



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

PHSSC 4-2022

Tuesday, April 5, 2022

1:00 p.m.

Meeting will be held by electronic participation only

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

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

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

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
4. <u>DELEGATIONS</u>	
5. <u>ITEMS FOR CONSIDERATION</u>	
5.1. <u>PHD 5-2022</u> Niagara EMS – System Pressure Update 2 A presentation will precede the consideration of this item.	3 - 26
5.2. <u>PHD 6-2022</u> Public Health 2022 Annual Service Plan and Budget Submission A presentation will precede the consideration of this item.	27 - 59
5.3. <u>COM 11-2022</u> Budget Adjustment – Homelessness Services	60 - 63

6. CONSENT ITEMS FOR INFORMATION

- | | | |
|------|--|-----------|
| 6.1. | <u>COM 13-2022</u>
Housing and Homelessness Action Plan Update 2021

A presentation will precede the discussion of this item. | 64 - 87 |
| 6.2. | <u>COM 12-2022</u>
Homelessness Services Report 2021 | 88 - 100 |
| 6.3. | <u>COM-C 5-2022</u>
Niagara Regional Housing Quarterly Report - October 1 to December 31, 2021 | 101 - 103 |
| 6.4. | <u>PHD 4-2022</u>
Niagara Emergency Medical Services Special Response Unit | 104 - 109 |
| 6.5. | <u>CAO 4-2022</u>
Update on Recruitment of Medical Officer of Health | 110 - 112 |

7. OTHER BUSINESS

8. CLOSED SESSION

- 8.1. Confidential COM 10-2022
A Matter of Information explicitly supplied in confidence to the municipality by the Province of Ontario under section 239(2)(h) of the Municipal Act pertaining to the allocation of provincial funding for the 2022-2023 fiscal year for the Homelessness Prevention Plan program

9. BUSINESS ARISING FROM CLOSED SESSION ITEMS

10. NEXT MEETING

The next meeting will be held on Tuesday, May 10, 2022 at 1:00 p.m.

11. ADJOURNMENT

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

PHD 05-2022 Niagara EMS System Pressures Update

PHSSC

PHD 05-2022

April 5, 2022

Kevin Smith, Chief, Niagara Emergency Medical Services

Niagara EMS—System Pressures Update Two

Recommendations

1. That this report **BE RECEIVED** regarding the ongoing system pressures being experienced by Niagara EMS.
2. That the Regional Chair **BE DIRECTED** to send follow-up correspondence to the Minister of Health to the letter sent November 26, 2021, requesting immediate interventions to reduce the offload delay crisis in Niagara hospitals.
3. That staff **BE AUTHORIZED** to use the Taxpayer Relief Reserve to offset costs associated with the temporary addition of two 24-hour ambulances and one 12-hour ambulance for ninety days to increase ambulance availability and response time reliability not mitigated with in year operating budget surpluses.
4. That staff **BE DIRECTED** to provide a report to Council prior to the end of the ninety days of enhanced ambulance staffing to determine impact and ongoing requirement for the additional temporary resources.

Current State

System Demand Changes

- Call volumes up exponentially, patient transports level.

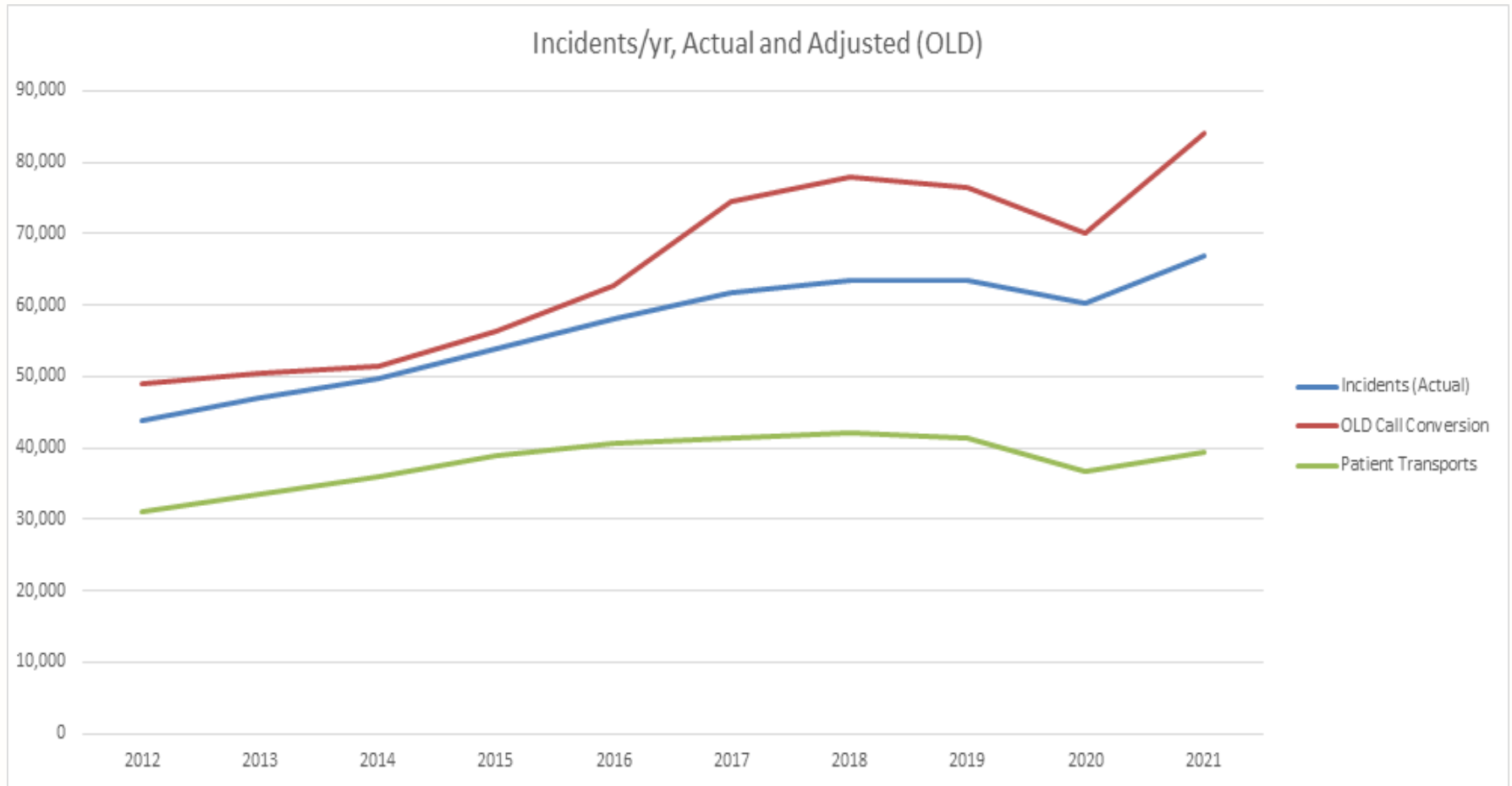
Offload Impact

- Niagara EMS continues to experience unprecedented offload delay levels impacting resources.

System Performance

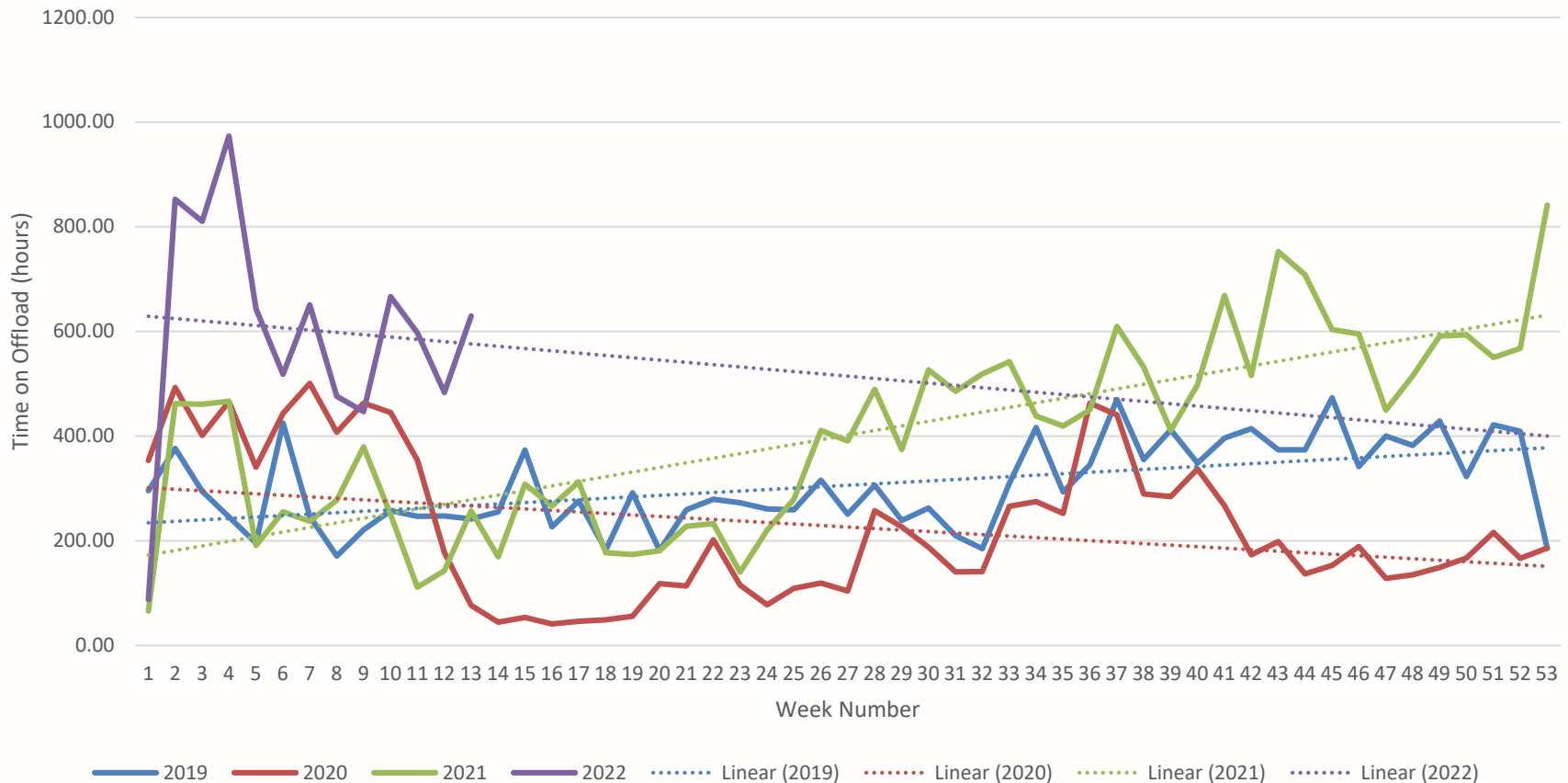
- System performance negatively impacted.

Resource Demand



Offload Delay

Off Load delay year over year

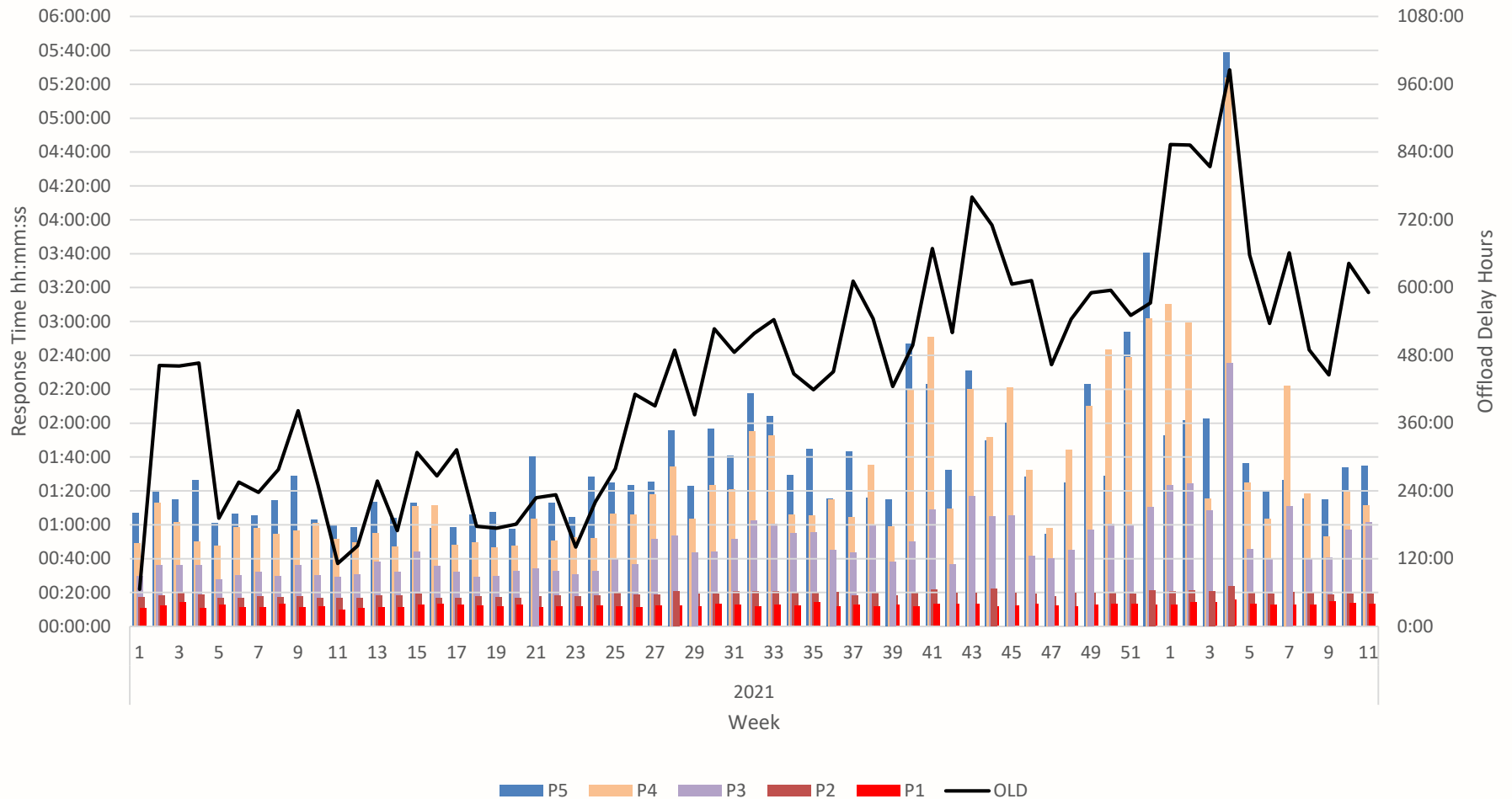


Emergency Resource Availability

Alert Status	Level 0	Level 1	Level 2
2020	1	20	148
2021	14	154	652
2022 (ytd)	9	56	161

90th Percentile Response Times vs Offload Delay

(Phone Answered to Arrive Scene - All Priorities)



System Impacts on Niagara EMS Summary

- Staffing levels remain consistent for full business continuity, but human resource impacts are significant.
- Benefits of transformation to mobile integrated health model (resource rationalization) and efforts to collaborate on offload times no longer sufficient.
- Injection of resources required as summer call volume spike, plus potential next wave imminent.

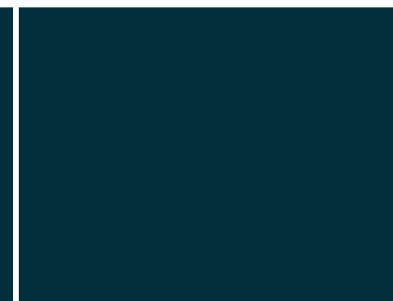
Resource Model

Paramedic Enhancements Levels	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	Totals
Low Growth Model 3.6% - Ambulances	2		1			1		1		1		1	7
Paramedic FTE	21.6		10.8			10.8		10.8		10.8		10.8	75.6
Supervisors		1.4		1.4		1.4			1.4		1.4		7
Emergency Response Units		1		1		1			1		1		5
Medium Growth Model 5.7% - Ambulances	2		1		1	1		2	1	1	1	1	11
Paramedic FTE	21.6		10.8		10.8	10.8		21.6	10.8	10.8	10.8	10.8	118.8
Supervisors		1.4		1.4		2.8		1.4	1.4		1.4		9.8
Emergency Response Units		1		1		2		1	1		2		8
High Growth Model 8.5% - Ambulances	2	1	1	1	1	1	2	2	1	2	2	2	18
Paramedic FTE	21.6	10.8	10.8	10.8	10.8	10.8	21.6	21.6	10.8	21.6	21.6	21.6	194.4
Supervisors		1.4		1.4		1.4		2.8		2.8		2.8	12.6
Emergency Response Units		1		1		1		2		2		2	9
Patient Based Model Ambulances	2					1					1		4
Paramedic FTE	21.6					10.8					10.8		43.2
Supervisors		1.4					1.4				1.4		4.2
Emergency Response Units		1					1				1		3

Pomax (2016) Ambulance and Paramedic Requirement Models, Ten Year Time Frame

Recommendations 3 & 4

- Additional ambulances to provide temporary relief.
- 90 day assessment of the impact of these resources on system performance and staff wellness.
- Continue efforts with Niagara Health, Ontario Health and Ministry of Health to resolve offloads (meeting April 13).



Subject: Niagara EMS – System Pressure Update 2

Report to: Public Health & Social Services Committee

Report date: Tuesday, April 5, 2022

Recommendations

1. That the Regional Chair **BE DIRECTED** to send follow-up correspondence to the letter sent to the Minister of Health on November 26, 2021, requesting immediate interventions to reduce the offload delay crisis in Niagara hospitals;
2. That staff **BE AUTHORIZED** to use the Taxpayer Relief Reserve to offset costs up to \$750,000, associated with the temporary addition of two 24-hour ambulances and one 12-hour ambulance for 90 days, to increase ambulance availability and response time reliability not mitigated with in year operating budget surpluses; and
3. That staff **BE DIRECTED** to provide a report to Council, prior to the end of the ninety days of enhanced ambulance staffing, to determine the impact and ongoing requirement for the additional temporary resources.

