



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

**PHSSC 2-2018**

**Tuesday, February 19, 2019**

**1:00 p.m.**

**Council Chamber**

**Niagara Region Headquarters, Campbell West**

**1815 Sir Isaac Brock Way, Thorold, ON**

---

	<b>Pages</b>
<b>1. <u>CALL TO ORDER</u></b>	
<b>2. <u>DISCLOSURES OF PECUNIARY INTEREST</u></b>	
<b>3. <u>PRESENTATIONS</u></b>	
3.1 <u>EarlyON Child and Family Centre System Transformation - An Orientation</u> Darlene Edgar, Director, Children's Services and Sandra Noël, Manager, Children's Services	3 - 18
<b>4. <u>DELEGATIONS</u></b>	
<b>5. <u>ITEMS FOR CONSIDERATION</u></b>	
5.1 <u>COM 04-2019</u> Niagara Prosperity Initiative Update and Appointments to the Niagara Prosperity Initiative's Request for Proposals Review Committee A presentation will precede the discussion of this item.	19 - 31
5.2 <u>COM 05-2019</u> Emergency Social Services - Canadian Red Cross Contract/Agreement	32 - 34
5.3 <u>COM 06-2019</u> Appointment to the Community Advisory Board (CAB) for Homelessness Services	35 - 37

5.4 PHD 04-2019 38 - 42  
Niagara Emergency Management Program Annual Report

5.5 PHD 05-2019 43 - 70  
2019 Public Health Annual Service Plan and Budget Submission

A presentation will precede the discussion of this item.

6. CONSENT ITEMS FOR INFORMATION

6.1 COM 02-2019 71 - 73  
Books and Pajamas Event to Support Niagara Children and Youth

6.2 COM 07-2019 74 - 80  
Senior Services Quality Improvement Report - September to December  
2018

7. OTHER BUSINESS

8. CLOSED SESSION

9. BUSINESS ARISING FROM CLOSED SESSION ITEMS

10. NEXT MEETING

The next meeting will be held on Tuesday, March 19, 2019 at 1:00 p.m. in the Council Chamber, Regional Headquarters.

11. ADJOURNMENT

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

# SYSTEM TRANSFORMATION



# EarlyON Child and Family Centres

- Access to free, high-quality drop-in programs and a range of services
- Activities for children aged from 0-6 years, that support healthy child development and early learning
- Advice from professionals trained in early childhood development
- Information about family services in the community
- Participants can connect with other families with young children



# History



1996



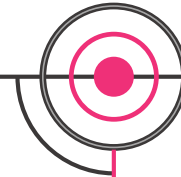
Ministry of Children and Youth Services establishes Family Resource Programs (FRPs).

Ministry of Children and Youth Services funds Ontario Early Years Centres (OEYCs) across province. In Niagara, four agencies operate OEYCs, with service areas delineated by electoral riding.

2002



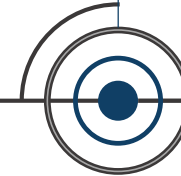
2009



Ministry of Education provides funding to local school board to open Parenting and Family Literacy Centres.

FRPs and OEYCs are transferred to the Ministry of Education.

2010



# History



Province wide consultations with families, educators, municipalities, and other key stakeholders to determine the best way to realize vision.

2013

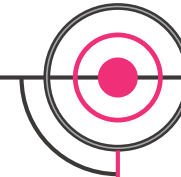


Ministry of Education releases the Ontario Early Years Policy Framework.

2014



2017



Renewed Early Years and Child Care Policy Framework

# Transfer of responsibility



**February 2016**

The Province of Ontario announced the plan to integrate and transform existing child and family programs including:

- Ontario Early Years Centres
- Parenting and Family Literacy Centres
- Family Resource Programs

**January 2018**

The programs were combined into one program known as EarlyON Child and Family Centres

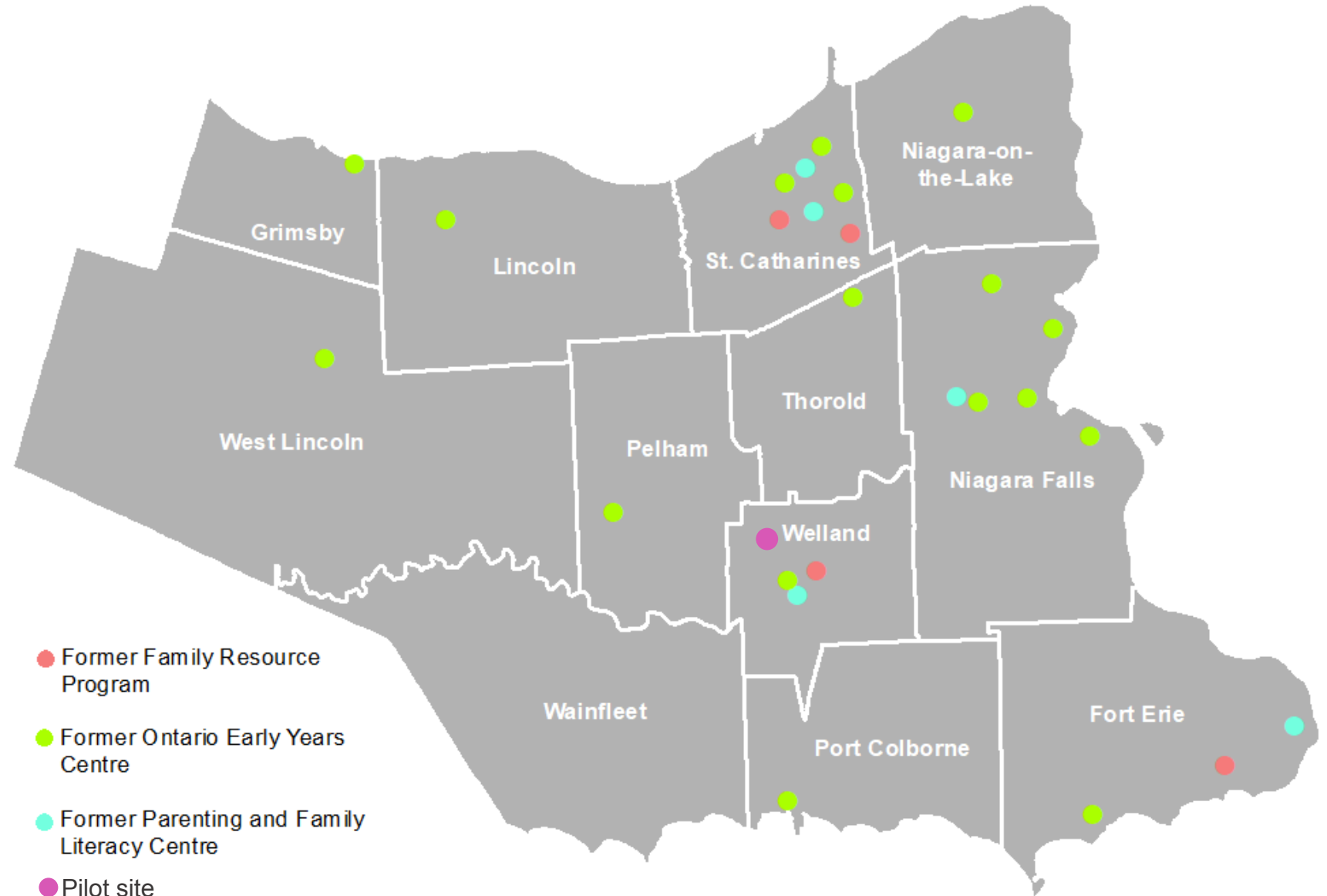
**January 2018**

Provincial government identified that Niagara Region Children's Services will assume system management responsibility of the EarlyON system.

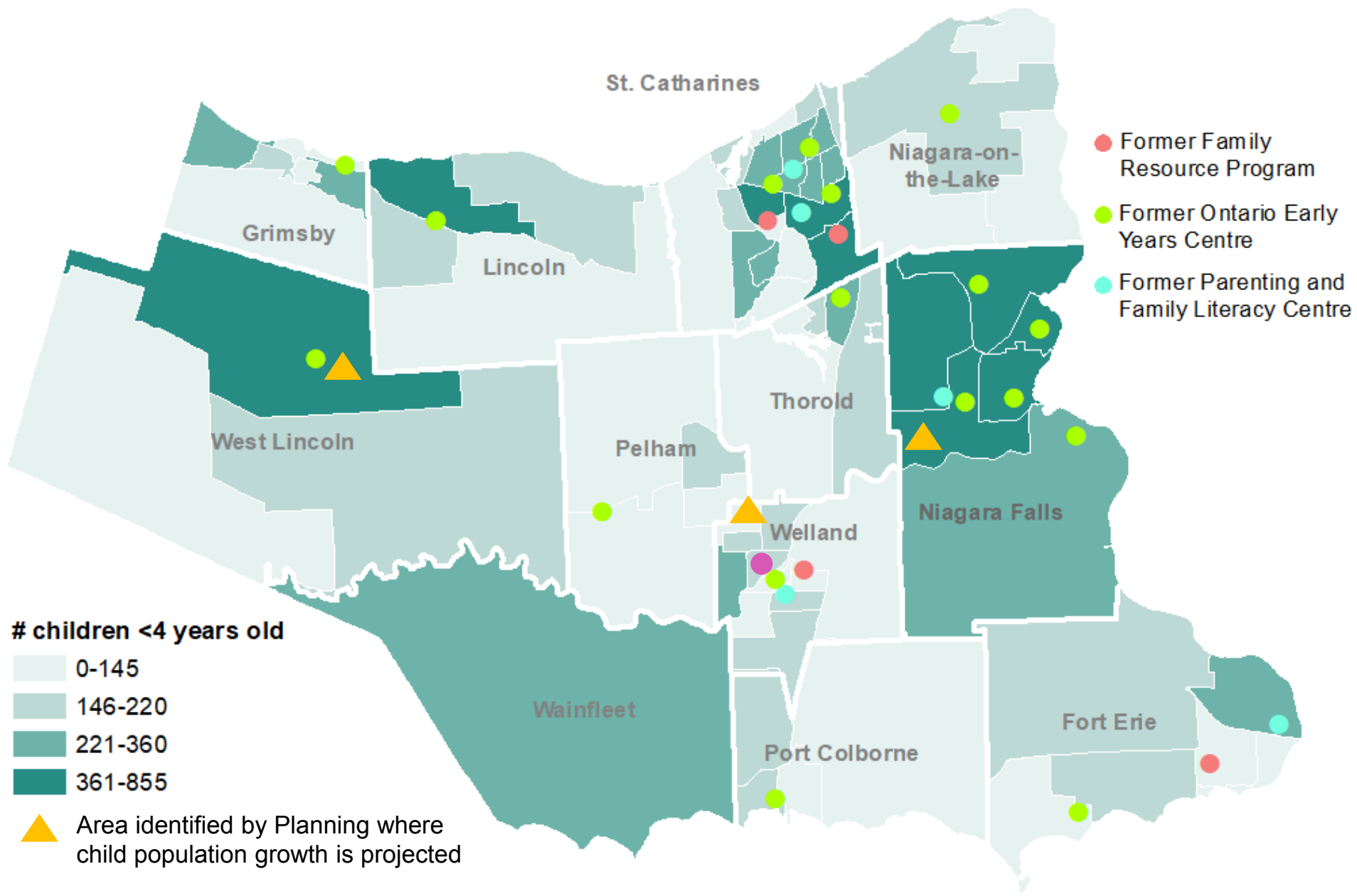


# Current state

- Historically established, three different mandates and funding allocations
- Nine different service providers operating 26 locations across Niagara (+1 pilot site)
- Variable hours, programs and services between locations
- Mandated centres to support specific populations







## Population of Children 4 years old and under, with municipal and neighborhood boundaries

Population data source: Statistics Canada 2016 Census of Population

# Development of local plan



Conducted a comprehensive local needs assessment and inventory of existing child and family programs and services



Conducted public engagement to inform the planning and delivery of future EarlyON programs and services across Niagara.



