Programs Funded at 70%	23,576,200	23,576,200	33,855,873	(16,743)	23,687,391	23,576,200	-
	Programs Funded at 100%	Ontario Seniors Dental Care Program	2,137,000	2,070,108	1,986,358	-	1,986,358	1,986,358	83,750
		MOH/AMOH Compensation Initiative (100%)	351,000	199,401	296,414		296,414	296,414	(97,013)
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
		Sub-Total Programs Funded at 100%	2,488,000	2,269,509	2,282,772	-	2,282,772	2,282,772	(13,262)
	Total Section 1 Base Funding (January 1, 2020 to December 31, 2020)		26,064,200	25,845,709	36,138,645	(16,743)	25,970,163	25,858,972	(13,262)
Section 2 2019 One-Time Funding Approved to March 31, 2020	One-Time Projects / Initiatives Funded at 100%						-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	-	-	-	-	-	-	-
	One-Time Capital Projects Funded at 100%						-	-	-
							-	-	-
							-	-	-
		Sub-Total One-Time Capital Projects Funded at 100%	-	-	-	-	-	-	-
	Total Section 2: 2019 One-Time Funding Approved to March 31, 2020		-	-	-	-	-	-	-

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2020 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)
NAME OF PUBLIC HEALTH UNIT: **Niagara Region**

Section 1: Base Funding (January 1, 2020 to December 31, 2020)
- Programs Funded at 70%
- Programs Funded at 100%

Section 2: 2019 One-Time Funding Approved to March 31, 2020
- One-Time Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100%

Section 3: 2020 One-Time Funding Approved to December 31, 2020
- One-Time Projects/Initiatives Funded at 100%

Section 4: 2020 One-Time Funding Approved to March 31, 2021 (To be settled in 2021)
- One-Time Projects/Initiatives Funded at 100%

Section 5: 2020 One-Time Funding Approved to December 31, 2021 (To be settled in 2021)
- One-Time Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 3 2020 One-Time Funding Approved to December 31, 2020	One-Time Projects / Initiatives Funded at 100%	Temporary Pandemic Pay Initiative	267,700	267,700	31,002		31,002	31,002	236,698
		Mitigation	455,500	455,500	455,500		455,500	455,500	-
		Covid-19: Extraordinary Costs (100%)	3,631,000	-	1,682,094		1,682,094	1,682,094	(1,682,094)
							-	-	-
							-	-	-
							-	-	-
							-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	4,354,200	723,200	2,168,596	-	2,168,596	2,168,596	(1,445,396)
Total Section 3 - 2020 One-Time Funding Approved to December 31, 2020			4,354,200	723,200	2,168,596	-	2,168,596	2,168,596	(1,445,396)
Section 4 2020 One-Time Funding Approved to March 31, 2021 (To be settled in 2021)	One-Time Projects / Initiatives Funded at 100%	Covid-19: School-Focused Nurses Initiative (100%)	1,340,000	1,097,667	678,059		678,059	678,059	419,608
		Covid-19: Public Health Case and Contact Management	31,700	21,684	-		-	-	21,684
		MOH/AMOH Compensation Initiative (100%)	57,300	23,359	-		-	-	23,359
		Mandatory Programs: Public Health Inspector Practicum	10,000	7,506	-		-	-	7,506
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	1,439,000	1,150,216	678,059	-	678,059	678,059	472,157
	One-Time Capital Projects Funded at 100%	OSDCP: Fort Erie Upgrades (100%)	75,300	66,753	35,968		35,968	35,968	30,785
		OSDCP: Centre de Sante Communiautaire Upgrades	122,000	122,000	-		-	-	122,000
		OSDCP: Niagara Falls Community Health Centre	134,500	134,500	-		-	-	134,500
Sub-Total One-Time Capital Projects Funded at 100%		331,800	323,253	35,968	-	35,968	35,968	287,285	
Total Section 4 - 2020 One-Time Funding Approved to March 31, 2021 (To be settled in 2021)			1,770,800	1,473,469	714,027	-	714,027	714,027	759,442
Section 5 2020 One-Time Funding Approved to December 31, 2021 (To be settled in 2021)	One-Time Projects / Initiatives Funded at 100%						-	-	-
							-	-	-
							-	-	-
							-	-	-
			Sub-Total One-Time Projects / Initiatives Funded at 100%	-	-	-	-	-	-
Total Section 5 - 2020 One-Time Funding Approved to December 31, 2021 (To be settled in 2021)			-	-	-	-	-	-	-

Grand Total 2020 Settlement (Section 1) + (Section 2) + (Section 3)	30,418,400	26,568,909	38,307,241	-	16,743	28,138,759	28,027,568	-	1,458,658
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Having the authority to bind the Board of Health for the Public Health Unit:

We certify that the Financials shown in the Annual Reconciliation Report and the supporting schedule are complete and accurate and are in accordance with Transfer Payment Agreements and Reports filed with the appropriate Municipal Council.

Date

Signature
Medical Officer of Health / Chief Executive Officer

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2020 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Niagara Region**

- Section 1: Base Funding (January 1, 2020 to December 31, 2020)**

 - Programs Funded at 70%
 - Programs Funded at 100%
- Section 2: 2019 One-Time Funding Approved to March 31, 2020**

 - One-Time Projects/Initiatives Funded at 100%
 - One-Time Capital Projects Funded at 100%
- Section 3: 2020 One-Time Funding Approved to December 31, 2020**

 - One-Time Projects/Initiatives Funded at 100%
- Section 4: 2020 One-Time Funding Approved to March 31, 2021
(To be settled in 2021)**

 - One-Time Projects/Initiatives Funded at 100%
- Section 5: 2020 One-Time Funding Approved to December 31, 2021
(To be settled in 2021)**

 - One-Time Projects/Initiatives Funded at 100%

Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
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Date