Key Facts

- The purpose of this report is to inform Council of the ongoing system pressures being experienced by Niagara EMS, and the possible need to draw on the taxpayer relief reserve to address increased resourcing.
- Volumes of patients using 911 for health services has set record highs for the last ten months.
- Despite the increases in people accessing 911, the number of patients transported to local emergency departments has remained relatively unchanged. This is likely a result of the system transformation changes put in place in 2019, enabling non-hospital care for patients where that is the care more appropriate to their condition.
- While there has not been a large increase in the number of patients transported to an emergency department, there has been a substantial increase in the time that paramedics are spending in the emergency departments waiting to transfer care of patients. Paramedics must frequently wait for several hours with their patients in hallways until the hospital can assume care of the patient. This is known as “offload delay”.

- The offload delay situation reached a critical state in Q3 to Q4 2021, and has worsened in 2022 year to date.
- In 2021, Niagara EMS lost over 21,000 hours of ambulance time—the equivalent of 19% of available resources—to offload. This equates to a cost of over \$2.4 million.
- 2022 year to date is projecting a loss of over 30,000 hours equating to 26% of allocated ambulance resources.
- This increased demand creates considerable stress on the system and people—the people depending on the service as well as the people providing the service.
- A request for additional support for Niagara's Ambulance Communications Service (NACS) has been denied by the Ministry of Health for fiscal 2021-2022.
- The risks created as a result are significant. The depletion of available resources attributed to offload delay means that there are often not enough ambulances to provide emergency coverage for all of Niagara and the ability to meet response times for critical patients.
- Expecting the offload situation to be resolved is no longer acceptable and additional resources are required to ensure system responsiveness and preservation of staff.

Financial Considerations

The financial impact of offload delays include the cost of lost productivity/availability to provide service in the community and increased employee sick time and overtime.

Lost Productivity and Sick Time

Report PHD 11-2021, detailed the cost of lost productivity due to offload delays as well as the increased sick time being reported by staff due to the working conditions.

In 2021, offload delays resulted in a total of 21,420 hours of lost productivity at a cost of \$2.4 million. In the first eight weeks of 2022, the system has already lost over 5,000 hours to offload delays putting the service on a pace to lose over 32,000 hours by year-end. This represents a cost of \$3.4 million.

While offload delays cannot be specifically identified as a reason for staff sick time, the conditions staff are working in is a significant contributor to work absence. As offloads continue through the duration of a paramedic's shift, it is often difficult to relieve these staff at the end of their shift; missed meal breaks and overtime is often required to continue caring for the patient until the hospital can assume care. System Status

Controllers (SSC) are also fatigued with the increase in 911 calls and the deterioration of available ambulances to respond to these calls, coupled with the stress of maintaining emergency coverage for Niagara communities with these resource limitations.

Comparing 2020 to 2021, combined sick time for both SSC's and paramedics has increased 38.9%. This represents an increase of 16,303 hours or \$859,125.

As directed in Report PHD 11-2021, a letter from the Chair was sent to the Minister of Health on November 26, 2021, requesting approval of four additional ambulance dispatch staff (SSC's) for 2022. Staff has since received the fiscal 2021-22 budget in which the additional four positions were denied. Staff are following up with the Province to ensure the request from the Chair is considered and approved for fiscal 2022-2023 as identified the Region 2022 budget submission.

Temporary Resourcing

The addition of two 24-hour ambulances and one 12-hour ambulance for ninety days is anticipated to cost approximately \$750,000. Staff recommends that these costs be mitigated to the extent possible, however incremental costs that cannot be mitigated in-year are recommended to be offset with the taxpayer relief reserve. The reserve fund policy (CSD 48-2014) recommends that reserves identified as "Corporate Stabilization", which includes the taxpayer relief reserve, be used to stabilize levy requirements due to unanticipated changes in operational requirements, such as emergency-related purchases. Use of the reserve requires approval by Council. Required use of this reserve will be communicated to Council as part of the annual year-end transfer report.

Should there be an ongoing need for additional ambulances identified prior to the 2023 Land Ambulance budget submission deadline to the Ministry of Health, staff will bring back a budget amendment for Council approval to add these costs to the 2022 budget. Based on the funding formula, including these costs in the 2022 budget will attract 50% provincial subsidy in 2023.

Analysis

Further to Report PHD 11- 2021, the intention of this report is to provide Council with an update of the current state of EMS system pressures as a result of ambulance offload delays. These pressures are adversely affecting Niagara's paramedic service, and its ability to provide safe emergency medical response to Niagara's residents and visitors.

As detailed in Figure 1, (blue line) Niagara EMS call volume in 2021 was higher than in any other year previous. Despite the gains achieved 2017-2020, primarily as a result of System Transformation, in which Niagara EMS was in a negative percent in increased volume, demand on the system in 2021 is evident that people are relying on the 911 system for health care more than ever. This type of increase is being seen nationally as well as in developed countries internationally.

Figure 1: Incidents and Transports per Year 2012-2021

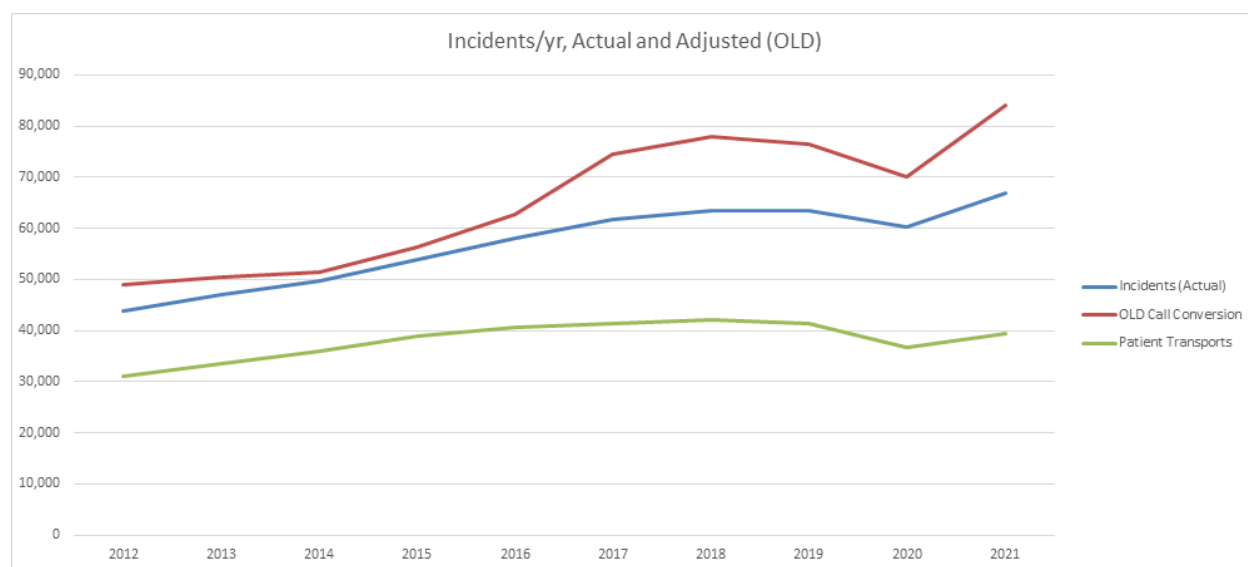


Figure 1: Incidents and transports per year 2012-2021. Incidents show actual versus adjusted to include offload delay resource demand impacts.

While Figure 1 demonstrates significantly increasing call volume pressures, this does not take into account the additional time-on-task (ToT) required to service calls when offload delays are factored in. EMS demand has always factored into the impacts of 911 calls, an expected offload delay of thirty minutes per call. The reality is that prior to 2019, and now more significantly in 2022, the actual average offload delay is well in excess of the thirty-minute target. Similar to weather reports that add a 'wind chill' factor

to reported temperatures to describe true effect, the demand on our system can be reflected in an adjusted call conversion as seen with the red line in Figure 1.

The offload delays experienced 2019 to early March 2022 can be seen in Appendix 1 to Report PHD 05-2022: Offload Delays by Week 2019 – March 2022.

Mid-way through 2021 (green line), offload delays began to exceed prior years (blue and red lines). In 2022 (purple line), offload delays levels began at the highest levels ever seen and remain higher than in any previous year.

While some improvement has been seen in recent weeks, likely due to relief from the latest COVID wave that impacted hospitals and people calling 911 in the last weeks of 2021 and first few weeks of 2022, offload hours remain well above previous record levels. The continued significant loss of ambulance hours in service (19-26% of allocated resources) is unsustainable.

To this point in time, staff focus has been on having the offload delay crisis resolved, thereby recovering the full compliment of ambulance resources which would be appropriate to meet system demands. It is clear however, that the offload situation is not being immediately resolved. To continue to have an expectation that it will be remedied is false hope.

Mitigation

Report PHD 11-2021, along with several previous reports on offload delays, have detailed the extent to which Niagara EMS has initiated strategies to decrease offload delays. Most significant was the transformation of system delivery in 2018-2019, in which alternate pathways were created to provide a more appropriate response to specific cohorts of people calling 911, rather than always transport to the hospital which would result in and exacerbate offload delays. This included the introduction of mobile integrated health teams and the use of nurses in ambulance dispatch for secondary triage of low acuity callers. Since implementation in September of 2019, to the end of 2022, Mobile Integrated Health (MIH) teams were able to divert 10,083 ambulance responses (80% diversion rate), and ECN's (Emergency Communications Nurses) were able to divert 1,877 ambulance responses (23% diversion rate).

This work was designed to provide a better match of services to people calling 911 other than with an ambulance response and transport to an emergency department. Therefore, as seen in Figure 1 (green line), despite the increase in EMS call volumes, in

2021, fewer patients were transported to the hospital than in 2016-2019. The lack of increase in patient transports not only provides evidence of Niagara EMS efforts, it also dispels the common assumption that offload delays are a result of EMS taking more patients to the emergency departments. This is not factual and strengthens the argument that offload delays are not an EMS problem, but a systems problem. Yet EMS bears the costs of offload delays and is expected to manage the issue from outside.

Staff continue to explore novel concepts in reducing offload delays while providing enhanced service for people requiring health care. Niagara continues to be the only ambulance dispatch in Ontario using nurses to complete secondary triage of select people calling 911 with non-emergency, low acuity health concerns. The purpose of the program is to align best the care that a person needs with the most appropriate resource to meet that need. The nurse will then determine if an ambulance response is the best option for the person and if not, is able to provide an alternate recommendation to seek care such as using primary care, walk-in clinic, urgent care or even self-care.

Through continuous review of this program, a gap has been identified when an alternate care resource is identified however; transportation is the only barrier to accessing that care. That is, a person has no personal means of travel by self, family, or friend; neighbour who can give them a ride; nor can they access public transit. In those situations, Niagara EMS would ultimately be required by provincial law to send an ambulance and two paramedics for the sole purpose of transportation. The paramedics would only be permitted (by legislation) to take the person to an emergency department or urgent care centre which may not fit the care they require. For these select patients, Niagara EMS is conducting a pilot project of offering a taxi as a means to get these select people to the care they need. This is a positive program in that it allows the person to access the care they need which may avoid having to go to an emergency department and the EMS service does not need to expend an emergency resource for a non-emergency purpose. This also reduces offload delays that might otherwise occur as this contributes to decreasing emergency department congestion. Feedback from users to whom that we have been able to offer this service has also been positive. The outcome of this pilot program will be reviewed and reported to Council in the near future

System Impact

As reported in Report PHD 11-2021, Niagara EMS uses an Alert Status monitoring system for real time situational awareness to system capacity (Table 1). Specific to “Status Level 0”, this does not mean that there are no ambulances available to respond

should a critical 911 call be received. Rather, this level indicates that the number of low acuity calls (non-emergent) are greater than the number of ambulances available.

Table 1: Instances at System Resource Alert Levels by Year

Alert Status	Level 0 The number of calls waiting to be assigned an ambulance is greater than the number of available ambulances	Level 1 20% or less of normally staffed ambulances available in the region	Level 2 35% or less of normally staffed ambulances available in the region
2020	1	20	148
2021	14	154	652
2022 (year to date)	9	56	161

Table 1 Instances at System Resource Alert Levels by Year

As previously reported to Council, Niagara EMS “holds” low acuity, non-emergent calls until there are sufficient resources available to service these calls. This allows the system to maintain minimal emergency resources to respond to a high priority, critical emergency as shown in Figure 3. In most other provincial systems, “Code 0” or “Code Red/Black” is the term used when there are no ambulances to send, even to a critical incident. While unfortunately this is an all too common occurrence in many other provincial ambulance services, this is a rare occasion in Niagara due to our advanced resource management model. Since Report PHD 11-2021, Niagara EMS experienced one occasion on January 4, 2022, when there were no ambulances available in the system for a period of seventy minutes.

Figure 3: 90th Percentile Response Times versus Offload Delay

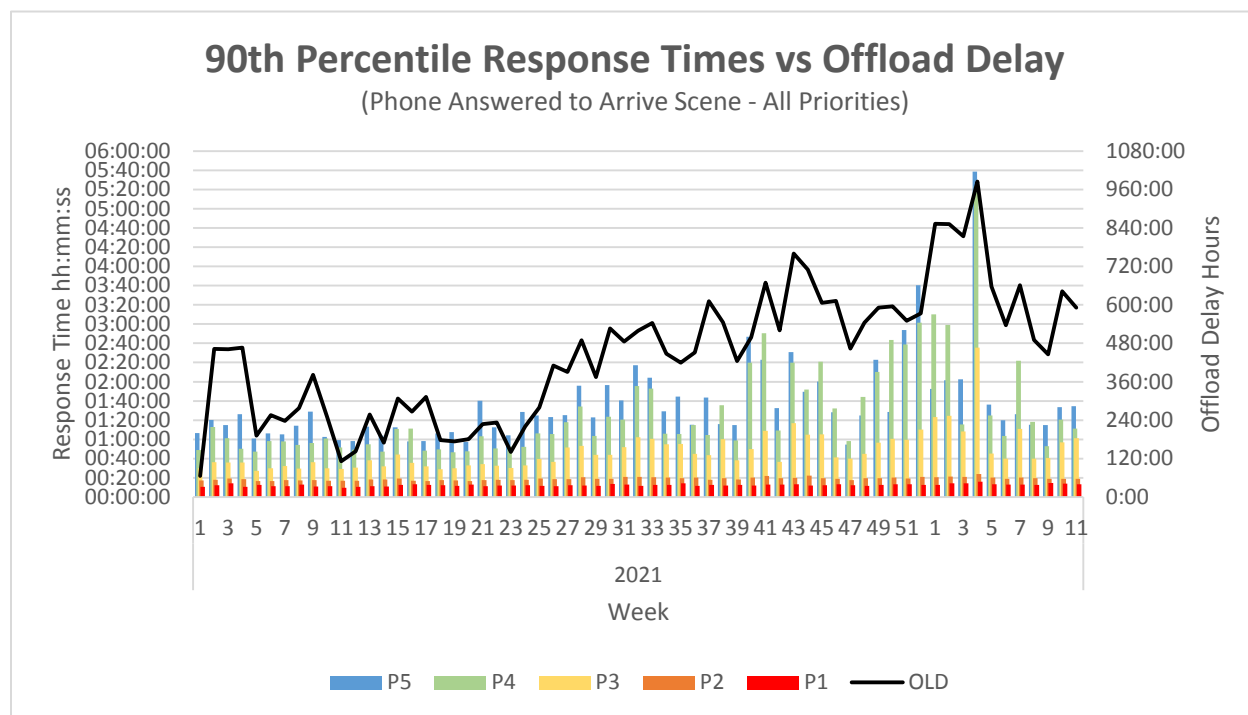


Figure 2 Response times by priority plus offload delay (line), Jan 2021-YTD 2022; response times to priority 3, 4 and 5 are particularly sensitive to offload levels, as system attempts to protect response times to priority 1 and 2 calls.

These periods of reduced emergency resources result in longer response times for those critically ill or injured and longer wait times for stable patients with lower acuity health needs. The system is designed to protect critical response times even if that means longer response times to lower acuity calls. In response to the loss of resources, Niagara EMS also attempts to maintain emergency coverage by up-staffing additional ambulances, which has resulted in increased operational expenses attributed to overtime costs as noted in the Finance section.

Response time reliability is predicated on the availability of resources to respond. As resource are depleted, response times escalate. Specific to the most serious incidents such as witnessed cardiac arrest, significant multi-systems trauma and other critical emergencies, the impact of offloads in relation to increased response times for these emergencies can be seen in Figure 3.

Impact on Our People

The impact of the offload delays continue to be felt by the frontline staff and may be manifested through increased sick time, missed meal breaks and overtime. Memo CWCD 2022-11 issued January 7, 2022, provided information specific to staff wellness. At that time, 36 staff out of a total complement of 429 (8.4%) were out of the workplace as a result of a WSIB injury or illness. While it is difficult to attribute offload delays as the reason for an absence, we do know that the difficult environment that these staff are working in is made worse due to offloads resulting in increased stress and exhaustion.

Temporary Resources

In 2017, a Master Plan was developed by Pomax Inc. consultants, who provided a resource-planning matrix that was based on call volume (Appendix 2 to Report PHD 05-2022). It should be noted that this projection was using the thirty-minute time-on-task factor, which is not accurate of the actual time-on-task being experienced.

From 2018-2020, Niagara EMS was in a negative call volume growth, a result of the changes of system transformation. As a result, no additional ambulances were required as projected if the call volume trajectory had not changed. In 2021, the growth in adjusted call volume (Figure 1) met the “High Growth Model” with an increase of 9.7% (compared to 2019). The first quarter of 2022 continues as high growth. According to the Pomax recommendations, to meet the 2021 and 2022 demand, Niagara EMS would be required to add three 24-hour ambulances. The adjusted resource requirement to meet the historical demand would be a total of five additional ambulances.

The recommendation in this report is for the addition of two 24-hour ambulances and one 12-hour ambulance for a 90 day period. This would provide some relief to the pressures being experienced and allow staff to assess the impact of these additional resources related to response time performance for critical patients and staff wellbeing. Staff would also continue engagement with Niagara Health and the Ministry of Health to prioritize the reduction of offloads to negate the need for continued additional resources.

Alternatives Reviewed

In previous reports regarding system pressures, staff have focused on the recovery of ambulance resources lost to offload delays as the means to address the situation. It has been positioned that should the system recover these resources, additional ambulance resources would not be necessary. While efforts will continue in this regard, it is not

likely in the foreseeable future that offload delays will decline and resources will become available, and to plan sustainability on this premise over the immediate short term is not recommended.