Submitted an EarlyON local system transformation plan to the Ministry of Education



# Ministry system expectations

- Integrated and coordinated early child and family system
- Increased early identification of developmental issues, referrals and linkages to specialized supports
- Collaboration with community services
- Increased parent/caregiver awareness, participation and satisfaction
- Continuous community engagement
- Improved child and parent/caregiver outcomes



# Local feedback

**Based on data from the  
Parent/caregiver survey...**

**46% of survey respondents had never heard  
of centres**

**87% of survey respondents prefer access to  
centres year round**

**59% of survey respondents are willing to  
drive 15 minutes or more to attend**

**56% of survey respondents would like both  
library and Public Health services co-located  
with centres**

**To build upon our current  
strengths, our goals are:**

- Increase awareness
- More flexible hours
- Multiple aspects of accessibility and inclusion
- Co-location with existing community hubs



# Ongoing planning and engagement

- Facilitated sessions to inform mandatory core services
- Facilitated session for feedback on the methodology used to develop service zones
- Two month check-in at Seaway Mall pilot centre
- Facilitated session for input on the accessibility, quality, affordability and responsiveness of the early learning and child care system
- Focus group sessions to gather information on satellite services
- Pilot project



# Strengths of Current System ●●●●●

## **CHOICE:**

Families can attend any EarlyON across Niagara

## **AFFORDABILITY:**

All EarlyON programs are free

## **VALUED:**

Families who attend place a high value on EarlyON services

## **UNIQUE POPULATIONS:**

We serve Indigenous, French language, and vulnerable families

## **PROFESSIONAL STAFFING:**

Qualified teams made up of Registered Early Childhood Educators and additional staff with specialized skill sets

# Opportunities through Transformation

- 1 Enhanced system planning
- 2 One service system
- 3 Data collection
- 4 Service delivery options





# Pilot Learnings

## COMMUNITY HUB LOCATION

Co-location within existing community hub (library, walk-in clinic, other community services)

### Outcomes:

- Increased visibility and participation
- Parent survey comments value convenience. 88% access other services. 71% said more likely to attend due to hub location

## INCLUSIVE AND ACCESSIBLE

Accessibility of centre  
Continuous daytime hours  
Evening hours

### Outcomes:

- Inclusive space for all families
- Parents and caregivers attended centres open during the lunch hour
- Co-location is critical to viability of evening hours

## OFFERING COMMUNAL SPACE TO COMMUNITY PARTNERS

Invite community partners to use communal space

### Outcomes:

- Speech Services, Child Care Fee Subsidy
- Public Health Well Baby Clinics and vaccine clinic feedback: all feel service delivery is viable in shared hub location.
- Families stay and play

# A new system for Niagara

- Negotiated Request for Proposal
- EarlyON Review Panel
- Successful proponents will be invited to enter into contract negotiations with Niagara Region to operate EarlyON Child and Family Centres across Niagara and participate in the transformation to a new integrated system.





# QUESTIONS? EarlyON

Child and Family Centre

# Niagara Prosperity Initiative

Public Health Social Services Committee

February 19, 2019

# Niagara Prosperity Initiative

Established 2008

Annual investment of \$1.5 million to support poverty reduction, help build capacity, improve quality of life for residents living in poverty.



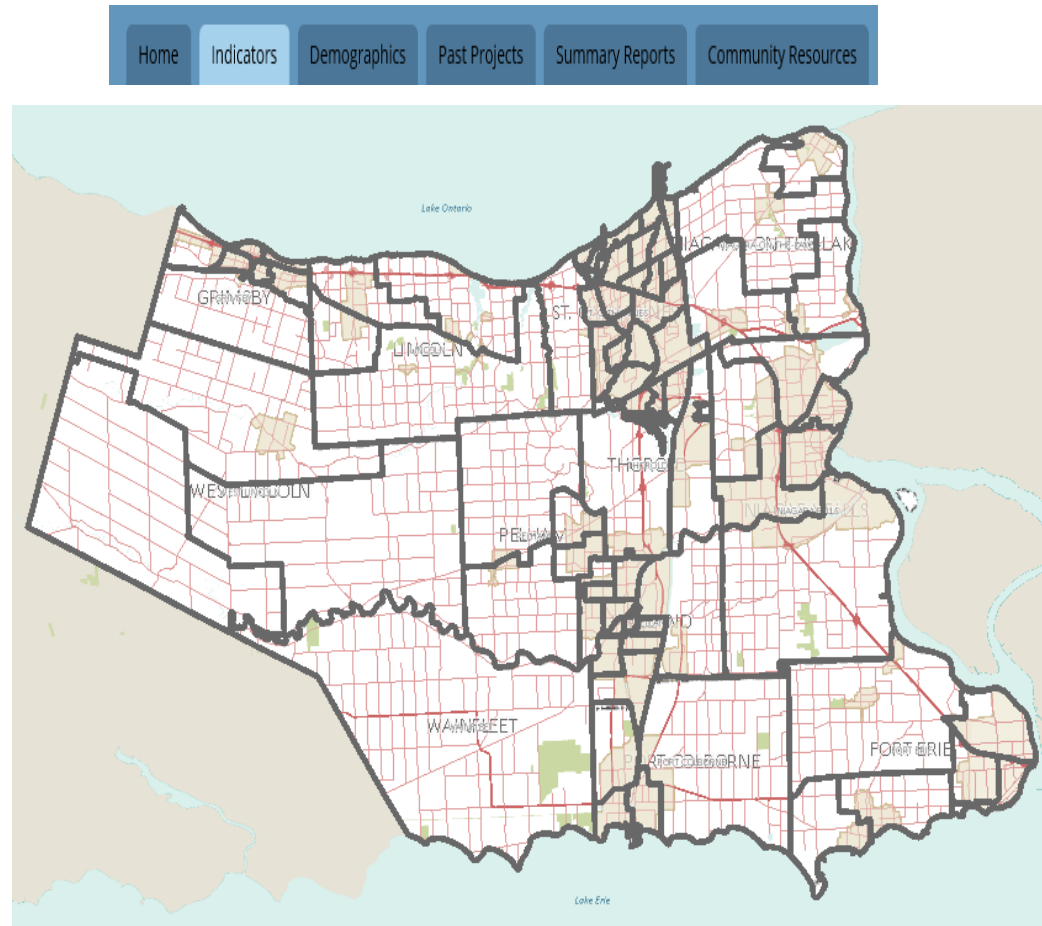
# Goals of Niagara Prosperity Initiative

- Guide and direct investment on identified initiatives to alleviate poverty in neighbourhoods across Niagara.
- Engage people living in poverty in meaningful ways to ensure that investments reflect need.
- Develop and enhance collaborative relationships between stakeholders.



# Neighbourhood Based Interventions

- 74 neighbourhoods
- 362 projects
- 85 different agencies
- 100,000 people





# Administration

## Social Assistance & Employment Opportunities

- Oversight and leadership

## United Way Niagara – Secretariat

- Issue RFP, manage applications, chair Review Committee, manage / monitor programs

## Niagara Community Foundation – Convenor

- Build partnerships within community and support Niagara Poverty Reduction Network

# Funding Process

## Independent Review Committee

- Business sector, government, students, community leaders, people living in poverty, and members of PHSSC

## Scoring system

- Alignment with NPI criteria, objectives, impact on individuals and community

## Call for three volunteers

- PHSSC for a four-year term

# Research Project

- Three-year research project funded by province's Local Poverty Reduction Fund
- Partnership with Brock University
- Report early 2021 - state of poverty, analysis on impacts, outcomes, efficacy of NPI, recommendations on best practices moving forward

# Niagara Prosperity Initiative 10th anniversary video

---

**Subject:** Niagara Prosperity Initiative Update and Appointments to the Niagara Prosperity Initiative's Request for Proposals Review Committee

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

**Report date:** Tuesday, February 19, 2019

---

## Recommendations

1. That this report **BE RECEIVED** for information;
2. That three members of the Public Health and Social Services Committee **BE APPOINTED** to Niagara Prosperity Initiative's Request for Proposals (RFP) Review Committee for a four year term (2018-2022).

## Key Facts

- Since 2008 (COM 53-2008) Regional Council has authorized staff to invest \$1.5 million annually towards Niagara Prosperity Initiatives (NPI).
- NPI focuses on neighbourhood-based interventions to help build capacity and improve the quality of life for residents living in poverty.
- To date, 362 projects have been funded with over 85 different community agencies and groups, affecting over 100,000 people living in poverty.
- Niagara Region approves funding applications on the recommendations of an independent review committee.
- In 2011, Regional Councillors were added to Niagara Prosperity Initiative's Review Committee (COM 44-2011).
- The 2019 Niagara Prosperity Initiative's Request for Proposals (RFP) is open from February 4 – March 1, 2019.
- In 2018, Community Services Social Assistance and Employment Opportunities (SAEO) obtained funding in the amount of \$476,763 from the province's Local Poverty Reduction Fund (LPRF) for a three year research project. In partnership with Brock University, a comprehensive report including an analysis on the impacts, outcomes, and efficacy of NPI, and recommendations for the initiative will be completed early 2021.

## Financial Considerations

An investment of \$1.5 million is included in the 2019 Community Services Operating Budget for the Niagara Prosperity Initiative. Of the \$1.5 million, \$150,000 is allocated to the Convener (Niagara Community Foundation) and Secretariat (United Way Niagara) functions to support the administration and stakeholder engagement associated with this initiative.

## **Analysis**

### **Background**

It is well recognized that poverty reduction is a commitment that needs to be made by all levels of government; federal, provincial, and municipal.

Since 2008, Niagara Region has annually re-invested \$1.5 million in cost savings that resulted from the implementation of the Ontario Child Benefit, with the goal of increasing prosperity for Niagara families living in poverty.

NPI focuses on neighbourhood-based interventions to increase prosperity for Niagara residents living in poverty. Research shows that strong neighbourhoods are ones that engage residents and are essential to healthy, safe and prosperous communities. Neighbourhoods in need of attention have been identified throughout the region based on key indicators such as the Low Income Measure, unemployment rates, and educational attainment.

### **Administration**

SAEO staff provide oversight and leadership to NPI. United Way Niagara and Niagara Community Foundation hold five-year contracts (ending December 2021) with Niagara Region for the role of NPI Secretariat and Convenor, respectively.

The role of the Secretariat is to provide operational management of the funding and delivery of the prosperity projects. Responsibilities include issuing the RFP, managing applications, setting out the expectations and requirements of the evaluation process, chairing the Review Committee, execution of contracts, oversight of projects/programs including monitoring and auditing of financial and operational reports.

The Convener position builds collaborations and partnerships within the community to meet the goals of NPI and provides support to the Niagara Poverty Reduction Network (NPRN), working to reduce poverty through education, collaboration and advocacy.

### **Outcomes**

To date, 362 projects have been funded with over 85 different community agencies and groups, affecting over 100,000 people living in poverty.

Projects can receive funding for up to two years. A summary of the evaluation of completed projects is provided to Council at the end of each funding cycle. A committee report outlining the 2015 – 2016 project outcomes is scheduled for PHSSC on April 16, 2019.

## **Application for Funding**

NPI provides funding through an annual RFP issued by United Way Niagara. This process allows any non-profit organization registered under the Income Tax Act to submit a proposal. Project ideas are generated from the community through working with local residents in identifying needs or gaps in service within housing, health, employment and neighbourhood/community empowerment. An information session is held prior to the release of the RFP to increase awareness, review the application process, share neighbourhood mapping identifying local demographics, community resources, and previously approved projects, and reinforce expected outcomes.

United Way Niagara held an information session on Monday, February 4, 2019 at Four Points by Sheraton, Thorold.

The 2019 RFP is open from February 4 – March 1, 2019. Instructions and questions are available under the Resources menu at [www.niagaraprospertyinitiative.ca](http://www.niagaraprospertyinitiative.ca).

## **Review Committee**

Niagara Region approves funding applications based on the recommendations of an independent Review Committee. This committee consists of a wide range of community members including members from the business sector, government, students, community leaders, people living in poverty, and up to three members of PHSSC.

Reviewers provide written comments on the proposals they review and all proposals are thoroughly examined with discussion on how projects meet NPI criteria and objectives and their impacts on individuals and the community. Proposal reviews are based on a scoring system that is made available in the RFP.

Proposal reviews occur throughout March and April each year, in order for approved projects may start in May/June.

## **Call for three volunteers from PHSSC**

In 2011, Regional Councillors were added to the Niagara Prosperity Initiative Review Committee. The recruitment process includes:

1. Community Services staff prepare a report or memo to PHSSC requesting appointments to the NPI Review Committee.
2. The Chair calls for up to three volunteers from members of PHSSC to participate on the NPI review committee (operating under the direction of United Way Niagara). The volunteers are noted in the minutes of the meeting to be ratified by Regional Council.