Signature
Chair of the Board of Health / Authorized Officer

Draft

September 14, 2021

MINISTRY OF HEALTH

OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH

2020 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: Niagara Region

SCHEDULE 1: Schedule of Offset Revenues

Mandatory Programs (70%)	Line #	Reference	Actual \$	Ministry Use Only
Interest Income	L 1			
Universal Influenza Immunization Program clinic reimbursement	L 2		1,894	
Meningococcal C Program clinic reimbursement	L 3		5,944	
Human Papilloma Virus Program reimbursement	L 4		8,905	
Healthy Smiles Ontario (70%) - part of Mandatory Programs	L 5			
Revenues Generated from Other Government Dental Program:	L 6			
Ontario Works (OW)	L 7			
Ontario Disability Support Program (ODSP)	L 8			
Other government dental programs (please specify):	L 9			
Other (Specify):	L 10			
	L 11			
	L 12			
	L 13			
2020 Total Offset Revenues	L 14	To Summary Page Cell G18 - Offset (Revenue)	16,743	

Ontario Seniors Dental Care Program (100%)	Line #	Reference	Actual \$	Ministry Use Only
Interest Income	L 15			
Client Co-Payments	L 16			
Revenues Generated from Other Government Dental Program:	L 17			
Ontario Works (OW)	L 18			
Ontario Disability Support Program (ODSP)	L 19			
Other government dental programs (please specify):	L 20			
	L 21			
	L 22			
	L 23			
2020 Total Offset Revenues	L 24	To Summary Page Cell G23 - Offset (Revenue)	-	

The Regional Municipality of Niagara Public Health Department

General Programs

Note to the Schedule

December 31, 2020

1. Significant accounting policies

The report has been prepared for the Ontario Ministry of Health in accordance with the Public Health Accountability Agreement effective January 1, 2020 between the Ontario Ministry of Health and the Regional Municipality of Niagara and the Instructions for completing the 2020 Annual Report and Attestation (the "Guidelines"). The Guidelines require the report to be prepared in a manner consistent with the generally accepted accounting principles ("GAAP"). Management of the Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles and note disclosure required by GAAP for a complete set of financial statements.

Significant accounting policies are as follows:

Revenue and expenses

Revenues are recognized in the year in which they are earned. Expenses are recorded if they are eligible for the program and incurred in the period, except for employee future benefits.

Capital assets

Tangible capital assets acquired are reported as an expenses and amortization is not recorded.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits included vacation pay, sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

Use of estimates

Since precise determination of many assets and liabilities is dependent upon future events, the preparation of a periodic report involves the use of estimates and approximations. These have been made using careful judgments.

MEMORANDUM

COM-C 26-2021

Subject: Social Assistance Recovery and Renewal Provincial newsletter
Date: September 14, 2021
To: Public Health & Social Services Committee
From: Adrienne Jugley, Commissioner, Community Services

Since March 2021, the province has been planning and launching an intensive process to develop the Social Assistance Recovery and Renewal Vision ([COM 7-2021](#)). The new vision builds on previous system redesign efforts to modernize, streamline, and reduce administrative burden as well as advance human services integration to improve client outcomes ([COM 12-2021](#)).

As there is significant change occurring in the social assistance system, the province will now be issuing a regular newsletter for community partner information. Staff are sharing the first newsletter (Appendix 1 to Memorandum COM-C 26-2021) with the Public Health and Social Services Committee and will provide subsequent newsletters through Council's weekly correspondence distribution.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

Appendix 1 Social Assistance Recovery and Renewal Highlights

Issue 1 - August 2021

Social Assistance Recovery and Renewal Highlights

Welcome to the first issue of our Social Assistance Recovery and Renewal bulletin. Through this communication, we will provide regular updates on the progress of Social Assistance Recovery and Renewal work including significant milestones, updates from our projects and prototypes, and any upcoming items to watch out for.

The Vision: 'To create an efficient, effective, and streamlined social services system that focuses on people, providing them with a range of services and supports to respond to their unique needs and address barriers to success so they can move towards employment and independence.'

Co-Design Update

Since March 2021, we have been planning and launching an intensive collaboration process to develop the [Social Assistance Recovery and Renewal Vision](#) that the government announced in February from a high level vision to a more detailed design of a service delivery system we can test and then scale over the coming years.

This co-design work is taking place at the Provincial-Municipal Social Assistance and Employment Committee (PMSAEC) tables supported by broad engagement with social assistance staff and service delivery partners. We are also developing a plan for engaging with clients. We are fortunate to be supported in this work by Deloitte

Canada, who bring expertise in system transformation to help structure an inclusive and collaborative process.

Some of the early areas of focus include better understanding the current state client journey-both our strengths and our challenges-and envisioning a high level future state client journey (or "service delivery blueprint") with more detail around what provincial and municipal roles and responsibilities will be in the new model.

The Plan for Co-Design

This is a complex job that will take 12-18 months. We are thinking about this overall process in three phases, each of which will bring the new service delivery model into increasingly sharper focus:

March to May 2021: Preparation. In this period, we set the stage for co-design through pre-research, early discussion of the vision, early engagement, and designing an overall approach.

June to September 2021: Early Co-Design. In this period, we are taking a first pass through various layers of the new model (such as the catalogue of client services, provincial-municipal roles and responsibilities, service intensity levels for different client needs, service channels, and funding) in order to answer critical questions about service delivery options. These early conversations are helping us understand what the model should look like and moving us toward gathering additional information to build and iterate on proposed options while improving the client journey.

October 2021 to May 2022: Detailed Co-Design. In the period from October to May, we will move toward a more full system design with business processes, tools, and staff functions, all enabled by prototyping and testing elements of a new model.

This process has been evolving since we started and will continue to evolve. Taking an inclusive and evidence-based approach will take time, but this bulletin provides an opportunity for us to keep everyone informed as we do this work.

Recent Announcements

Ontario Works Act Amendments: On April 15, the government introduced proposed amendments to the Ontario Works Act, 1997 to enable further co-design and realignment testing of Ontario Works functions between municipalities and the Ministry in support of the Recovery and Renewal Vision, including an enhanced focus on life stabilization to enable clients to achieve greater independence and financial resilience. These changes are contained in Bill 276, *Supporting Recovery and Competitiveness Act, 2021*, [Schedule 21](#), which received Royal Assent on June 3, 2021.