Staff will continue to work collaboratively with Niagara Health, Ontario Health and the Ministry of Health on long-term sustainable solutions, however there is no apparent relief in the immediate future and continuing to have expectation for this is not a recommended solution.

Another option is to add the 3-5 ambulances as recommended in the Pomax report on a permanent basis, however staff believe that the reduced, temporary request will address the immediate patient needs while being more fiscally responsible.

Relationship to Council Strategic Priorities

The issue of offload delays is directly related to the council priority of Healthy and Vibrant Community. Maintaining emergency coverage of ambulances in our communities leads to protecting the health of our residents and visitors. Engaging in alternate service delivery models that best meet the health and social needs of people calling 911 also reduce emergency department overcrowding and otherwise avoidable transports to hospital by ambulance.

Other Pertinent Reports

- PHD 11-2021 Niagara EMS – System Pressures Update
- CWCD 2021 - 182 Niagara EMS – Offload Delays Update
- PHD 05 - 2020 COVID-19 Impact on Niagara Emergency Medical Services
- PHD 10 - 2020 Niagara Emergency Medical Services System Transformation Update 3
- PHD 05 - 2018 Niagara EMS/Niagara Health Transfer of Care Improvement Strategy
- PHD 14 - 2017 Niagara EMS Hospital Offload Status Report

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.
Chief Administrative Officer

Appendices:

Appendix 1: Offload Delays by Week 2019 – March 2022

Appendix 2: Table 2: Ambulance and Paramedic Requirement Models, Ten Year Time Frame, from POMAX report.

Figure 2: Offload Delays by Week 2019-March 2022

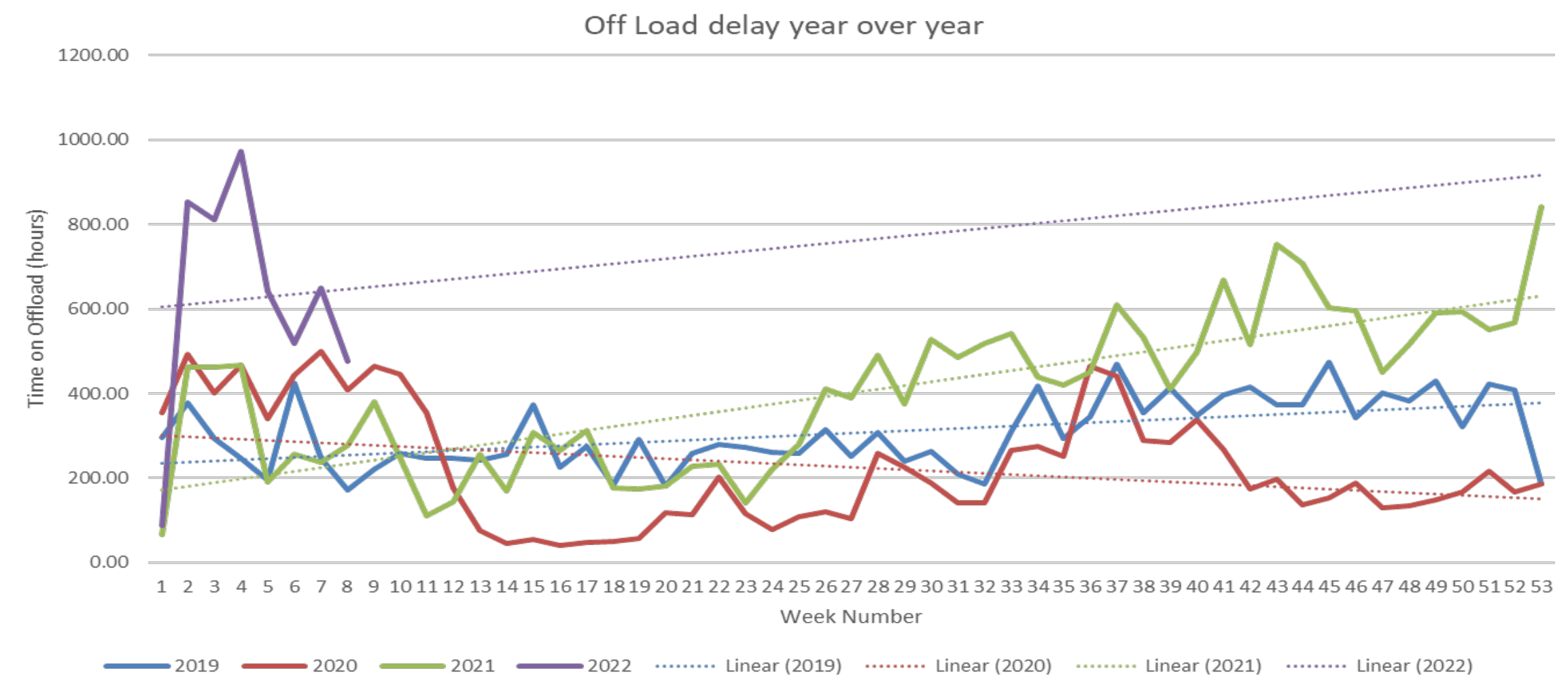


Table 2: Ambulance and Paramedic Requirement Models, Ten Year Time Frame, from POMAX report

Paramedic Enhancement Levels	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	Totals
Low Growth Model 3.6% - Ambulances	2		1			1		1		1		1	7
Paramedic FTE	21.6		10.8			10.8		10.8		10.8		10.8	75.6
Supervisors		1.4		1.4		1.4			1.4		1.4		7
Emergency Response Units		1		1		1			1		1		5
Medium Growth Model 5.7% - Ambulances	2		1		1	1		2	1	1	1	1	11
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Paramedic FTE	21.6					10.8					10.8		43.2
Supervisors		1.4					1.4				1.4		4.2
Emergency Response Units		1					1				1		3

Annual Service Plan and Budget Submission 2022

Public Health and Social Service Committee

PHD 6-2022

April 4, 2022

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

Sinead McElhone, Director, Organizational and Foundation Standards
(Acting)



Public Health Annual Service Plan and Budget Submission 2022

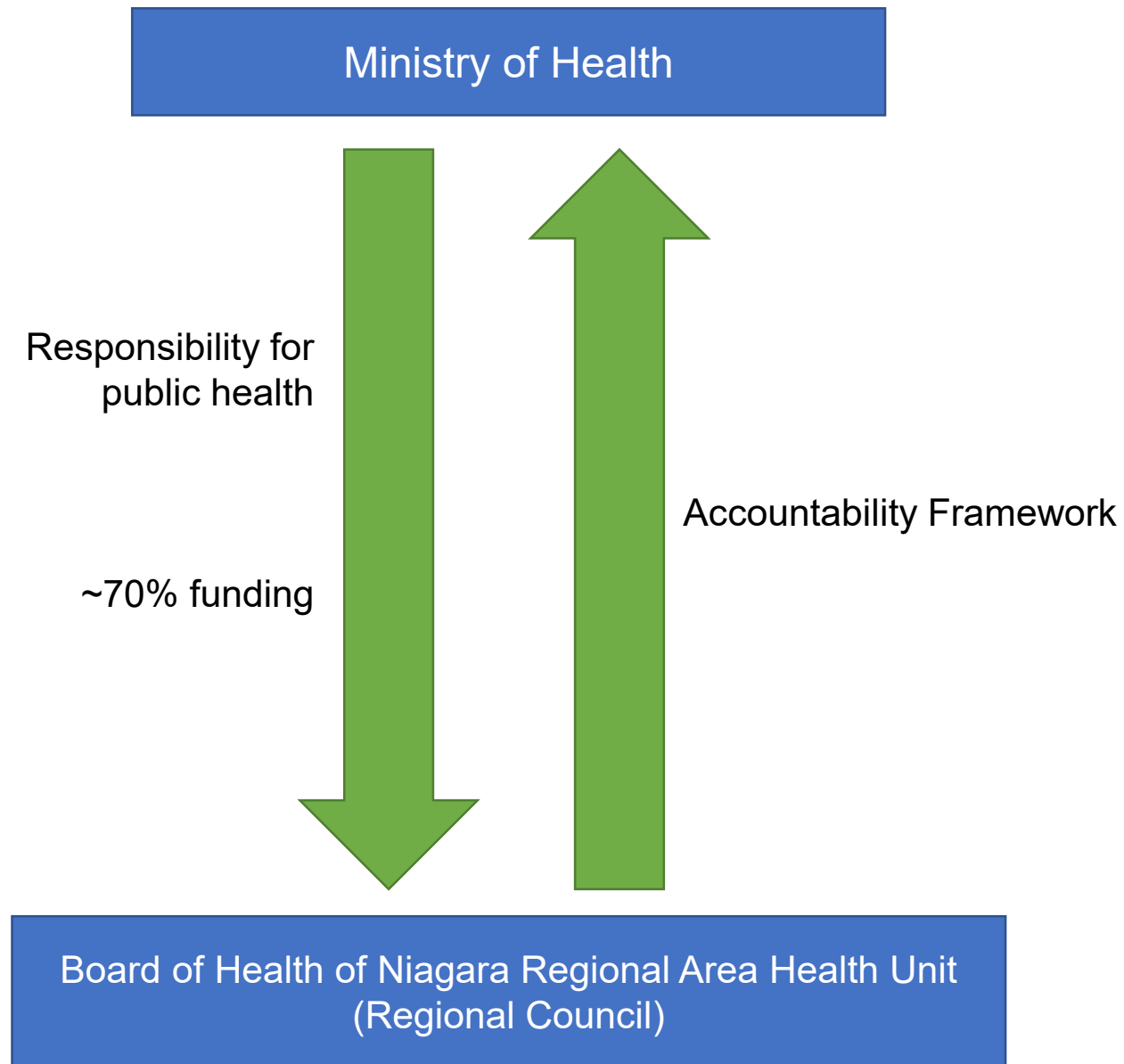
April 5, 2022

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

Sinéad McElhone
Director, Organizational and Foundational Standards (Acting)

Contents

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



Accountability Requirements

- Organizational Requirements
- Accountability Agreement

Plans to Fulfill

- Strategic Plan
- Annual Service Plan & Budget

Performance & Funding Reports

- Quarterly Reports
- Annual Report

2022 Ministry of Health Expectations

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

Annual Service Plan 2022

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

Purpose of Report

To seek Board of Health/Regional Council approval for:

- 2022 Annual Service Plan (ASP) and Budget submission
 - 100% One-time expenses and funding

NRPH Interim Goal

To inspire hope, enhance the health of all people and communities during and post pandemic by valuing our teams, improving collaboration, fostering a culture of respect and restoring and transforming our PH programs.

DEFINING OBJECTIVES:

Until June 30, 2023



Stabilize, Restore or Transform PH Programs and Services



Respond to the Shifting Needs of the Pandemic Response



Foster a Positive Workplace Culture and Support Staff Engagement



Continue to Focus on Key Strategic Projects, Including HPP and Health Equity

STANDARD OPERATING OBJECTIVES:



Budgeting Priorities



Policies and/or Processes



Leverage Human Resources Flexibly for Impact



Data Driven Decision Making (incl Eval & CQI)

NRPH LONG TERM MISSION:

MAKE NIAGARA ONE OF THE TOP **25** healthiest communities in Canada
(while making an impact on health and health equity)

2022 Ministry of Health ASP and Budget Submission

Description (in millions)	Gross Budget Expenditure	ASP Funding Request	Net Levy Expense
2022 Base Ministry Funding Request Seniors Dental Program (100%)	\$35.3 2.5	\$24.7 2.5	\$10.6 -
2022 One-Time Requests (100%)	\$ 22.1	\$22.1	-
Overall Total	\$59.9	\$49.3	\$10.6

Council Approved One-Time Funding Request

Project Title (in millions)	100% Funding Request
COVID-19 Extraordinary Costs/Pandemic Response	\$10.8
Vaccine Program Extraordinary Costs	8.6
Total 2022 Council Approved One-time Requests	\$19.4

- Dedicated staffing resources for the COVID-19 response and COVID-19 Vaccine Program
 - Call centre, Contact tracing, Case management, Outbreak management
 - Other Administrative and Support staff
 - Lead and coordinate mass immunization clinics
 - Medical supplies and other resources
 - Communications & Engagement with private sector, health sector, and public
- Council approved \$19.4 million of gross costs
 - \$2.9 million transferred from pandemic response to vaccination program

Additional One-Time Funding Requests

Project Title (in millions)	100% Funding Request
Recovery of Base Programming	\$2.04
Needles to Support Community Based Safe Injection Activities	\$0.19
Vaccine Refrigerator	\$0.03
PHI Practicum: Public Health Inspector (PHI) Practicum Program	\$0.06
Smoke-Free Ontario Tablets	\$0.01
Canada Summer Games	\$0.36
Total 2022 ASP Additional One-time Requests	\$2.69

Future 2022 budget adjustments pending Ministry approval

Transfer from Reserve in 2022 Levy Budget

- \$19.4 million transfer from Taxpayer Relief Reserve to fund Pandemic Response in 2022 Levy Operating Budget
- Upon approval of provincial funding, will replenish the Taxpayer Relief Reserve
- 2020 and 2021 pandemic costs were similarly funded with reimbursement by the province following

Additional Consideration

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

Recommendations

- That the Board of Health/Regional Council **APPROVE** the 2022 Annual Service Plan and Budget Submission to the Ministry of Health for a Total Gross Budget of \$59,924,650 inclusive of the one-time funding request (\$22,122,017).

2022 Base Ministry Funding Approved in 2022 Levy Operating Budget

Description (in millions)	Gross Budget Expenditure	Gross Budget Funding	Net Levy Expense
2022 Base Ministry Funding Request	\$33.7	\$23.6	\$10.1
Mitigation Funding	.5	.5	-
Expenses in excess to Cost Share*	1.2	-	1.2
2022 Council Approved Budget	\$35.3	\$24.0	\$11.3
Additional Funding Requests in ASP		0.7	0.7
Total 2022 ASP Mandatory	\$35.3	\$24.7	\$10.6

*Funded from the Taxpayer Relief Fund until Ministry approves

2022 Base Ministry Funding Approved in 2022 Levy Operating Budget

Description (in millions)	Gross Budget Expenditure	Gross Budget Funding	Net Levy Expense
2022 Senior's Dental Council Approved	\$2.1	\$2.1	-
Additional Funding Requests in ASP	0.4	0.4	-
Total 2022 ASP Mandatory	\$2.5	\$2.5	-

This increase relates to an additional 0.5 FTE Dentist with a 0.5 FTE Certified Dental Assistant at one of our community partners for a total cost of \$150,500. Dentures and specialty services \$158,400 across all of our community partners to reduce wait times and \$16,000 additional PPE costs due to new COVID-19 measurements. The additional expenses will be contingent on Ministry approval of funding.

Health Promotion Priorities

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

Subject: Public Health 2022 Annual Service Plan and Budget Submission

Report to: Public Health and Social Service Committee

Report date: Tuesday, April 5, 2022

Recommendations

1. That the Board of Health **APPROVE** the Public Health 2022 Annual Service Plan (ASP) and Budget submission to the Ministry of Health for a Total Gross budget of \$59,924,650, inclusive of the following one-time funding requests (\$22,122,017):
 - 1.1. COVID-19 Extraordinary Costs (Pandemic Response) (\$10,837,637)
 - 1.2. COVID-19 Vaccine Program Extraordinary Costs (\$8,597,261)
 - 1.3. Recovery of Base Programming (\$2,035,762)
 - 1.4. Needles to Support Community Based Safe Injection Activities (\$188,000)
 - 1.5. Replacement of Vaccine Refrigerator (\$25,000)
 - 1.6. Smoke-Free Ontario Inspector Computer Tablets (\$13,532)
 - 1.7. Public Health Inspector Practicum Program (\$60,000)
 - 1.8. Canada Summer Games Extraordinary Costs (\$364,825).

Key Facts

- The purpose of this report is to seek the Board of Health (BOH)'s approval for the 2022 Annual Service Plan (ASP) and Budget submission.
- The ASP and Budget submission is a Ministry of Health (the Ministry) requirement for BOH accountability and to communicate the program plans and budgeted expenditures for a given year in fulfillment of the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*.
- The ASP includes the opportunity to apply for eight, one-time funding grants from the province; these requests, if granted, would reimburse the costs of pandemic response and COVID-19 vaccination, enable enhanced service and action on public health priorities, and support capital improvements. Any remaining budget adjustments would follow.
- At the request of the Ministry to facilitate quicker Provincial approvals, the 2022 ASP and Budget submission was submitted electronically in draft form on March 1, 2022. Pending BOH approval, a final version of the submission will be provided to the Ministry. The draft submission is consistent with the Council-approved 2022 Levy Operating Budget.

Financial Considerations

The Ministry provides cost shared funding to BOHs, and has instituted the ASP and Budget submission process as a major accountability mechanism towards provisioning 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 2022 Levy Operating Budget that was approved by the BOH/Regional Council on December 9, 2021.

The Public Health budget is largely cost shared between the Ministry (70%) and the Regional Municipality of Niagara (30%), with the Seniors Dental program being the only 100% funded program reported on the ASP. One-time requests, including for pandemic response and COVID-19 vaccination, are for 100% provincial funding. The Public Health 2022 annual funding request to the Ministry is for \$49,322,429, and is based on gross budget expenditures of \$59,924,650, as summarized in Table 1 below:

Table 1 – Summary of 2022 ASP Budget Submission

Description	Ministry Funding %	Gross Budget Expenditure	ASP Funding Requests	Net Levy Expense	Notes
Total 2022 ASP Mandatory	70%	35,340,733	24,738,513	10,602,220	See Table 2
Total 2022 ASP Seniors Dental	100%	2,461,900	2,461,900	-	See Table 3
Total 2022 ASP One-Time Requests	100%	22,122,017	22,122,017	-	See Table 4
Overall ASP Total		\$59,924,650	49,322,430	10,602,220	

Table 2 - Cost Shared Program-Based Funding (70% Ministry funded/30% Levy funded)

Description	Ministry Funding %	Gross Budget Expenditure	ASP Funding Requests	Net Levy Expense
2021 Mandatory Base*	70%	33,680,286	23,576,200	10,104,086
Mitigation Funding*	100%		455,500	(455,500)
Expenses in excess of Cost Share*	0%	1,660,447	-	1,660,447
Total 2022 Budget Approved by Council*		35,340,733	24,031,700	11,309,033
Expenses in excess of Cost Share*	70%		1,162,313	(1,162,313)
Mitigation excluded from ASP**	100%		(455,500)	455,500
Total 2022 ASP Mandatory		35,340,733	24,738,513	10,602,220

*Approved by Council in 2022 Levy Operating Budget

** The ministry has requested that this funding not be included in the ASP. The mitigation funding has been included in the council approved budget and will be used to offset eligible expenditures.