3. Members must be able to commit to six half-day meetings per review cycle and submit written documentation of their review.
4. All NPI Review Committee members are required to sign a Declaration of Conflict of Interest.
5. Appointed members shall serve for a term of four years. At the end of the four-year term, any retiring member may be re-appointed for consecutive terms up to a maximum of eight years. The next cycle of appointments will occur in 2022.
6. At the end of a term or should an appointed position become vacant during an ongoing term, Community Services staff shall prepare a memo to PHSSC requesting backfilling of the vacant appointment.

### **Research Study**

In 2018, SAEO obtained funding of \$476,763 from the province's Local Poverty Reduction Fund (LPRF) for a three-year research project.

This funding, in partnership with Brock University, will develop an updated report outlining the state of poverty in Niagara using data from the 2016 census, provide analysis on the impacts, outcomes, and efficacy of NPI, and offer recommendations on best practices moving forward. A part of the review will include an assessment of the evaluation methodology used by NPI to measure project outcomes. To date, key areas of focus for Brock's research team have been a communication strategy, literature reviews, interviews with NPI funded project leads and analysis of NPI service users' testimonials.

### **Alternatives Reviewed**

Not applicable.

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

Not applicable (pending the development of Council's new Strategic Priorities).

### **Other Pertinent Reports**

COM 53-2008	Increasing Prosperity for Niagara Families Living in Poverty
COM 44-2011	Niagara Prosperity Initiative Update ( <i>Building a New Legacy: Building Prosperity by Improving the Quality of Neighbourhood Life</i> )

COM 21-2016	2016 Niagara Prosperity Initiative Update
COM 28-2016	Evaluation of 2014 Niagara Prosperity Initiative Projects
COM 18-2017	NPI Update
COM C 7-2017	Local Poverty Reduction Fund Application

---

**Prepared by:**

Lori Watson, Director  
Social Assistance & Employment  
Opportunities, Community Services

---

**Recommended by:**

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

---

**Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Marc Todd, Manager Community Services.*

---

**Subject:** Emergency Social Services – Canadian Red Cross Contract/Agreement

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

**Report date:** Tuesday, February 19, 2019

---

## **Recommendations**

That the Regional Chair and the Regional Clerk **BE AUTHORIZED** to execute an agreement with the Canadian Red Cross (CRC) for the provision of emergency social services for a term of three years, in a form that is satisfactory to the Director of Legal Services.

## **Key Facts**

- Niagara Region is legislated by the Emergency Management and Civil Protection Act 2.1 (1), as a municipality, to develop and implement an emergency management program that includes an Emergency Response Plan. The emergency plan shall include procedures to be taken for the safety or evacuation of persons in an emergency area.
- Niagara Region's Community Services Department is responsible for leading the planning and delivery of the Region's emergency social services plan to address how to respond in the event of a community disaster where residents are being displaced from their homes, ensuring agreements are developed and in place in collaboration with local area municipalities and external partners.
- Historically, the Region has held a contract/agreement with the CRC for emergency response disaster relief to support this mandate. Canadian Red Cross has made changes to its delivery model, funding and contract language, and it was determined in partnership with Legal Services, that Council approval would be appropriate.
- The purpose of this report is to seek Council's approval to execute an agreement with the CRC that seeks to build capacity for the provision of emergency social services within the Region and ensures that the desired level of service would be available in the event of an emergency.

## **Financial Considerations**

The annual contribution to the Canadian Red Cross under an agreement with the Region would be \$43,000 for each year of a three-year agreement. This figure is based on the Region's approximate population and is the sum of \$0.10 per capita. This cost will be accommodated within the existing Community Services department operating budget and is similar to what other municipalities contribute for this emergency service.

In the event of an emergency response, services would be determined by the Region in partnership with the local municipality, where it is considered a municipal emergency. The

costs associated with the response are in addition to the annual fee to ensure capacity to respond and the appropriate planning. These additional costs incurred during a response include lodging, food, supplies, out of town volunteer expenses and other direct costs of a Canadian Red Cross response. There is no way to predetermine the size and scope of an emergency, and as such, a range for these costs cannot be provided. Reporting of costs during an emergency would be managed in accordance with the Procurement By-Law Special Circumstances Purchases Section 17 (c) (ii) requiring “the Commissioner of Corporate Services/Treasurer, as soon as possible in the circumstances proceeds with identifying and approving or seeking approval of the funds required to pay for the special Circumstance”, should funds not be available within the Region’s operating budget.

## **Analysis**

Emergency social services involve the coordination of essential services to individuals who are evacuated during an emergency, and are composed of six basic services:

1. Registration and Inquiry: The collection and management of evacuees’ personal information, inquiries regarding evacuees’ safety and family reunification.
2. Emergency Feeding: The provision of meals, snacks, and beverages to evacuees without food or food preparation facilities. This can be provided through a third party arrangement, such as the Salvation Army.
3. Emergency Lodging: The provision of safe and temporary lodging to evacuees, including overnight sleeping arrangements. This may include hotels or group lodging arrangements.
4. Emergency Clothing: The provision of clothing and footwear until regular sources of supply are available.
5. Personal Services: The provision of additional supports to evacuees that are more specialized (e.g. personal and hygiene products, baby supplies, mobility aids, etc.).
6. Management of Reception Centres, where over night accommodation is not required, however information sharing, registration and inquiry, emergency feeding and some personal services may be provided.

Niagara Region’s Community Services Department is responsible for coordinating emergency social services in collaboration with local municipalities and external providers, such as non-profit groups and businesses that provide a specific service to evacuees during an emergency.

Historically, the CRC has been a key partner in the delivery of a range of emergency social services throughout Niagara Region, and has responded to local events such as: White October, St. Catharines apartment fires, Grimsby downtown fire, Port Colborne water system failure.

The CRC has a reputation worldwide for providing emergency social services response during emergencies of all sizes and types. As such, the CRC has staff and volunteers available to respond as requested 24 hours a day, 365 days a year and can mobilize quickly in an emergency situation.

Under the Agreement, the CRC will collaborate and partner with the Region in preparedness activities including participation in emergency exercises, assessments of facilities for evacuation centres, training activities, recruitment of volunteers, pre-positioning of emergency sheltering supplies and the delivery of personal preparedness workshops to community groups upon request.

Municipalities with formalized agreements have priority in terms of receiving emergency response and this is pertinent, particularly for large-scale incidents impacting broader geographic areas. In order to ensure the Niagara Region is equipped to respond to a local emergency, where coordination of essential services to individuals who are evacuated during an emergency is required, it is recommended that the Region enter into a formal agreement with the CRC.

### **Alternatives Reviewed**

No alternates reviewed.

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

Not applicable.

### **Other Pertinent Reports**

Not applicable.

---

#### **Prepared by:**

Michelle Johnston, MA  
Homelessness & Emergency Services  
Advisor, Community Services

---

#### **Recommended by:**

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

---

#### **Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Jeffrey Mulligan, Manager Strategic Sourcing and Sterling Wood, Legal Counsel, Legal and Court Services, and reviewed by Cathy Cousins, Director, Homelessness Services and Community Engagement.*

---

**Subject:** Appointment to the Community Advisory Board (CAB) for Homelessness Services

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

**Report date:** Tuesday, February 19, 2019

---

## Recommendations

That a member of the Public Health and Social Services Committee, **BE APPOINTED** to the Community Advisory Board (CAB) for Homelessness Services for a four year term (2019-2023).

## Key Facts

- Under the Community Entity (CE) model of the federal Homelessness Partnering Strategy (HPS), being replaced with the Reaching Home funding effective April 1, 2019, Niagara Region has acted as the CE and administered federal homelessness funding since 2007.
- The federal government (Service Canada) has provided notification of a funding allocation of \$837,176 per annum for the term April 1, 2019 – March 31, 2021 and \$1,009,568 per annum for the term April 1, 2021 – March 31, 2024 under the new Reaching Home program.
- Service Canada requires the establishment of a CAB to provide direction for the funding, consistent with the previous practice under HPS.
- The CAB is comprised of a cross section of community members, members of the *A Home for All Task Force* (Niagara Region's 10-Year Housing and Homelessness Action Plan - HHAP), and a representative from the PHSSC.
- PHSSC is requested to appoint a member of committee to sit on the CAB for this term of Council.
- Housing First remains a priority under the Reaching Home program, with a new requirement to implement a homelessness By-Name list and Coordinated Access.

## Financial Considerations

The total federal funding provided is \$837,176 per annum for the two fiscal years 2019 - 2021 and \$1,009,568 per annum for the three fiscal years 2021 - 2024. Previously Niagara Region received \$714,705. Currently there are seven community agencies under contract through HPS funding (ending March 2020) to deliver Housing First, with a total of 156 community based units.

## Analysis

Reaching Home, Canada's Homelessness Strategy is a \$2.2 billion investment, designed to support the goals of the National Housing Strategy, more specifically, to support the most vulnerable Canadians to maintain safe, stable and affordable housing, and to reduce chronic homelessness nationally by 50% by 2027-2028.

Under Reaching Home, Community Entities will be required to implement a By-Name List of homeless individuals, along with a Coordinated Access approach to service.

A By-Name List is a real-time list of all people experiencing homelessness in the community, and includes more comprehensive assessments of those with moderate to high acuity or complex needs. It provides for a robust set of data points and information that support coordinated access and prioritization at a household level and an understanding of the movement of service users at a system level. This real-time actionable data supports triage to services, system performance evaluation and needs/gaps analysis (for the identification of additional policies and resources necessary to end homelessness).

Coordinated Access is a process that helps homeless individuals and families access assistance in a coordinated, seamless and standardized way and is a recognized approach that improves homelessness reduction objectives and targeted outcomes. Reaching Home requires that a Coordinated Access system be in place by March 31, 2022.

Reaching Home funding will continue to have an emphasis on Housing First programming, and Niagara has previously leveraged the federal monies to support this best practice successfully addressing the needs of chronic and episodically homeless citizens. Housing First is a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.

The CAB is responsible for setting direction and providing feedback on the use of Reaching Home funding through the implementation of a local Community Plan and Community Progress Reports.

The CAB is comprised of 12 - 16 members and is representative of the following service areas: basic needs, mental health, youth, Indigenous, funder (Service Canada), Public Health and Social Services Committee, citizens at large, Niagara Region, HHAP working groups (Housing First, Prevention, Service Hubs, No Wrong Door, Housing Affordability Innovation), and Niagara Regional Housing.

The specific purpose of the CAB is to approve Niagara's Homelessness Services Community Plan, to support the planning and implementation of Reaching Home, to provide a forum for networking among and between government and community representatives engaged in issues of homelessness and to create and implement strategies to engage and build strong partnerships that foster inclusion, feedback and the enhancement of community capacity.

### **Alternatives Reviewed**

Not applicable.



**Relationship to Council Strategic Priorities**

Not applicable.

**Other Pertinent Reports**

None.

---

**Prepared by:**

Chandra Hardeen  
Manager, Homelessness Services  
Community Services

---

**Recommended by:**

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

---

**Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was reviewed by Cathy Cousins, Director Homelessness Services and Community Engagement, Community Services.*

---

**Subject:** Niagara Emergency Management Program Annual Report

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

**Report date:** Tuesday, February 19, 2019

---

## Recommendations

1. That this report be **RECEIVED** for information.
2. That Regional Council **APPOINT** a member of Council as a representative on the Niagara Region Emergency Management Program Committee.

## Key Facts

- This report provides a brief summary of the key activities of the Emergency Management Program in 2018.
- The program is recommended under the Office of the Fire Marshal and Emergency Management's (OFMEM) *Emergency Management and Civil Protection Act Compliance Guide for Municipalities* to provide an annual report to Council on the Program's activities.
- The program developed annual strategies and work plans through oversight of the Niagara Region Emergency Management Program Committee.
- Emergency Management services were delivered through training, public education, stakeholder symposium, planning, municipal collaboration and exercising.
- Under the *Emergency Management and Civil Protection Act, Ontario Regulation 380/04*:
  - 11(1) states that "Every Municipality shall have an emergency management program committee"
  - 11(2) & (3) states that the committee shall be composed of
    - Emergency Management Program Co-ordinator (CEMC)
    - A senior municipal official
    - Members of Council as may be appointed by Council
    - Municipal employees who are responsible for emergency management functions
    - Other persons representing organizations and industry
  - 11(4) Council shall appoint one of the members of the program committee to be the chair of the committee".
- The current chair of the committee is the CEMC for Niagara, the Chief of the Emergency Services Division

## Financial Considerations

There are no financial implications. All programming was provided within budget.