Employment Services Transformation: On June 10, the Ministry of Labour, Training and Skills Development (MLTSD) announced the launch of Employment Services Transformation (EST) in a further nine catchment areas across the province. This expansion will be carefully sequenced, happening in several stages between now and the end of 2023.

MLTSD will be using a two-stage competitive selection process to select Service System Managers (SSMs) for each catchment area, beginning with the launch of a Request for Qualifications process. This will be followed by a Call for Proposals (CFP) in the lowest complexity areas (Fall 2021), and with SSMs identified in spring 2022. Medium complexity areas will proceed later with SSMs identified by the end of 2022. The competitive process for high complexity catchments (including Toronto and the North) will occur in 2023. Complexity is being defined by factors related to community readiness and interest, as well as labour market conditions.

In response to feedback from First Nations partners, the government decided that the SSM model will not be implemented within First Nations communities (on- reserve). The province will engage with First Nations communities and other Indigenous partners to develop a model for employment services that will result in better outcomes for First Nation job seekers.

There will be no immediate changes to the access and delivery of employment services for clients in the prototype catchment areas, including First Nations clients who access employment and training services off-reserve. The service

system manager (SSM) model will apply to urban/other Indigenous service providers (off- reserve). SSMs will be required to engage with Indigenous organizations in order to provide employment services to Indigenous job seekers in a culturally supportive way and deliver long-term, sustainable outcomes.

Engagement Updates

Staff Engagement: Between April and June, staff engagement to support the co- design process kicked off with two packages being distributed to Ontario Works and Ontario Disability Support Program (ODSP) offices and teams.

- **For ODSP:** members of the ODSP Engagement Forum bring these discussions back to their teams, in collaboration with local managers.
- **For Ontario Works:** the ministry is working with the Ontario Municipal Social Services Association (OMSSA) to distribute engagement materials to all 47 Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs) and roll up responses.
- **Where feedback goes:** The feedback generated from these discussions is shared with Deloitte and PMSAEC. Action items based on the feedback will be incorporated into the subsequent rounds of discussions at engagement groups to ensure the voice and experience of front-line staff is included in the design and transformation process.

Urban Indigenous Engagement Table: A new engagement table with urban Indigenous partners launched May 26 and is meeting regularly to build a shared understanding of the vision for social assistance recovery and renewal. The table will help to ensure that the social assistance transformation is informed by the experiences of urban Indigenous clients and Indigenous service providers.

First Nations Engagement: We have also been engaging with First Nations partners, including at the First Nations-MCCSS Joint Social Services Table USST), to develop a separate plan to renew social assistance for First Nations communities.

Our Commitment to Equity and Inclusion: The Recovery and Renewal Plan touches on all aspects of how we deliver social assistance - and it will set the stage for profound transformation of programs to support low-income Ontarians. This is a critical inflection point to assess the equity impacts of decisions around the new operating model and to install mechanisms to ensure ongoing assessment of equity impacts as we transition to human services integration in the coming years, as our clients are among the most diverse and vulnerable populations in Ontario.

Treating everyone the same does not always lead to equitable outcomes. Sometimes, meeting everyone's needs may require accommodating people's differences and unique circumstances. It can include taking actions such as providing different supports and identifying and removing barriers to access.

We have reached out to ministry and municipal partners (through PMSAEC) to align with and learn about their strategies and approaches to equity and inclusion. We will provide an update on this work in a future issue of this newsletter.

What We're Hearing

"Making life stabilization a priority for clients will enable them to focus on their immediate needs and should theoretically enable them to find future success in managing many aspects of their lives, not just in terms of employment. This model could support long term successes rather than short term phases of success."

-Ontario Works staff member

"Currently when assisting our clients, we do everything within our discretion within the system to assist them and move them forward in their goals. Our roles and the system create barriers to fully doing so...There is always room for improvements, and linking to community services would be great for clients."

-ODSP Engagement Forum member

"The new vision for service delivery should result in better service for residents and communities, with an aim of making them more prosperous and healthier. Creating pathways to greater independence and employment through life stabilization casework will improve quality of life outcomes for people, contribute to reducing poverty, and help achieve workforce development goals for communities."

-Association of Municipalities of Ontario (AMO)

Implementation Updates

The co-design work is supported by ongoing projects and pilots. Here are some updates from two of them: Centralized Intake and Benefits Administration and Digital Service Delivery.

Centralized Intake

Centralized Intake was developed and launched with seven Ontario Works prototype sites on November 2, 2020. It is designed to optimize the user experience for applicants and reduce the administrative burden for staff, allowing them to focus on supporting clients through crisis and helping them get back to work. Centralized Intake relies on the following components:

- The user-friendly Social Assistance Digital Application (SADA) for online applications to Ontario Works
- The electronic ID portal for ID verification and eSignatures for consents
- A risk-based eligibility determination (RBED) framework, which uses data from the application to determine eligibility, developed in partnership with Equifax.

Centralized Intake Expansion and Progress

- **February 16, 2021:** expanded to 8 more municipalities and enhanced functionality of the SADA application process to include e-signatures.

- **April 26, 2021:** expanded to 5 additional municipalities and enhanced functionality of the RBED process.
- **June 21, 2021:** it expanded to include 14 more municipalities across the province, to provide support to a total of 34 municipalities.
- Collaboration with Ontario Works pilot sites has led to improvements in internal processes and streamlined issues management.
- As we continue to work through challenges in the process and test new ideas, we will provide more information.

Early results from Centralized Intake Pilot

- Over 196 applications received from across 34 municipalities per day
- Approximately 144 applications are processed by the IBAU per day
- 83% of applications received are processed within 4 days

Centralized Benefits Administration

Whereas the Centralized Intake pilot has been focused on Ontario Works thus far, the Centralized Benefits Administration pilot began with ODSP (17 offices so far), and aims to reduce time spent on administrative tasks and paperwork, allowing Caseworkers to spend more time focusing on supporting clients.

As of March 2021, with the focus on payment of invoices and authorization of benefits within the ODSP Customer Service Standards, the team has processed over 63,000 benefits and invoice payments, with over 97% of benefits and 68% of invoices completed within 15 days and has paid out over 27 million dollars to clients and vendors.