The 2021 Ministry approved mandatory base allocation was \$23,576,200, with a one-time grant of \$455,500 in mitigation funding approved by the province in 2021. Communication was provided that it would be extended for 2022 (was intended to offset the original reduction in cost sharing from 75% to 70% in 2020) for a total 2022 Council approved allocation of \$24,031,700. The Ministry has confirmed a 1% base increase to expenses would be considered in the current year ASP submission and has asked health units to include all expenditures approved by the Board of Health. Based on the approved 2022 Levy Operating Budget, the expenses in excess of the cost share with the Ministry, were included in the ASP for a total potential funding increase of \$1,162,313 which is an ask of 4.9%. If approved, the unused levy funding would result in a levy surplus.

Table 3 - Seniors Dental Program Funding (100% Ministry funded)

Description	Ministry Funding %	Gross Budget Expenditure	ASP Funding Requests	Net Levy Expense
Seniors Dental Base Funding Approved by Council	100%	2,137,000	2,137,000	-
Request for increase	100%	324,900	324,900	-
Total 2022 ASP Seniors Dental	100%	2,461,900	2,461,900	-

The 2021 Ministry approved allocation for Seniors Dental Program was \$2,137,000. NRPH has been given direction from the Ministry to include all increases to the Senior's Dental program and therefore submitted a request for an increase for 2022, in the amount of \$324,900. This increase relates to an additional 0.5 full time equivalent (FTE) Dentist with a 0.5 FTE Certified Dental Assistant at one of our community partners for a total cost of \$150,500. Dentures and specialty services \$158,400, across all of our community partners to reduce wait times and \$16,000, additional PPE costs due to new COVID-19 measurements. The additional expenses will be contingent on Ministry approval of funding and the budget will be adjusted upon approval by Ministry. If approved by the Ministry, a budget adjustment would be done to reflect these expenditures in the 2022 Levy Operating Budget.

Table 4 - One-Time Funding Requests (100% Ministry funded)

Description	Ministry Funding %	Gross Budget Expenditure	ASP Funding Requests	Net Levy Expense
Extraordinary Costs (PRD)*	100%	10,837,637	10,837,637	-
Vaccine Program Extraordinary Costs*	100%	8,597,261	8,597,261	-
Recovery of Base Programming	100%	2,035,762	2,035,762	-
Needles to Support Comm. Based Safe Injection Activities	100%	188,000	188,000	-
Vaccine Refrigerator	100%	25,000	25,000	-
Public Health Inspector Practicum Program	100%	60,000	60,000	-
Smoke-Free Ontario Tablets	100%	13,532	13,532	-
Canada Summer Games Extraordinary Costs	100%	364,825	364,825	-
Total 2022 One-Time Requests		22,122,017	22,122,017	-

*Approved by Council in 2022 Levy Operating Budget. \$2.9M in staffing costs were originally approved in the 2022 COVID-19 General Program Budget in the PRD. Since these costs more closely align with the COVID-19 Vaccine Program, they have been included in the COVID-19 Vaccine Program Extraordinary Costs Fund One-Time request on the ASP.

There is an opportunity to submit up to eight, one-time budget requests, as part of the ASP. The Public Health portion of the 2022 Levy Operating Budget was based on an assumption of no new provincial funding (a reduction in “real funding” when accounting for inflation). These eight requests must include COVID-19 General Program Extraordinary costs and COVID-19 Vaccine Program Extraordinary costs. The other one-time requests must fit into one of the following seven categories: Recovery for Base Program, Capital, non-COVID-19 extraordinary costs, needles to support community based safe injection activities, new purpose-build vaccine refrigerators, public health inspector practicum program, or smoke-free Ontario enforcement tablet upgrades. One-time requests will be considered by the Ministry at 100%, however, approval of one-time requests must not be assumed and will be dependent upon the availability of ministry funding.

One-time requests related to COVID-19 Extraordinary Costs (PRD and the COVID-19 Vaccine Program) were approved by Council in the 2022 Levy Operating Budget. The other six requests have not been included in the 2022 Levy Operating Budget as it is unknown which if any might be granted by the Province. If any of these six requests are approved by the Ministry, a budget adjustment would be done to reflect these expenditures in the 2022 Levy Operating Budget.

Other Funding Implications

As per the funding agreement with the Ministry, the cost shared program-based funding must first be maximized before being eligible for 100% COVID-19 related funding. If there is underspending in the base program budget, COVID-19 related expenditures would first be charged against the cost shared budget which could result in less COVID-19 specific funding being provided by the Ministry, as well as less public health programming provided to Niagara residents. Staff are balancing the resourcing requirements associated with pandemic response and business continuity and will continue to do so to the fullest extent possible.

The 2022 Levy Operating Budget that was approved by the BOH, included a transfer from the Taxpayer Relief Reserve, for the net cost of all program costs related to COVID-19 that did not have confirmed external COVID-19 related funding (\$18,735,382). This was the same approach used for the 2021 Levy Operating Budget. As COVID-19 extraordinary expenses have been reimbursed by the provincial government, the Taxpayer Relief Reserve has been replenished.

The 2022 one-time COVID-19 Extraordinary budget submitted through the ASP includes six permanent FTE's approved by council in 2021 through levy dollars in hopes of maximizing provincial funding for those positions. The impact of unbudgeted confirmed in-year funding on 2022 year-end results and the Taxpayer Relief Reserve will be communicated through the quarterly reporting process.

Analysis

The ASP is a requirement of the Ministry of Health to communicate the BOH's program plans and budgeted expenditures to be delivered in accordance with the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* (the *Standards*) adapted to local needs. For the 2022 funding year, the Ministry expects BOHs to take all necessary measures to continue to respond to COVID-19, to support the ministry in the provincial roll-out of the COVID-19 Vaccine Program, and to continue

to maintain critical public health programs and services as identified in business continuity plans. Due to workload pressures related to COVID-19, the Ministry has condensed the ASP requirements. At the request of the Ministry to facilitate quicker provincial approvals, the 2022 ASP and Budget submission was submitted electronically in draft form on March 1, 2022. Pending BOH approval, a final version of the submission will be provided to the Ministry. The Ministry recognizes the tremendous efforts to respond to COVID-19 and therefore, the BOH is not required to complete specific sections of the ASP for the 2022 funding year. For this year, the detailed community assessment and narrative program plans are not required.

NRPH did use a comprehensive process to reassess 2022/2023 priorities and beyond. Our data and planning staff reviewed key surveillance indicators and results from the Public Survey, obtained feedback from staff and managers, reviewed the literature on recovery planning, reviewed our own recovery plans and drafted an Interim strategic plan (2022 – 2023) covering four key areas of work which is currently being implemented across the Department:

- Stabilize, restore or transform PH Programs and Services
- Respond to the shifting needs of the pandemic
- Foster a positive workplace culture and support staff engagement
- Continue to focus on key strategic projects, including Health Promotion Project and Health Equity Strategic Plan

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

Table 5 - One-Time Funding Requests

Project Title and Amount	Description
COVID-19 Extraordinary Costs: Case and contact and outbreak management (\$10,837,637)	Dedicated staffing resources for the COVID-19 response to support the call centre, contact tracing, case management, and outbreak management as well as supporting businesses, organizations, and the public with information on preventing COVID-19.
COVID-19 Vaccine Program Extraordinary Costs: Mass immunization clinics (\$8,597,261)	Dedicated resources to support the COVID-19 mass immunization clinics, working with community partners to deliver vaccinations to Niagara residents following Ontario's vaccination distribution plan.
Recovery of Base Programming (\$2,035,762)	To support the recovery efforts to address base programming that has been missed during the pandemic, with a priority in 2022 in areas that support school immunization catch-up clinics, support mental health promotion for marginalized populations, reconnect and reengage residents in priority neighbourhoods, address opioid overdose, and implement strategies to reduce sexually transmitted infections.
Extraordinary Cost: Needles to support community based safe injection activities (\$188,000)	Increased demand for needles as a harm reduction strategy. The cost for needles and hazardous waste disposal have increased significantly during COVID-19 and there has been an alarming increase in substance related deaths locally.
Purpose Build Vaccine Refrigerator (\$25,000)	To store the multi-million dollar vaccine inventory securely and meet the specific requirements as outlined in the Vaccine Storage and Handling Protocol

PHI Practicum: Public Health Inspector (PHI) practicum Program (\$60,000)	PHI practica build increased workload capacity during the surge of work during the summer and supports the response to the <i>Standards</i> and recent legislated amendments. With the increased workload related to COVID-19 enforcement and infection prevention and control compliance inspections, the practica also help balance workload and support recruitment and retention efforts.
Project Title and Amount	Description
Smoke-Free Ontario Tablets (\$13,532)	Tobacco Control Officers (TCOs) are required to complete several mandatory inspections, which include display and promotion by tobacco retailers, display and promotion by vape retailers, youth access by tobacco retailers, youth access by vape retailers, school inspections, workplace inspections and response to <i>Smoke Free Ontario Act (SFOA)</i> complaints

<p>Non-COVID-19 Extraordinary Cost – Canada Summer Games (\$364,825)</p>	<p>The Canada Summer Games are being held in Niagara from the August 6-21. Consisting of more than 5,000 athletes and coaches, the Niagara 2022 Canada Summer Games will feature a total of 18 sports across all 12 Niagara municipalities. It is anticipated that the games will entice approximately 80,000 additional visitors to Niagara across the two week time period. Therefore this will lead to an increased demand for Public Health services from a health protection, health promotion, communications and surveillance perspective during that time frame. We anticipate the need for additional inspections across the 12 municipalities as well as enhanced health promotion and health communication activities using a wide variety of media (social media, traditional media and face to face interactions) across all of Niagara. We are also working with our partners in emergency management and at the Province to set up a daily surveillance report to ensure that any clusters of infectious disease (including COVID) are identified and addressed as quickly as possible.</p>
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COVID-19 Vaccine Program

To date, the mass immunization rollout has vaccinated all eligible and consenting long-term care home and retirement home residents and staff, and essential caregivers and members of the public for first, second and booster doses. NRPH followed Ontario's [vaccination distribution plan](https://covid-19.ontario.ca/ontarios-covid-19-vaccination-plan) (https://covid-19.ontario.ca/ontarios-covid-19-vaccination-plan) and supported the provincial online booking tool. Additional efforts were focused on resuming dedicated, culturally-appropriate clinics for the Indigenous population as the provincial registration tool did not accommodate Indigenous persons booking into the mass immunization clinics. In 2021 and early 2022, NRPH implemented an enormous mass immunization strategy and pivoted between a multiple large clinic model across the Niagara Region early in 2021 to smaller pop-up clinics in the Fall of 2021, to ensure our underserved populations had access to the vaccines in a location convenient to them and then ramped up again for a 'super' clinic in early 2022, which was capable of immunizing up to 6000 individuals a day.

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

Other Funding Implications

COVID-19 has had a tremendous impact on the residents of Niagara region. A majority of NRPH resources have been diverted to the pandemic response, including significant expansions and reallocations at the staff level. This shift in resources has come at the expense of many of the routine programs and services being significantly reduced or stopped altogether. Niagara is already seeing the compounding impacts of COVID-19 on the health and health equity of residents (see Appendix 1 to Report PHD 6-2022). Although towards the end of 2021, tentative efforts were made to repatriate staff with their home programs, with the advent of the Omicron wave late 2021, an 'all hands on deck' approach was required leading to programs being placed on hold yet again.

Recognizing that the COVID-19 emergency is likely to be a public health focus for the foreseeable future, attention needs to be turned to restoring capacity to routine health protection and promotion activities within Niagara region. Progress was made across a variety of health protection and promotion programs throughout 2021, although due to the waves of COVID, work continued to be placed on hold. However, in 2022, we anticipate that we will be able to work consistently across many/most of our priorities and the Interim Strategic Plan will help guide the way and ensure that all members of Public Health will be able to align themselves with the four main objectives. A COVID-19 recovery will not be possible without reinstating the critical programs and services and to support those disproportionately affected with lower socioeconomic status

Alternatives Reviewed

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

While typical priority setting has not been formally completed for 2022, the programs and services offered are based on the 2022 ASP data regarding ill health in Niagara, research and practice evidence around impact to health, priorities that have been endorsed by the BOH, and assessments that incorporate the input of community partners. The alternative of using other inputs to service planning would be contrary to best practice and exclude critical inputs. Public Health refines services plans annually to incrementally improve Public Health's impact in spite of declining resources. This past year in particular has required Public Health to pivot and offer programs and services in a way that supports COVID-19 public health safety measures.

NRPH is not required to submit additional one-time funding requests. Nonetheless, a total of six, one-time funding requests totalling \$22,122,017, have been identified to be included in the ASP and Budget submission to identify options that would be most beneficial to Niagara residents and improve their health. These requests are not mandatory, nor guaranteed, however, NRPH aims to maximize revenue to Niagara Region in order to bring greater benefit to Niagara residents and to stabilize levy costs.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

- BRC-C 7-2021 Levy Workshop Discussion Items from December 9, 2021
- BRC-C 4-2021 Levy Workshop Discussion Items from January 7, 2021
- PHD 02-2020 Public Health 2020 Annual Service Plan and Budget Submission, Feb. 11, 2020
- PHD 05-2019 Public Health Annual Service Plan and Budget Submission, Feb. 19, 2019
- MOH 02-2018 Public Health Annual Service Plan & Budget Submission, Feb. 20, 2018
- MOH 01-2018 Strategic Plan, Jan. 30, 2018
- MOH 03-2017 Program Budgeting and Marginal Analysis in Public Health, Oct. 17, 2017
- PHD 01-2017 Key Health Issues in Niagara, Jan. 31, 2017
- PHD 06-2016 MOH 2016 Program Based Grants Budget Submission, Feb. 16, 2016

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

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Appendices

Appendix 1: 2022 Public Health Community Priorities

2022 Public Health Community Priorities

A Niagara Community Health Survey conducted during 2021 (n = 6000+ responses) identified that unhealthy lifestyle and behaviours remained prevalent. In 2021, although 20% of respondents experienced improved physical health, 15% stated that their health had 'gotten worse'. Other notable lifestyle trends from the survey included: a decrease in over one third of respondents' use of active ways to travel such as walking or cycling, and in leisure activity, 30% reported a decrease in hours of sleep. Almost 40% of respondents reported increased processed food consumption. A quarter of respondents increased their alcohol consumption; almost two thirds increased watching TV or using an electronic device. Approximately 30% of respondents experienced worsening mental health and 8.4% reported some degree of suicidal ideation. Also of note is that of those who had a partner/spouse, almost 3% of respondents felt unsafe being with their partner/spouse to some degree

An increase in child(ren)'s screen time was reported by over 75% of parents. Contrary to the 23.4% of children who were reported to have increased their fruit and vegetable consumption, 41.8% of children were reported to have increased their processed food consumption. Many parents also perceived a decline of their children's mental health. More children were reported to have experienced worsening behaviour/mood (42.9%) compared to worsening physical health (24.0%).

While NRPH has leveraged the use of virtual platforms, chat features, texting, and telephone to reach residents in Niagara for routine programs and services, it is not always possible to rely solely on this. As a result of redeployed staff and barriers to managing in-person visits in some aspects of service delivery, there is concern with having to deal with potential health crises of clients along side COVID-19 infection, which will severely hinder the response as well as compound health issues. These will further escalate with delays in service. For example, there has been an inability for school aged vaccinations to be offered and primary care providers are equally not able to offer this service to all eligible children. Niagara's vaccine coverage rates, like those across Ontario, are declining. Few dental services for high-risk children have been offered since March 16, 2020. With Dental Health staff redeployed and only recently having been repatriated to their home roles, hundreds of clients have had scheduled appointments for preventive services be cancelled; in addition, many of these clients also have subsequent appointments that have been cancelled. It is anticipated that the shadow effect of the pandemic will affect the oral health status of youth for years to come. Furthermore, early childhood development as a social determinant of health will have long lasting deterioration, and damaging effects in the later stages of development of children will result in many not reaching their full potential; already an increasing number of children are not meeting early childhood milestones. Home visiting continues

only with the most complex cases who have no other supports in place. This leaves many vulnerable families without the much needed resources and access to in-person service. Most programs and services across the department have stopped or have been significantly modified to reach the highest priority areas. Staff have finally been repatriated back to these programs in early 2022, and are doing their utmost to resurrect these services again and offer the levels of support that are needed within the community.

All five health promotion priorities continued as business continuity priorities: healthy eating/physical activity, substance use and addictions, mental health promotion, and healthy child development. The sexually transmitted infections priority was put on hold temporarily in late 2020, but resumed work on this again throughout 2021.

Subject: Budget Adjustment – Homelessness Services

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 5, 2022

Recommendations

1. That an adjustment to the previously adopted 2022 Regional Municipality of Niagara (Niagara Region) operating budget in the amount of \$1,342,953, to be fully funded through Employment and Social Development Canada (ESDC) grants, **BE APPROVED.**

Key Facts

- The purpose of this report is to inform Council of the in-year funding announcement received from the Government of Canada through the ESDC Reaching Home program for Homelessness Services; and to obtain approval of the related budget adjustment. An in-year receipt of funding must comply with by-law 2017-63, Budget Control, items 6.6(a) and 6.6(b), requiring Council's approval for any amounts received in excess of \$1 million for operating programs.
- Reaching Home is the name of Canada's Homelessness Strategy, through which Niagara Region, as a Community Entity, receives direct funding to support efforts in addressing local homelessness needs and specific associated priorities.
- The base budget for Reaching Home for the fiscal year April 1, 2022 to March 31, 2023 of \$1.1 million was prepared and approved based on the current funding agreement with ESDC.
- On March 3, 2022, ESDC announced incremental funding to help communities extend their response to COVID-19, and to provide more flexibility to meet local needs to prevent and reduce chronic homelessness. The announcement covers two years of funding in the amounts of \$2,806,006 for the fiscal year April 1, 2022 to March 31, 2023 and \$2,765,852 for the fiscal year April 1, 2023 to March 31, 2024. Funding for the nine months within 2022 (April – December) is \$2,104,505.
- Of the \$2,104,505 in additional funding for 2022, \$761,551 will be used to reduce the transfer from the Taxpayer Relief Reserve that was budgeted in 2022 to fund COVID-19 wind down costs. This leaves funding of \$1,342,953 for which a budget adjustment is required.