## **Analysis**

The Region's Emergency Management Program continues to strive for excellence in emergency management through the development and roll out of new initiatives aimed at increasing Niagara's resilience. This report is intended to provide a brief summary of the key activities of the Program in 2018.

### ***Niagara Region Emergency Management Program Committee (NREMPC):***

The NREMPC met on four occasions (January 29, June 4, October 1 and December 12). The objective of the NREMPC is to assist in the development and support of the Emergency Management Program. The committee must also conduct an annual review of the program including the emergency plan, training, exercises, public education, Hazard Identification and Risk Assessment (HIRA) and Critical Infrastructure (CI) for the Region. This review was completed on December 12, 2018.

### ***Emergency Planning:***

The Region's Emergency Management Plan has been reviewed as required by the province. In addition, the emergency drinking water distribution plan was approved and implemented and the mass evacuation committee has met to build upon (operationalize) the mass evacuation plan implemented in 2017. A revised regional business continuity facility closure plan (previous severe weather protocol) is pending approval and Emergency Operations Centre (EOC) activation levels has been formalized and shared with the EOC personnel. Volunteer Management Best Practices and Guidelines have been developed.

### ***Emergency Training:***

New in 2018, under the *Emergency Management and Civil Protection Act*, all EOC staff are required to annually demonstrate an adequate level of training in each of the following areas:

- Knowledge of all of the components of the municipal Emergency Management program, including, but not limited to, the municipal Hazard Identification and Risk Assessment (HIRA) and Critical Infrastructure (CI) list;
- Knowledge of their municipality's Municipal Emergency Plan, including their roles and responsibilities, and those of organizations which may have a role in response;
- Knowledge of the procedures used to activate and operate under the Municipal Emergency Plan;
- Knowledge of the notification procedures used to notify members of the Municipal Emergency Control Group (MECG) when the Municipal Emergency Plan is activated; and
- Knowledge of the location, communications infrastructure and technology in their municipal EOC.

Annual compliance training sessions (Emergency Management 101) were provided to a total of 92 Regional staff members on the following dates: June 14, June 26, July 19, Sept. 7, Sept. 13, and Oct. 15. In addition, Basic Emergency Management course was delivered January 15 and Incident Management System 200 was delivered in January and November with staff from both the Region and municipalities attending. Emergency Social Services training was also delivered by an external agency to Regional staff on January 11-12 and December 6-7. An online orientation e-module is being developed this year to provide to new staff who are identified as having a role in emergency management.

***Emergency Operation Centre (EOC) Readiness, Notification, and Annual Exercise:***

The Primary and Alternate EOC's have been reviewed for set up and the equipment has been tested to ensure functionality. Enhancements to the Primary EOC include two large dry erase boards, EOC signage for the rooms and the installation of two televisions in 2019.

Under the Emergency Management and Civil Protection Act, Ontario Regulation 380/04: 15. (2b) states that the emergency plan shall set out procedures for notifying the members of the municipal emergency control group of the emergency. Effective October 2018, the Niagara Region began using Everbridge as an internal emergency notification tool for EOC personnel on a temporary basis through Niagara Regional Police Services. This web-based automated notification system replaced a manual process of calling/texting/emailing individuals to alert them to an emergency. It has proven to be very effective at sending critical messages quickly and efficiently to many people at one time while tracking staff responses regarding their availability to respond. The quicker we are able to notify staff of an emergency and assemble in the EOC to support the incident the quicker the co-ordination of human and physical resources, services and activities that may be required. Emergency Management is recommending the acquisition of a permanent system through the proposed 2019 operating budget.

An annual exercise which evaluates the region's emergency plan and procedures was conducted on November 5, 2018, which included the participation of approximately 115 regional staff members. The objectives of the exercise included: evaluate the effectiveness of the internal notification system Everbridge, evaluate the room set up of the primary emergency operations centre, provide a better understanding of participant roles and relationships, and identify critical functions, actions and timeframes to facilitate response and recovery. An exercise evaluation was completed following the exercise to identify any recommendations of improvement to plans and procedures.

***Public Education:***

Public education is a key function of emergency management programs. Each municipality is required to have an emergency public education program. The number of public education events and initiatives in 2018 was increased to reach more people. Public Education activities included a radio live interview, CANWARN (CANadian

Weather Amateur Radio Network) storm spotter training, four 'Ask a Storm Chaser' presentations throughout the Region, a display booth at community events, and other emergency hazards and preparedness presentations made to Brock University, Take your Kids to Work Day, and Public Health Week Pandemic Planning. A 2019 Public Education Plan has been developed to identify public education activities delivered throughout the year to provide information on the risks that could impact Niagara and strategies to help the public become better prepared for emergencies.

***Hazard Identification Risk Assessment (HIRA) and Critical Infrastructure (CI):***

The HIRA for Niagara Region was revised to meet best practices in risk assessment. The purpose of this document is to identify the hazards and their associated level of risk for Niagara. The CI for the Region was also reviewed to meet compliance and Emergency Management is working with NRPS and the Region's Geographic Information Systems (GIS) to further develop, update and maintain the CI lists and mapping in GIS.

***Assistance to Municipalities:***

Emergency assistance continues to be offered to municipalities on an on-going basis. Assistance was provided during the Port Colborne Vinyl Works Fire. In addition, the Emergency Management Program continues to support municipalities in the development and implementation of their own training and exercises. We continue to work cooperatively to review and maintain the CI and HIRA across all 12 local area municipalities.

A business case was submitted for the procurement of an internal notification system for all 12 municipalities and the Region in the 2019 operating budget. This will replace the temporary solution through Niagara Regional Police discussed above. While several LAMs were looking at similar systems, it made sense to have one system regionally that all 13 municipalities can communicate together.

An additional capability needed by both LAMs and the Region is to be able to inform the public of critical information for their safety in the case of an emergency (external notification system or mass notification system). Currently in the case of a local or region-wide emergency, multiple media could be leveraged in hopes that everyone would see the message on one of those channels in an attempt to notify the public. Engaging all these different media, would take time and separate work for each medium. An emergency notification system would streamline the work, speeding up the ability to reach the public, as well as providing greater certainty that messaging would be received and seen by everyone. Such an external notification system, while not possible in this year's budget, remains a priority to address in future years.

The Niagara Emergency Management Committee, consisting of municipal CEMC's and other public emergency management stakeholders, met on three occasions on the following dates; January 23, June 25, and October 23. Topics of discussion included the

OFMEM Compliance Guide for Municipalities, mass evacuation, Niagara Emergency Communications Network committee, Alert Ready, Building a Disaster Resilient Niagara Symposium, training, Emergency Preparedness Week, HIRA and CI, and guest presentations from the Emergency Medical Assistance Team, Amateur Radio Emergency Services (ARES) and the Lincoln and Welland Regiment. Minutes were circulated to all committee members.

### **Alternatives Reviewed**

The Emergency Management program is constantly assessing priorities and best methodologies for service delivery. Due to the activities mentioned above, the Region's Emergency Management Program will meet the annual compliance requirements under the *Emergency Management and Civil Protection Act* for 2018.

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

The Emergency Management activities summarized in this report reinforce the commitment of the Region's emergency management program to ensuring the Region is prepared to respond to disaster situations, thereby reducing the risk to the community and exposure to liability, while supporting the strategic priorities of Council.

### **Other Pertinent Reports**

No other pertinent reports.

---

#### **Prepared by:**

Kevin Smith  
Chief, Niagara Emergency Medical  
Services &  
Director, Emergency Services

---

#### **Recommended by:**

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

---

#### **Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Cathy McGrath, Emergency Management Program Specialist.*

# Public Health Annual Service Plan and Budget Submission 2019

February 19, 2019

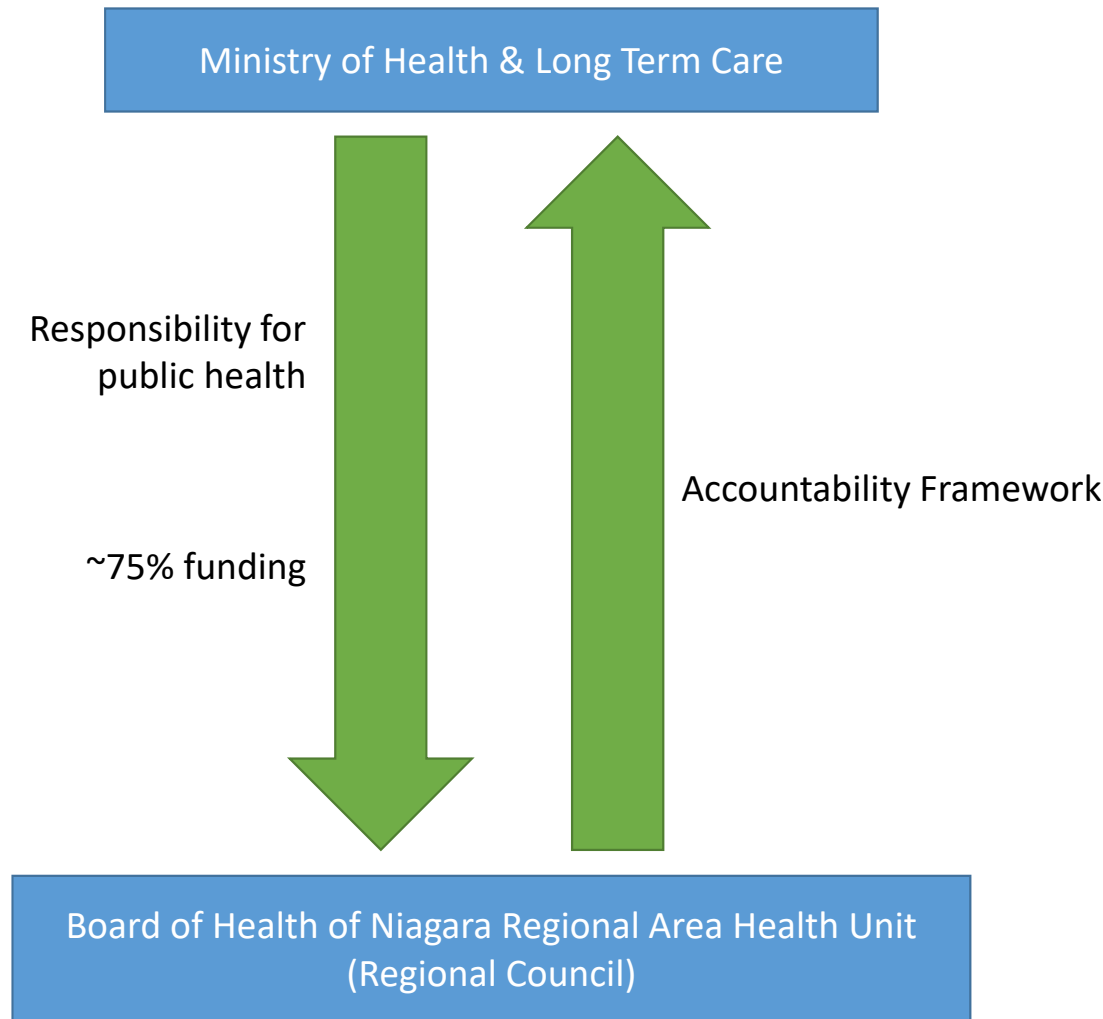
M. Mustafa Hirji  
Medical Officer of Health & Commissioner (Acting)

Diane Vanecko  
Director (Organizational & Foundational Standards)

# Contents

- Public Health Accountability Framework
- Annual Service Plan (ASP)
- Development of ASP
- Highlights of Proposed ASP Submission
- 2019 Budget Request