The team has also implemented direct-to-IBAU invoicing for selected taxi vendors who can fax or email their invoices directly to a central IBAU inbox. This has resulted in a significant reduction in the time to process invoices and allows payment within the same month they are billed.

Digital Service Delivery

Electronic Document Management (EDM) Update

As of August 2020, all ODSP sites were equipped with EDM tools, including seamless and digital access to client files from within SAMS. We're also making EDM available to interested municipalities, and as of June 2021, 25 municipal/OW sites have access to EDM.

MyBenefits Updates

- MyBenefits is an online service available to Ontario Works and ODSP clients. It allows clients to see their payments and letters, and to report changes through their desktop, tablet or mobile phone.
- My Benefits allows staff more time to focus on high-impact work with recipients, because they spend less time manually inputting recipient information, processing changes, opening/sorting mail and handling incoming phone calls.
- On June 21, we launched **a new messaging feature** on the MyBenefits platform that allows messages and documents to be shared between clients and caseworkers.

What Pilot Site Staff are saying:

"All my clients are very happy and love using Messaging! They picked it up right away with no issues. It is a really easy way to book appointments and advise of required documents."

"The main benefits of Messaging include the quick and easy way to communicate and being able to send and receive documents."

"Messaging seems well organized and searchable. Being able to link into to the file directly from the message is nice."

Upcoming Milestones

- August: Next round of staff engagement
- Fall: Release a "What We Heard" report

More Information

- For more information, see the Recovery and Renewal section on our SA Extranet or contact SA.Renewal@ontario.ca with any questions. We will be adding more information to the SA Extranet in the coming weeks. Check back often for the most up-to-date information.
- Please also let us know what types of things you would like to see included in this bulletin. The next issue is planned for October 2021.

MEMORANDUM**COM-C 27-2021**

Subject: Niagara Prosperity Initiative - Brock Report
Date: September 14, 2021
To: Public Health and Social Services Committee
From: Adrienne Jugley, Commissioner, Community Services

In 2018, Niagara Region's Social Assistance & Employment Opportunities (SAEO) division obtained funding of \$476,763 from the province's Local Poverty Reduction Fund (LPRF) for a three-year research project, focusing on a review of the Niagara Property Initiative (NPI). SAEO contracted with Brock University to complete the research.

Brock University completed their review of the Niagara Prosperity Initiative and the executive summary of the "Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara" report was presented to the Public Health and Social Services Committee (PHSSC) in March 2021 ([COM 4-2021 Appendix A](#)).

A copy of the final "Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara" can be found through this link, [Connecting the Pieces](#).

To support Niagara Region's future responses to poverty, SAEO staff are working with Clarico Group Inc. to use the results of the Brock study to:

- Gain an understanding of the Region's broader investments in poverty reduction;
- Propose an approach for the implementation of a broader poverty reduction strategy that would consider the investments into poverty reduction; and
- Propose to Council a new approach for NPI investments in the context of a broader poverty reduction strategy

Staff will present recommendations, including an approach for the future of NPI and a Niagara poverty reduction strategy to the Public Health and Social Services Committee

in October 2021, with the intent to implement Council-approved recommendations for NPI in 2022 ([COM 19-2021 Appendix 1](#)).

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner

MEMORANDUM**COM-C 28-2021**

Subject: Activities related to Niagara's 10-Year Housing and Homelessness Action Plan for June, July and August, 2021

Date: September 14, 2021

To: Public Health & Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

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

- The HHAP Housing Focused Shelter Working Group has engaged staff from Niagara Health System (NH) to collaborate on improving the transfer of clients between local hospitals and emergency shelters, and reduce discharges from Hospital into homelessness.
- Niagara Region Homelessness Services purchased much needed accessibility enhancing items included ramps, accessible beds, wheelchairs, shower chairs, hand rails and grab bars. Client needs were determined in collaboration with shelter and street outreach agencies. The items were delivered to agencies with positive client feedback. Niagara Region had received \$60,000 in provincial funding through the Inclusive Community Grants Program in March 2021, for purchases to improve accessibility in the Homeless Serving System.
- Niagara Region Homelessness Services Quarterly Newsletter was relaunched in July 2021, to improve communications with service providers and other stakeholders.
- New Housing Development Highlights:
 1. Hawkins Avenue, Niagara Falls, 73 affordable units (NRH) – Construction 80% completed and on track for occupancy January 2022.

2. Victoria Avenue, Niagara Falls, 15 bridge housing units and potential for 10 recuperative care beds – Permits submitted July 15, 2021, targeted completion for December 23, 2021.
3. Buchanan Avenue, Niagara Falls, 25 permanent supportive housing units – Design Bid RFP awarded, design & permit submitted. Target project completion December 31, 2021.
4. Rapid Housing Initiative - Federal government has awarded \$10.5 million for the construction of 41 affordable units by the Fall of 2022. Project details forthcoming.

Respectfully submitted and signed by

Adrienne Jugley, Commissioner

MEMORANDUM**COM-C 29-2021**

Subject: Dr. Karl Stobbe – 2020 Canada Volunteer Awards, Community Leader Award Recipient

Date: September 14, 2021

To: Public Health & Social Services Committee

From: Adrienne Jugley, Commissioner, Community Services

Niagara Region Community Services is pleased to announce that Dr. Karl Stobbe, Medical Director of Regional Essential Access to Connected Healthcare (REACH) Niagara, is the successful recipient of the Community Leader Award, for the Ontario region, as part of the [2020 Canada Volunteer Awards program](#).

The Government of Canada's Canada Volunteer Awards (CVA) program recognizes the outstanding contributions of volunteers, businesses and innovative not-for-profit organizations in improving the well-being of people and communities. The Community Leader Award category is for outstanding individual volunteers or groups of volunteers who have taken a lead role in developing solutions to social challenges in communities.

Dr. Stobbe's dedication to addressing the lack of healthcare services available to vulnerable populations makes him a champion of health equity. His work has led to increased education and advocacy, establishing key collaborations between community organizations, health organizations, academic institutions and the Region.