Financial Considerations

On March 3, 2022, ESDC announced incremental funding to help communities extend their response to COVID-19 and to provide more flexibility to meet local needs to prevent and reduce chronic homelessness. The announcement provides incremental funding for two years of \$2,806,006 for the fiscal year April 1, 2022 to March 31, 2023 and \$2,765,852 for the fiscal year April 1, 2023 to March 31, 2024. Funding for the nine months within 2022 (April – December) will be \$2,104,505. The 2022 Homelessness Services budget was approved with a \$761,551 transfer from the Taxpayer Relief Reserve to support the wind down of COVID-19 costs. As these costs are eligible under the incremental funding announced, the transfer from the Taxpayer Relief Reserve is no longer required and will be funded through this new incremental allocation. The difference of \$1,342,953 is the required gross operating budget adjustment.

The following is a summary of the budget adjustment:

Funding Description	Amount
Health and Medical Services Outreach Services	\$120,000
Homelessness Day Programming	\$310,000
Niagara Emergency Energy Fund	\$225,000
Housing Stability Plan	\$687,953
Total Budget Adjustment	\$1,342,953

Analysis

This report is being brought forth to Committee in compliance with By-law 2017-63, Budget Control, requiring Council approval for in year budget adjustments in excess of \$1 million.

The funding received, in addition to those originally budgeted for in the 2022 Niagara Region operating budget, will be reinvested in their respective program areas in accordance with federal policy. Reaching Home is the name of Canada's Homelessness Strategy, through which Niagara Region, as a Community Entity,

receives direct funding to support efforts in addressing local needs and specific homelessness priorities under the Designated Communities funding stream.

Eligible uses for the funding are outlined in the Reaching Home Directives. Broadly, the priorities for funding are:

- Housing Services leading to an individual or family transitioning into more stable housing that has been deemed appropriate and safe.
- Prevention and Shelter Diversion aimed at preventing homelessness and supporting individuals to access alternate housing arrangements instead of emergency shelter.
- Client Support Services include individualized services to help improve integration and connectedness to support structures, such as the provision of basic needs and intensive case management services.
- Capital Investments are intended to increase the capacity or improve the quality of facilities that address the needs of individuals and families who are homeless or at imminent risk of homelessness.
- Coordination of Resources and Data Collection refers to activities that support the development and implementation of a Coordinated Access system, including support for the implementation of the Homeless Individuals and Families Information System (HIFIS) database.
- Health and Medical Services became eligible during the COVID-19 pandemic, although this will cease being an eligible service priority during the 2022-23 fiscal year.

Alternatives Reviewed

Should the budget adjustment not be approved, the unspent funds would have to be returned to the federal government, resulting in less funding to support the homeless populations in Niagara.

Relationship to Council Strategic Priorities

This recommendation is aligned to Council's strategic priority of ensuring a "Healthy and Vibrant Community." By approving this report, Niagara Region is able to leverage this additional federal funding and support clients of the homeless systems.

Other Pertinent Reports

Not applicable.

Prepared by:

Cathy Cousins, CPA, CA
Director Homelessness Services &
Community Engagement
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW. CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Margaret Penca, Manager, Homelessness Services and Stephanie Muhic, Program Financial Specialist.

2021 Progress Update Niagara's Housing and Homelessness Action Plan

Public Health & Social Services Committee

COM 13-2022
April 5, 2022

Jeffrey Sinclair, Housing and Homelessness Action Plan Advisor

2021 Progress Update

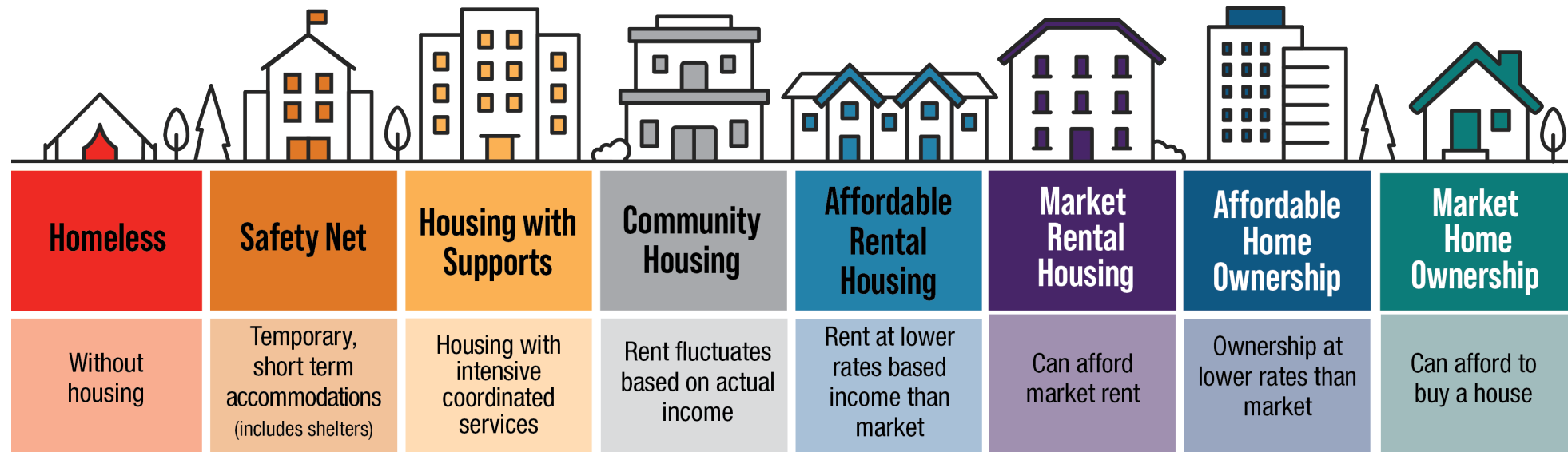
Niagara's Housing and Homelessness Action Plan

Jeffrey Sinclair
Housing and Homelessness Action Plan Advisor

Background

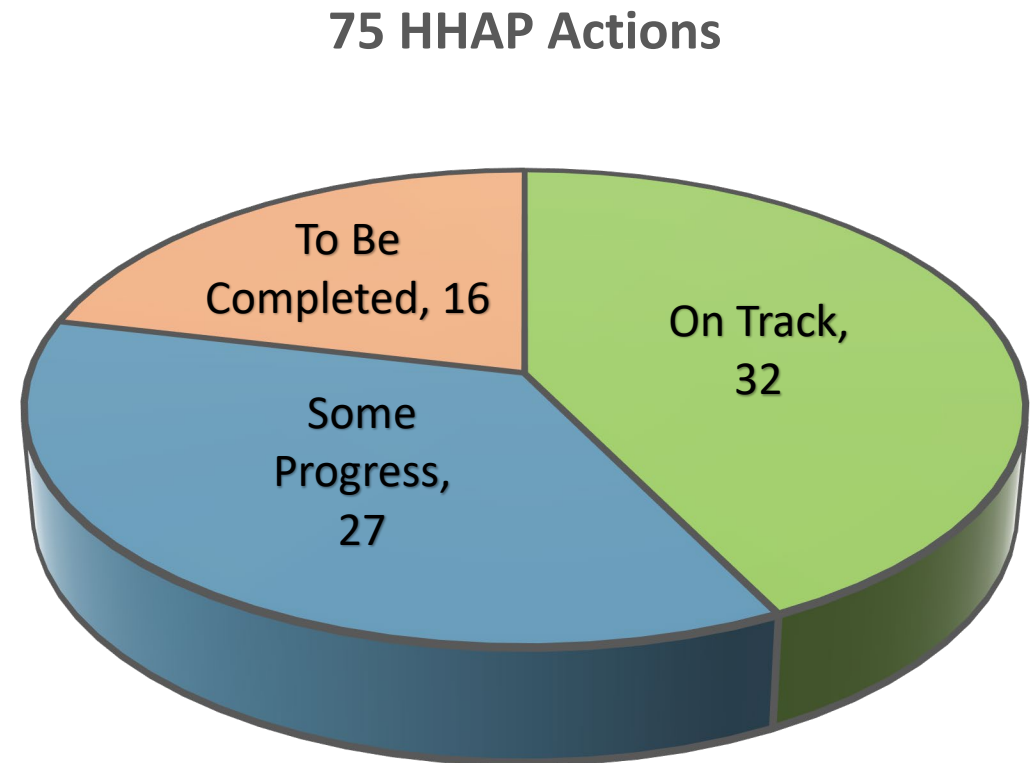
- Legislated responsibility of Service Manager under the *Housing Services Act 2011*
- Updated Plan was approved by Council in October 2019
- Guides actions for the 5-year time period of 2019-2023
- Integrates with other Region strategies and initiatives
 - New Official Plan
 - Niagara Housing Database
 - Community Housing Master Plan
 - Community Safety and Wellbeing Plan (CSWP)
 - Built for Zero Canada (BFZ-C)
 - Direct Investment in Housing
 - Incentive Review
 - DC Bylaw Review

The HHAP addresses the whole continuum



Progress toward completion of updated HHAP

- Project on track: 61% progress toward completion of all 75 actions
- Two years remaining (2022-23)
- HHAP has informed strategic investment of capital share of Social Services Relief Fund (SSRF)



Progress – Housing people who are homeless

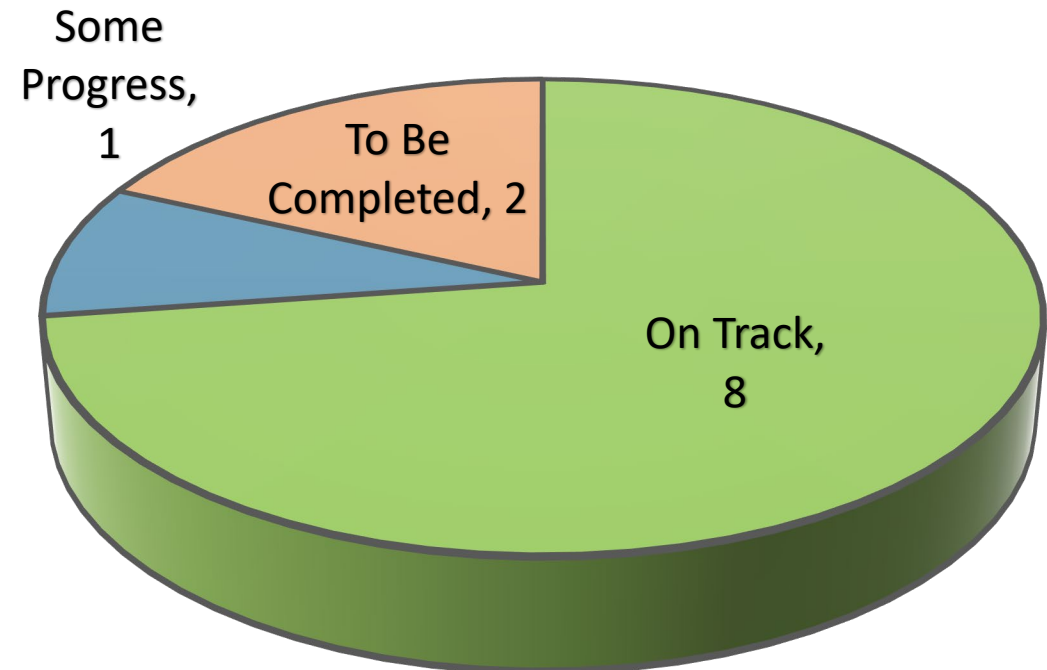
Goal 1: House people who do not have a home

- 77% progress

Metrics

- 424 people were experiencing chronic homelessness on Dec 31 2021
- 19 exits from chronic homelessness to housing per month (average) in 2021
- Niagara Assertive Street Outreach (NASO) supported 180 people to move from street directly to housing in 2021

11 HHAP Actions



Highlights – Housing people who are homeless

Accomplishments

- Shift to Niagara Assertive Street Outreach (NASO)
- Shift to low-barrier, housing focused shelters
- By Name List and Coordinated Access
- Additional supports for chronically homeless
 - Supportive Housing
 - Bridge Housing

To be completed

- Indigenous street outreach and emergency shelter
- Introduction of a rapid rehousing program

Progress – Preventing homelessness

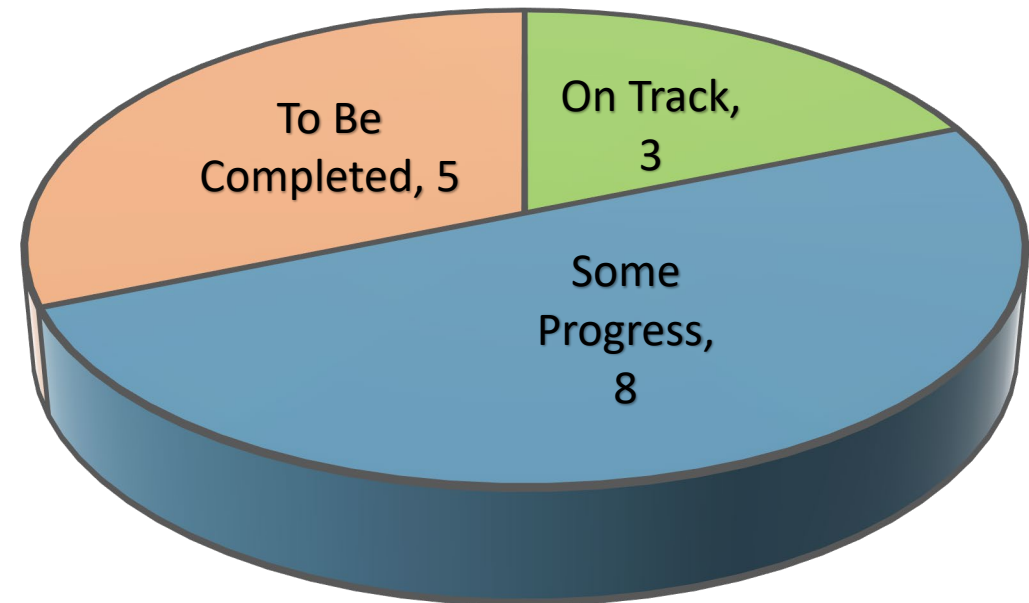
Goal 2: Help people to retain a home

- 44% progress

Metrics

- 327 households stabilized per month in 2021 (average)
- 5 returns to chronic homelessness from housing per month in 2021 (average)

16 HHAP Actions



Highlights – Preventing homelessness

Accomplishments

- Enhance services for persons with concurrent disorders
- Work with the LHIN and REACH Niagara for health, mental health, and addictions support

To be completed

- Early identification of housing loss risk
- Revise trusteeship program
- Support for Indigenous persons
 - Right to housing
 - Support exits from provincial systems
 - Address discrimination as a barrier to housing

Progress – Increasing housing options

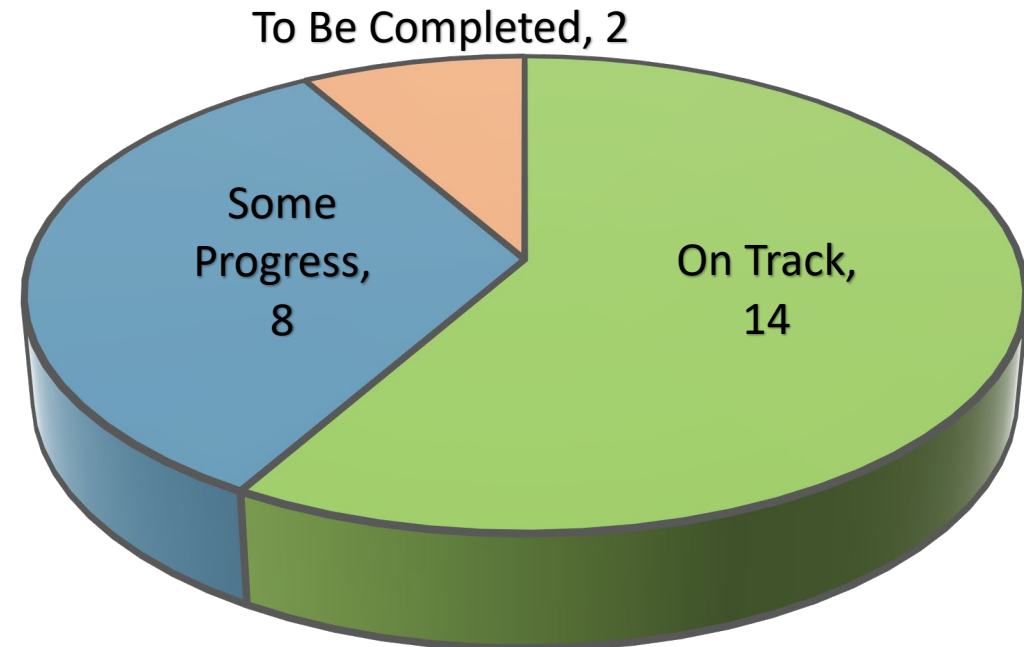
Goal 3: Increase housing options and opportunities for low- and medium-income households

- 75% progress

Metrics

- 7967 community housing units
 - 2,908 NRH owned
 - 3,357 provider
 - 1,702 rent supplement
- NRH project team supporting 533+ potential new affordable housing units in 2021, including 40 units for high acuity clients.