## Accountability Requirements

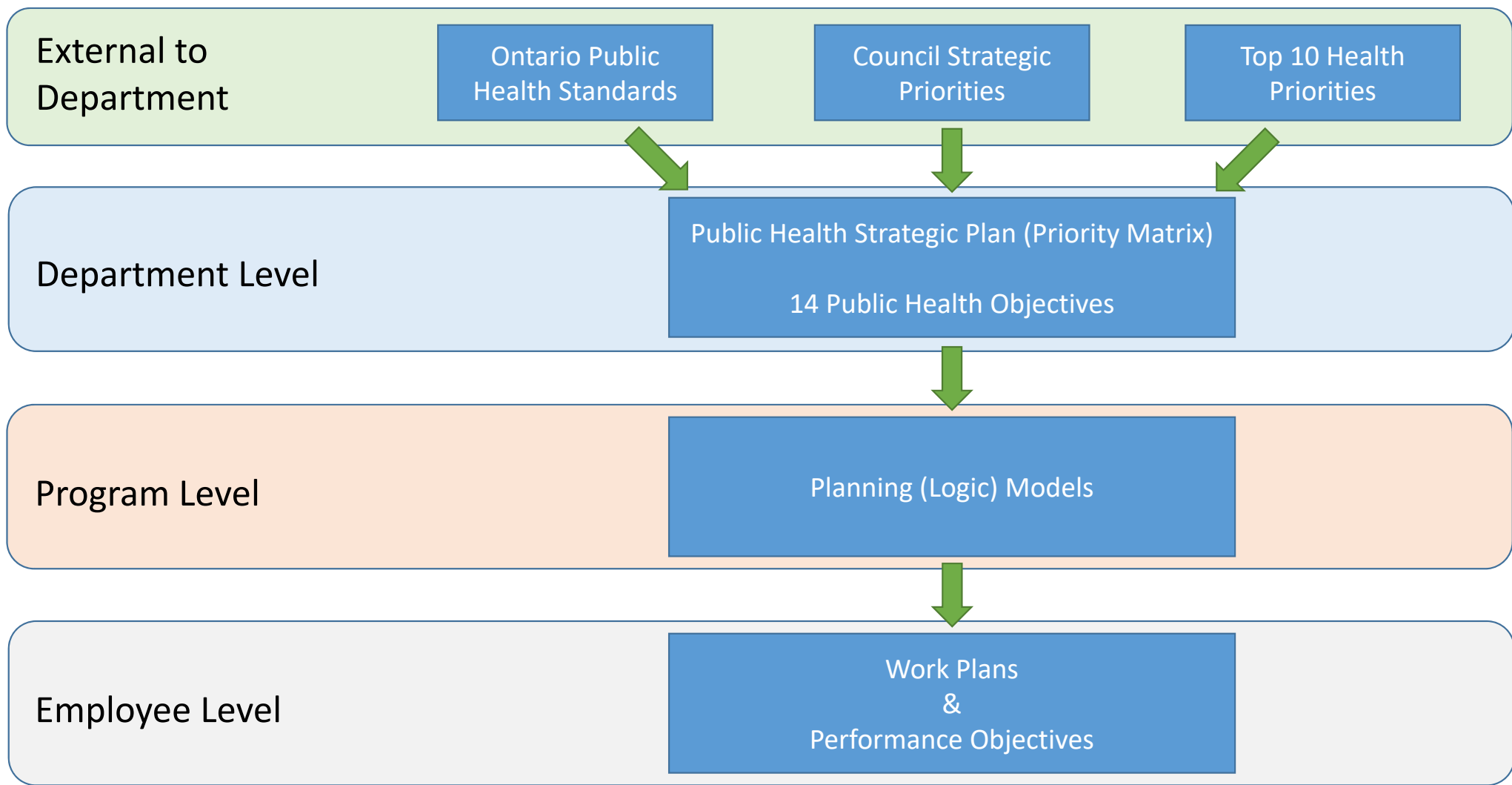
- Organizational Requirements
- Accountability Agreement

## Plans to Fulfill

- Strategic Plan
- Annual Service Plan & Budget

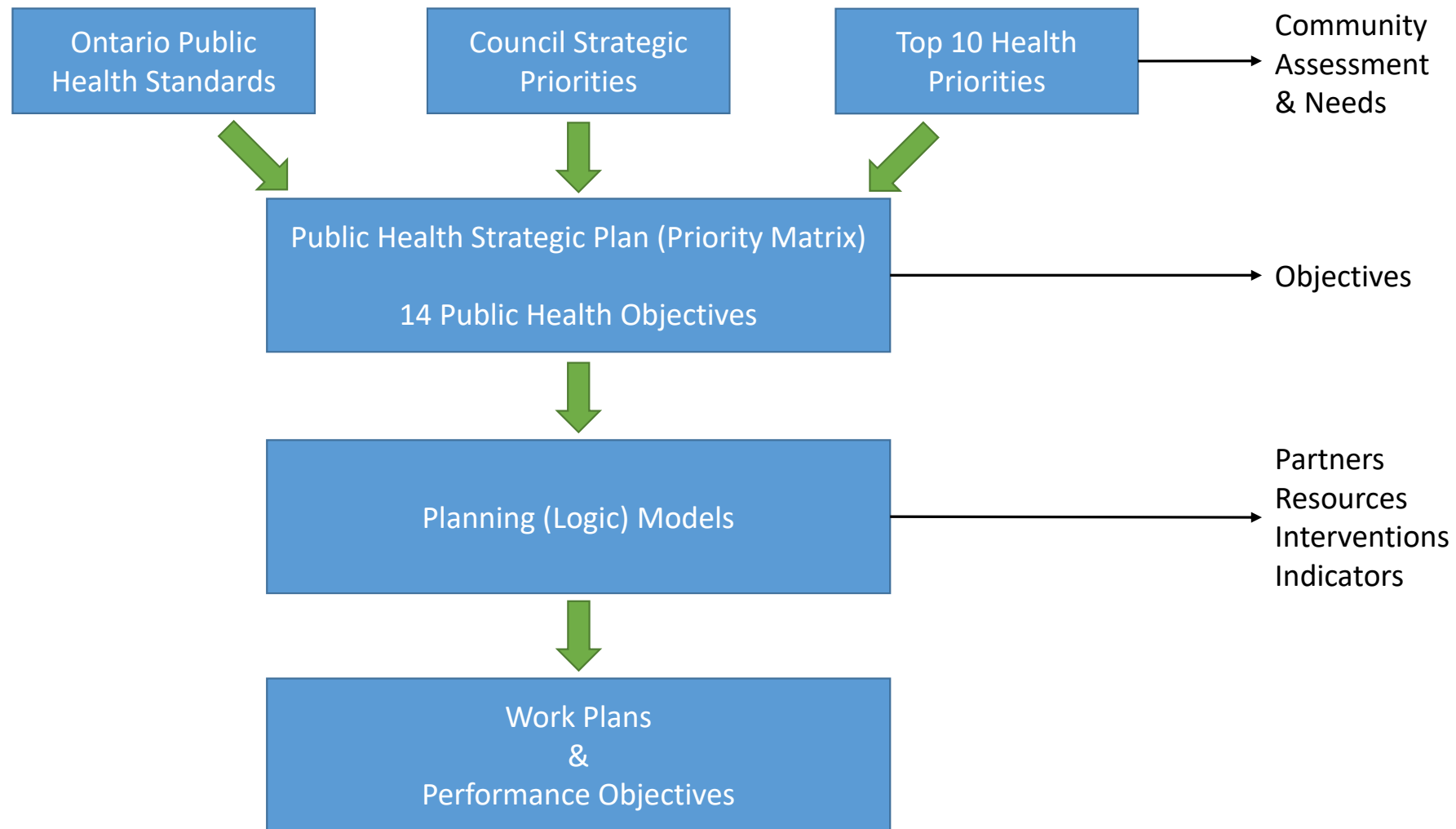
## Performance & Funding Reports

- Quarterly Reports
- Annual Report



# Annual Service Plan Template

- Community assessment
- Program plans, including
  - Community needs and priorities
  - Key partners and stakeholders
  - Objectives for programs
  - Indicators of success for those objectives
  - Budget summary and sources of funding
  - Public health interventions
- Budget allocations and summaries for each Standard and program
- Additional base and one-time funding requests
- BOH membership and certification



# Annual Service Plan Template

- Community assessment ✓
- Program plans, including
  - Community needs and priorities ✓
  - Key partners and stakeholders ✓
  - Objectives for programs ✓
  - Indicators of success for those objectives ✓
  - Budget summary and sources of funding ✓
  - Public health interventions ✓
- Budget allocations and summaries for each Standard and program
- Additional base and one-time funding requests
- BOH membership and certification

# Public Health Objectives

1. Reduce the risk of **preventable cancers** among Niagara Region residents
2. Reduce the number of **intentional and accidental injuries** and deaths
3. Decrease the misuse and abuse of prevalent **substances**
4. Increase the number of children who meet their **developmental milestones** from conception to school age
5. Increase the number of **school age children** who maintain positive **physical and mental health**
6. Increase the number of **parents/caregivers** who maintain positive **physical and mental health**
7. Increase the proportion of **parents** that **trust NRPH** for parenting programs and information
8. Reduce the reported instances of infection caused by **microbial contamination**
9. Reduce the reported instances of **enteric pathogen** related disease
10. Reduce the reported instances of **vector borne disease**
11. Decrease the rate of **chlamydia** in males 15-29 years of age
12. Decrease **respiratory infection hospitalizations** among children aged 6 months to 13 years
13. Improve our **Quality Improvement maturity** from Progressing to Achieving
14. All internal and external health related **data is of good quality** and easily accessible to inform decision making

# Example: Immunization

Ontario Public Health Standard - Community Needs/Priorities & Key Partners	
Public Health Standard	Immunization
<p>Immunization</p> <p>- A. Community Needs and Priorities</p> <p>Please provide a short summary of the following:</p> <p>a) The key data and information which demonstrates your communities' needs for public health interventions to address immunization; and,</p> <p>b) Your board of health's determination of the local priorities for a program of public health interventions that addresses immunization with consideration of the required list of topics identified in the Standards.</p>	
<p>Niagara's vaccine program offers immunization clinics at 5 community based locations to provide both publicly funded and fee for service vaccines. In 2018, 218 immunization clinics were held, where 5,525 publicly funded vaccines were administered to 2,543 residents of Niagara. There is a targeted approach to offer immunization in vulnerable communities that is addressed through offering Influenza clinics where health care services are limited and in facilities where priority populations can be found such as EarlyON centers and several schools. We assess, plan, implement and evaluate the options for expanded service delivery models based on local needs, having recently integrated a community immunization clinic where primary care services are limited and population health immunization services are needed. Programming related to school based vaccines (HPV, Menactra and Hep B) and the Immunization of School Pupils Act can be found under the school immunization section and in accordance with the School Health Standard. To support outbreak management, immunization records are created or updated for more than 4,000 child care attendees and 64,000 students annually. Data from Panorama is used to determine coverage rates, reduce incidence of vaccine preventable diseases, inform program planning and identify trends. Niagara engages in health promotion strategies and ongoing community communication outreach through various media outlets while also equipping primary care providers with resources, tools and timely communications to promote immunization services within the community. VPD procures, manages, and distributes vaccine to primary care providers, retirement homes, LTC facilities, schools, and UIIP participants while also supporting the implementation and maintenance of immunization protocols and compliance. Additionally, Niagara monitors and explores opportunities to reduce the wastage of vaccine with these aforementioned providers and pharmacies by conducting cold chain inspections, reviewing and implementing vaccine storage and handling guidelines, and providing education and ongoing support as required. Regional epidemiological analysis has identified Niagara's top 10 priority areas and therefore a cross departmental pilot strategy has been implemented to address the increased rates of respiratory infections in children 13 years of age and younger. This SMART objective relies heavily on creative and adaptable health promotion strategies, collaboration and cooperation between teams, expanded clinic services, and extensive community outreach for increased access to clinic services, and ongoing support and education to area providers.</p>	