The nomination, submitted by Niagara Region Community Services, showcased Dr. Stobbe's impact in the community, the broad reach of his work, collaboration with diverse community partners, challenges he faced in providing healthcare to vulnerable populations, and how his work inspired the community to continue addressing barriers to healthcare, faced by these populations.

In 2019, Dr. Stobbe created REACH to make healthcare services more accessible for those who traditionally have very little access and trust in systems of healthcare. REACH provides shelter-based primary care medical clinics staffed part-time by a family doctor, a nurse practitioner and a community paramedic, and services in collaboration with multiple organizations which include: primary and preventative medical care, follow-ups, house calls, specialist referrals, medical appointment

transportation, support with completing health-related documentation and connections to local family practices, community health centres, mental health services, dental care services, housing supports and meal programs.

Throughout the COVID-19 pandemic, REACH collaborated with Niagara Region Homelessness Services and Public Health to provide vital medical services to the homeless population such as:

- Primary medical care, on-call medical supports and video or phone clinics for shelters within the emergency shelter system
- Administered COVID-19 screening tools and managed COVID-19 testing results
- Collaborated with the Niagara Assertive Outreach Team to provide healthcare supports to individuals living on the street or not accessing emergency shelters
- Multiple first and second dose COVID-19 vaccination clinics, in various emergency shelter locations, for individuals living in shelter and on the street
- COVID-19 related supports for individuals accessing services at Positive Living Niagara

Through Dr. Stobbe's perseverance, he has mitigated severe health outcomes and hospitalizations for the homeless population, bettered the overall health and well-being of vulnerable individuals to live longer more fulfilling lives, and built their confidence and trust with healthcare providers to continue their healthcare journey. His work and contributions have ensured that vulnerable populations in Niagara have continued access to barrier-free, trauma-informed, quality healthcare.

Respectfully submitted and signed by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner

MEMORANDUM

CWCD 2021-190

Subject: Opioid Work Update

Date: September 3, 2021

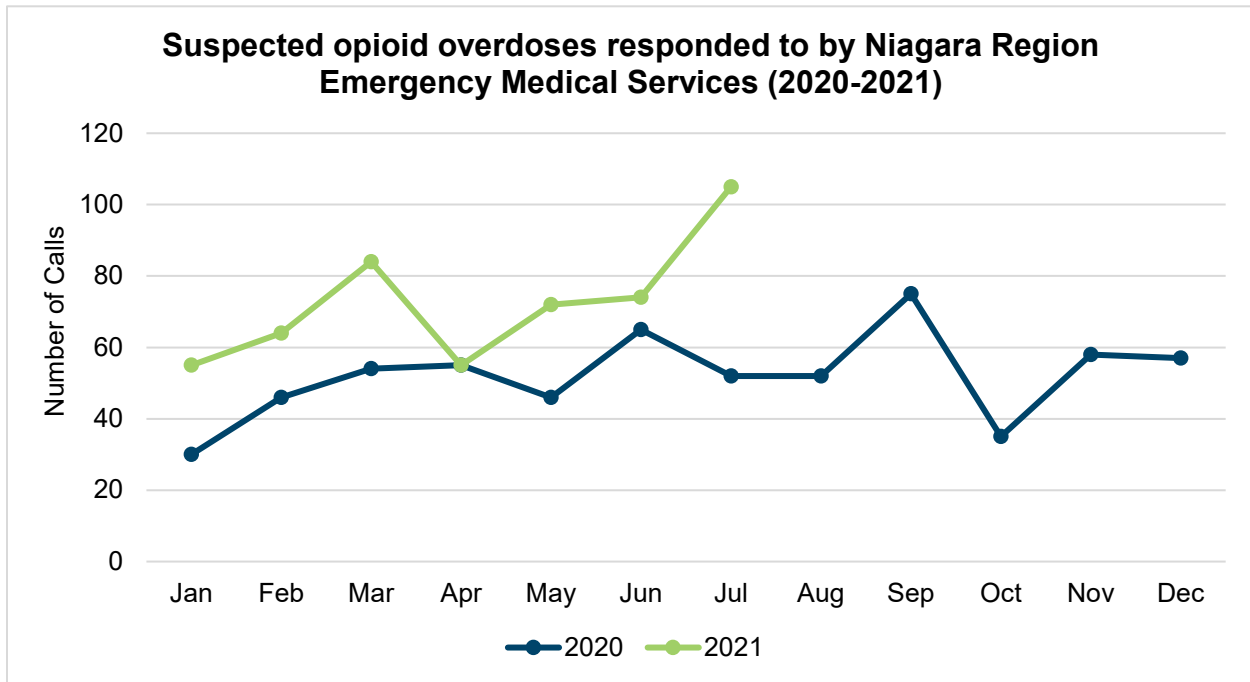
To: Regional Council / Board of Health

From: Dr. Feller, Associate Medical Officer of Health

Please be advised of the following important updates around the opioid overdose crisis.

1. [Overdose Prevention and Education Network of Niagara](https://211centralsouth.ca/niagara/openn/) (OPENN) Updates: (<https://211centralsouth.ca/niagara/openn/>)
 - a) Adverse Reaction Advisories are now distributed through Niagara 211 to all member organizations (1500 – 2000 recipients). Year-to-date there have been 8 advisories issued; in 2020 there were a total of 8 advisories issued.
 - b) OPENN's new [webpage](https://211centralsouth.ca/niagara/openn/) (<https://211centralsouth.ca/niagara/openn/>) includes links to community resources, harm reduction information, educational opportunities, and OPENN's [Niagara's Substance Use Prevention Strategy](https://niagaraknowledgeexchange.com/resources-publications/openn-substance-use-prevention-strategy/) (<https://niagaraknowledgeexchange.com/resources-publications/openn-substance-use-prevention-strategy/>).
 - c) OPENN will provide an accredited educational session for all health providers on safer supply in September 2021 in order to help residents avoid the toxic street supply and have access to a health care provider setting that can offer prescribed pharmaceutical opioids.
 - d) OPENN is working with media to request removal of paywalls for articles related to the opioid crisis and harm reduction.
2. Niagara EMS staff continue to provide proactive, preventive services including street outreach services (community paramedics targeting under-housed community members) and daily onsite staffing at the Consumption and Treatment Site (CTS).
3. There are 35 on-boarded community organizations / programs with the Ontario Naloxone Program (ONP) across the region. Currently two additional organizations are in process for ONP on – boarding.
4. Opioid deaths unfortunately met projections as discussed previously, given the impacts of the COVID pandemic.