24 HHAP Actions



Highlights – Increasing housing options

Accomplishments

- Affordable housing strategy
- Support for local municipal affordable housing plans
- Support for innovative housing solutions
- Financing for provider capital repair needs
- Addressing End of Operating/Mortgage agreements
- Supporting provider capacity to develop
- 25 unit permanent supportive housing and Bridge Housing program for high acuity chronically homeless clients
- Hawkins Avenue Niagara Falls, 73 affordable units (NRH)

To be completed

- Indigenous access to land and incentives
- Revise centralized housing waitlist

Progress – System improvement

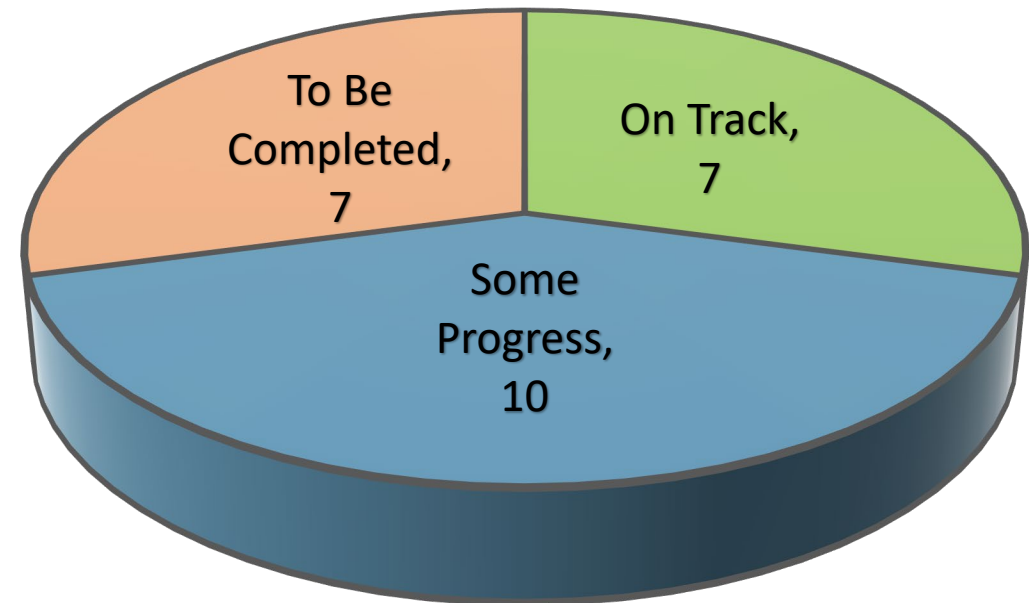
Goal 4: Build capacity and improve the effectiveness and efficiency of the housing and homelessness system

- 50% progress

Metrics

- 44 Indigenous people were experiencing chronic homelessness and 16 were approaching chronic homelessness on Dec 31 2021
- 5 Veterans were experiencing chronic homelessness and 1 was approaching chronic homelessness on Dec 31 2021

24 HHAP Actions



Highlights – System improvement

Accomplishments

- Common system vision to end homelessness
- Improved accuracy and completeness of HIFIS data
- Development of a homeless data strategy
- Increased use of systems standards
- Increased frequency and quality of communications – launched newsletter
- Review and address barriers for persons with a disability
- Participation in Built for Zero Veteran cohort

To be completed

- Increase focus on actions that prevent homelessness
- Improve service manager engagement with Indigenous organizations
 - Support for Indigenous-led solutions

Subject: Housing and Homelessness Action Plan Update 2021

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 5, 2022

Recommendations

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

Key Facts

- The purpose of this report is to update Council and the Ministry, as legislatively required, on progress completed in 2021, related to Niagara's Housing and Homelessness Action Plan (HHAP).
- Consolidated Municipal Service Managers are required to report to the public and Ministry of Municipal Affairs and Housing by June 30 each year with respect to efforts of the previous year. This report serves to meet the legal requirement for 2021.
- The HHAP provides a complete vision for aligning activities to address current and future need in Niagara related to affordable housing and homelessness.
- By the end of December 2021, 61% progress had been made toward finishing all 75 actions in the updated HHAP.

Financial Considerations

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

Analysis

The purpose of this report is to update Council and the Ministry of Municipal Affairs and Housing (MMAH) on progress achieved in 2021, related to Niagara's updated HHAP. Consolidated Municipal Service Managers (CMSM) are required by legislation to report to the public and MMAH by June 30 each year with respect to efforts of the previous year. This report serves to meet the requirement for 2021.

The HHAP was developed in response to the *Housing Services Act 2011, section 6*, which requires municipalities to establish and implement a 10-year plan to address local housing and homelessness needs. The five-year review and updated HHAP was

approved by Regional Council in October 2019, and acknowledged by MMAH in March 2020. The updated plan provides guidance for the five-year period of 2019-2023.

The HHAP provides a complete vision for aligning activities to address current and future need in Niagara related to affordable housing and homelessness. The plan is responsive to recent changes in the community and the housing market that affect local demand for homelessness services and affordable housing over the long term. The HHAP integrates with other Region strategies and initiatives, including the New Official Plan, Niagara Housing Database, Niagara's Housing Master Plan, Niagara's Community Safety and Wellbeing Plan (CSWP), Built for Zero Canada (BFZ-C), direct investment in housing, the Region's incentive review and development charge bylaw review.

The HHAP incorporates recognized Canadian best practices and emerging practices in housing and homeless services to address the whole continuum of housing and supports from interventions like street outreach and temporary short term accommodation to permanent community, affordable and market housing options. Best practices include the use of a Quality By Name List (QBNL) of all people experiencing homelessness in the community, common assessment of need, and coordinated access (CA) to connect people to the housing and supports that best meet their needs, and a commitment to decreasing the number of people experiencing chronic homelessness and ensuring the experience of homelessness is brief and non-recurring.

Niagara Region cannot accomplish the goals of the HHAP on its own, and so must partner broadly with housing and homelessness services providers, across the health, corrections and child welfare systems, with municipal, provincial and federal governments, with private developers and with Indigenous organizations and communities. The HHAP working groups support collaboration in nine focus areas by providing opportunities for participants to align initiatives and provide input to the CMSM about service and system planning on an ongoing basis. In 2021, the HHAP working groups included:

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

During the COVID-19 pandemic, the HHAP continued to guide ongoing homeless services system transformation by informing pandemic responses that were consistent with long-term system goals and could be leveraged as part of the ongoing housing and homeless system after the pandemic response has ended, including a strategic investment of the capital share of the Social Services Relief Fund (SSRF). In response to changes in the housing market and the anticipated longer term economic impact of the pandemic on local households, in the second half of 2021 the HHAP work began to focus on system improvements for homelessness prevention and diversion in addition to the creation of adequate affordable housing supply.

By the end of December 2021, 61% progress had been made toward finishing all 75 actions in the updated HHAP. At that time, 32 actions were completed, 27 had seen progress and were on track for completion by end of 2023, and 16 required significant work to be completed within the five year period covered by the updated HHAP. Two key areas requiring additional focus in 2022 and 2023 include Indigenous housing and homelessness prevention.

Further to Council direction in October 2019 (COM 40-2019), staff continued to provide regular updates about activities, outcomes and challenges related to the HHAP throughout 2021. Highlights related to the four HHAP goals include:

Goal 1 – House People Who do not Have a Home

By the end of December 2021, 77% progress had been made toward finishing the 11 actions related to Goal 1. Eight of these actions were completed, one had seen progress and was on track for completion by end of 2023, and two required significant work to be completed within the five year period covered by the updated HHAP. Key accomplishments since 2019, include the shift to assertive street outreach and low-barrier housing-focused shelters, introduction of a QBNL and CA, and the development of additional supports for those experiencing chronic homelessness. Progress and accomplishments in 2021 include:

- The YWCA Oakdale Commons project was completed in February with occupancy in March. The 24-unit apartment building located in St. Catharines provides a mixture of permanent and transitional family shelter units. The project was funded in part through provincial Home for Good capital funding secured in 2017 and supported by project management assistance from Niagara Regional Housing (NRH) throughout the construction and occupancy phases.

- The HHAP Housing Focused Shelter Working Group engaged staff from Niagara Health (NH) to collaborate on improving the process for client transfers between local hospitals and emergency shelters, and reduce discharges from hospital into homelessness. This work will be ongoing in 2022.
- A task group of staff and community partners reviewed Niagara's common assessment tools to identify and minimize the risks and potential barriers that common assessment may present for women, youth, Indigenous people, and other priority populations trying to access homelessness services.
- The housing-focused shelter pilot, supporting individuals on the QBNL who are experiencing chronic homelessness transition to permanent housing while connecting them to wrap around supports and community, continued to show very positive results from its launch in 2020, until winding down service in December 2021. In 2021, the pilot had 51 intakes and 31 successful exits to housing, for a total of 83 intakes and 50 successful exits to independent housing, supportive living, and family reunification since launch.
- Niagara joined the BFZ-C veterans cohort in June, to work together with representatives from the Canadian Alliance to End Homelessness (CAEH) and the Royal Canadian Legion (RCL) to achieve a "functional zero" end to veteran homelessness. In 2021, RCL was included as a service provider within Niagara's homeless serving system and established as a key contact to help coordinate supports for veterans experiencing homelessness including confirming veteran status through Veterans Affairs Canada (VAC). By the end of 2021, local partners had established a referral process for veterans, developed and delivered customized training to front line homeless services workers, and Niagara Assertive Street Outreach (NASO) was working to engage and support positive housing transitions for seven veterans experiencing chronic homelessness.
- Seasonal shelters opened November 1, with 50 beds at Westminster Church in St Catharines and 28 beds at St. Andrews Church in Niagara Falls operating during the winter months in addition to the COVID-19 isolation shelter and 186 units of emergency shelter which operate year round.

In 2021, an average of 19 chronically homeless people per month were supported to exit to housing, and the NASO team supported 180 people to move from the street directly to housing. On December 31, 2021, there were 424 people experiencing chronic homelessness.

Of the 2,055 unique individuals who accessed emergency shelter in 2021, the largest proportion were single men (28.1%), single women (15.7%), Indigenous Individuals

(11.4%), seniors 55+ (11.2%), and youth 16-24 without a guardian (8.3%). One hundred and twenty eight individuals (6.2% of shelter clients) had 180+ days in shelter.

Areas for focus for 2022 and 2023 include exploration of a rapid rehousing program and introducing Indigenous-focused street outreach and emergency shelter.

Goal 2 – Help People to Retain a Home

By the end of December 2021, 44% progress had been made toward finishing the 16 actions related to Goal 2. Three of these actions were completed, eight had seen progress and were on track for completion by end of 2023, and five required significant work to be completed within the five year period covered by the updated HHAP. Key accomplishments since 2019, include providing enhanced services for persons with concurrent disorders and working in partnership with the Local Health Integration Network (LHIN) and Regional Essential Access to Connected Healthcare (REACH) Niagara to provide health, mental health and addictions support for persons experiencing homelessness, including supporting the launch of the REACH mobile health clinic. Progress and accomplishments in 2021 include:

- In 2021, the expansion of eviction prevention and supports to housing providers and the Rent Supplement Program through the Community Programs Coordinators continued on a pilot basis.
- An analysis of the shelter diversion pilot, started in 2019, is being undertaken. The expected completion date for the analysis is April 2022, and it will provide recommendations for a local model of shelter diversion moving forward.
- An evaluation of local homeless prevention programs is underway and will provide recommendations to enhance the delivery of homelessness prevention. The recommendations are expected to be completed by end of April 2022, and will incorporate nationally recognized best practices, feedback from prevention service users and providers, and leverage the strengths of current prevention service delivery. The updated prevention framework will support the goals of system transformation and the HHAP and be grounded in BFZ-C and Housing First principles to support and end to homelessness.

In 2021, an average of 327 households per month were stabilized. Returns to chronic homelessness from housing remained low, at five per month on average in 2021.

Areas for focus for 2022 and 2023 include improving identification of housing loss risk, revising the trusteeship program and, for Indigenous persons, supporting exits from

provincial systems, addressing discrimination as a barrier to housing, and supporting the right to housing.

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

By the end of December 2021, 75% progress had been made toward finishing the 24 actions related to Goal 3. Fourteen of these actions were completed, eight had seen progress and were on track for completion by end of 2023, and two required significant work to be completed within the five year period covered by the updated HHAP. Key accomplishments since 2019, include development of an affordable housing strategy, supporting local municipal affordable housing plans, financing for capital repair needs, addressing End of Operating/Mortgage agreements and supporting not for profit housing provider capacity to develop. Progress and accomplishments in 2021 include:

- The Regional incentive review was completed in 2021, with all participants ranking affordable housing as the most important of four priority areas for incentives. In October, Regional Council approved the Niagara Region Incentives Policy, which included eleven Regional affordable housing incentive programs. Work will continue in 2022, to operationalize some of the new and revised affordable housing programs and update key legislation such as the Municipal Capital Facilities bylaw. These programs are open to a variety of partners (private, public, non-profit, individuals) and employ a variety of mechanisms (grants, loans, deferrals) to:
 - Generate new, purpose-built affordable housing, particularly affordable rental
 - Provide for maintenance and repair of existing affordable housing stock
 - Move clients off the centralized housing waitlist.
 - Leverage a range of partnerships and resources to support affordable housing
- At the end of 2021, Niagara's Housing Master Plan was progressing well with stakeholder engagement and data gathering completed and an initial draft report submitted to staff for review. The Master Plan will provide a long-term roadmap to 2041, to ensure the sustainability of existing community housing stock and outline the future needs for affordable housing stock in Niagara.
- Throughout 2021, NRH and Niagara Region staff continued to work with the development community to explore innovative housing solutions that address the cost of affordable housing. At the end of 2021, the NRH project team was supporting 533+ potential new affordable housing units within the non-profit sector, including 40 units for high acuity clients.

- The in-situ Rent Supplement program engaged new landlords and offered applicants on the centralized housing waitlist an opportunity to receive Rent-Geared-to-Income assistance where they currently live. In 2021, new agreements were initiated with 19 new landlords.
- The Canada-Ontario Housing Benefit (COHB) is a portable rent benefit that helps applicants on the centralized housing waitlist pay their rent to their current landlord in the private market. At the end of 2021, there were 302 eligible households receiving COHB benefits.
- New Affordable Housing Development Highlights, as of end of December 2021:
 - Construction on an affordable four-plex in St. Catharines and duplex in Thorold (Oonuhseh Niagara Native Homes) were completed in April 2021.
 - Hawkins Avenue Niagara Falls, 73 affordable units (NRH) – construction 100% complete, occupancy is now well underway.
 - Buchanan Avenue Niagara Falls, 25 permanent supportive housing units for high acuity chronically homeless clients – construction completed and partial occupancy awarded in December 2021. Tenants have been selected using coordinated access in alignment with BFZ best practices and move-ins are commencing.
 - Victoria Avenue Niagara Falls, 15 bridge housing units and potential for 10 recuperative care beds – project has experienced some COVID-related construction delays, but partial occupancy is targeted for mid-March 2022.
 - Rapid Housing Initiative – federal government has awarded \$10.5 million for the 43-unit project at York Street in Welland. Design-build contract was awarded and design phase is in progress. Target completion is planned for December 2022.

Niagara renters experienced a more challenging market in 2021¹. In contrast to population growth, Niagara had a net loss of purpose built rental units, with the 313 new rental apartment units added being offset by a loss of more than 313 current units removed from supply by conversion or other uses. Market rents for two-bedroom units increased by about 6% for the second year in a row, with average rents for a two-bedroom unit increasing to \$1,192 per month. The difference between average and asking rents rose by nearly 17%, with the difference close to 40% for scarce bachelor and three-bedroom units. For example, the average asking rent for a two-bedroom unit

¹ Canadian Mortgage and Housing Corporation. (2022, February). Rental Market Report: Canada and Selected Markets.

in St. Catharines in December 2021, was \$1,649 per month². The average vacancy rate fell to 1.9% from 2.7% in 2020, with average vacancy rates closer to 1% for units that are affordable for lower income households. A more challenging rental market increases pressure on community housing supply.

At the end of 2021, there were 7,967 community housing units in Niagara, including 2,908 NRH-owned, 3,357 provider, and 1,702 rent supplement/housing allowance/COHB units. From December 31, 2020, to December 31, 2021, the centralized housing waitlist grew by 11.5% from 8,228 to 9,171 households. This represents an additional 2,020 people waiting for community housing over the previous year (a 13.7% increase from 14,737 to 16,757 people).

Areas for focus for 2022 and 2023 include supporting Indigenous access to land and incentives and revising the homeless priority on the centralized housing waitlist.

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

By the end of December 2021, 50% progress had been made toward finishing the 24 actions related to Goal 4. Seven of these actions were completed, ten had seen progress and were on track for completion by end of 2023, and seven required significant work to be completed within the five year period covered by the updated HHAP. Key accomplishments since 2019, include developing a common system vision to end homelessness, improving the accuracy and completeness of the Homeless Individuals and Families Information System (HIFIS) data, increase use of systems standards, increase frequency and quality of communications and participation in the BFZ-C. Progress and accomplishments in 2021, include:

- Niagara Counts 2021, Niagara's third homelessness point-in-time count (PiT count), took place on March 23, 2021. A PiT count is intended to provide a picture of homelessness at a single point in time through a homeless enumeration and an accompanying survey. As a consequence of the pandemic, planned Indigenous magnet events, in collaboration with Indigenous-led service providers, were unable to take place. As a result, the PiT count report recognizes that critical input from local Indigenous communities is still needed to ensure that the experiences and extent of Indigenous homelessness in Niagara is represented and heard. Because of

² Rentals.ca December 2021 Rent Report

changes enacted to protect the health and safety of everyone involved, the results of the 2021 PiT count may not be directly comparable to those of years past.

- Staff developed a revised data strategy to support outcome measurement. Work in 2021, consisted of developing principles, framework and approach, and scanning municipalities and publications for best and promising practices. Initial work identified 280 performance measures across all areas of homeless services delivery. The measures have been prioritized for further refinement to support strategic priorities, and provincial and federal requirements.
- Niagara Region Homelessness Services purchased much needed accessibility enhancing items included ramps, accessible beds, wheelchairs, shower chairs, hand rails and grab bars. Client needs were determined in collaboration with shelter and street outreach agencies. The items were delivered to agencies with positive client feedback. Niagara Region had received \$60,000 in provincial funding through the Inclusive Community Grants Program in March 2021, for purchases to improve accessibility in the homeless serving system.
- Niagara Region Homelessness Services Quarterly Newsletter was relaunched in July 2021, to improve communications with service providers and other stakeholders.

A key component of BFZ-C, the QBNL supports system planning to meet community need. Of the 424 unique (chronically homeless) individuals on Niagara's QBNL at December 31, 2021, the largest proportion were single men (35.4%), single women (19.8%), Indigenous Individuals (13.4%), seniors 55+ (12.3%), and youth 16-24 without a guardian (8.5%). Five veterans were experiencing chronic homelessness and one was approaching chronic homelessness on December 31.