<b>B. Key Partners/Stakeholders</b> Please provide a high level summary of the specific key internal and external partners you will collaborate with to deliver on this Standard. Include a description of the contribution/role of these partners in program and service delivery, the mechanism for engagement (e.g., data sharing agreements, committee tables, working groups, etc.), and frequency of engagement. Please also describe any situations where the programming provided by external partners is sufficient so that you have not had to deliver similar programming under this Standard.		
NRPH partners externally with schools and school boards, child care providers, primary care providers, pharmacists, and regional LTC homes, retirement homes, agencies, detention centres, and workplaces. These community stakeholders jointly participate in the delivery of immunization services as follows: NRPH providing immunization delivery within schools; community immunization service providers administer vaccine with VPD support and guidance; communication with the school boards supports programmatic service delivery models; and data collection/knowledge translation related to immunizations is provided through relationships with child care providers, schools, and various immunization providers within the community. Internally, NRPH supports primary care and pharmacies who provide travel vaccines and influenza vaccines to those 5 years of age and over. Currently VPD partners internally with the Infectious Disease program, Sexual Health program, School Health program, Dental Program and Child Health program to identify and establish joint needs and ongoing program development based on efficiency and effectiveness of service provision. We routinely collaborate, review program delivery, and plan future initiatives based on the identification of needs brought forward by our Primary Care Engagement Advisor. Niagara also engages routinely with various other provincial PHUs (resource sharing, programmatic updates, and general inquiry) and the MOHLTC through participation in multiple working groups such as reviewing/updating the most recent Vaccine Storage and Handling Protocol, multiple working groups related to Panorama immunization and inventory modules. NRPH pilots and participates in data testing for implementation of Panorama functionality and most recently participated in a collaborative research initiative with various academic researchers to examine mitigating pain and fear with immunization.		
<b>Program name:</b> Immunization		
<b>Annual Service Plan - Intervention descriptions</b>		
	<b>Name</b>	<b>Written description of intervention: (please include brief description of evidence and/or mandate to support this</b>
<i>Intervention 1</i>	Immunization Clinics	As mandated through the Immunization Standard, VPD offers daily immunization clinics to the general public which include evening hours. All publicly funded and some fee for service vaccines are offered at these clinics. They are hosted in 3 Public Health offices across Niagara and 2 community locations. Additional clinic space in underserved communities where a need for vaccination services has been identified is currently being investigated. Primary care providers and pharmacies offer travel vaccines and counselling however, to help meet demand Public Health offers Yellow Fever, Twinrix, Rabies and Hep A vaccines. Communities and populations that are underserved are provided clinics, such as Influenza, by VPD staff or outreach nurses. Programming was piloted to support an increase in influenza vaccinations to children ages 1 to 13 and their families in various community locations as a means to meet the goals set forth in the SMART objective. Clinic services include immunization administration, review and analysis of immunization records, and consultation to clients. Clinic success is monitored annually. In 2019 VPD expected to offer service levels which match or exceed the 2018 service levels (218 clinics, administered 5,525 immunizations to 2,543 residents). Additional clinics will also be offered to support students facing suspension through the Immunization School Pupils Act (ISPA) are held at the health unit offices during convenient times for parents. Clinics are also held at all high schools to support this population (see School Immunization Program).

<b>Intervention 2</b>	Manage AEFIs according to PHOs recommendations	As mandated under the Immunization Standard, and in accordance with the Health Protection and Promotion Act, Niagara promotes the reporting of adverse events following immunization and supports all HCPs with guidance on accessing, completing and submitting the required documentation. Suspect events are monitored, investigated and documented following provincial reporting criteria.
	Name	Written description of intervention: <i>(please include brief description of evidence and/or mandate to support this</i>
<b>Intervention 3</b>	Consultation Services for Primary Care	Under the Immunization standard, VPD provides consultation services and recommendations to primary care providers and pharmacists regarding vaccines and immunization schedules. VPD promotes collaborative relationships to support primary care providers and pharmacists ultimately increasing disease protection for residents by increasing immunization uptake. VPD provides primary care providers with health promotion resources and support with education to reduce administration errors and ensure providers feel comfortable calling VPD the program as a credible source of information.
	Name	Written description of intervention: <i>(please include brief description of evidence and/or mandate to support this</i>
<b>Intervention 4</b>	Health Promotion	Niagara utilizes health promotion strategies to increase public knowledge and confidence in immunization programs and the importance of vaccines. Health promotion activities directed at parents, primary care and child care will be improved on for 2019. Using analytics from our 2018 campaigns, resident comments to vaccine-related posts on Niagara Region Facebook page, as well findings from a 2017 systematic review on parents' experiences with vaccine communication, emphasis will be on revamping key messages on our website and campaign materials with balanced information so parents can make an informed decision. Primary care will be instrumental in increasing immunization rates of the flu vaccine in young children in particular. Evaluation feedback from academic detailing in 2018 confirms interest in more vaccination information, so efforts are underway to find out specifics through a survey followed up by fall outreach and resources. To equip primary care with a means to address vaccine hesitant parents, we are adapting ImmunizeBC's Immunization Communication Tool so that it is Niagara-specific. Finally, health promotion activities focused on child care will include a form to keep track of staff immunizations, new website content, continuing to provide monthly emails to Daycare Providers to share with parents, and participating in a fall event targeting child care workers in Niagara.

	Name	Written description of intervention: <i>(please include brief description of evidence and/or mandate to support this</i>
Intervention 4	Health Promotion	Niagara utilizes health promotion strategies to increase public knowledge and confidence in immunization programs and the importance of vaccines. Health promotion activities directed at parents, primary care and child care will be improved on for 2019. Using analytics from our 2018 campaigns, resident comments to vaccine-related posts on Niagara Region Facebook page, as well findings from a 2017 systematic review on parents' experiences with vaccine communication, emphasis will be on revamping key messages on our website and campaign materials with balanced information so parents can make an informed decision. Primary care will be instrumental in increasing immunization rates of the flu vaccine in young children in particular. Evaluation feedback from academic detailing in 2018 confirms interest in more vaccination information, so efforts are underway to find out specifics through a survey followed up by fall outreach and resources. To equip primary care with a means to address vaccine hesitant parents, we are adapting ImmunizeBC's Immunization Communication Tool so that it is Niagara-specific. Finally, health promotion activities focused on child care will include a form to keep track of staff immunizations, new website content, continuing to provide monthly emails to Daycare Providers to share with parents, and participating in a fall event targeting child care workers in Niagara.
	Name	Written description of intervention: <i>(please include brief description of evidence and/or mandate to support this</i>
Intervention 5	Vaccine Storage/Handling and Education	In relation to the Immunization Standard and the expected outcome of reduced vaccine wastage, VPD provides information and education to primary care providers, and various other immunizers including pharmacists, to promote effective vaccine inventory management as per the MOHLTC Vaccine Storage and Handling Guidelines and the Vaccine Storage and Handling Protocol, 2018. Vaccine distribution by program assistants (PA) relies on monthly temperature log reviews, assessment of current vaccine inventory as indicated on the vaccine order form, and adherence to eligibility requirements as outlined in the Publicly Funded schedule. Any issues identified by the PA are forwarded to a Public Health nurse (PHN) for follow-up consultation. PHNs assigned to the cold chain portfolio support immunization services provided by 390 health care providers, 109 pharmacies, and numerous other facilities such as post secondary schools, workplaces, retirement homes, LTC homes, detention centers, and addictions services. PHNs conduct annual vaccine fridge maintenance inspections for all providers carrying publicly funded vaccine, as well as cold chain incident inspections as required. There is also opportunity during inspections, and also upon request outside of inspections, to provide training and support for effective inventory management and general immunization services, schedule review and problem record review. PHNs also assist with implementing trouble shooting measures as a means to mitigating vaccine wastage. Proper transportation of vaccine is reinforced by PAs and PHNs ensuring that the appropriate transport equipment is used and maintained prior to releasing any vaccine product. Memos and medical advisories are forwarded to HCPs as a means to disseminate relative and time sensitive information related to all immunization processes and services; routine updates are also provided electronically through the monthly physicians' newsletter. Prompt follow-up on adverse storage conditions and the provision of ongoing education assists in mitigating vaccine wastage and ensuring that viable vaccine is available to immunize the residents of Niagara.

	Name	Written description of intervention: <i>(please include brief description of evidence and/or mar, date to support this</i>
<i>Intervention 6</i>	Vaccine Distribution	To provide ongoing support and easy access to vaccines for health care providers VPD distributes vaccine products to primary care offices with door to door delivery and offers pick-up access at Public Health satellite offices. This supports access to safe and effective vaccines to the residents of Niagara in the communities where they live. VPD delivers vaccine products to all HCPs once per month (twice per month for those HCPs with no local Public Health office offering vaccine pick-up). Delivery of influenza vaccines is made to all long term care and retirement homes early in the season to support timely, effective immunization to this vulnerable population.
	Name	Written description of intervention: <i>(please include brief description of evidence and/or mar, date to support this</i>
<i>Intervention 7</i>	Creation, Maintenance and Analysis of Immunization Records	In relation to the Immunization Standard expected outcomes of timely and effective outbreak management, ensuring children have up-to-date immunizations and the reduction of incidence of vaccine preventable diseases by identifying vulnerable individuals within child care facilities and schools, the VPD program ensures there is current data available for timely and effective outbreak management. VPD creates, updates and reviews the immunization records of over 4,000 child care attendees and 60,000 students annually. Immunization notices are sent to all overdue child care attendees and students ages 7 through 17. Suspension notices are sent to students who do not respond to the first notice and the suspension process as outlined in the ISPA is implemented for all students who do not comply with immunization requirements. By implementing the ISPA annually target coverage rates for provincially funded vaccines are met as indicated through various accountability agreements.

# Example: Summary

- Community Needs & Priorities
  - Locations with limited health services or low vaccination populations
    - 5 Community locations for clinics (218 clinics delivered per year)
    - 5,525 doses of vaccine administered
    - 2,543 residents served
  - Risk of outbreaks in schools & child care
    - 4,000 child care attendees
    - 64,000 students
  - Primary care sector serving most Niagara residents
  - Respiratory infections common in children 13 years of age or lower

- Key Partners/Stakeholders

- School boards
- Child care
- Early ON
- Primary care
- Pharmacists
- Long term care & retirement homes
- Detention centres
- Workplaces

- Interventions

- Immunization clinics
- Manage Adverse Events Following Immunizations
- Consultation to Primary Care
- Health Promotion
- Vaccine Storage & Handling Oversight
- Vaccine Distribution to Primary Care
- Maintenance & Analysis of Child Immunization Records

# Budget Request

Cost shared program-based funding (75%/25%)	\$30,070,614
Program-based funding (100% funded)	\$ 3,898,500



# Base Funding Requests

Project Title	Base Funding Request
Inflation adjustment to base budget	\$480,634
Targeted interventions to tackle Niagara's emerging health issues	\$257,766
Integration of Vision Screening and school dental Interventions	\$140,577
Immunization record data integrity	\$81,340
Impacting priority populations within targeted high need community locations	\$68,800
<b>Total Base Funding Request</b>	<b>\$1,029,117</b>

# One-Time Funding Requests

Project Title	Base Funding Request
Enhanced customer service through online multi-modal client registration development	\$235,200
Continued implementation of a data governance framework to support the adoption of business intelligence within decision making	\$105,797
Community based safe injection activities within priority populations	\$100,000
Enhancing the health units capacity to engage in scheduled program evaluation to support evidence informed decision making	\$86,361
Increasing capacity to mitigate the health impacts of climate change across all sectors of the Health Impact Pyramid	\$85,922
Upgrade of vaccination storage and distribution equipment	\$85,000
Enhancing the health units capacity to engage in multi-modal communication strategies	\$71,850
Development of standardized electronic data collection and performance metrics for Public Health - health promotion and prevention activities	\$64,771
Enhanced inspection transparency	\$50,000
Targeted interventions to reduce respiratory infections in children under 13	\$44,800
<b>Total One-Time Funding Request</b>	<b>\$929,701</b>

# Recommendation

- That the Board of Health (BOH)/Regional Council **APPROVE** the 2019 Annual Service Plan (ASP) and Budget Submission to the Ministry of Health and Long-Term Care (MOHLTC) for March 1, 2019.

---

**Subject:** 2019 Public Health Annual Service Plan and Budget Submission**Report to:** Public Health and Social Services Committee**Report date:** Tuesday, February 19, 2019

---

## Recommendations

1. That the Board of Health (BOH)/Regional Council **APPROVE** the 2019 Annual Service Plan (ASP) and Budget Submission to the Ministry of Health and Long-Term Care (MOHLTC) for March 1, 2019.