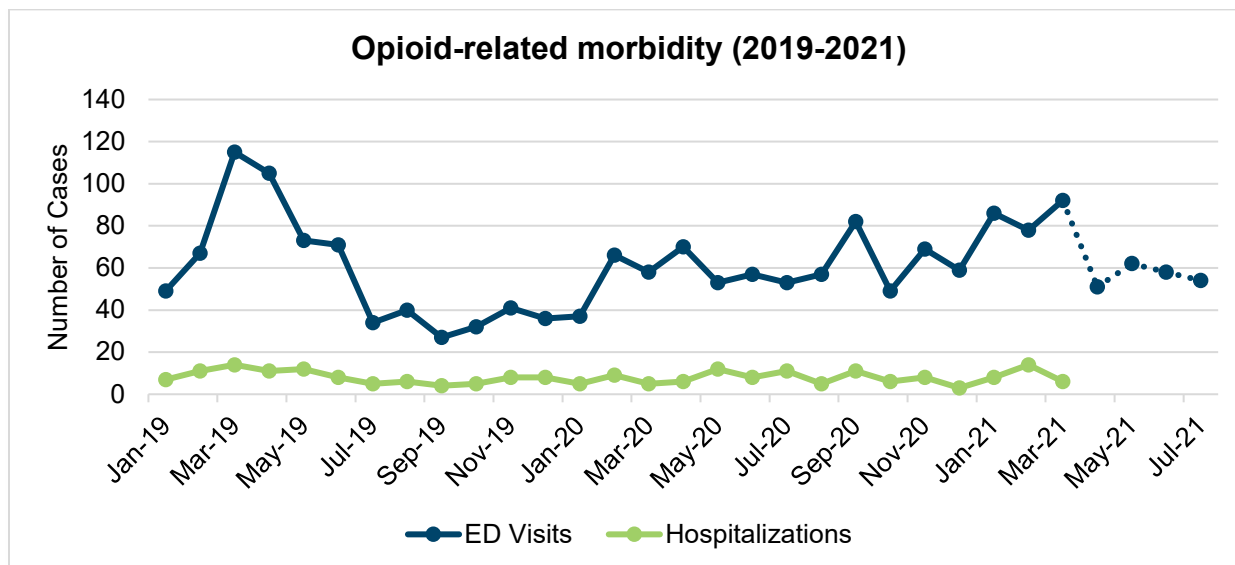
5. The Community Safety Wellbeing Plan seeks to align with OPENN's strategy through cross-sector collaboration and encouraging an upstream/prevention-based approach to integrated planning.
6. For this report, we have included some **preliminary** data (in broken lines) in addition to the data found on the website. A summary of opioid-related population health outcome and naloxone distribution data available to date follows.



Data source: Niagara Emergency Medical Services, 2020-2021.

EMS calls for Suspected Opioid Overdoses

- From January to July 2021, there were 509 suspected opioid overdoses responded to by EMS
 - This is an average of 73 calls per month
 - In July, there were 105 EMS calls alone. This is the highest number of calls made in a single month
- In 2020, there were 625 suspected opioid overdoses responded to by EMS
 - This is an average of 52 calls per month

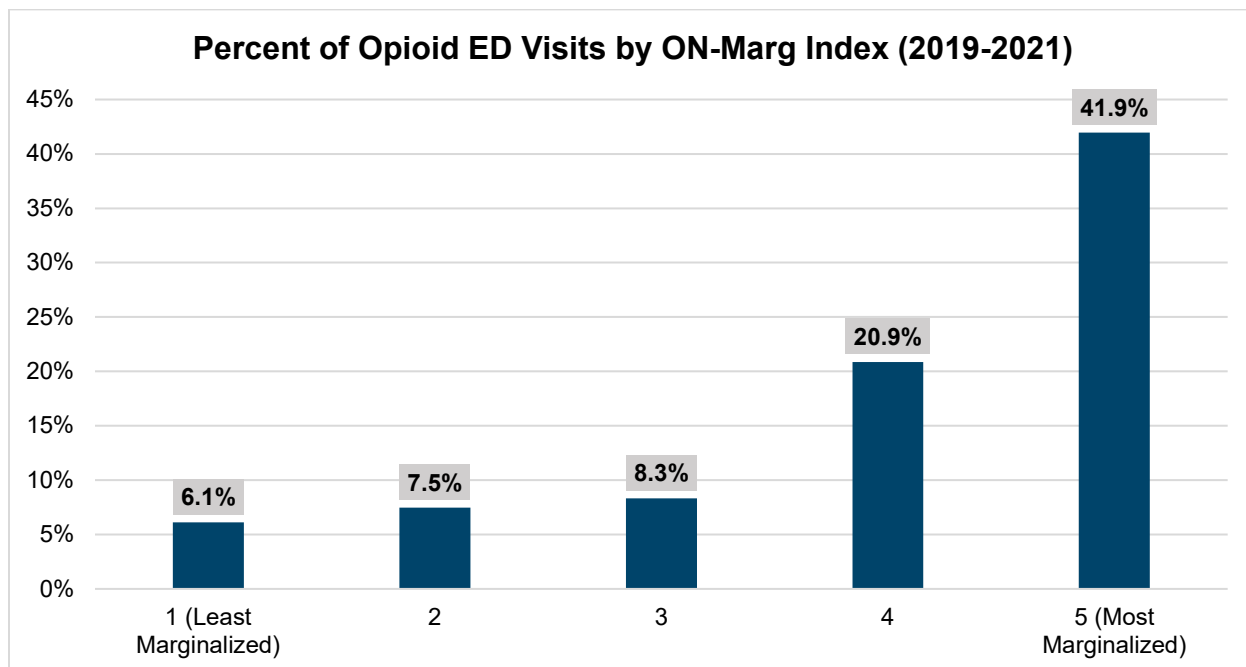


Data source: National Ambulatory Care Reporting System, 2019-2021; Canadian Institute for Health, 2021; Discharge Abstract Database, 2019-2021.