There were also 44 Indigenous persons experiencing chronic homelessness and 16 Indigenous persons were approaching chronic homelessness (experiencing 90 to 179 days homeless) on December 31. Indigenous people remain significantly overrepresented within the homeless population of Niagara, representing 2.8% of the population of Niagara, but 11.4% of those accessing emergency shelter and 13.4% of those experiencing chronic homelessness in 2021.

Areas for focus for 2022 and 2023, include increasing focus on actions that prevent homelessness, improving service manager engagement with Indigenous organizations and supporting Indigenous-led housing and homelessness solutions.

Alternatives Reviewed

There are no applicable alternatives as reporting on the HHAP is required under the *Housing Services Act, 2011*, per its regulations as noted in the Analysis on page 1.

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

- COM 40-2019 Five-Year Review of Niagara's 10-Year Housing and Homelessness Action Plan
- COM 11-2021 Housing and Homelessness Action Plan Update 2020
- COM-C 35-2021 Activities Related to Niagara's 10-Year Housing and Homelessness Action Plan for September, October, November 2021
- COM-C 4-2022 Activities Related to Niagara's 10-Year Housing and Homelessness Action Plan for December 2021, and January, February 2022
- COM 12-2022 Homelessness Services Report 2021

Prepared by:

Jeffrey Sinclair, BBA
Homelessness Action Plan Advisor
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Donna Woiceshyn, Director Housing Services and CEO Niagara Regional Housing; Megan Haan, Housing Initiative Coordinator Community Services; Marian Bannerman, Grant and Incentive Program Manager, Planning and Development Services; and Kristina Nickel, Program Evaluation

and Data Advisor, Community Services; and reviewed by Cathy Cousins, Director Homelessness Services & Community Engagement.

Subject: Homelessness Services Report 2021

Report to: Public Health and Social Services Committee

Report date: Tuesday, April 5, 2022

Recommendations

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

Key Facts

- This report provides information regarding Homelessness Services key activities for system transformation, metrics for 2021, and planned activities for 2022. It should be noted that while there is some similar content to COM 13-2022 (which is a legislatively required report to be approved and then submitted to the Ministry), this report provides additional information on system improvements reflective of important community collaboration and effort. Significant achievements include:
 - Enhanced Niagara Region's Built for Zero (BFZ) initiative through achieving the milestone of a quality By-Name List (BNL) and implementation of a Veterans Cohort initiative
 - Established a data strategy to inform planning, service delivery and monitoring progress on homelessness system goals
 - Implemented a Point-in-Time count in partnership with Niagara Regional Native Centre, Fort Erie Native Friendship Centre and Niagara's homeless-serving system organizations
 - Responded to unsheltered homelessness through the work of the Niagara Assertive Street Outreach team and Niagara Region's EMS Street Outreach team
 - Enhanced Niagara Region's housing assets through the purchase and renovation of two buildings in which to run a Bridge Housing program and a 25 unit permanent Supportive Housing program for individuals experiencing chronic homelessness and complex needs
 - Homelessness Services completed 564 intakes at the isolation shelter with testing administered on site, and supported the delivery of over 700 doses of the COVID-19 vaccination (first, second, and booster) to clients experiencing homelessness.

Financial Considerations

The activities highlighted in this report were provided within the 2021 approved operating budget. As per the 2021 approved budget, Homelessness Services is primarily funded by the Ministry of Municipal Affairs and Housing (MMAH) (\$8,438,281 – 63.5% (which includes Community Homelessness Prevention Initiative (CHPI) and Home for Good funding), and also by the federal Reaching Home program (\$1,090,019 – 8.2%), as well as Regional levy (\$3,753,641 – 28.3%).

In 2021, Homelessness Services received an additional \$5,799,337 and \$2,366,397 in provincial and federal funding respectively, specific to incremental operating costs related to COVID-19.

Analysis

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

In 2020, Homelessness Services awarded contracts based on a Negotiated Request for Proposal (NRFP) process. Approximately \$8.7 M per annum was awarded to 18 agencies in the following priority areas: prevention, outreach, shelter, transitional housing, Niagara Emergency Energy Fund, and Housing First (HF) and Home for Good (HFG) supportive housing programs. In 2021, through [COM 13-2021 Homelessness Contract Extension Report](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=16858) (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=16858), extensions were approved to March 31, 2024, to allow time for system transformation, to prepare for the next funding cycle, and to continue to address the significant service pressures created by responding to the pandemic.

The following table details the Homelessness Services metrics for 2019, 2020, and 2021.

Initiative	2019	2020	2021
Emergency Shelter			
Number of unique individuals accessing shelter	2302	2136	2055
Average length of stay (in days per admission)*	20.9	20.9	26.8
Average nightly bed occupancy rate**	107.3%	91.6%	91.6%
Prevention			
Number of unique households that received a Niagara Emergency Energy Fund (NEEF) issuance	802	326	416
Average value of NEEF issuances	\$703	\$796	\$886
Number of unique households that received a Housing Stability Plan (HSP) benefit	3675	2914	2839
Average value of Housing Stability Plan benefits issued (e.g., rent arrears, last month's rent deposit)	\$782	\$831	\$974
Housing with Related Supports			
Number of unique (new) individuals placed in Housing First	63	52	45
Number of unique (new) individuals placed in Home for Good***	9	20	41

*Average length of stay was considerably higher in 2021. Reasons for this may include barriers to finding housing including high rents for available units, very low vacancy rates for affordable units, and pandemic-related issues. Even those clients matched with Housing First and Home for Good supports (i.e., landlord engagement, rent supplements, and intensive case management) struggled to move forward with their housing goals.

**Average nightly bed occupancy rate remained lower than pre-pandemic. Reasons for this may include individuals continuing to avoid shelter related to COVID-19 risk, outbreaks not allowing for shelter admissions at times, the success of the shelter diversion pilot in supporting clients to access alternative safe housing arrangements instead of shelter, especially among youth, and the addition of temporary shelter spaces with admission criteria at the Housing-Focused Shelter pilot, financed with COVID monies.

***YWCA Niagara Region's Home for Good-funded build, Oakdale Commons, opened for occupancy in 2021, with 15 affordable units for women and gender-diverse

individuals. Individuals in Home for Good are supported by intensive case management, as well as mental health and addictions supports, if required.

Homelessness Services Activities

The following are key activities undertaken in 2021, to support continuous improvement within the homeless serving system and which drive outcomes related to the reduction of chronic homelessness.

Built for Zero

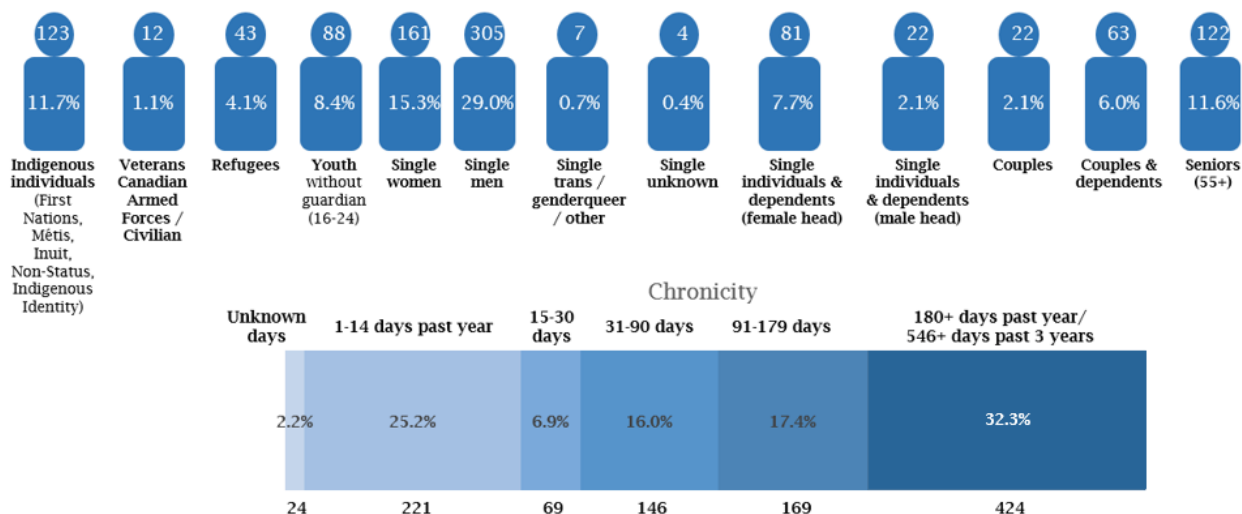
Through the leadership of Niagara's Built for Zero (BFZ) Home Team, Niagara announced in September 2020, the achievement of a Quality By-Name List (BNL), a list of all known individuals experiencing homelessness and active¹ in the community, updated in real-time. As of January 1, 2022, the total number of individuals experiencing homelessness on Niagara's BNL was 1,053, with 424 (32.3%) experiencing chronic homelessness². The following diagram offers a population segmentation of individuals experiencing homelessness accessing the homeless-serving system.

¹ Individuals have received a service from a homeless-serving system organization (as recorded in Homelessness Individuals and Families Information System (HIFIS) in the past 90 days. Once it has been more than 90 days since their last service, an individual drops off the BNL. This is so that the BNL remains current and actionable (individuals can be engaged for housing offers).

² Individuals have a total of at least 6 months (180 days) of homelessness over the past year or they have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days).

Niagara's By-Name List at January 1st, 2022

All Homelessness = 1053 individuals; Chronic = 424



As part of the Coordinated Access system, Niagara Region has been using the BNL throughout 2021, to move individuals from homelessness into housing programs. This is accomplished by filtering and sorting the BNL by eligibility and prioritization criteria, to match an individual to the most appropriate housing resource. In Q2 of 2022, the unprocessed By-Name List will be shared with homeless serving system organizations, which will support Niagara Region in improving the quality of the data on the list (e.g., client income types, desired community, document readiness, etc.).

In 2021, there were 239 move-ins to housing for individuals experiencing chronic homelessness. A return from housing back to chronic homelessness occurred 65 times in 2021. This low average (fewer than 6 people per month) reflects successful housing stability and supports for individuals who move in to housing. Despite Niagara's success in achieving a steady stream of housing move-ins, 424 people were actively experiencing chronic homelessness on January 1, 2022, a 39% increase from the September 2020 baseline³ of 306 people. This increase can be attributed to improved data reporting, pandemic impacts, a competitive housing and rental market, and

³ Niagara's chronic baseline was set as it achieved a Quality By-Name List (meaning By-Name List data were reliable and balanced for three months following completion of the BFZ-C By-Name List Scorecard tasks).

average vacancy rates as low as 1% for units that are affordable for lower income households. These factors have reduced the capacity of moving individuals and families forward in their housing goals and as a result, individuals are ageing in⁴ to chronicity (also known as chronic homelessness) at too high a rate. Further details about Niagara's progress can be found on the [Built for Zero -Canada](https://bfzcanada.ca/) (https://bfzcanada.ca/) (BFZ-C) website.

Niagara Joins Built for Zero Veterans Cohort

Niagara Region joined the BFZ-C Veterans Cohort initiative and made a commitment to ending veteran homelessness in the community. Niagara Region has partnered with Veterans Affairs Canada and the local Royal Canadian Legion (RCL) to coordinate efforts in identifying veterans and providing access to veteran-specific services. In 2021, RCL delivered training to staff to inform the resources available for veterans experiencing homelessness. Veterans account for just over 1% of individuals on Niagara's BNL.

Building an Evidence-Based Approach

As part of BFZ-C, Niagara Region will continue to pilot projects that place the community on the path to reaching functional zero for chronic homelessness. Niagara Region constantly analyzes data related to homelessness in the region. Using a balanced scorecard approach, the Homelessness Services and Community Engagement Division has established a data strategy and framework that include performance metrics and key performance indicators. These data have informed planning, service delivery, measurement, and monitoring of how Homelessness Services and the homeless serving system are performing, individually and collectively. In September of 2021, a presentation was provided to Public Health & Social Services Committee.

⁴ Individuals are remaining homeless for longer (not exiting/moving in to housing as quickly) and are hitting chronicity, when they have at least 180 cumulative days of homelessness in the past year or at least 546 cumulative days of homelessness in the past three years.

Point in Time Count

Niagara Counts 2021, Niagara's third homelessness point-in-time (PiT) count took place on March 23, 2021. Similar counts took place in 2016 and 2018. While the PiT count is a count of individuals experiencing homelessness in Niagara on one specific night, Niagara's work on the BNL shows a more complete representation of the number of individuals experiencing homelessness. As part of the count, 439 surveys were completed, providing valuable information on the demographics, experiences and service needs of Niagara's homeless population. Detailed information on the PiT count is referenced in [COM 17-2021 Homelessness Point-in-Time Count Report](https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=e8575525-4276-4670-917f-8757689c02ca&Agenda=Agenda&lang=English&Item=17&Tab=attachments) (https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=e8575525-4276-4670-917f-8757689c02ca&Agenda=Agenda&lang=English&Item=17&Tab=attachments).

Capturing the Experience of Indigenous Homelessness

Niagara Regional Native Centre and Fort Erie Native Friendship Centre partnered with Niagara Region in the planning and execution of the PiT count. Friendship Centre staff conducted surveys and provided support to individuals at various sheltered sites and with Niagara Assertive Street Outreach for the street count. Through direct feedback from Friendship Centre staff, the PiT count survey was modified to better encompass Indigeneity. Niagara Regional Native Centre arranged for an elder to be available by telephone to offer support.

As a consequence of the pandemic, planned Indigenous magnet events, in collaboration with Indigenous-led service providers, were unable to take place. The PiT Count Report recognized that data from the PiT count may underrepresent Indigenous experiences and that critical input from local Indigenous communities is still needed to ensure that the experiences and extent of Indigenous homelessness in Niagara is represented and heard.

Niagara Assertive Street Outreach Team

The Niagara Assertive Street Outreach team is a collaboration between Gateway Residential and Community Support Services, The RAFT, Southridge Community Church, and Port Cares. The team was expanded as part of Niagara's pandemic response to support clients who tend to avoid shelter for safety and social distancing, and those individuals experiencing unsheltered homelessness generally. With the support of the City of St. Catharines, three street outreach workers focused on activities for that specific city. Funding was also obtained through the Niagara Prosperity Initiative

for a dual diagnosis⁵ outreach specialist. The NASO team works closely with local area municipalities, St. Lawrence Seaway Corp., the Ministry of Transportation, and hydro companies. The table below provides additional information on NASO's outcomes in supporting unsheltered individuals.

Outreach Data and Outcomes	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Number of new encampments ⁶	12	32	39	7
Number of resolved encampments	27	9	4	2
Number of unique clients supported by Outreach who accessed emergency shelter	68	74	74	47
Number of unique clients supported by Outreach who accessed housing	47	64	32	37

NASO Joins Forces with EMS Paramedic Street Outreach

In 2021, NASO and EMS Street Outreach Paramedics were funded through Homelessness Services to bridge the gap in accessing primary care for individuals who are unsheltered. Paramedics provided supports by offering medical assessments, education, exploring service options to help with patient needs, and by providing resources for individuals struggling with addiction. The table below provides a summary of key outcomes in 2021 for the Paramedic Street Outreach Program.

# of brief interactions (medical/health support not given/accepted)	# of significant interactions (medical/ health support performed/accepted)	# of unique clients served	# Naloxone kits distributed
1952	345	177	68

⁵ Refers to the combination of a developmental disability and mental health problem.

⁶ An encampment may just be one individual. Niagara's average encampment size was 1.4 individuals in 2021.

Housing-Focused Shelter Pilot

The housing-focused shelter (HFS) pilot was established in June of 2020, to test the best practices of harm reduction, low barrier service and using a coordinated access approach to housing services. All clients admitted to the HFS were selected from the By-Name List. Initial clients selected for the pilot had experienced an average of 318 days of homelessness in the past year, 639 days of homelessness in the past three years and averaged a score of eight on the VI-SPDAT (indicating an individual with high acuity, complex needs). In 2021, the 25-bed capacity housing-focused shelter pilot had 51 intakes, with 60% exiting to permanent housing.

Shelter Diversion Pilot Expansion and System-Wide Training

In 2021, the shelter diversion pilot (two dedicated shelter diversion staff), was operating at three emergency shelters, supporting individuals presenting to shelter to access alternate safe and appropriate housing options, where possible, instead of a shelter stay.

In 2021, there were 127 successful diversions for youth (age 16-24 years), representing just over 41% of possible shelter intakes. In the same period, there were 117 successful diversions for adults (age 25+), representing almost 11% of possible shelter intakes.

In Q2 of 2021, Niagara Region worked with shelter diversion staff from The RAFT and Southridge to develop a system-wide training program for shelter diversion. Training was provided to emergency shelter staff, the Social Assistance and Employment Opportunities Hostels and Homelessness team, and NASO.

In December 2021, work commenced to undertake an evaluation of the shelter diversion pilot. The analysis is expected to be completed by April 2022, and will provide recommendations on a future model of shelter diversion for the system.

Additional Supportive Housing Programs

Bridge Housing and Permanent Supportive Housing

Throughout 2021, Niagara Region worked towards developing and opening two new housing facilities to support individuals with a very high number of days of homelessness in the past year and longer, and with complex needs. These facilities will be in full operation within Q1/Q2 of 2022.

1. Permanent Supportive Housing provides long-term housing with support services to meet an individual's complex needs. This new 25-unit location offers on site staff 24 hours a day, 7 days a week, and community programming. Gateway Residential and Community Support Services was the successful proponent to operate this program.
2. Bridge Housing offers intensive supports and shorter-term accommodation for individuals within the homeless serving system who have accessed a considerable amount of shelter services and community resources while "stuck" in a state of homelessness. At this new facility each bridge housing resident will have an individualized housing plan and will work with staff in securing permanent housing. Regional staff are also working with community and health partners to explore the integration of recuperative care beds at the same site. These beds would offer a safe place for individuals experiencing homelessness when they no longer require hospitalization but still require some care to heal from an illness or injury.