## Key Facts

- BOH/Regional Council is responsible for implementing The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (the Standards). The Standards communicate the MOHLTC's requirements for local public health and supports an effective accountability relationship between BOH and the MOHLTC.
- The ASP and budget submission is a MOHLTC requirement for BOHs to communicate the program plans and budgeted expenditures for a given year in fulfillment of the Standards.
- Public Health has a comprehensive planning process which includes developing SMART objectives (Specific, Measureable, Attainable, Realistic, Time-limited), defined indicators, and interventions in a logic model format to allocate resources and to determine which operations which will improve the public's health. These objectives, indicators, and resource allocations are documented as part of the ASP.
- The 2019 ASP and budget submission must be submitted electronically on or before March 1, 2019. If this deadline is not met, the MOHLTC may not approve Niagara Region's grant requests.
- The ASP includes applying for additional base and one-time funding grants from the province; these requests, if granted, would enable enhanced service and action on public health priorities.

## Financial Considerations

The MOHLTC provides cost shared funding to BOHs, and has instituted the ASP and budget submission process for the provisioning of funding for mandatory and related public health programs and services. The budget figures included in the ASP are the formal request to the Ministry for provincial funding accounted for within the Regional Municipality of Niagara 2019 levy operating budget, pending approval by the BOH/Regional Council currently scheduled for Feb. 28, 2019.

There is also an opportunity to submit up to five additional base budget and up to ten one-time budget requests as part of the ASP. These requests were not included in the 2019 BOH/Regional Council levy operating budget as it is unknown which of any might be granted by the Province. Should any additional funding be received through these requests, the BOH/Regional Council would be informed and have to approve receipt of those funds and amend the operating budget authorizing such funds to be spent.

The Public Health base budget is mostly cost shared between the MOHLTC (75%) and the Regional Municipality of Niagara (25%). A few of the programs are 100% funded by the MOHLTC. The Public Health 2019 annual funding request to the MOHLTC is for \$28,605,285 and is based on gross budget expenditures of \$35,927,932, which includes the following:

- \$30,070,614 cost shared program-based funding (75%/25%);
- \$ 3,898,500 program-based funding (100% funded);
- \$ 1,029,117 in additional base funding for five separate requests; and
- \$ 929,701 in one-time funding for ten separate requests.

#### Base and One-Time Funding Requests:

<b>Project Title</b>	<b>Base Funding Request</b>
Inflation adjustment to base budget	\$480,634
Targeted interventions to tackle Niagara's emerging health issues	\$257,766
Integration of Vision Screening and school dental Interventions	\$140,577
Immunization record data integrity	\$81,340
Impacting priority populations within targeted high need community locations	\$68,800
<b>Total Base Funding Request</b>	<b>\$1,029,117</b>

<b>Project Title</b>	<b>One-Time Funding Request</b>
Enhanced customer service through online multi-modal client registration development	\$235,200

<b>Project Title</b>	<b>One-Time Funding Request</b>
Continued implementation of a data governance framework to support the adoption of business intelligence within decision making	\$105,797
Community based safe injection activities within priority populations	\$100,000
Enhancing the health units capacity to engage in scheduled program evaluation to support evidence informed decision making	\$86,361
Increasing capacity to mitigate the health impacts of climate change across all sectors of the Health Impact Pyramid	\$85,922
Upgrade of vaccination storage and distribution equipment	\$85,000
Enhancing the health units capacity to engage in multi-modal communication strategies	\$71,850
Development of standardized electronic data collection and performance metrics for Public Health - health promotion and prevention activities	\$64,771
Enhanced inspection transparency	\$50,000
Targeted interventions to reduce respiratory infections in children under 13	\$44,800
<b>Total One-Time Funding Request</b>	<b>\$929,701</b>

## Analysis

The MOHLTC Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Jan. 1, 2018) is created under section 7 of the *Health Protection and Promotion Act* to specify mandatory health programs and services provided by the BOH. The Public Health Accountability Framework articulates the requirements to hold the BOH accountable and transparent for the implementation of the Standards. Accountability across the domains is supported by three measures:

1. Accountability documents that define accountability requirements. This includes the Ministry-BOH accountability agreement;

2. Planning documents which outline what a BOH will deliver under the Standards. These documents include the BOH strategic plan and BOH annual service plan and budget submission; and
3. Reporting documents on performance against the Standards and plans. These include quarterly performance reports and an annual report defining delivery and compliance with various legislative requirements.

This report outlines the second of two requirements for the Planning documents, the ASP and budget submission which operationalizes the strategic directions and priorities in the strategic plan in accordance with the Standards. The strategic plan was approved by the BOH/Regional Council on Feb. 8, 2018 (MOH-01-2018).

The ASP and budget submission describes the programs and services delivered by BOHs within the context of the Standards, demonstrates alignment with the priorities in Niagara as identified in the population health assessment, and demonstrates accountability for planning and use of funding per program and service to meet all the requirements. The ASP includes the following:

- Community assessment – high-level description of the communities within the public health unit that supports program and service delivery decisions
- Program plans – description of the programs and services that will be delivered under each standard
- Budget allocations and summaries to allocate staffing and other expenditures for each Standard
- Additional base and one-time funding requests; and
- BOH membership.

Niagara Region Public Health (NRPH) uses a comprehensive process to plan its business, and the elements above to be reported in the ASP come naturally from this process.

To maximize impact on local community health, NRPH grounds its business on Niagara's greatest health needs and challenges. "Niagara's Top Ten" (PHD 01-2017 Key Health Issues in Niagara) outlines the main reasons in Niagara for EMS transport, admission to emergency departments, admission to hospitals, and death as well as health-related behaviours underlying most health problems; all analyzed by age cohort and sex. This data informs where public health efforts should be targeted, as well as which programs and services should be offered to what age groups in order to maximize impact on health outcomes across the lifespan. Indicators linked to the top ten health issues are in development to measure and track progress in improving health on these top ten issues over time.

Incorporating these priority health issues NRPH has also prioritized operational capabilities, enablers, and resources in a Priority Matrix (MOH 01-2018 Strategic Plan).

The Priority Matrix provides overall strategic direction for the department and brings a common understanding of our mission of making an impact on health and health equity.

Informed by the Top Ten health issues and the Priority Matrix, 14 departmental objectives have been identified which are Public Health's focus for service delivery (interventions) and operational improvement.

These objectives are

- Reduce the risk of preventable cancers among Niagara Region residents
- Reduce the number of intentional and accidental injuries and deaths
- Decrease the misuse and abuse of prevalent substances
- Increase the number of children who meet their developmental milestones from conception to school age
- Increase the number of school age children who maintain positive physical and mental health
- Increase the number of parents/caregivers who maintain positive physical and mental health
- Increase the proportion of parents that trust NRPH for parenting programs and information
- Reduce the reported instances of infection caused by microbial contamination
- Reduce the reported instances of enteric pathogen related disease
- Reduce the reported instances of vector borne disease
- Decrease the rate of chlamydia in males 15-29 years of age
- Decrease respiratory infection hospitalizations among children aged 6 months to 13 years
- Improve our Quality Improvement maturity from Progressing to Achieving
- All internal and external health related data is of good quality and easily accessible to inform decision making

Logic models, which organize a program's resources, activities, and expected outcomes, were created for each objective and interventions Public Health offers mapped to those objectives. The logic models are a tool to help identify gaps in program logic, maintain accountability of activities, and monitor if the plan of action intended is achieving the specific outcomes. This allows for the optimization of resource allocations across interventions and logic models in order to have the greatest impact on health and health equity for the people of Niagara. This allocation of resources forms the basis of Public Health's operating budget, as well as of the annual budget submission to the Provincial government. It also identifies priority opportunities for enhancing interventions through additional funding requests.

The ASP has not been included as an appendix with this report, as it is a very lengthy document (over 100 oversized pages) and not printer friendly. Regional councillors may review the document in full by contacting the Office of the Medical Officer of Health to make an appointment.



## **Alternatives Reviewed**

Submitting the ASP and budget submission is a requirement to receive MOHLTC funding as outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. The alternative of not submitting the ASP would be loss of provincial funding which is untenable.

NRPH is not required to submit additional base or one-time funding requests. A total of five base funding requests totalling \$1,029,117 and ten one-time funding requests totalling \$929,701 are included in the ASP and budget submission. These requests are not mandatory, nor guaranteed, however, NRPH aims to maximize revenue to Niagara Region in order to bring a greater benefit to Niagara residents.

## **Relationship to Council Strategic Priorities**

The ASP is based on NRPH's operational planning that aligns with Council Strategic Priorities of Doing Business Differently and Advancing Organization Excellence.

## **Other Pertinent Reports**

MOH 02-2018 Public Health Annual Service Plan & Budget Submission, Feb. 20, 2018

MOH 01-2018 Strategic Plan, Jan. 20, 2018

MOH 03-2017 Program Budgeting and Marginal Analysis in Public Health, Oct. 17, 2017

PHD 01-2017 Key Health Issues in Niagara, Jan. 31, 2017

PHD 06-2016 MOHLTC 2016 Program Based Grants Budget Submission, Feb. 16, 2016

PH 04-2015 Levy Operating Budget, Jan. 29, 2015

---

**Prepared by:**

Diane Vanecko, RN, BScN, MBA  
Director, Organizational and  
Foundational Standards

---

**Recommended by:**

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

---

**Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Noah Bruce, Program Financial Specialist, Enterprise Resource Management Services and Donovan D'Amboise, Manager, Program Financial Support, Enterprise Resource Management Services.*

---

**Subject:** Books and Pajamas Event to Support Niagara Children and Youth  
**Report to:** Public Health and Social Services Committee  
**Report date:** Tuesday, February 19, 2019

---

## **Recommendations**

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

## **Key Facts**

- The most recent Niagara Book Distribution event, held the week of November 7 to 9, 2018, saw the distribution of over 100,000 new, free books for infants and children up to 12 years of age.
- Since the first Niagara Book Distribution event in November 2016, there have been over 500,000 new, unused books, appropriate for different age groups, distributed to children across the region, with a total value of approximately \$5 million.
- The most recent event included the second annual “Pajama Party”, a social event that aims to collect donations of new warm pajamas and a book for children in need.
- Local community agencies across Niagara, gifted the new books and pajamas to 476 children and 40 young parents this past holiday season.
- The next “Pajama Party” will occur the first week of November 2019, again coinciding with the bi-annual Niagara Book Distribution event.

## **Financial Considerations**

There are no financial implications associated with this report. Since the first Book Distribution event in 2016, 500,000 new donated books have been provided to children across the region, with a total value of \$5 million. Books and pajamas provided to families associated with this initiative, in 2018, were provided to families in need, free of charge.

## **Analysis**

In November 2015, Niagara Region Children’s Services became a member of First Book Canada, a registered Canadian charity that acts as a clearinghouse for large-scale book donations from more than 90 publishing companies.

Since 2016, Niagara Region Children’s Services has been collaborating with First Book Canada to increase local membership from agencies in the region by hosting Book Distribution events. Due to the success of the first event in November 2016, where in excess of 40,000 new books were distributed, Niagara is now one of a number of

Canadian communities hosting regular book distribution events, with a further commitment from First Book Canada to host two events each year in Niagara.

The most recent Niagara Book Distribution event, held the week of November 7 to 9, 2018, saw the distribution of over 100,000 new books. Since the first Niagara Book Distribution event in November 2016, there have been over 500,000 new, unused books, appropriate for different age groups, from infants to children 12 years of age distributed to children across Niagara. The total value of this investment is approximately \$5 million.

This year's event included the second annual "Pajama Party" on November 8. The "Pajama Party" was a revival of a successful program which was created based on the vision that every child deserves a warm, safe place to sleep with their own pajamas and their own book. Given the goal of the Book Distribution events to support Niagara families and their children in creating home libraries, the pajama program seemed a natural fit.

Nearly 100 people attended the Pajama Party event, donating a total of 175 pairs of new pajamas. Generous support was also provided by local businesses such as the Seaway Mall, who provided the event venue and promotional support, Ye Olde Squire Restaurant who catered the event, and Rockway Vineyard who donated wine for free wine tastings. Students from Trillium College Massage Therapy and Niagara College Esthetics programs donated their time providing mini spa services for attendees and local vendors donated door prizes.

In addition to the pajamas collected at the event, donations of books and pajamas were received from Niagara Region staff, White Oaks Resort & Spa staff, St. David's Anglican Church members and the Niagara Chapter of Retired Women's Teachers. As well, for the second year, staff and students from A.K. Wigg Elementary School in Pelham, chose to collect books and pajamas for children in need as their community cause for the month of November, and, alone, donated approximately 200 pajamas and books.