Notes: ED visit data for April to July 2021 is considered preliminary and subject to change

Emergency Department (ED) Visits and Hospitalizations due to Opioid Poisoning

- From **January to July 2021**, there were 481 emergency department (ED) visits
 - This is an average of 69 ED visits per month
- From **January to March 2021**, there were 28 hospitalizations
 - This is an average of 9 hospitalizations per month
- **In 2020**, there were a total of 710 ED visits and 89 hospitalizations
 - This is an average of 60 ED visits and 7 hospitalizations per month
- **In 2019**, there were a total of 690 ED visits and 99 hospitalizations
 - This is an average of 58 ED visits and 8 hospitalizations per month



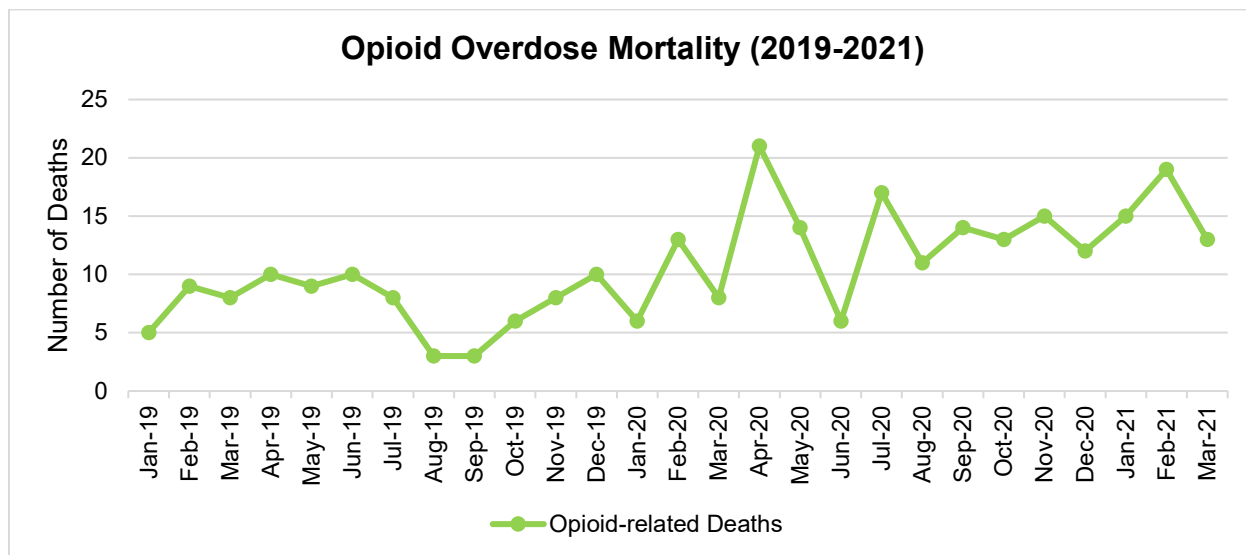
Data source: Integrated Decision Support Hamilton Health Sciences (IDS), 2019-2021

Notes: Data for 2021 only includes ED visits from January-June 2021

Emergency Department Visits by ON-Marg Index (Material Deprivation)

Ontario Marginalization Index or otherwise known as “ON-Marg” is used to understand levels of marginalization across different levels of geography. Marginalization can be assessed in quintiles with Quintile 1 indicating the least level of marginalization while Quintile 5 indicating the most level of marginalization. Marginalization can be measured different ways; a common method includes measuring something called “material deprivation”. This measure is related to poverty and the inability for individuals to access and attain basic material needs. There has been a consistent trend indicating that many individuals who visit the ED for opioid poisonings live in areas that have more poverty.

- From 2019 to June 2021:
 - 41.9% of individuals who visit the ED live in the most impoverished areas
 - The most impoverished areas (Quintile 5) had 663 additional ED visits compared to Quintile 1 (least impoverished)
 - The most impoverished areas (Quintile 5) had 6.9 times the number of ED visits compared to Quintile 1 (least impoverished)

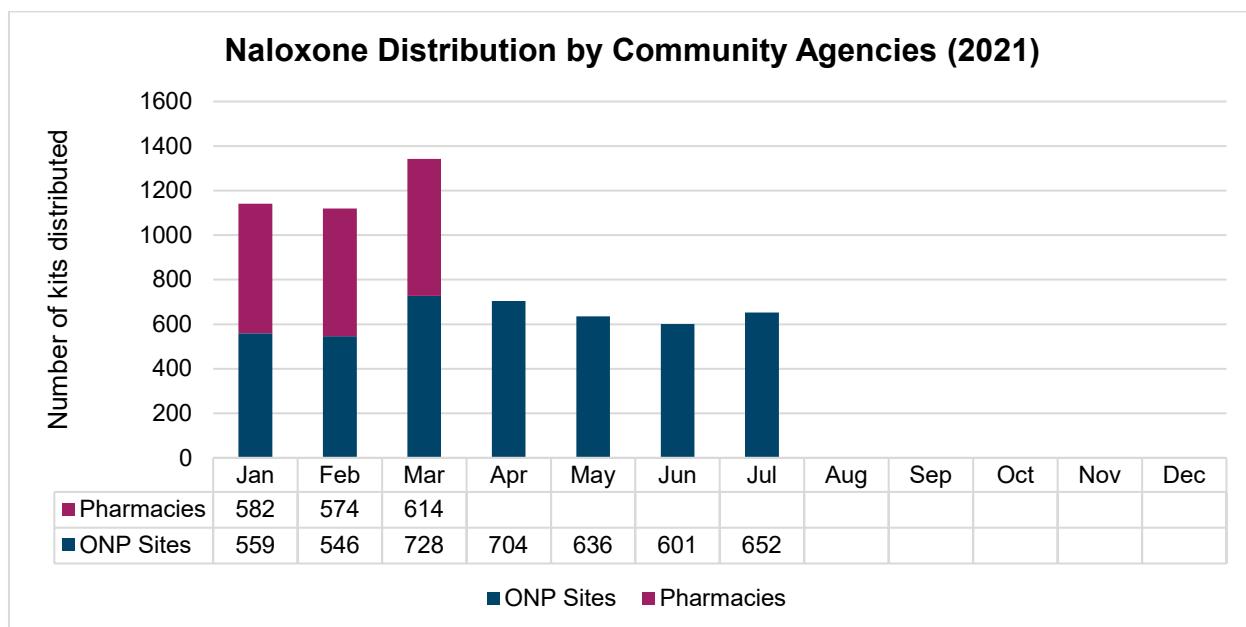


Data Source: Office of the Chief Coroner for Ontario, 2019-2021.