Homelessness System Pandemic Response

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

Outbreak Response

Niagara Region Homelessness Services, in partnership with Public Health, supported all Niagara region emergency shelters with their pandemic response to protect staff and homeless clients from COVID-19. In 2021, Homelessness Services:

- Completed 564 intakes at the isolation shelter with testing administered on site. Of those intakes, 35 individuals moved from isolation into permanent housing, 21 moved to other housing options or a family reunification took place.
- Provided support for 14 outbreaks in emergency shelters as well as 30 COVID-19 positive clients identified and supported through the isolation shelter.
- Provided PPE to emergency shelter staff to ensure adequate supply.
- Increased physical accessibility within the shelter system through a \$60,000 grant from the Inclusive Community Grants Program, Ministry for Seniors and Accessibility.
- Hosted monthly emergency shelter meetings and bi-weekly health and safety meetings to discuss changes to guidance and to provide support.

Vaccination Strategy

In 2021, Homelessness Services supported the delivery of over 700 doses of the COVID-19 vaccination (first, second, and booster) to clients experiencing homelessness, with ongoing vaccination supported into 2022.

- Early on in 2021, first doses of the COVID-19 vaccine for homeless clients were provided through organized vaccination clinics in emergency shelters across Niagara in partnership with REACH Niagara medical professionals.
- Additional partnerships with local pharmacies and Public Health mass immunization clinics were also arranged to ensure ease of access to vaccine for clients.
- Vaccine clinic locations were expanded for those accessing additional homelessness services such as at food banks and for those who were precariously housed (i.e., motels).
- Access to first doses of vaccine was arranged for homeless serving system staff early on in the pandemic and staff were supported on an ongoing basis to get second doses. Booster clinics were also arranged for staff during December to prepare for wave five of the pandemic.

Providing access to primary care

In late fall of 2021, Homelessness Services partnered with REACH Niagara, Telus Health and multiple community health agencies across Niagara region to roll out the operation of the REACH Mobile Health Clinic. This service provided access to primary care services for individuals experiencing homelessness in more remote and rural locations. The REACH Mobile Health Clinic operates in five communities across Niagara at eight different sites. In just two months' time, the clinic was able to support 203 clients with access to primary care and mental health supports.

Other Planned Enhancements

Enhancements planned or started for 2022:

- Built for Zero - continue to work on implementing a coordinated access system, a common assessment tool, and achieving functional zero for veteran homelessness in Niagara. Reapply to Built for Zero for the April 2022-March 2024 cycle.
- In alignment with the Housing and Homelessness Action Plan, continue to implement system transformation in the areas of housing-focused shelter, prevention, and transitional housing.

- Further develop the Homelessness Services data strategy to enhance measurement and progress toward program and system-wide key performance indicators.
- Enhance the effectiveness of the Homeless Individuals and Families Information System (HIFIS) database as a tool to facilitate Coordinated Access, through improved data quality and policy projects.
- Work with the homeless serving system to prepare to navigate reopening and post-pandemic service delivery.
- Develop a coordinated, supportive, and dignified approach for those living in encampments.
- Operationalize Bridge Housing and Permanent Supportive Housing, and seek opportunities for additional capital builds.
- Continue with CHAMP (Collaboration Homeless Addiction & Mental Health Pilot) and mental health supports in Housing First and Home for Good programs for individuals with severe and persistent mental health concerns and addictions.

Alternatives Reviewed

There are no alternatives to this report, which has been provided for information. The activities undertaken are funded through the approved budget, as detailed in the Financial Considerations. These activities must be undertaken by Niagara Region as part of its Consolidated Municipal Service Manager responsibilities.

Relationship to Council Strategic Priorities

The Homelessness Services activities supports the Council Priority of a Healthy and Vibrant Community and contributes to Council's direction to develop and implement an affordable housing strategy.

Other Pertinent Reports

- CWCD 2021-250 2021-RFP-159 Niagara Homelessness Service System
- COM C 34-2021 Shelter Diversion Pilot Update
- COM C 31-2021 Homelessness Plans for Winter 2021
- COM C 25-2021 Niagara Joins Built for Zero Veteran Cohort
- COM 29-2021 Bridge and Supportive Housing Projects
- COM 20-2021 Bridge Housing Design Phase Operations
- COM 17-2021 Homelessness Point-in-Time Count Report
- COM 13-2021 Homelessness Contract Extension Report
- COM 10-2021 Homelessness Services Report 2020

- CWCD 2021-68 Confirmation of Incremental SSRF Funding - Homelessness
- CWCD 2021-64 Homelessness Services “Niagara Counts” Point-in-Time (PiT) Count
- BRC-C 3-2021 Homelessness Capital Project – Provincial Social Services Relief Funding
- COM 1-2021 Community Homelessness Prevention Initiative Investment Plan 2021-22

Prepared by:

Margaret Penca
Manager, Homelessness Services
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Stephanie Muhic, Program Financial Specialist; Kristina Nickel, Program Evaluation and Data Advisor; Jihyen Ha, Homelessness Advisor; Nicole Cortese, Manager, Housing Operations; Sandy Dupuis, Manager of Compliance and Community Engagement; and reviewed by Cathy Cousins, Director, Homelessness Services and Community Engagement.



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March 16, 2022

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

Dear Ms. Norio,

At their February 25, 2022 meeting, the Niagara Regional Housing Board of Directors passed the following motion as recommended in attached report NRH 2-2022:

That Niagara Regional Housing Quarterly Report October 1 to December 31, 2021 be APPROVED and FORWARDED to the Public Health and Social Services Committee and subsequently to Regional and Municipal Councils for information.

Your assistance is requested in moving report NRH 2-2022 through proper channels to Regional Council.

Sincerely,

A handwritten signature in black ink, appearing to be 'G. Zalepa', written over a horizontal line.

Councillor Gary Zalepa
Chair



Q4 (October 1 to December 31, 2021) to Board of Directors

Recommendation:

That Niagara Regional Housing Quarterly Report October 1 to December 31, 2021 be **APPROVED** and **FORWARDED** to the Public Health and Social Services Committee and subsequently to Regional and Municipal Councils for information.

Submitted by:

A handwritten signature in black ink, appearing to read "Donna Woiceshyn".

Donna Woiceshyn
Chief Executive Officer

Approved by:

A handwritten signature in black ink, appearing to be a stylized "GZ".

Gary Zalepa
Chair

Directors:

Gary Zalepa, Chair
Regional Councillor
Niagara-on-the-Lake

Drew Toth, Treasurer
Community Director
Thorold

Walter Sendzik
Regional Councillor
St. Catharines

Barbara Butters, Vice-Chair
Regional Councillor
Port Colborne








Betty Ann Baker
Community Director
St. Catharines

Betty Lou Souter
Community Director
St. Catharines

Tom Insinna, Secretary
Regional Councillor
Fort Erie

David Mole
Community Director
Pelham

Leanna Villella
Regional Councillor
Welland

Niagara Regional Housing 2021-Q4		
 <p>Community Resources & Partnerships</p> <ul style="list-style-type: none"> • 281 new cases of tenants in need of assistance • 12 partners • 361 units of support & enrichment activities 	 <p>New Development</p> <p>73 units, Hawkins Street in Niagara Falls construction 99% complete</p> <p>43 units, York / Duncan Street in Welland design 30% complete</p> <p>18 units, Crescent Road in Fort Erie design 20% complete</p> <p>+</p> <p>6 NRH-assisted developments with more than 200 units</p>	
 <p>Work Orders</p> <p>3,556 issued (compared to 2,500 in 2020-Q4)</p>	 <p>Capital Program</p> <p>8 tenders closed 19 ongoing projects 37 POs issued 32 RFPs and RFQs</p>	
 <p>Move Outs</p> <p>67 move outs (compared to 68 in 2020-Q4)</p>	 <p>Rent Arrears</p> <p>= \$129,343.17 (10.13% of the monthly rent charges)</p>	 <p>Appeals</p> <p>= 6 (2 upheld 4 overturned)</p>

Subject: Niagara Emergency Medical Services Special Response Unit

Report to: Public Health & Social Services Committee

Report date: Tuesday, April 5, 2022

Recommendations

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

Key Facts

- The purpose of this report is to provide Council with information about the development and implementation of a Special Response Unit (SRU) within Niagara Emergency Medical Services (Niagara EMS).
- In some certain unconventional situations, Niagara EMS is not able to access patients in a timely manner. These delays are caused by but are not limited to scene safety, inaccessible terrain, hostile environment, CBRNE (Chemical, Biological, Radiological, Nuclear, Explosive) environment, and water access, and have historically been recognized as a gap in our ability to provide safe and appropriate patient care.
- NRPS and local fire services have requested that NEMS provide enhanced emergency medical services in these environments.
- Opportunity exists to train and equip a small number of paramedics to safely operate and provide patient care in these environments and to alleviate some of the pressure from regular responding EMS resources that are not trained to operate in these adverse conditions.
- These opportunities will build and strengthen our relationships with Fire and Police services through a united emergency response within the Niagara Region.
- The primary mission of the Niagara EMS SRU program would be to provide emergency medical care to police officers, firefighters, or citizens who become injured or ill during adverse operational conditions.
- The addition of a SRU will compliment the existing Niagara Region CBRNE team.
- Implementation of the SRU team would begin with a staged approach, stage one would focus on training and equipment for high angle access.
- Further development of this program into a single response unit would increase capacity for EMS regular operations by offsetting ambulance available unit hours gained from altering our response to some of these incidents. (Incident Standby Support).

Financial Considerations

Stage 1 of this implementation will include three weeks of training for eight paramedics and one superintendent. Niagara EMS already has an approved training budget for 2022, which will be used to accommodate this cost. Stage 1 will also require equipment with an approximate cost \$19,500. This cost will also be accommodated within the Council-approved 2022 Levy Operating Budget. There is therefore no impact to the Regional levy for 2022.

Stage 2 is scheduled to take place in 2023. Costs related to Stage 2 will be included in the Niagara EMS 2023 operating budget submission.

Analysis

In unconventional situations, Niagara EMS may not be able to access all patients in a timely manner. These delays are caused by but are not limited to; scene safety, inaccessible terrain, hostile environment, CBRNE environment, and water access.

Paramedic staff are not routinely trained to work safely in these environments and are generally placed in a staging position outside of the incident. As some of these incidents require long extrications, delays for a paramedic to make contact with the patient can be significant, leading to delayed patient care and sometimes difficulty in providing continuity of care. Having a paramedic safely and quickly access a patient will also clinically help determine the most appropriate treatment and response required.

Paramedics often feel pressure from public and allied agencies that compounds their altruistic desire to access their patients promptly. These pressures may lead a paramedic to place themselves in an area of risk and danger.

Similar to other Paramedic Services in Ontario and across Canada there is an opportunity to train a select number of paramedic and superintendent staff to operate safely in these diverse environments. Training all paramedic and superintendent staff would be fiscally challenging and logistically difficult. Staff would have a limited chance to use their training leading to skill degradation.

These opportunities include building and strengthening relationships through training with and supporting the Fire and Police services within the Niagara Region.

The primary mission of the Niagara EMS SRU program would be to provide emergency medical care to police officers, firefighters, or citizens who become injured or ill during adverse operational conditions. Initial training for the unit would focus on high angle access and support of regional police specialty units (Emergency Task Unit, etc.). There have been some particularly tragic events locally and around Ontario, that have highlighted and recommended the need for a team with specific and additional training. The following are some recommendations issued by Coroners Inquests into such events.

Dube (Niagara Gorge) 2014:

1. That the first responder agencies, namely the Niagara Emergency Medical Services, Niagara Parks Police (where applicable), the Niagara Regional Police and local municipal fire services, with input from trauma care experts, continue to engage in meaningful consultation with a view to identify evidence-based pre-hospital care improvements and logistical efficiencies in dealing with emergency medical situations requiring “high angel rescue” techniques in the Niagara Gorge and other similar high risk areas within the Niagara Region, and to assess the effectiveness of any changes implemented pursuant to that consultation process, including the monitoring of extrication time and clinical outcomes.

“With the exception of closed head injury and penetrating chest trauma where rapid transport to a Trauma Center has been shown to favourably effect outcomes; a number of the difficult access trauma patients audited, if treated by specially trained paramedics prior to fire department extrication, would be afforded the opportunity to provide proper immobilization and pain management to support extrication and possibly other medical interventions. Although the potential EMS interventions from this trained paramedic team would rarely appear from the audit to be potentially “lifesaving”, they would likely improve patient comfort and help to prevent further patient harm in difficult access trauma calls.” Physicians’ Commentary Dr. Munkley 2015

Ipperwash 1995:

1. It is recommended that police services that have Emergency Response Team (ERT), Crowd Management Unit (CMU), and/or Tactical Rescue Unit (TRU) capabilities should incorporate a Tactical Emergency Medical Support (TEMS)

component with qualified personnel trained as part of the operational response whenever these specialized policing units are deployed. ⁽¹⁾

2. It is recommended that the TEMS component of a police service be a full-time feature to permit ongoing training with the emergency and tactical response units, coordination with civilian emergency medical services, hospitals and other health care providers whose services may be required in the event of injuries to officers or civilians.

⁽¹⁾[Click here](#)

(https://www.attorneygeneral.jus.gov.on.ca/inquiries/ipperwash/closing_submissions/pdf/ChiefCoroner_ClosingSubmissions.pdf)

OC Transpo Notable Recommendations:

68. We recommend that a tactical paramedic support unit be created which could provide medical assistance to all members of the public (persons) requiring timely medical intervention during tactical operations. The evidence showed that a trained tactical paramedic support unit would assist in the care of the injured during a tactical response.

71. We recommend that Emergency Services continue and expand their practice of joint training exercises in a variety of environments. This allows for the development of common protocol and practices. ⁽²⁾

⁽²⁾[Click here](#) (<https://app06.ottawa.ca/calendar/ottawa/citycouncil/opsb/2001/05-28/PSB2001-OPS-MAY-0003.htm>)

Numerous municipalities operate similar programs, some focusing on police speciality team support and other municipalities providing an 'all hazard approach' to multiple responses scenarios.

Operational liabilities will be cost-neutral, as the program would be delivered within the current operating budget and within normal resource deployment. The service presently commits a resource to these types of calls regardless of the existence of a SRU.

Alternatives Reviewed

An alternative is to continue with current practice of how we respond to the incidents discussed. Presently, during any incident where a hazard has been identified and the paramedic is not trained or equipped, an on-duty ambulance will be placed on standby at or near the incident until such a time that the scene has been rendered safe or the patient has been extricated to a place of safety.

With no change in current practice, the Region would continue to hold the risk of delaying paramedic treatment of patients that are restricted by challenging access. This would further challenge the relationship with the police department and fire service as they are looking for EMS support on the incidents described.

Relationship to Council Strategic Priorities

Providing a Niagara EMS Special Response Unit is directly related to the council priority of Healthy and Vibrant Community. Providing enhanced paramedic services in unique environments leads to protecting the health of our residents and visitors.

Prepared by:

Trevor Sider
Superintendent, Special Operations
Niagara Emergency Medical 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.
Chief Administrative Officer

This report was prepared in consultation with Niagara Regional Police, Niagara Parks Police, Niagara Falls Fire, Michael Leckey from Niagara Region Finance and reviewed by Kevin Smith, Chief Niagara EMS.

MEMORANDUM

CAO 4-2022

Subject: Update on Recruitment of Medical Officer of Health

Date: April 5, 2022

To: Public Health and Social Services Committee

From: Ron Tripp, P.Eng., Chief Administrative Officer

This memorandum is to provide an update concerning the recruitment for the permanent position of Medical Officer of Health (MOH).

As Council is aware, on October 21, 2021, the following motion concerning the recruitment of a permanent MOH was carried:

WHEREAS Niagara Region has been without a permanent Medical Officer of Health since January of 2018;

WHEREAS the handling of the current worldwide COVID-19 pandemic and locally-declared states of emergency have contributed to the delay in the recruitment of a Chief Medical Officer of Health for the Niagara Region; and

WHEREAS Ontario has now entered into Step 3 of its COVID-19 Reopening Framework and work is completed on the recruitment of a Chief Administrative Officer for the Regional Municipality of Niagara.

NOW THEREFORE BE IT RESOLVED:

- 1. That staff **BE DIRECTED** to initiate the recruitment process for a permanent Medical Officer of Health for the Niagara Region; and*
- 2. That staff **EXPEDITE** the hiring of this position so that Niagara Region may be well prepared for the future.*

Since that time, working with Human Resources, a review of internal requirements, best practices, relevant legislation, internal and external stakeholders (i.e. Ministry of Health

officials, Municipal peer CAOs, and Niagara Health) as well as comparator Health Units has been completed resulting in the following:

- Finalized Job Description for the role of MOH inclusive of education, knowledge requirements and scope of core responsibilities.
- Development of recruitment strategy for position of MOH, high-level summary below.

To ensure the successful execution of a recruitment strategy, with expedited timelines, while ensuring we meet the requirements of the Health Protection and Promotion Act (HPPA), and given the responsibilities of this role along with the highly specialized skill sets required to ensure the effective leadership and delivery of public health programs and services in Niagara, the following will occur:

- Human Resources in consultation with Procurement, has established an Informal Request for Quotation process, above the Procurement By-law limit, identifying five (5) Executive Search Firms (ESF) to select one (1) ESF to coordinate with the CAO on the recruitment and selection process. The costs associated with engaging an ESF in this recruitment can be accommodated within the Council approved 2022 budget.
- Human Resources, in coordination with the ESF, will engage in a fulsome recruitment strategy inclusive of targeted advertising through established professional associations and networks with regional, provincial and national outreach. It is our intention to replace the role of the MOH as expeditiously as possible.
- Once qualified candidates are identified, a comprehensive interview and selection process, engaging internal and external stakeholders and PHSSC Committee Co-Chairs and Regional Chair will be conducted.
- Human Resources will work directly with the ESF to ensure candidates meet the MOH eligibility requirements of Section 64 of the HPPA.
- Section 62 of the HPPA outlines Boards of Health are responsible for the appointment of a full-time MOH. To this end, when a final candidate is selected, a motion will be brought forward to the Board of Health to appoint the candidate.
- It can be expected that a candidate will be presented to the Niagara Board of Health for approval no later than the Thursday, September 22, 2022 Council Meeting.
- Human Resources will work directly with the HPPA, and applying to the Minister for approval of the proposed appointment, managing additional compensation

requirements; ensuring that the documentation sent to the ministry is accurate and complete

As this review process moves forward, including the execution of next steps, Committee and Council will be provided with updates accordingly.

Respectfully submitted and signed by

Ron Tripp, P. Eng
Chief Administrative Officer