Local community agencies across Niagara, gifted the new books and pajamas to 476 children and 40 young parents this past holiday season.

The next "Pajama Party" will occur the first week of November 2019, again coinciding with the biannual Niagara Book Distribution event, aimed to provide an additional 100,000 books to community agencies to share with Niagara's children and youth.

## **Alternatives Reviewed**

This report is initiated by staff to provide Council with information related to a service enhancement.

Children's Services is investigating grant opportunities and seeking community partners to launch a local "book club" for children in receipt of fee subsidy, such that families could regularly receive a free, age appropriate book to create their own home library.

## **Relationship to Council Strategic Priorities**

The provision of accessible and quality early learning programs and services supports Council's focus on economic prosperity.

## **Other Pertinent Reports**

COM 06-2018 Books and Pajamas Event to Support Niagara Children and Youth  
COM 09-2017 First Book Canada Book Bank

---

### **Prepared by:**

Karen Schmidt  
Funding and Data Administration  
Coordinator  
Community Services

---

### **Recommended by:**

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

---

### **Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was reviewed by Darlene Edgar, Director, Children's Services*

## **Appendices**

None

---

**Subject:** Seniors Services Quality Improvement Report September to December 2018

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

**Report date:** Tuesday, February 19, 2019

---

## Recommendations

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

## Key Facts

The purpose of this report is to provide Committee and Council with highlights of quality initiatives and outcomes in the fourth quarter of 2018 in Senior Services.

Areas of focus in this quality update include:

- Standardizing Staffing Levels in Seniors LTC Homes
- Technology and Innovation in Seniors LTC Homes
- Serving the Community - Seniors Community Programs.

Key Metrics for 2018 are provided in Appendix 1.

## Financial Considerations

The activities highlighted in this report were funded within the 2018 approved operating budget. The Ministry of Health and Long-Term Care (MOHLTC) and the Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) are the primary sources of funding for the Seniors Services division. Other funding sources include user fees and regional levy.

## Analysis

### LTC Homes: Standardizing and Optimizing Staffing Patterns

In late 2017, Seniors Services completed a staffing study to determine optimal staffing levels, and a pilot study to evaluate the effectiveness of increasing recreation staffing hours (COM 03 – 2017, COM 08 – 2017).

In 2018, Seniors Services built on this work by introducing a project to standardize schedules across the eight Long-Term Care (LTC) homes. The project included a review of current staffing levels, a mapping of hours required during peak resident care times

and a review of best practice. Through this analysis, optimal staffing patterns were identified.

As part of the newly negotiated CUPE 1263 agreement, a reorganization of the current schedule was required and this work presented the opportunity to implement a consistent staffing pattern across sites. Shifting to consistent staff schedules across homes is desirable as this supports efficiency in the scheduling process, enables staff to work between homes and provides uniformity in standardizing practices and processes.

The scheduling project benefited from a timely MOHLTC increase to base funding mid-year. Through the use of this funding, the homes were able to add a 12:00 pm to 8:00 pm Personal Support Worker (PSW) shift to help off-set peak pressures associated with shift exchange and to add extra assistance in the care of residents with complex needs.

MOHLTC funding also enabled homes to add four hours of recreation to the evening shift on the dementia units. This additional four-hour shift offers support on the unit to help prevent and/or manage escalating resident responsive behaviours related to 'sun-downing' (a neurological phenomenon associated with increased confusion and restlessness in patients with dementia).

The additional funding and temporary enhancements to staffing has increased the staffing to resident care ratio by 0.2 hours per bed day. Seniors Services continues to advocate with MOHLTC for an increase to four hours of care per resident per day. Seniors Services is asking that the temporary increases to staffing be approved as permanent increases through the 2019 budget process (subject to continued MOHLTC funding levels).

### Technology and Innovation in Seniors LTC Homes

Seniors Services utilizes a variety of technology to support the care and services of residents in the Long-Term Care homes. Seniors Services is continuously looking for opportunities to introduce innovation into the day-to-day operations of the eight homes to mitigate responsive behaviours, enhance efficiencies and improve clinical outcomes/quality of life.

#### *Mitigating Responsive Behaviours*

An area of focus in recreation has been exploring the use of technology to enhance meaningful activities. In 2018 two homes trialled a new interactive technology called ABBY for residents with cognitive impairment. This interactive technology affords residents the opportunity to engage in various activities activated by switches, knobs, texture swatches and a touch screen. The goal is for residents to interact with ABBY by engaging in a wide variety of activities including videos, sounds, pictures and touch screen activities such as matching games and finger painting. These can be customized with resident personal content. ABBY is meant to stimulate and engage residents and



reduce responsive behaviors. The pilot implementation has been very successful (calming agitated residents, eliciting a response from non-verbal residents, providing an activity residents want to return to repeatedly). ABBY will be installed in all homes in 2019.

### *Enhance Efficiencies*

Seniors Services has been using Point Click Care (PCC) software for the last ten years to populate the resident electronic health record. Using PCC, regulated staff such as nurses and physicians document in the resident's clinical record progress notes, care plans and assessments. Front line staff use an application called Point of Care (POC) where, as required under the Long-Term Care Home (LTCH) Act, they complete extensive documentation of all aspects of daily living activities including details pertaining to eating, toileting, dressing and grooming. The POC program was accessed by PSW's using stationary screens bolted onto walls throughout corridors. In 2018, as the mobile stations were due for replacement, Seniors Services leveraged advances in technology and transitioned from POC stations to iPads to eliminate travel time to POC stations for documentation purposes. Implementation of the change was completed ahead of project schedule with overwhelmingly positive feedback from all staff involved.

Although the introduction of iPads has been an effective tool in enhancing efficiencies, it is recommended that even greater benefit would come from a decrease in documentation requirements. The current provincial government is exploring opportunities to decrease unnecessary work in Long-Term Care. Seniors Services has provided a number of recommendations focused on, 'releasing time to care' by ensuring that staff time is spent providing hands on care for residents, rather than engaging in extensive repetitive and low value documentation.

### *Enhancing Clinical Outcomes*

Technology is evolving rapidly and presents exciting opportunities to improve clinical practice. An example of this direction is the enhanced skin and wound care project. Residents admitted to our Long-Term Care homes from hospital and community may have wound related challenges. Often the homes are able to improve and eventually heal these wounds. However, some residents are very frail and have complex wounds that require advanced nursing skills. In support of addressing the needs of residents with complex wounds Seniors Services will be implementing a recently released wound care application that supports enhanced wound care practices.

Some examples of improvement opportunities afforded through the application include:

- automated recording of wound changes via images uploaded into the resident chart, non-contact measurements and staging of wounds via a hand-held device, graphical trending analysis to view wound changes over time,

- effective assessment and management of wounds including the Braden Scale for the prediction of pressure injury risk and the PUSH Tool for measurement of pressure injury healing, and
- reduced workload as results are automatically uploaded into a resident's chart ensuring more accurate and complete documentation for the care team leading to improved resident outcomes.

To support the nursing capacity building required to use this skin and wound application, nursing staff will be completing a Skin and Wound Care Certificate through York University in the first quarter of 2019. Seniors Services will be rolling out the app across the eight LTC homes in Q1 and Q2 of 2019 using a staggered implementation plan with the final go live date in April 2019.

### Community - Seniors Community Programs

Seniors Community Programs (SCP) provides a broad continuum of supports intended to assist seniors in their effort to remain living independently in the community. Early supports range from community-based exercise classes to group-based program support (i.e. Adult Day Program, wellness programs) to in-home supports (i.e. Respite Companion and Outreach Services), through to 24/7 assisted living support services (i.e. Deer Park Suites).

In 2018, Outreach Services expanded across Niagara as a result of new LHIN investment. Seniors Community Programs began a formal LEAN review to examine current state and determine future directions that will complement available resources, optimize utilization of existing resources by reducing duplicate efforts, and improve access through health system partner education, resulting in referrals to the most appropriate provider. A three-day Kaizen event was held in December 2018 with more than 15 community partners participating to yield an implementation plan with key areas of focus for 2019. Data will be collected throughout 2019 to allow for analysis of trend patterns, early identification of clients in need of a coordinated community plan and mobilization of partners for that purpose.

Seniors Community Programs has partnered with Niagara Emergency Medical Services (EMS) at Deer Park Suites Assisted Living in Grimsby. In the fall of 2018, front line staff were trained on an international screening tool called 'I Stumble' to determine the need for 911 calls for their clients. Staff have been trained, equipment resources purchased and the pilot was initiated. Metrics are in place to monitor the number of falls that occur and do not require a 911 call, due to application of the screening tool. The 2019 data will be analyzed and implemented to other Niagara assisted living providers in collaboration with EMS. This supports the broader strategic direction, to support the hospital system, by reducing unnecessary 911 calls and ER visits.

Seniors Community Programs provides an exercise program in the community called 'Healthy, Safe and Strong'. There has been significant uptake by seniors to attend

the 26-week exercise program offered in 12 locations across Niagara. Feedback from participants, along with some medical practitioner comments, indicate improvements in balance, flexibility and strength, which is translating into improved health markers such as blood pressure, weight, and falls risk. The program is intended to be an introduction to exercise for health with participants transitioning to community-based exercise programs for on-going fitness. Increasingly, participants are wanting to maintain their involvement with the program beyond the defined 26-week period. This speaks to the benefits they are realizing, in addition to the program environment that supports participant's abilities.

### **Alternatives Reviewed**

Not Applicable.

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

This report provides information on quality improvement initiatives and outcomes in Long-Term Care and Community Services. The work in this division supports a number of Regional Council's Strategic Priorities including: Doing Business Differently and Advancing Organizational Excellence.

### **Other Pertinent Reports**

- COM 03-2017 - Seniors Services Quality Improvement Report October to December 2016
- COM 08-2017 - Medical Director's Annual Report 2016 – Long Term Care Homes

---

#### **Prepared by:**

Kim Eros, Associate Director Clinical & Support Services, Community Services

---

#### **Recommended by:**

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

---

#### **Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Jordan Gamble, Program Financial Specialist and reviewed by Henri Koning, Director, Seniors Services.*

### **Appendices**

Appendix 1

Seniors Services Report Card 2018 – 2019

Page 6

Appendix 1

Seniors Services Report Card 2018 – 2019

Measures	Definition	2018 Q1	2018 Q2	2018 Q3	2018 Q4
<b>Seniors Long Term Care Home Metrics</b>					
<b>Cognitive Impairment</b>	This metric provides a percentage of residents whose diagnosis includes dementia, other than Alzheimer's or related neurologic diseases after the resident assessment has been completed.	67.1	67.2	66.1	66.7
<b>Resident Satisfaction Survey</b>	This metric provides a measure of the residents' perception of services and overall rating of a great place to live, through an annual survey. The 2017 MBN median for upper-tier municipalities was 95%. In 2017, all eight Niagara Region LTC was 95%.	95%			
<b>Pressure Ulcers</b>	This is a measure of the # of worsened stage 2-4 pressure ulcers documented on their target assessment and the stage of pressure ulcer is greater on their target assessment than on their prior assessment (Prov. Avg. 2.6%).	3.40	3.66	4.08	3.7
<b>Outbreaks</b>	The resident home area may be declared in outbreak by Public Health if two or more residents residing in same resident home area have two or more consistent infectious symptoms (2017 total was 18).	10	4	0	1
<b>% of Resident who have fallen in the last 30 days</b>	This is a measure of the % of residents who sustained a fall in last 30 days recorded on their target assessment. Provincial target is 16.25%.	16.29	15.76	17.23	17.25
<b>% of Residents with New Fractures</b>	This is a measure of the % of residents who sustained a fracture during this quarter on their most recent assessment. This total includes any fracture that may occur. The goal is to minimize all fractures. Provincial target 1.2%.	0.96	1.66	1.89	1.74

Measures	Definition	2018 Q1	2018 Q2	2018 Q3	2018 Q4
<b>Seniors Community Programs</b>					
<b>Number of unique individuals served in 2018</b>	Individual is counted once in a calendar year regardless of the number of services one individual may be accessing.	1807	1695	1720	1682
<b>% satisfied with overall services</b>	Average across all SCP programs.	97%			
<b># of complex case consultations</b>	Multi-agency collaboration required to support diverse needs of individual in developing a community plan of support/care.	15	28	4	10