Notes: Data for April to July 2021 is considered preliminary and subject to change; opioid-related death data past March 2021 is currently unavailable.

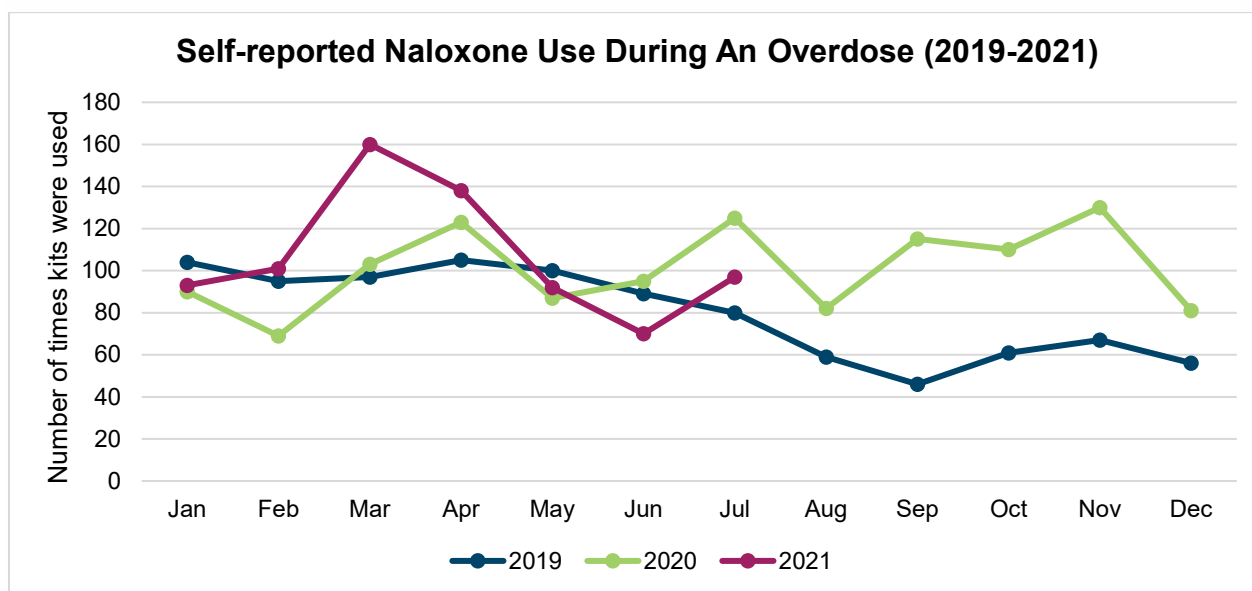
Confirmed Opioid Mortality

- From **January to March 2021**, there were 47 confirmed opioid overdose deaths. This is an average of 16 deaths per month
 - Fentanyl was the most common type of opioid present at the time of death (present in 94% of deaths), followed by methadone (present in 13% of deaths)
- There is some preliminary data to suggest opioid overdose deaths will continue to increase over the next few months
- **In 2020**, there were 150 deaths. This is an average of 13 deaths per month
 - Fentanyl was the most common type of opioid present at the time of death (83% of deaths), followed by methadone (15% of deaths)
 - This the highest number of deaths recorded in a year
- **In 2019**, there were 90 deaths. This is an average of 8 deaths per month
 - Fentanyl was the most common type of opioid present at the time of death (81% of deaths), followed by carfentanil (46% of deaths)



Data source: Niagara Region Public Health, 2021.

Notes: Pharmacy data for April-July 2021 is currently unavailable; data for naloxone distribution from Canadian Addiction Treatment Centres is unavailable



Data source: Niagara Region Public Health, 2019-2021.

- From January to July 2021, there were over 6,100 naloxone kits distributed in Niagara.
 - Naloxone kits were reportedly used over 750 times during this period
- In 2020, there were over 14,700 naloxone kits distributed in Niagara.
 - Naloxone kits were reportedly used over 1,200 times during this period
- In 2019, there were over 13,550 naloxone kits distributed in Niagara.

- Naloxone kits were reportedly used over 950 times during this period

Respectfully submitted and signed by

Andrea Feller, MD, MS, FAAP, FACPM
Associate Medical Officer of Health

MEMORANDUM

PHD-C 12-2021

Subject: Temporary COVID-19 Memorial

Date: September 14, 2021

To: Public Health and Social Services Committee

From: Ron Tripp, Acting Chief Administrative Officer

At the Public Health and Social Services Committee meeting held on July 13, 2021, the following Councillor Information Request was put forward:

Provide a report to the Public Health and Social Services Committee meeting being held on August 10, 2021, respecting plans to provide a location for a memorial to recognize Niagara residents lost to COVID-19. Councillor Ip.

Further to the direction above and the intention of any temporary memorial to be cost effective, staff are currently exploring a suitable location within the Glenridge Quarry Naturalization Site to install a bench that would serve as a temporary COVID-19 memorial.

The Glenridge Quarry Naturalization Site location was selected due to its proximity to Regional Headquarters, ample parking, accessible trails and the opportunity to provide a quiet place for reflection.

Given that the COVID-19 pandemic is still ongoing, the temporary location will recognize those Niagara residents lost to COVID-19 while considerations for a permanent memorial site will take place once the pandemic is declared over.

Staff will provide additional information on the location of the bench once it is installed and will ensure that the public is made aware through various social media platforms.

Respectfully submitted and signed by

Ron Tripp, P. Eng
Acting Chief Administrative Officer